

<b>Policy Statement:</b>	<b>Bariatric Surgery</b>
<b>Status:</b>	<b>Individual prior approval</b>

Bariatric surgery is a treatment for some patients with severe and/or complex obesity that has not responded to all other non-invasive therapies. Within these patient groups bariatric surgery has been shown to be highly cost effective.

Referral to a bariatric specialist provider is recommended by the National Institute for Health and Care and Excellence (NICE) for the following groups of patients -

- Adults with a body mass index (BMI) of more than 40
- Adults with a BMI between 35 and 40 and other significant disease
- Adults with a BMI of 30 and over who have recent diagnosis type 2 diabetes\*
- Adults of Asian family origin who have recent diagnosis type 2 diabetes\* at a lower BMI than other populations

\*Recent diagnosis is defined by NICE as within the previous 10 years

**However, West Essex CCG requires that these patients also fulfil the criteria below before funding for a referral to a specialist provider is approved. Surgery will only be considered as a treatment option for people where all of the following criteria are met:**

### **Referral criteria**

1. The individual is aged 18 years or above.
2. There is documented evidence that morbid/severe obesity has been present for at least five years.
3. All appropriate non-surgical measures, including lifestyle and behaviour changes and pharmacological treatment, have been tried but the person has not achieved or maintained adequate, clinically beneficial weight loss.
4. The individual has attended, engaged with and complied with a local specialist non-surgical tier 3 obesity service weight loss programme (currently provided by MoreLife). They must have engaged for a minimum duration of 12 months and have completed it within the last 12 months. Specifically, evidence will be required that the patient has:
  - Received and complied with dietary advice
  - Participated in appropriate levels of physical activity
  - Actively engaged with psychological factors relevant to obesity, eating behaviour, physical activity
  - Achieved a minimum of 5% weight loss of their starting body weight

**A copy of the letter confirming the above criteria has been met, provided to the GP by MoreLife at the completion of 12 months engagement, should be submitted with the funding request.**

5. The person is generally fit for anaesthesia and surgery.
6. The person commits to the need for long-term follow-up.

### **Surgical criteria**

7. The specialist and/or bariatric surgeon has discussed the following with the patient -
  - the potential benefits
  - the longer-term implications of surgery
  - associated risks
  - complications
  - perioperative mortality
8. The specialist and/or bariatric surgeon has chosen the surgical intervention jointly with the person, taking into account:
  - the degree of obesity
  - comorbidities
  - the best available evidence on effectiveness and long-term effects
  - the facilities and equipment available
  - the experience of the surgeon who would perform the operation
9. A comprehensive preoperative assessment of any psychological or clinical factors that may affect adherence to postoperative care requirements (such as changes to diet) has been carried out.

The final decision on whether an operation is indicated should be made by the specialist hospital bariatric MDT. For all bariatric surgery candidates, an individual risk benefit evaluation will be done by the Bariatric Surgery MDT, this will be informed by their own clinical assessment and information provided by primary care and by the non-surgical Tier 3 / 4 provider.

### **Related guidance**

**Revisional procedures** will only be considered electively for clinical reasons due to complications and will require individual prior approval unless they are required on an acute emergency basis.

**Any new/novel bariatric surgery procedures outside of this policy will not be routinely commissioned.** Where a clinician wishes to make a request for a new device/procedure, an application for exceptional funding through the Individual Funding Request (IFR) process should be made in the first instance.

### **References**

1. <https://www.nice.org.uk/guidance/cg189/chapter/1-recommendations>
2. West Essex CCG Tier referral pathway <http://westessexccg.nhs.uk>

3. World Health Organisation - Obesity. Fact sheet N°311. September 2006.  
[http://www.mclveganway.org.uk/Publications/WHO\\_Obesity\\_and\\_overweight.pdf](http://www.mclveganway.org.uk/Publications/WHO_Obesity_and_overweight.pdf)
4. Public Health England <https://www.gov.uk/guidance/phe-data-and-analysis-tools#obesity-diet-and-physical-activity>
5. Department of Health. <https://www.gov.uk/government/policies/obesity-and-healthy-eating>
6. National Institute for Health and Clinical Excellence. Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children. CG189, 2014. Available from: <http://guidance.nice.org.uk/CG189>
7. International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO). <http://www.ifso2018.com/>
8. Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland (AUGIS). <http://www.augis.org/>
9. The Health Survey for England. <https://digital.nhs.uk/areas-of-interest/public-health/health-survey-for-england>
10. <https://www.cadth.ca/bariatric-surgery-long-term-treatment-obesity-review-clinical-effectiveness-and-cost-effectiveness>
11. New Zealand Health Technology Assessment (NZHTA). The safety, effectiveness and cost-effectiveness of surgical and non-surgical interventions for patients with morbid obesity. <http://nzhta.chmeds.ac.nz/publications/morbidob07.pdf>
12. Picot J, Jones J, Colquitt J L, Gospodarevskaya E, Loveman E, Baxter L, et al. The clinical effectiveness and cost-effectiveness of bariatric (weight loss) surgery for obesity: a systematic review and economic evaluation. <https://www.ncbi.nlm.nih.gov/pubmed/19726018>
13. Quality Improvement Scotland Bariatric surgery in adults. Evidence note 28, 2010. [http://www.healthcareimprovementscotland.org/our\\_work/technologies\\_and\\_medicines/earlier\\_evidence\\_notes/evidence\\_note\\_28.aspx](http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/earlier_evidence_notes/evidence_note_28.aspx)
14. Mäklin S, Malmivaara A, Linna M, et al. Cost-utility of bariatric surgery for morbid Obesity in Finland. Br J Surg. 2011 Oct;98(10):1422-9.

**Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the CCG policy.**

<b>Approved by (committee):</b>	<b>Executive Health and Care Commissioning Committee</b>
<b>Date approved:</b>	<b>March 2019</b>
<b>Produced by:</b>	<b>Clinical Effectiveness Manager</b>
<b>Updated by:</b>	<b>Clinical Effectiveness Manager</b>
<b>Review date:</b>	<b>March 2021</b>