GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

Specialised Services
Service Specification: CP29b

Bariatric Surgery

August 2018

Version 1.0

Document information	
Document purpose	Service Specification
Document name	Bariatric Surgery Service Specification
Author	Welsh Health Specialised Services Committee
Publication date	04 October 2018
Commissioning Team	Cardiac
Target audience	Chief Executives, Medical Directors, Directors of Finance, Chief Pharmacists
Description	NHS Wales will routinely commission this specialised service in accordance with the criteria described in this policy
Document No	CP29b
Review Date	April 2021

Contents

Statement

Welsh Health Specialised Services Committee (WHSSC) will commission the service of Bariatric Surgery 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.

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 developed as the Service Specification for the planning and delivery of Bariatric Surgery for Adults aged 18 years and older and resident in Wales. This service will only be commissioned by the Welsh Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

1.1 Background

Bariatric surgery is a treatment for appropriate, selected patients with severe and complex obesity that has not responded to all other non-invasive therapies. Within these patient groups bariatric surgery has also been shown to be a highly cost effective therapy that prevents the development of co-morbidities and reduce the symptoms of existing co-morbidities, particularly type 2 diabetes.

This sits under Tier 4 of the weight management pathway. Different tiers of weight management cover different activities, and definitions vary locally but essentially correspond with the following:

- Tier 1 provides universal services (such as health promotion or primary care)
- Tier 2 provides lifestyle interventions
- Tier 3 provides specialist weight management services
- Tier 4 provides bariatric surgery.

The surgery is known to achieve significant and sustainable weight reduction within 1-2 years, as well as reductions in co-morbidities and mortality. The principal bariatric operations are gastric banding, gastric bypass, sleeve gastrectomy and duodenal switch. These are usually undertaken laparoscopically.

1.2 Aims and Objectives of the service

The aim of this service is to define the requirements and standard of care essential for delivering bariatric surgery for people with severe and complex obesity that has not responded to all other non-invasive therapies.

The objectives of this policy are to:

- detail the specifications required to deliver bariatric services for people who are residents in Wales
- ensure minimum standards of care are met for the use of bariatric surgery
- ensure equitable access to bariatric surgery
- identify centres that are able to provide bariatric surgery for Welsh patients
- improve outcomes for people accessing bariatric 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**
  - Commissioning Policy: Bariatric Surgery CP29a, (2014) f

- **Other published documents**
  - BOMSS Standards for Clinical Services and Guidance on Commissioning (2012).
  - BOMSS Professional Standards Document (2013).

2. Service Delivery

The Welsh Health Specialised Services Committee will commission the service of bariatric surgery for welsh residents with severe or complex obesity, in-line with the criteria identified in the policy.

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
- 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 patients clinical needs (NICE, Obesity: Identification, assessment and management, Clinical Guideline CG189 (2014) recommendations[1]).
- the patient should in addition to the above have been adequately counselled and prepared for bariatric surgery.

Whilst bariatric surgery is a last-line intervention, the provision of follow up for complications, nutritional and weight maintenance support for the patient remains a lifetime commitment for the patient.

2.1 Access Criteria

Individuals must satisfy all elements of the access criteria set out below:

- the individual is aged 18 years or over
- the individual has a BMI of 40 or greater
- morbid/severe obesity has been present for at least five years
- the individual has received, and complied with, an intensive weight management programme at a multi-disciplinary weight management clinic (level 2/3 of the All Wales Obesity Pathway) for at least 24 months duration, but has been unable to achieve and maintain a healthy weight, and
- the individual is approved for surgery by the bariatric MDT at the Welsh Institute of Metabolic and Obesity Surgery, Abertawe Bro Morgannwg University Health Board.

For further information see:

- WHSSC commissioning policy for Bariatric Surgery (CP29a)

[1] Obesity: identification, assessment and management | Guidance and guidelines | NICE

2.2 Service description

In addition to the standards required within the Contract, specific quality standards and measures will be expected. The provider must also meet the standards as set out below.

Facilities and equipment

Providers of complex obesity services must 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.

The service should have a physical environment that meets the needs of patient attending the service: toilet seats, grab rails, shower chairs, commodes, chairs, beds, lifting equipment etc. will be suitable for use by patients who are morbidly obese. The provider will make appropriate beds and scales available for obese patients, and ensure that suitable imaging equipment is available for obese patients.

The surgical service should have demonstrable arrangements for:

- access to in-patient beds for post-operative recovery
- access to critical care facilities 24 hours a day, to at least high dependency (HDU) Level 2, and located on the same site at which surgical procedures are undertaken
- access to Intensive Care Unit (ICU) Level 3 facilities on sites where surgical procedures are undertaken that are available 24 hours a day. Where this is not the case providers will have robust plans and procedures in place for patient transfers to local ICU level 3 critical care facilities that are available 24 hours a day. 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

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

Staffing

The surgical service should have demonstrable arrangements for:

- access to suitably qualified doctor with sufficient training and experience in bariatric surgery 24 hours a day for advice and treatment as necessary
- the emergency assessment and treatment of post-operative complications
- provision for revisional procedures following assessment of previous outcomes for primary bariatric surgery

- the training and education of all staff involved in the care and management of morbidly obese patients.

Specialist teams

The specialist surgical multidisciplinary team (MDT) should include as a minimum:

- Clinical Nurse Specialist
- Bariatric surgeon
- Bariatric dietician
- Specialist anaesthetist
- Relevant medical specialist with an interest in obesity e.g. endocrinologist/diabetologist
- Psychotherapist / Psychologist / Psychiatrist with an interest in obesity

This list is not exhaustive and the MDT should have access to/include the most appropriate group of health care professionals required to make a comprehensive and appropriate decision and ideally on site access to other relevant medical specialists for the diagnosis and management of co-morbidities.

The bariatric surgery MDT will meet physically (rather than virtually) where possible, and minutes will be recorded of the patient management decisions.

The surgical MDT will be supported by a radiologist with a special interest in gastro-intestinal surgery.

If input is required in the immediate post-operative recovery period, patients will have access to all members of multi-disciplinary team, e.g. physiotherapists & occupational therapists. The service must have in place a clear communication process with local services where on-going treatments / interventions are required post discharge.

Clinical Standards

The provider centre will deliver primary bariatric surgery for all patients deemed clinically appropriate and within the criteria defined in the commissioning policy.

The MDT will assess the patient to determine:

- the cause of obesity
- the presence and severity of co-morbidities
- to stratify/score risk

- to evaluate the modalities of weight loss that have been explored
- to detect other diseases and
- to optimise their medical condition.

The bariatric surgery MDT will satisfy itself that the overall risk: benefit evaluation favours bariatric surgery, and that the patient meets the access criteria for Bariatric Surgery as stated in the WHSSC Commissioning Policy: CP29: Bariatric Surgery (2014).

The bariatric surgery MDT will satisfy itself that the patient is likely to engage in the follow up programme that is required after any bariatric 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

Surgery

The bariatric surgery centre will be able to provide the full range of routine bariatric procedures, including laparoscopic and open procedures and revisional procedures. The appropriate procedure carried will be agreed between the Multi-Disciplinary Team (MDT) and the patient. Providers will not restrict practice to one single method of operation.

It is expected that laparoscopic surgery will be the normal operating method used.

Out of Hours

The bariatric surgery centre will be able to provide 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. In some models of care the surgical bariatric service is part of the wider general surgery division and is clinically integrated with the upper GI surgical service.

The critical factor is rapid access to bariatric surgery advice and attendance. Services will also have appropriate on-site arrangements for critical care of the morbidly obese together with suitably trained and qualified staff to support this area.

Consultant Surgeons

Bariatric units will have a minimum of 3 consultant surgeons. Each surgeon will perform on average at least 40 procedures per annum (1 a week).

However the general trend is that more patients a unit operates on, the higher the quality. This is dealt with in more detail in the BOMSS Standards for Clinical Services and Guidance on Commissioning (2012)[2].

The surgeons in the multidisciplinary team should be adequately trained and experienced in the recognition and management of bariatric surgery complications (see BOMSS Professional Standards Document 2013[3]).

Patient Support

The Tier 4 bariatric surgery provider will be able to offer support to patients through a designated contact person and in the form of a clear and comprehensive information pack in appropriate formats to comply with equality and diversity legislation.

The provider will work with, and support, patients to 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. They may also be able, depending on their stage of development, to form an advocacy role, either at group or individual level, or as agents for change or service development. Members of the bariatric surgery MDT will attend at the request of the patients group to provide professional advice and input as appropriate.

Providers must 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.

Follow Up

The provision of after-care and weight management support for the patient remains a lifetime commitment. Structured, systematic and team based follow up will be organised by the bariatric surgery provider for 2 years after surgery.

The follow up care should include regular, specialist post-operative dietetic and /or specialist nurse monitoring according to patient need. Clinical follow up should mirror post –operative information and should include:

- information on the appropriate diet for the bariatric procedure
- micronutrient monitoring and supplementation
- information on patient support groups

[2] BOMSS standards for clinical services | BOMSS
[3] http://www.bomss.org.uk/wp-content/uploads/2014/04/BOMSS-Professional-Standards-March-2013.pdf

- individualised support and guidance to achieve long–term weight loss and monitor weight maintenance

Patients should be made aware of the requirement to engage in the 2 year Tier 4 follow up programme.

After 2 years, patients will be transferred back to their GP and local Tier 3 services in order to continue to have access to dietetic, clinical behavioural and, psychological advice and support to help them modify their lifestyle to maintain weight loss/reduction and to prevent or minimise complications. ***However, as stated previously in this document, this section of the pathway is not completely developed at the current time within Wales.***

Follow up arrangements will however be procedure specific and for certain procedures there will always be a need for specialist follow up by the specialised services provider.

The specialised service will at all times maintain links with the patients' local services ensuring that they are aware of the patient's ongoing progress.

The care of post-operative complications and delayed emergencies

Patients must be provided with clear advice regarding recognition of post-operative complications and the time frame on which complications/emergencies may occur.

The bariatric service must ensure appropriate telephone advice is available to professionals at other hospitals and facilitate the return of the patients where this will improve care. The service must have appropriate pathways in place to manage the transfer and repatriation of patients back to the Tier 4 service.

2.3 Exclusion Criteria

- Referrals from the NHS for the revision of treatments originally performed outside the NHS will not be funded. This includes gastric band fills, outpatient follow up and revision surgery. Referrers should refer the patient to the practitioner who carried out the original treatment.
- Referrals for patients who have undergone emergency corrective treatment in the NHS following treatment originally performed outside the NHS, but who go on and request further NHS funded revision, will be assessed against the eligibility criteria.
- Plastic surgery, which may be required as a result of weight loss following bariatric surgery. (Clinicians wishing to refer patients for

plastic surgery post bariatric 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). and

- Individuals under 18 years of age.

2.4 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.

2.5 Patient Pathway (Annex i)

In Wales LHBs are currently working on plans to implement the All Wales Obesity Pathway. There is a particular gap in relation to Tier 3 services, which, when fully developed, will develop close links with, and will gate-keep referrals to, the bariatric surgery service.

In the interim and whilst gaps remain, referrals to the bariatric Multi-Disciplinary Team at the Tier 4 provider centre will be made according to the referral pathway designated by each LHB for its resident population.

The Bariatric Surgery centre will have clinical protocols and programmes of care that deal with the patient journey through assessment, medical or surgical intervention, post-surgical care (where appropriate), discharge and long term follow up. This includes the transition back to Primary Care, and specifically a specialist weight management service local to the patient's home (where available), as part of a life-long shared care arrangement of follow-up and surveillance.

The centre will be required to demonstrate that they have multi-disciplinary teams that can provide such assessments and that clinically appropriate referrals to other specialties for further consultation and clinical management will be made.

2.6 Service provider/Designated Centre

The bariatric surgery service for Wales is provided by the following organisations:

For patients resident in South and Mid Wales:

- Welsh Institute for Metabolic and Obesity Surgery
  Abertawe Bro Morgannwg University Health Board

For patients resident in North Wales

- Salford Royal NHS Foundation Trust

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

The centre must enable the patients, carers and advocates informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties.

3.1 National Standards

The provider must work to the following quality standards:

- British Obesity and Metabolic Surgery Society Service Standards (2012)

Providers will submit their outcome data to the National Bariatric Surgery Registry.

3.2 Other quality requirements

- the provider will have a recognised system to demonstrate service quality and standards
- the service will have detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice
- the 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.

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

In particular, the provider will be expected to monitor against the following target outcomes:

- Post-operative mortality
- Post-operative complications
- Post-surgical weight Loss
- Co-morbidity Improvement
- Patient experience
- Quality of Life

Every month providers should send to WHSSC by email waiting times performance and activity (number of operations by case mix) performance.

It is the provider's responsibility to notify WHSSC as the commissioner should there be any breaches of the waiting times targets.

These should be submitted to WHSSC monthly on the 10th working day of the month.

Waiting times profile of the patients on the bariatric surgery waiting list (from time of addition to the in-patient surgical waiting list):

- 0-9 weeks
- 10-25 weeks
- 26-35 weeks
- >=36 weeks

Surgical activity, out-patient and in-patient (operations), will be reported to WHSSC on a monthly basis. In-patient activity will be reported by type of operation.

4.3 Date of Review

This document is scheduled for review before April 2021 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: Raising a Concern

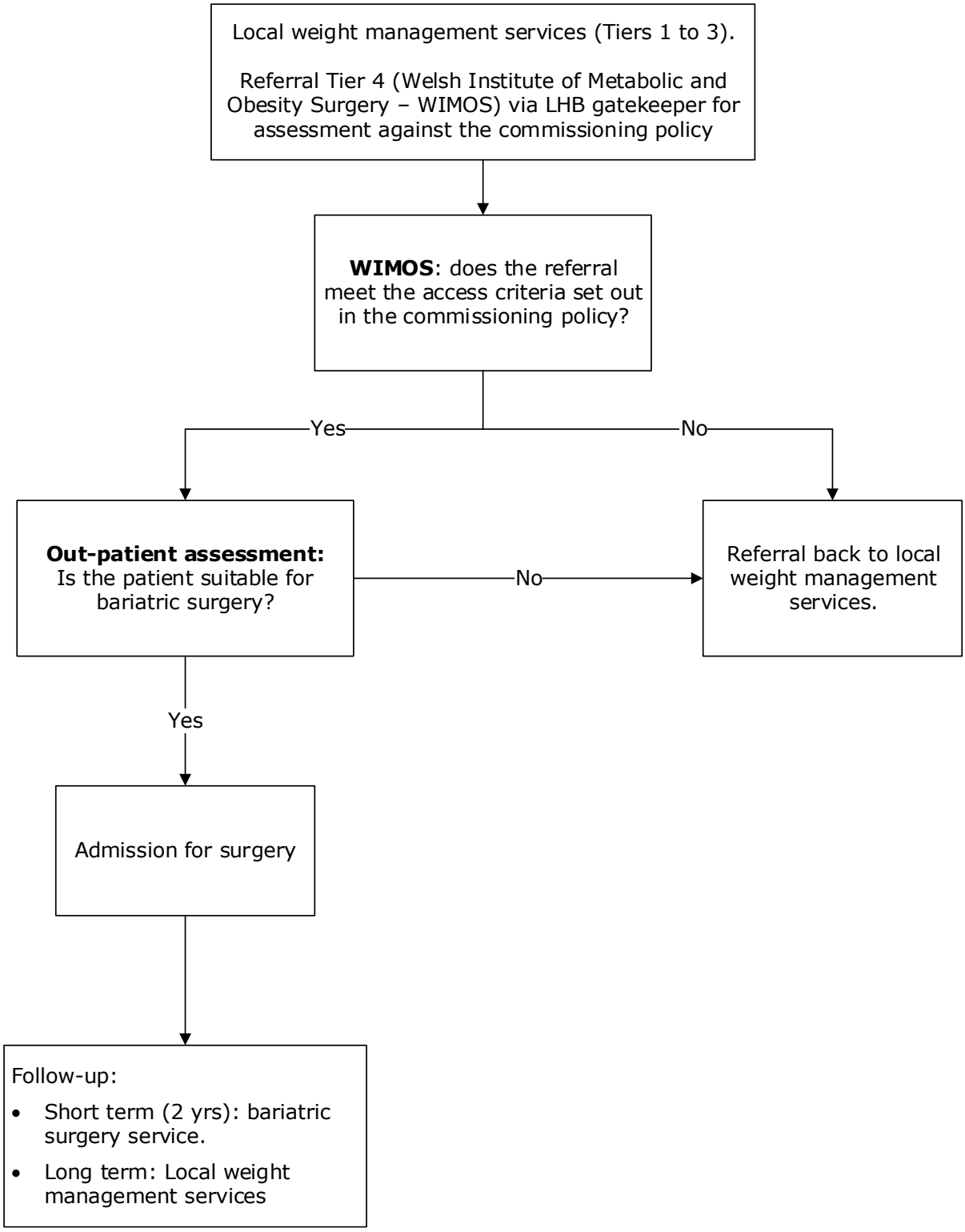
If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All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



Annex ii Codes

The following ICD-10 and OPCS 4 codes define obesity and bariatric surgery.

ICD-10 Codes

Code Category	Code	Description
ICD10	E66	Obesity

OPCS 4 Codes

Code Category	Code	Description
OPCS4	G282	Partial gastrectomy and anastomosis of stomach to transposed jejunum
OPCS4	G283	Partial gastrectomy and anastomosis of stomach to jejunum 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
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 jejunum
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

BOMSS	British Obesity and Metabolic Surgery Society
MDT	Multidisciplinary Team

Glossary

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.

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