GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

Specialised Services
Service Specification: CP29b

Obesity Surgery for Complex and Severe Obesity - Level 4 (Adults)

March 2023

Version 1.0

PARCH - RESPECT

PARTNERIAETH - PARTNERSHIP

GWELLA AC ARLOESI - IMPROVEMENT & INNOVATION

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Document purpose	Service Specification
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Target audience	Chief Executives, Medical Directors, Directors of Finance, Bariatric Surgeons, Bariatric Nurse Specialists, Bariatric Psychologists, Bariatric Dietitians
Description	NHS Wales will routinely commission this specialised service in accordance with the criteria described in this document
Document No	CP29b
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Contents

Statement

Welsh Health Specialised Services Committee (WHSSC) will commission obesity surgery for adults (aged 18 years and over) with complex and severe obesity that has not responded to all other non-invasive therapies in accordance with the criteria outlined in this document.

In creating this document WHSSC has reviewed the requirements and standards of care that are expected to deliver this service.

Welsh Language

WHSSC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the Welsh Language Act (1993), the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No.7) Regulations 2018.

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this WHSSC is committed to working closely with providers to ensure that in the absence of a welsh speaker, written information will be offered and people have access to either a translator or 'Language-line' if requested. Where possible, links to local teams should be maintained during the period of care.

Decarbonisation

WHSSC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the WHSSC commitment.

Disclaimer

WHSSC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this document.

This document may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

WHSSC disclaims any responsibility for damages arising out of the use or non-use of this document.

1. Introduction

This policy has been reviewed and updated in line with the revised NICE guidance published in 2022[1] and the All Wales Weight Management Pathway 2021 as a Service Specification for the planning and delivery obesity surgery for adults (aged 18 years and over) with severe and complex obesity who are resident in Wales. This Level 4 service will only be commissioned by the Welsh Health Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

It is acknowledged that Health Boards are currently working on plans to implement the All Wales Weight Management Pathway 2021 and a gap remains in Level 3 services in South Wales. In the interim referrals to the Level 4 bariatric MDT at WIMOS can be made according to the referral pathway designated by each Health Board for its resident population.

1.1 Background

1.1.1 Plain Language Summary

Obesity surgery, which is known to achieve significant and sustainable weight reduction within 1-2 years, as well as reductions in co-morbidities and mortality, is commonly known as bariatric surgery. The current standard bariatric operations commissioned by WHSSC are:

- Gastric Bypass
- Sleeve Gastrectomy

For descriptions of the standard bariatric operations please see annex iii.

People whose weight to height ratio or Body Mass Index (BMI) (see table 1 below) is high are more likely to suffer from a range of illnesses (e.g. type-2 diabetes) and have a lower life expectancy.

Table 1: Body Mass Index (BMI) Categories

Classification	BMI (kg/m^2)
Underweight	<18.5
Healthy weight	18.5–24.9
Overweight	25.0–29.9
Obesity I	30.0–34.9
Obesity II	35.0–39.9
Obesity III	≥40.0

[1] National Institute of Health and Care Excellence: Obesity: identification, assessment and management [CG189], November 2014, last updated September 2022

Programmes designed to support people in losing weight include lifestyle changes such as diet, exercise and behavioural change. Low and very low calorie diets, drug treatments, psychological support and specialist weight management programmes are also available. Obesity surgery, also known as bariatric surgery or weight-loss surgery (for example gastric bypass) is a highly specialised intervention used in selected adults with severe and complex obesity that has not responded to all other non-invasive therapies.

Within a selected groups of adults, obesity surgery has been shown to be highly cost effective in reducing BMI and the associated illnesses, promoting longer term health. Patients need to be motivated and adequately prepared for surgery and for the post-surgical treatment and monitoring which is necessary for success.

1.1.2 Epidemiology

Obesity is a major public health problem due to its association with serious chronic diseases such as type 2 diabetes, metabolic syndrome, dyslipidaemia, hypertension, cardiovascular disease, several types of cancer, gastro-oesophageal reflux disease, non-alcoholic fatty liver disease (NAFLD), degenerative joint disease, obstructive sleep apnoea syndrome, disability, psychological and psychiatric morbidities, reduced quality of life and premature death[2].

The obese state shortens life expectancy. The expected years of life lost is 13 years for men and 8 years for women, for men and women between 20-30 years of age with a BMI greater than 45. It is estimated that circa 6.8% of all deaths are attributable to obesity.

In Wales, there is now a high and increasing prevalence of obesity. It is estimated that around 600,000 people aged over 16 in Wales are obese and 60,000 of those are severely obese, with a Body Mass Index (BMI) > 40 kg/m2. This number is increasing, with an estimated 10,000 more adults becoming obese each year.

The percentage of adults reporting to be overweight or obese is higher in men than in women for each age group.

The prevalence of overweight or obese adults increases with deprivation with a 12% difference between the most and least deprived areas in Wales.[3]

[2] 2017/18 NHS Standard Contract, For Severe and Complex Obesity (Adults), Schedule 2 – The Services, A-Service Specifications, NHS England, NHS England, (2017)
[3] Obesity in Wales, Public Health Wales NHS Trust 2019

1.1.3 Population Covered

This service is for adults (aged 18 and over) with severe and complex obesity requiring specialised interventions and management as outlined in the WHSSC Commissioning Policy, CP29a Obesity Surgery for complex and severe obesity.

1.1.4 Current Service

The model of care for managing obesity in Wales as outlined in the All Wales Weight Management Pathway 2021 as follows:

- Level 1 – Brief advice and self–directed support
- Level 2 – Multi-component weight management support
- Level 3 – Specialist multi-disciplinary weight management services
- Level 4 – Specialist surgical services

In order to access obesity surgery, a patient can be referred and considered suitable for surgery by the Level 3 MDT, although the final decision will be made by the Level 4 MDT. Please refer to the WHSSC Commissioning Policy, CP29a Obesity Surgery for complex and severe obesity for full access criteria.

Current providers of obesity surgery are outlined in Section 2.7.

1.2 Aims and Objectives

The aim of this service specification is to define the requirements and standards of care essential for delivering obesity surgery for adults with severe and complex obesity.

The objectives of this service specification are to:

- detail the specifications required to deliver obesity surgery for adults with severe and complex obesity who are residents in Wales
- ensure minimum standards of care are set for the use of complex and severe obesity surgery
- ensure equitable access to complex and severe obesity surgery
- identify centres that are able to provide complex and severe obesity surgery for Welsh patients
- improve outcomes for people accessing complex and severe obesity surgery services

1.3 Relationship with other documents

This document should be read in conjunction with the following documents:

- **NHS Wales**
  - All Wales Policy: Making Decisions in Individual Patient Funding requests (IPFR).

- **WHSSC policies and service specifications**
  - WHSSC Commissioning Policy, CP29a Obesity Surgery for Adults with Complex and Severe Obesity

- **National Institute of Health and Care Excellence (NICE) guidance**
  - Obesity: identification, assessment and management, NICE Clinical Guideline (CG189), November 2014 (updated September 2022)
  - Obesity prevention, NICE Clinical Guideline (CG43). (March 2015)
  - Obesity: clinical assessment and management (QS127), (August 2016)
  - Perioperative care in adults, NICE Guideline (NG180). (August 2020)

- **Relevant NHS England policies**
  - 2017/18 NHS Standard Contract, For Severe and Complex Obesity (Adults), Schedule 2 – The Services, A-Service Specifications, NHS England, NHS England, (2017)
  - Guidance for Clinical Commissioning Groups (CCGs): Clinical Guidance: Surgery for Severe and Complex Obesity. NHS England, (2016)
  - Clinical Commissioning Policy: Complex and Specialised Obesity Surgery, NHSCB/A05/P/a, April 2013

- **Other published documents**
  - BOMSS Professional Standards and Commissioning Guidance 2012 (Updated 2019)
  - Obesity in Wales Report Public Health Wales NHS Trust (2019)
  - All Wales Weight Management Pathway 2021 (Adults): Core Components, Welsh Government (2021).

2. Service Delivery

The Welsh Health Specialised Services Committee has commissioned the service of obesity surgery for adults (aged 18 years and over) with complex and severe obesity, in-line with the criteria identified in this specification.

2.1 Access Criteria

This specification covers adults (aged 18 years and older) who meet the criteria for treatment as defined in the WHSSC Commissioning Policy, CP29a for Obesity Surgery for Complex and Severe Obesity.

2.2 Service description

The provider is be expected to meet the standards as set out below.

2.2.1 Facilities and equipment

Providers of complex obesity services should be able to demonstrate that they have suitably equipped facilities and appropriately trained specialist staff to provide:

- assessment, pre-operative; operative, and
- post-operative care for patients.

Ideally, facilities for the complex obesity service will be separate from those for other patients in order to maintain the focus on the special needs of the patients. However, irrespective of whether there are dedicated facilities, providers should ensure that privacy and dignity of patients is maintained at all times.

Consideration should be given to deliver the service on the ground floor of the provider's facility. Where this is not possible, written assurances should be provided to WHSSC regarding (i) access to lifts, including compliance with current legislation and; (ii) emergency protocols in the event of power failure or rapid evacuation of patients in relation to other emergencies.

The provider should ensure they have a physical environment and equipment that meets the needs of patient accessing the service. This includes having equipment that is suitable for use by patients who are morbidly obese, such as:

- imaging equipment
- beds
- scales
- toilet seats
- grab rails
- shower chairs
- commodes

- chairs
- beds
- wheelchairs
- lifting equipment
- size-appropriate patient gowns.

The provider should have demonstrable arrangements for:

- access to in-patient beds and for post-operative recovery
- 24-hour access to Level 2/3 critical care facilities on sites where surgical procedures are undertaken. Where on site access is not available the provider should ensure that:
    - there is 24-hour access to a consultant bariatric surgeon and anaesthetics cover to support ward staff and junior doctors
    - patients are accurately risk-stratified pre-operatively to identify those who might require elective admission to a level 2/3 critical care bed
    - robust arrangements are in place at every unit undertaking bariatric surgery for the safe transfer of patients requiring additional monitoring/support to a local level 2 (or if appropriate level 3) critical care unit
    - all units carrying out elective major surgery (not just bariatric surgery) should have a designated area that can be temporarily raised to a Level 2 critical care setting to enable stabilisation and subsequent transfer in the unlikely event that a patient develops an early complication (usually anaesthetic-related) that requires critical care admission[4]
    - there are procedures in place for patient transfers. Procedures will include details of arrangements that the provider has with the receiving hospital for clinical liaison, hand-over during the patient transfer and post transfer/re-admittance to their surgical unit
    - 24-hour emergency management of post-surgical complications, including the availability of 24-hour consultant bariatric surgeon cover or joint cover with upper GI surgeons.

The provider should also ensure:

- they are able to offer the full range of routine obesity procedures, including laparoscopic and open procedures and revision procedures.
- that where the obesity service is part of the wider general surgery division and is clinically integrated with the upper GI surgical service, there is rapid access to obesity surgery advice and attendance.

[4] BOMSS Professional Standards and Commissioning Guidance 2012 (Updated 2019)

- they have appropriate on-site arrangements for critical care of the morbidly obese together with suitably trained and qualified staff to support this area.

2.2.2 Referrals and Assessments

Specialist pre-surgical assessment is conducted by either the Level 3 multi-disciplinary team (MDT) working in partnership with the Level 4 service or the Level 4 bariatric MDT to identify patient suitability and treatment needs.

Following assessment, patients will be reviewed by the Level 4 MDT to consider the optimal therapy for individual patients. Only if the team feels that the patient fulfils the surgical selection criteria will they be referred for obesity surgery.

If non-surgical therapies requiring Level 4 interventions are considered optimal, the team will recommend and provide treatment with a view to discharging back to the Level 3 as clinically appropriate.

Depending on local arrangements, the Level 4 MDT will undertake the counselling and preparation of patients assessed as appropriate for obesity surgery.

The Level 4 MDT will work, in conjunction with local commissioners and providers, within integrated care pathways and shared care protocols to ensure patients are receiving appropriate pre- and post- operative care and long-term follow-up regardless of location.

2.2.3 Staffing

Obesity units should have a minimum of two bariatric surgeons. Each surgeon should perform a minimum of 30 major procedures per annum each, and the provider unit should carry out a minimum of 30 major laparoscopic bariatric procedures per year (excluding gastric balloons) and a minimum of 100 major procedures per year[5].

Please refer to Annex i for person specifications of specialists comprising the MDT.

2.2.4 Multidisciplinary Team (MDT) Staffing

The Level 4 MDT

The Level 4 MDT should include, as a minimum, the following registered clinicians with specialist obesity training:

- Bariatric Surgeon
- Physician

[5] BOMSS Professional Standards and Commissioning Guidance 2012 (Updated 2019)

- Clinical Nurse Specialist/Bariatric Specialist Nurse
- Practitioner Psychologist
- Anaesthetist
- Specialist Dietitian

MDTs will also need support from a Coordinator / Administrator.

The core team will also need referral pathways to:

- Hepatologists
- Endocrinologists
- Diabetologists
- Cardiothoracic physicians
- Respiratory Physician
- Plastic surgeons
- Eating disorder specialists

In addition to above, the MDT should be supported by:

- a Radiologist and Radiographer with a special interest in obesity
- the most appropriate group of health care professionals required to make a comprehensive and appropriate decision e.g. Physiotherapists and Occupational Therapists to assess and manage levels of activity.

The MDT should be led by a bariatric surgeon. The surgeons in the MDT should have undertaken a relevant supervised training programme and have specialist experience in bariatric surgery (see International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) guidelines.

Typically, every patient will need to be comprehensively assessed by the bariatric surgeon and by at least one other healthcare professional.

Formalised MDT led processes for the screening of co-morbidities and the detection of other significant diseases should be in place. This should include:

- disease/condition/risk factor identification
- diagnosis
- severity/complexity assessment
- risk stratification/scoring
- appropriate specialist referral for specialist medical management.

Medical evaluation and optimisation is mandatory prior to entering a surgical pathway.

The final decision on whether an operation is indicated should be made by the Level 4 MDT.

For all obesity surgery candidates, an individual risk benefit evaluation will be done by the Obesity Surgery MDT. This will be informed by their own clinical assessment and information provided by the Level 3 MDT.

The obesity surgery MDT will satisfy itself that:

- obesity surgery is in accordance with relevant guidelines
- there are no specific clinical or psychological contraindications to this type of surgery
- the individual is aged 18 years or above
- the patient has engaged with Level 3/4 Services
- the anaesthetic and other peri-operative risks have been appropriately minimised
- the patient has engaged in appropriate support or education groups/schemes to understand the benefits and risks of the intended surgical procedure. This should be provided by the Level 4 service, following referral, should the patient be assessed by the MDT as having not engaged prior to referral. However the expectation is that the patient has accessed services prior to referral to Level 4
- the patient is likely to engage in the follow up programme that is required after any obesity surgical procedure to ensure:
    - safety of the patient
    - best clinical outcome is obtained and then maintained
    - change in eating behaviour
    - change in physical behaviour
    - change in health promoting lifestyle
- the overall risk: benefit evaluation favours obesity surgery
- ideally the MDT will meet physically, (virtual attendance is acceptable if required) and minutes will be recorded of all patient management decisions.

2.2.5 Patient Support

Providers should:

- offer support to patients through a designated contact person
- give a clear and comprehensive information pack in a format appropriate to the patients' needs
- ensure patients are prepared for obesity surgery and provide:
    - education on obesity surgery
    - counselling for pre and post obesity surgery
    - information on post-operative lifestyle requirements.

The MDT should discuss with patients due to undergo obesity surgery and their family where appropriate the following:

- The potential benefits of the surgery
- The longer terms impact of surgery, including the likelihood of excess skin surgery which may not be accessible
- The risks and complications associated with obesity surgery
- Perioperative mortality rates.

Support groups

The provider should set up and maintain patient support groups and also sign post patients to other patient support groups facilitated by different organisations or charities. Such groups are a vital source of peer support, advice and information for patients.

2.2.6 Follow Up

Patients who have undergone obesity surgery will need lifelong follow up, which may include re-referral.

The surgical provider will have robust arrangements for surgical follow up and for receiving, assessing patients with post-operative complications and their emergency management by obesity surgeons. This includes access to a fully staffed emergency theatre on a 24-hour basis. There will also be a contact point for advice on queries.

It is noted that failure to lose sufficient weight is not deemed a complication.

Structured, systematic and team based follow up should be organised by the Level 4 team for a minimum of two years after surgery but may be undertaken in partnership with a Level 3 service. Follow up should include:

- monitoring nutritional intake (including protein and vitamins) and mineral deficiencies
- monitoring comorbidities
- medication review
- dietary and nutritional assessment, advise and support
- physical activity and support
- psychological support tailored to the individual
- information about professionally led or peer support groups.

Discharge to Primary Care is appropriate for most post-bariatric patients after two years post-surgery. Primary care professionals will support patients in the long term and should be provided with appropriate support and access to specialist advice from Level 4 and Level 3 services.

2.2.7 Recording Weight Loss

Providers should ensure that a patient's weight has been recorded at:

- the start of engagement with Level 3 weight management programme
- the time of assessment at surgical MDT
- post-surgery (WL) by surgical procedure.

Providers should also ensure that weight loss is monitored post-surgery at the following intervals:

- 6 months
- 12 months
- 18 months
- 24 months

2.3 Clinical Standards

Providers should work to the following clinical and quality standards:

- BOMSS Professional Standards and Commissioning Guidance 2012 (Updated 2019)
- International Federation for the Surgery of Obesity: Guidelines for Safety, Quality, and Excellence in Bariatric Surgery
- National Institute of Health and Care Excellence: Obesity prevention [CG43]
- Obesity: identification, assessment and management, NICE Clinical Guideline [CG189], updated 2022.

2.4 Interdependencies with other services or providers

The provider of a Level 4 specialist surgical service should have clear pathways and partnerships with the relevant Level 3 service, so that those who are eligible for bariatric surgery are supported prior and post-surgery.

Assessment and intervention (including both non-surgical and surgical) should be delivered by specialist MDTs across the following services:

- Medical
- Surgical
- Dietary
- Psychological
- Pharmacological
- Physical activity/mobility interventions
- Pre and post-operative education and support

Most bariatric patients will be discharged to Primary Care after two years post-surgery. Primary care professionals will support patients in the long

term and should be provided with appropriate support and access to specialist advice from Level 4 and Level 3 services[6].

2.5 Exclusion Criteria

- Patients with a BMI under 35 kg/m2[7]*).*
- People with recent onset Type 2 diabetes who have not gone through appropriate Level 3 services and do not meet the surgical acceptance criteria.
- Plastic surgery, which may be required as a result of weight loss following obesity surgery. (Clinicians wishing to refer patients for plastic surgery post obesity surgery will be required to make a referral to plastic surgery. The patient will have to meet the criteria for access to plastic surgery in order for the surgery to be funded).
- Individuals under 18 years of age.

2.6 Acceptance Criteria

The service outlined in this specification is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP practice in England, but includes patients resident in England who are registered with a GP Practice in Wales.

2.7 Patient Pathway

For information on the patient pathway, please see section 2.5 and annex i of the WHSSC Commissioning Policy, CP29a Obesity Surgery for Severe and Complex Obesity.

[6] Welsh Government: All Wales Weight Management Pathway 2021 (Adults): Core Components

[7] There may be special clinical scenarios where urgent weight loss is required (prior to renal transplant or fertility treatment or cancer treatment or benign intracranial hypertension). These will arise from referral by another clinical MDT to a specialised complex obesity service. These patients will not have been through a Level 3 service. However, if their clinical situation permits, they should undergo a minimum period of preparation, education and clinical optimisation in the Level 4 specialist surgical service. These will be treated as exceptional cases and accelerated through the individual funding processes.

2.8 Service Provider/Designated Centre

The obesity service for Wales is provided at the following Centres:

For patients resident in South Wales and South and Mid Powys

- Welsh Institute for Metabolic and Obesity Surgery (WIMOS)
  Swansea Bay University Health Board
  Morriston Hospital
  Heol Maes Eglwys
  Swansea
  SA6 6NL

  Swansea Bay University Health Board
  Singleton Hospital
  Sketty Lane
  Sketty
  Swansea
  SA2 8QA

For patients resident in North Wales and North Powys

- Salford Royal NHS Foundation Trust
  Salford Royal
  Stott Lane
  Salford
  M6 8HD

2.9 Exceptions

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: Welsh Health Specialised Services Committee (WHSSC) | Individual Patient Funding Requests

3. Quality and Patient Safety

The provider should work to written quality standards and provide monitoring information to the lead commissioner. The quality management systems should be externally audited and accredited.

3.1 Quality Indicators (Standards)

Locally defined and Provider outcomes

- Provider(s) are to deliver this service/treatment in line with applicable national standards.
- Provider(s), surgeons, premises, on site services and bariatric surgery throughput should meet the IFSO Guidelines for Safety, Quality, and Excellence in Bariatric Surgery.
- There should be an appropriate Level 3 and 4 MDT composition, specialist multi-professional inputs and process design for all stages of the pathway. Organisational arrangements for patient safety (elective and emergency) should be risk assessed, regularly tested and improved. Protocols should be audited especially the use of questionnaires for clinical assessment, generic interdisciplinary roles and substitution/expansion of professional roles i.e. use of GPs or other therapists for band-fills as an alternative to consultant radiologists; use of Skype/Zoom/Teams, telephone etc. for consultations.
- The Level 4 services should be seamless both pre- and postoperatively with the Level 3 service.
- Provider(s) should comply with guidance relating to clinical coding as published by the NHS Classification Services and with the definitions of activity maintained under the NHS Data Model and Dictionary.
- Provider(s) should collect and provide national datasets within the timescales set out in the relevant Information Centre guidance and all applicable Information Standards Notice(s) and submit coded data to SUS.
- The collection and submission of data to the National Bariatric Surgical Register is mandatory. Providers should ensure that all patients seen within the service are entered onto the registry, and comply with the data requirements of the registry.
- Arrange prospective audit so that the outcomes and complications of different procedures, the impact on quality of life and nutritional status, and the effect on comorbidities can be monitored in both the short and the long term. (The National Bariatric Surgery Registry is available to conduct national audit for a number of agreed outcomes.)
- The obesity surgical provider(s) will be responsible for the organisation of structured, systematic and team based follow up care package for a minimum of two years. Just before this period is finished the surgical provider(s) will make arrangements to hand over

and share care and follow up with primary care. The Level 4 service will provide annual reviews. Band maintenance arrangements should be confirmed.

- The obesity surgical provider(s) should enable the patient's, carer's and advocate's informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties.
- Provider(s) should comply with all local information collection requirements as listed in this service specification and in the contractual agreement with WHSSC.
- Provider(s) are required to provide data to WHSSC in order to benchmark the service against this specification and provide assurance on service delivery and clinical outcomes, together with information required to monitor and manage the contractual agreement.

Outcome Measures

The outcome measures listed below will be derived from information collected at individual patient level. The outcome measures should be collected for all patients.

- For all patients referred to a Level 4 obesity surgery provider, there should be documentation of the patient's weight management history (engagement, attendance, duration, improvement in weight and co-morbidities) in specialised Level 3 weight management services and reasons for referral for obesity surgery.
- At least 90% of patients going for obesity surgery should comply with all criteria as given in the WHSSC Commissioning Policy, CP29a Obesity Surgery for Severe and Complex Obesity.

Co-morbidity improvement: Reduction in objective measures of identified co-morbidities, functional status improvement and lifestyle

- Patients should to be monitored at 6-months, 12-months, 18-months and 24-months post-surgery. Split by co-morbidity, e.g. type 2 diabetes, sleep apnoea, hypertension, asthma etc. Functional improvement can be monitored by increase in exercise tolerance, mobility. Lifestyle factors including increase in physical exercise, reduction/cessation of smoking and excessive alcohol intake.

Morbidity and Mortality

- Post-operative complications (rate, type, onset time): leak rate, early obstruction, deep vein thrombosis, pulmonary embolism, chest infection, bleeding or other.
- In-hospital mortality rates: classified by operation type, BMI group and surgical risk score (separate data to be recorded for revision procedures).
- Post-discharge mortality rate: All deaths that occur post-discharge, reporting at 30 days, 6-months and 12-months following primary or revision surgery.
- Surgical complications requiring HDU/ITU: Recorded admissions post operatively into ITU/HDU (reason for admission, duration of stay).
- Morbidity and mortality rates will be benchmarked against other Level 4 services.

3.2 National Standards

- British Obesity and Metabolic Surgery Society Standards for Clinical Services & Guidance on Commissioning: Providing Bariatric Surgery
- International Federation for the Surgery of Obesity: Guidelines for Safety, Quality, and Excellence in Bariatric Surgery
- National Bariatric Surgery Registry data standards and requirements
- National Institute of Health and Care Excellence: Obesity prevention [CG43]
- National Institute of Health and Care Excellence: Obesity: identification, assessment and management [CG189]

3.3 Other quality requirements

- The provider should have a recognised system to demonstrate service quality and standards.
- The provider should have detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site.
- The providers quality system and its treatment protocols will be subject to regular clinical and management audit.
- The provider is required to undertake regular patient surveys and develop and implement an action plan based on findings.

4. Performance monitoring and Information Requirement

4.1 Performance Monitoring

WHSSC will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

- Service providers to evidence quality and performance controls
- Service providers to evidence compliance with standards of care

WHSSC will conduct performance and quality reviews on an annual basis

4.2 Key Performance Indicators

The providers will be expected to monitor against the full list of Quality Indicators derived from the service description components described in Section 2.2.

As part of the National Minimum Data set for weight management services the service will collect and report the outcomes as outlined in the All Wales Weight Management Pathway 2021. For the purpose of this document only Level 4 reporting is outlined in table 2 (Items in italics should be available for extraction, audit and evaluation but not routinely reported).

Table 2: Level 4 Reporting

Item to be reported to WHSSC	Routinely Collected Data
Activity in the reporting period (6-monthly)	• Number of new referrals • Number of re-referrals • Number and % offered appointments • Number and % who attended first appointment • Number on waiting list (to include IPWL and those waiting by pathway stage) • Number and % of referrals not accepted by service
Engagement	• % sessions attended during the reporting period • % attended at least 80% sessions on discharge
6-month follow-up	• *Weight*

	• *Weight change in kg from end of active intervention* • % of participants maintaining weight loss • % of participants gaining weight
12-month follow up weight	• *Weight* • *Weight change in kg from 6 month follow-up* • % of participants maintaining weight loss • % of participants gaining weight
18-month follow-up (after surgery)	• *Weight* • *Weight change in kg from 12- month follow-up* • % of participants maintaining weight loss • % of participants gaining weight
24-month follow up (after surgery)	• *Weight* • *Weight change in kg from 18-month follow-up* • % of participants maintaining weight loss • % of participants gaining weight
Patient satisfaction: Patient Reported Outcome Measures (PROMS) Patient Reported Experience Measures (PREMS)	• % of PROMS and PREMS completed • % pf PREMS positive experience

4.3 Date of Review

This document is scheduled for review before 2026, where we will check if any new evidence is available.

If an update is carried out the policy will remain extant until the revised policy is published.

5. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

6. Putting Things Right

6.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for NHS Putting Things Right. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to WHSSC.

6.2 Individual Patient Funding Request (IPFR)

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: Welsh Health Specialised Services Committee (WHSSC) | Individual Patient Funding Requests

Annex i Person specifications of specialists comprising the multidisciplinary team (MDT)

Bariatric Surgeons

The surgeons in the multidisciplinary team should hold GMC (General Medical Council) registration, be on the specialist register for general surgery and have undertaken a relevant supervised training programme and have specialist experience in bariatric surgery. See IFSO guidelines. They should be members of The British Obesity & Metabolic Surgery Society (BOMSS).

Bariatric Physicians

The physicians in the multidisciplinary team should hold GMC registration, be on the specialist register and have undertaken a relevant supervised training programme and have specialist experience in bariatric medicine. Formal training in obesity is a component of the training requirement for diabetes & endocrinology and metabolic medicine.

Primary Care Bariatric Specialists

The primary care specialists in the community based multidisciplinary team should hold GMC registration, be on the GP register and be a member of SCOPE and/or be a GP with a special interest in obesity. They should have undertaken a relevant supervised training programme.

Dietitians

All dietitians should be HCPC (Health and Care Professions Council) registered and have undergone appropriate training in the management of obesity. Dietitians should be experienced in bariatric nutrition, screening for eating disorders, and psychosocial assessment. Junior dietitians should have the support of a senior colleague with appropriate experience. Training should include both an understanding of psychological factors and readiness to change and motivational interviewing and counselling skills. They should be a member of BOMSS.

Psychologists

All psychologists should have HCPC registration and be chartered with British Psychological Society. Psychologists should be sufficiently experienced in weight loss surgery, mental health and disordered eating behaviour. Ability to conduct an assessment to establish the individual's ability to implement necessary health behaviour changes for weight loss post-surgery through therapeutic approaches such as Motivational Interviewing and Stages of Changes. Experienced in identifying the individual emotional, cognitive and behavioural factors that may influence weight loss and be able to provide individual recommendations to improve weight loss and QoL outcomes. Ability to make recommendations for more complex patients that potentially may require psychological intervention

pre and/or post-surgery for anxiety, depression and binge-eating. Able to train other health professionals in facilitation of health behaviour change.

Annex ii Codes

Code Category	Code	Description
ICD10	E66	Obesity
OPCS4	G282	Partial gastrectomy and anastomosis of stomach to transposed jejunum
OPCS	G285	Sleeve gastrectomy NEC
OPCS4	G288	Other specified partial excision of stomach
OPCS4	G289	Unspecified partial excision of stomach
OPCS4	G301	Gastroplasty NEC
OPCS4	G302	Partitioning of stomach NEC
OPCS4	G303	Partitioning of stomach using band
OPCS4	G304	Partitioning of stomach using staples
OPCS	G305	Maintenance of gastric band
OPCS4	G308	Other specified plastic operations on stomach
OPCS4	G309	Unspecified plastic operations on stomach
OPCS4	G321	Bypass of stomach by anastomosis of stomach to transposed jejumum
OPCS4	G328	Other specified connection of stomach to transposed jejunum
OPCS4	G329	Unspecified connection of stomach to transposed jejunum
OPCS4	G611	Bypass of jejunum by anastomosis of jejunum to jejunum
OPCS4	G612	Bypass of jejunum by anastomosis of jejunum to ileum
OPCS4	G613	Bypass of jejunum by anastomosis of jejunum to colon
OPCS4	G618	Other specified bypass of jejunum
OPCS4	G619	Unspecified bypass of jejunum

Annex iii Abbreviations and Glossary

Abbreviations

IPFR Individual Patient Funding Request

MDT Multidisciplinary Team

WHSSC Welsh Health Specialised Services

Glossary

Complex Obesity

Obesity is a complex disorder with multiple causes. Drivers and complications of obesity will vary among individuals. For example, there are patients with overweight or with lower levels of obesity who are profoundly affected by their excess weight with, for example, type 2 diabetes, obstructive sleep apnoea and depression.

Gastric Bypass

There are a number of variations of gastric bypass operation but the most popular one conducted in the UK is called a Roux–en–Y gastric bypass (RNY). At surgery, the top section of the stomach is divided off by a line of staples, creating a small 'pouch' stomach. A new exit from this pouch is made into a 'Y' loop from the small intestine so that food bypasses your old stomach and part (about 100-150cm) of the small intestine. The size of stomach pouch and the length of small intestine that is bypassed are carefully calculated to ensure that patients will be able to eat enough for their body's needs at normal weight.

Healthcare Professional

A healthcare professional is a person associated with either a specialty or a discipline and who is qualified and allowed by regulatory bodies to provide a healthcare service to a patient.

Individual Patient Funding Request (IPFR)

An IPFR is a request to Welsh Health Specialised Services Committee (WHSSC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

Level 1 Brief Advice and Self-directed Support

Involves the provision of brief advice and signposting to self-directed support for achieving or maintaining a healthy weight (step-down). Level 1 is typically provided by primary healthcare teams or other health and social care professionals providing long term continuing care.

Level 2 Multi-component Weight Management Services
Includes multi-component weight management interventions; addressing diet, physical activity and behaviour change skills, underpinned by behavioural science. The different components may be delivered together or separately, they would normally include referral to evidence based commercial provision, dedicated primary or community services delivered by dietitians or other professionals or digital services. The physical activity component may be provided by the National Exercise Referral Programme or similar provision. Sessions should be offered over a minimum period of 12 weeks and should include a review by the referring professional at the end of the period.

Level 3 Specialist Multi-disciplinary Weight Management Services
Specialist multi-disciplinary assessment and specialist interventions delivered by the multi-disciplinary team (MDT), including: medical, dietary, psychological, pharmacological and physical activity/mobility interventions. Progress is monitored and reviewed by the MDT. Those eligible for a bariatric surgery assessment are identified and referred to level 4.

Level 4 Specialist Surgical Services
Specialist multi-disciplinary assessment and specialist interventions delivered by the multi-disciplinary team (MDT), including: medical, dietary, psychological, pharmacological and physical activity/mobility interventions. Progress is monitored and reviewed by the MDT. Those eligible for a bariatric surgery assessment are identified and referred to level 4[8].

Severe Obesity
Patients with a BMI of 40 and over are classed as severely obese.

Sleeve Gastrectomy
The sleeve gastrectomy reduces the size of the stomach by about 75%. It is divided vertically from top to bottom leaving a banana shaped stomach along the inside curve and the pyloric valve at the bottom of the stomach, which regulates the emptying of the stomach into the small intestine, remains intact. This means that although smaller, the stomach function remains unaltered.

Welsh Health Specialised Services Committee (WHSSC)
WHSSC is a joint committee of the seven local health boards in Wales. The purpose of WHSSC is to ensure that the population of Wales has fair and equitable access to the full range of Specialised Services and Tertiary Services. WHSSC ensures that specialised services are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and

[8] Welsh Government: All Wales Weight Management Pathway 2021 (Adults): Core Components

sustainable services, which are safe for patients and are cost effective for NHS Wales.