

Referral for Bariatric Surgery

Scope

Bariatric surgery services include operations for gastric banding, gastric bypass, sleeve gastrectomy and duodenal switch.

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. Where patients do not fulfil the criteria for referral into Tier 3, clinicians need to apply to the Exceptional Cases Panel by completing the exceptional funding section of the [referral proforma](#).

Patients may be referred to Tier 3 weight management if they have:

- BMI >40 kg/m²; **or**
(BMI = Body Mass Index - defined by weight in kilograms divided by the square of height in metres (kg/m²))
- BMI >35 kg/m² with other significant disease that could be improved with weight loss (diabetes or hypertension, for example); **or**
- are an obese individual with complex needs who has not responded to previous Tier interventions.

Cambridgeshire and Peterborough Tier 3 Weight Management Service: Everyone Health -
<https://www.everyonehealth.co.uk/cambridgeshire-county-council/>
Telephone: 0333 005 0093

Bariatric Surgery is an integral part of the management of severe obesity in selected patients where other forms of weight reduction management have been unsuccessful. Referral to specialist providers of bariatric surgery will be made directly from Tier 3 obesity management services on the recommendations of a specialist multi-disciplinary team (MDT) which includes a Consultant in Obesity Management and after a patient has completed Tier 3 management including physical and psychological assessment and preparation for the surgery.

Bariatric Surgery Assessment

The MDT assessing patients for referral for Bariatric Surgery will ensure that patients fulfil the following criteria:

- BMI >40 kg/m²; **or**
- BMI >35 kg/m² with other significant disease (such as type 2 diabetes or hypertension) that could be improved with weight loss;
- consider expediting people with BMI >35 kg/m² with recent onset type 2 diabetes*.
- **AND, ALL** of the following:
 - age over 18 years old; **AND**
 - all appropriate non-surgical measures have been tried; **AND**
 - the person has received and completed intensive management in a specialist (Tier 3) obesity service for 12 months (BMI<50 kg/m²) or 6 months (BMI>50 kg/m²); **AND**
 - the person has attended ≥80% of required Tier 3 weight management sessions; **AND**
 - decision for suitability for bariatric surgery has been made after discussion between the Tier 3 obesity service and Tier 4 surgery service.

**Consider assessment of people of Asian (South Asian or Chinese) origin at a 2.5kg/m² reduced BMI¹*

For patients in whom bariatric surgery is required without prior weight management at Tier 3 (eg for appropriate cancer intervention), patients should be referred to the Tier 3 obesity service in the first instance and an urgent request for exceptional funding made.

Patients who smoke should be referred to the Stop Smoking Service.

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Bariatric Surgery Follow-up Care

The bariatric surgical provider is responsible for the organisation of structured, systematic and team-based follow-up of patients for 2 years post-surgery.

After discharge from bariatric surgery service follow-up, all people should be offered monitoring of nutritional status and appropriate supplementation according to need in line with recommendations made in NICE clinical guidelines 189.¹

Cosmetic procedures (eg abdominoplasty) to remove any excess skin folds that may result from rapid weight loss should not be routinely funded post bariatric surgery.

Patients treated privately for bariatric surgery will only be eligible for NHS Tier 3 weight management service if they met the criteria for access to Tier 3 services at the time of their bariatric surgery.

Rationale

NICE recommend that surgery to aid weight reduction for adults with morbid/severe obesity should be considered (when there is recent and comprehensive evidence that) an individual patient has fully engaged in a structured weight loss programme; and that all appropriate non-invasive measures have been tried continuously and for a sufficient period; but have failed to achieve and maintain a clinically significant weight loss for the patient's clinical needs (NICE CG43). They recommend that the patient should have been adequately counselled and prepared for bariatric surgery.

The surgical procedures are known to result in significant and sustainable weight loss within 1-2 years, as well as reductions in co-morbidities and mortality.^{1,2}

- Commissioning responsibility for bariatric surgery services transferred to the CCG from NHS England on 1 April 2017.³
- NICE Guidelines CG43 and CG189 (Nov 2014) provide guidance for managing obesity including criteria for progressing treatment to bariatric surgery.
- Only once patients have successfully completed an intensive obesity management (Tier 3 service) can they be referred for bariatric surgery under NICE guidelines.
- A Health Policy Support Unit report (2011) summarising NICE and SIGN guidelines⁴ concluded that bariatric surgery is the most effective treatment for morbid obesity, producing durable weight loss, improvements or remission of co-morbid conditions and longer life.
- Bariatric surgery consistently improved weight and diabetic outcomes compared to non-surgery in people with recent onset Type 2 Diabetes (NICE CG 189).
- Life-long follow up will ensure that weight loss outcomes, micronutrient deficiencies and any surgical complications are monitored as well as adherence to iron, vitamin D/Calcium and Vitamin B12 supplementation. Psychological input, management of comorbidities, dietary and lifestyle advice and liaison with general practice will also be necessary as part of the follow up.

References

1. NICE Clinical Guidance CG189 [and NICE Public Health Guidance 46](https://www.nice.org.uk/guidance/cg189). Obesity: identification, assessment and management of overweight and obesity in children, young people and adults. Nov 2014. <https://www.nice.org.uk/guidance/cg189>; BMI: [preventing ill health and premature death in Black, Asian and other minority ethnic groups](https://www.nice.org.uk/guidance/ph46/chapter/1-Recommendations). July 2013. <https://www.nice.org.uk/guidance/ph46/chapter/1-Recommendations>
2. NHS Commissioning Board. Clinical Commissioning Policy: Complex and Specialised Obesity Surgery April 2013, <https://www.england.nhs.uk/wpcontent/uploads/2013/04/a05-p-a.pdf>.
3. Arrangements for the transfer of commissioning responsibility for renal dialysis and morbid obesity surgery services from NHS England to Clinical Commissioning Groups Government response to consultation, Dept of Health January 2015.
4. [Managing Obesity SIGN 2010: http://www.sign.ac.uk/pdf/sign115.pdf](http://www.sign.ac.uk/pdf/sign115.pdf).

Policy effective from	New policy aprvd by CCG CG on New policy aprvd by CEC on New policy aprvd by CPF on
Policy to be reviewed:	
Reference:	<i>onedrive:\CPF Pols & Working Area\Surg Threshold Pols\CCG Policies\Tier 3 Wght Mngmnt\Draft\ for IPAC aprvl – DRAFT BARIATRIC SURGERY 27 APR 2021 V6</i>

British Obesity and Metabolic Surgery Society. Commissioning Guide: Weight assessment and management clinics (tier 3). March 2017. Available at: <https://www.bomss.org.uk/commissioning-guide-2017/> [accessed 05/11/20]

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