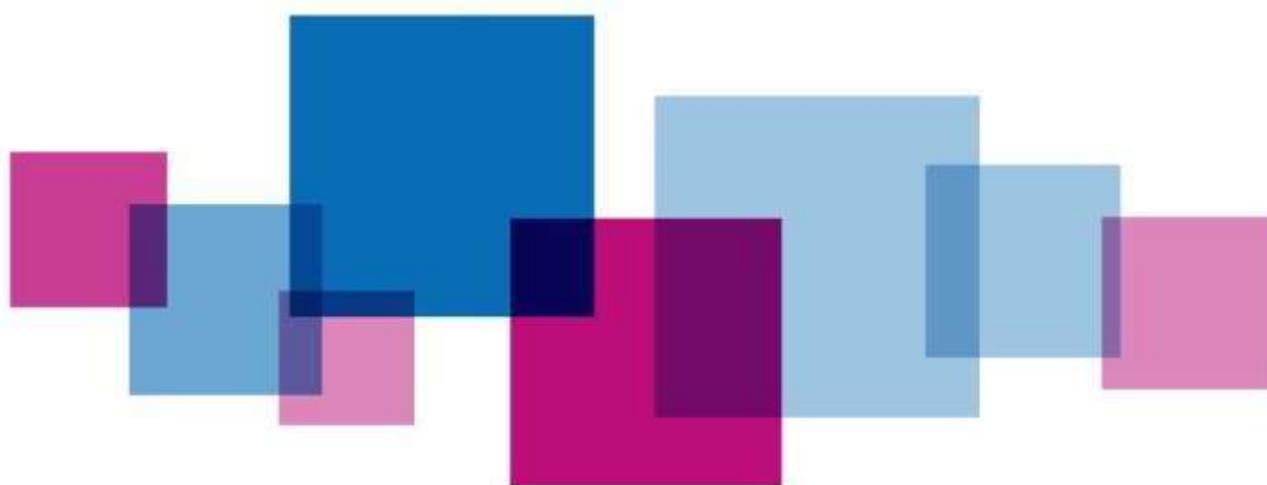


# Commissioning Policy

## Weight Management Service (Tiers 3 and 4 - including Support and Obesity related Surgery)

### Criteria Based Access



**Date Adopted: 1<sup>st</sup> April 2019**

**Version: 1819.2.01**

### Document Control

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### Version Control

Version	Date	Reviewer	Comment
1819.1.00	06/06/2018	IFR Manager	To combine Tier 3 and Tier 4 policies to rationalize the Weight Management Service pathway
1819.1.08	11/9/2018	Head of IFR	Amendments to bring in line with service spec.
1819.2.00	01/10/2018	IFR Coordinator	Smoking references updated and amendment following Sept CPRG – PALs info updated
1819.2.01	10/04/19	CPD Support	Update for administration typo error in criteria 3.

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**THIS IS A CRITERIA BASED ACCESS POLICY  
TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW**

**THIS POLICY RELATES TO ALL PATIENTS**

## **Weight Management Service**

### **General Principles**

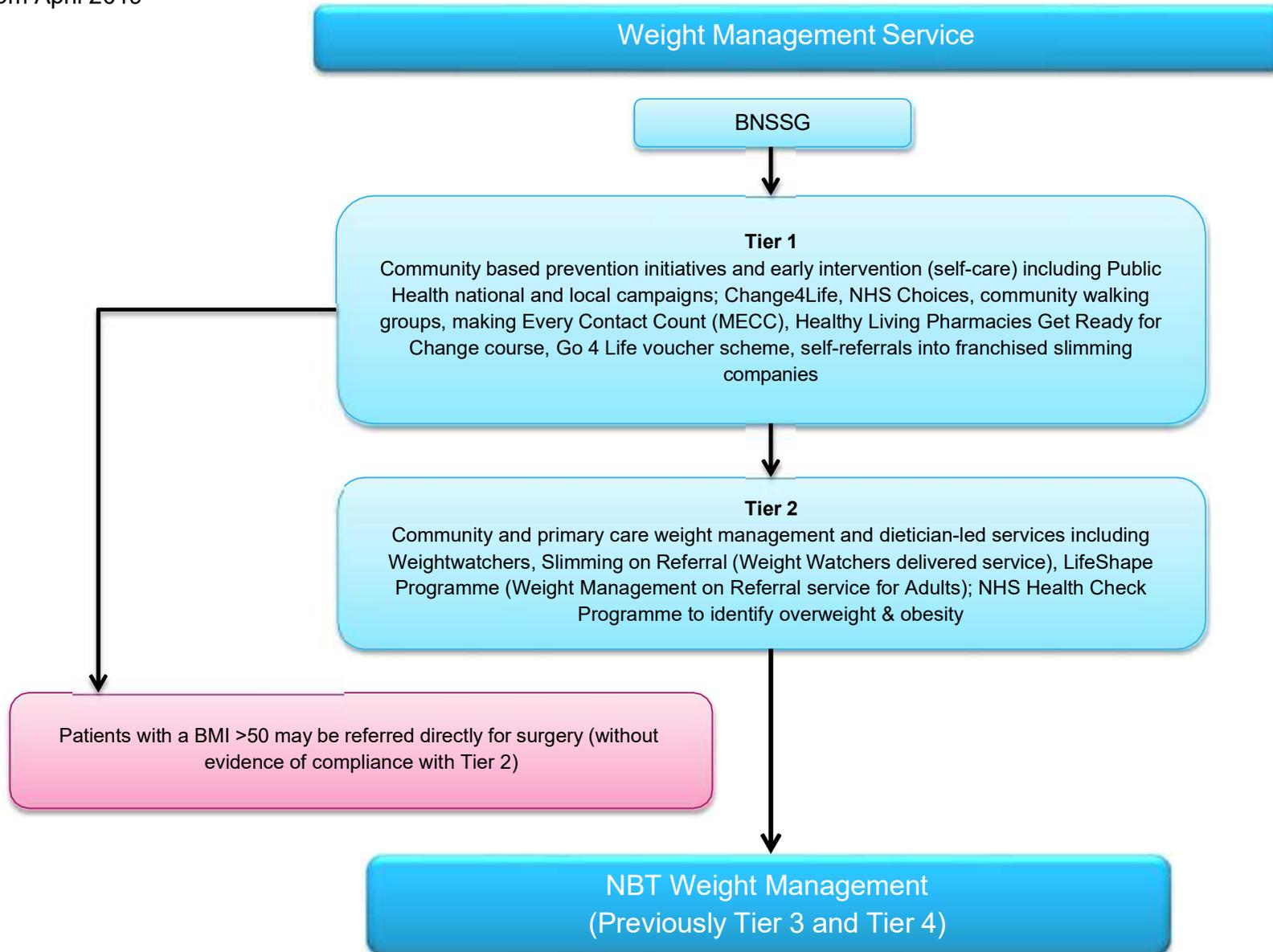
**Treatment should only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the ICB Exceptional Funding Request Panel.**

1. Clinicians should assess the patients against the criteria within this policy prior to referring patients seeking treatment. Referring patients to secondary care that do not meet these criteria not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
2. Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment and the EFR team should be approached for advice.
3. On limited occasions, the ICB may approve funding for a further assessment in secondary care only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
4. Patients must be advised that being accepted into the Multi-Disciplinary Weight Management Service will not mean that they automatically lead to Bariatric Surgery as one of the aims of the service is to reduce the need for surgical interventions alongside reduction of co-morbidities.
5. Patients referred to Weight Management Services must have complied with the full weight management regime set out in the Policy on accessing the Weight Management Services in BNSSG. Where a patient is unable to follow the pathway set out in that policy, funding approval with supporting clinical evidence will need to be sought via the EFR route where there are exceptional circumstances present.

6. Where funding approval is given by the Exceptional Funding Request Panel, it will be available for a specified period of time, normally one year.
7. Successfully losing significant weight, either through conservative or surgical management, can lead to patients having concerns with the impact of loose or redundant skin. Patients must be advised that removal of loose skin is not routinely funded by the Commissioner with reference to the Abdominoplasty policy, the Breast Surgery policy, the Cosmetic Surgery policy, the Liposuction policy and the Skin Excision for Contouring policy.
8. Patients' (and carers' as appropriate) expectations of surgery, and the likely degree of additional benefit that may be obtained from surgery compared with continuing conservative management, must have been discussed. Patients must have been given an opportunity in care to complete the Decision Aid tool at:  
<http://sdm.rightcare.nhs.uk/pda/>  
<http://sdm.rightcare.nhs.uk/pda/obesity/>
9. Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.  
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193> (Thelwall, 2015).
10. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing (ASH, 2016)
11. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

## Background

NHS Weight Management services are set out locally slightly differently for each geographical area within the ICB as shown below. (GPs should refer to Remedy for full details of local services). The pathway will be reviewed in line with recommissioning of services from April 2019



## Aim of the Weight Management Service

To provide an effective and efficient weight management service for people in Bristol, North Somerset, and South Gloucestershire (BNSSG) with severe and complex obesity, with or without co-morbidities, through promoting life-long behaviour change.

## Objectives of the Weight Management Service

- To reduce the number of people in BNSSG living with severe obesity, through improving their long term health and reduce the burden of obesity related disease.
- To provide assessment, information and treatment in accordance with NICE guidelines for BNSSG patients meeting the criteria for the service.
- To encourage long term behaviour change through promoting healthy eating, physical activity and recognising and addressing the psychological barriers to unhealthy relationships with food.
- To ensure psychological support is offered to patients who are identified as having psychological needs related to their obesity.
- To prevent / reduce / improve the management of any co-morbidities associated with severe obesity together with costs associated with these.
- To assess and treat obese patients who either do not qualify or want bariatric surgery, and provide feedback to the GP with a long term management plan.
- Where appropriate, refer patients for surgical assessment and prepare these patients by supporting them to understand the risks of the surgery, the need for behaviour change pre and post-operatively and to assist in the decision making process.
- To function as part of a seamless care pathway for adult overweight and obesity, including signposting patients to community lifestyle services for ongoing support.

## Referral Procedure

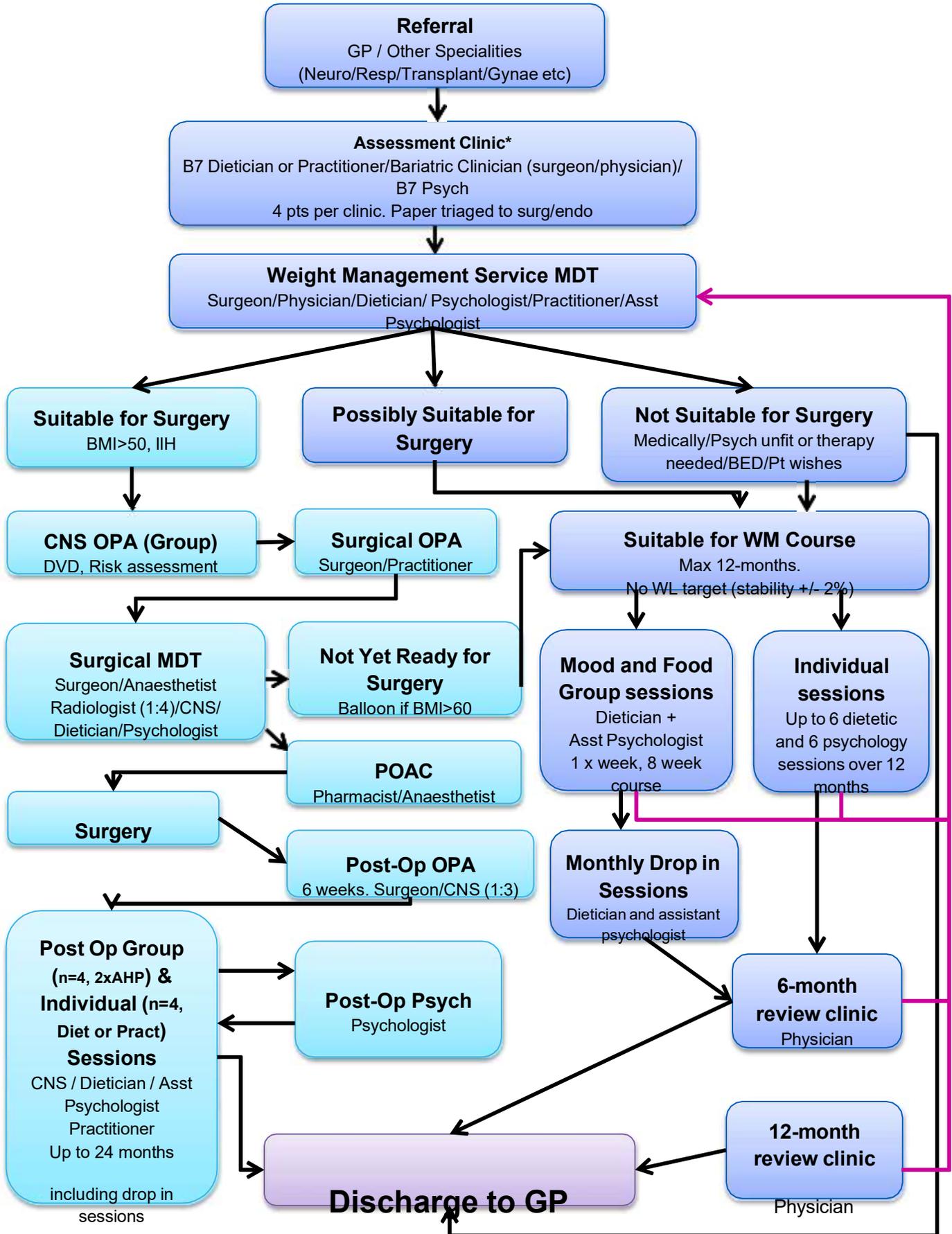
Where a patient is referred into the service, the following procedures will apply:

- The patient will meet the criteria referred to below, or will have Individual Funding approval via the IFR team to exceptionally be referred without meeting the criteria.
- The service will accept referrals using a Multi-Disciplinary Weight Management Service referral form from the patients GP only. A referral must be accompanied with completed blood investigations; height; weight BMI at time of referral and must be accompanied by details of how the patient has engaged with community weight services. This must show what has been tried, the length of time, and outcomes.

- A patient information leaflet describing the service will be made available for GPs to download and give to patients at the time of the referral discussion. This will clearly explain the service to the patient and manage expectations of weight loss surgery.
- The service will ensure all referrals are screened for appropriateness, including identifying any psychological and lifestyle issues which may interfere with the patient's engagement in the programme. The service will engage with referrers to ensure the most appropriate patients are referred for assessment.
- Patient should be offered an MDT assessment within 18 weeks from referral.
- Following assessment the patient will be offered the first appointment on their 12 week intensive programme within 12 weeks of MDT assessment.

## NBT WEIGHT MANAGEMENT SERVICE

For Information Only



### **Policy Criteria**

Patients who are able to demonstrate that they meet all of these criteria will qualify for a referral to the Multi-Disciplinary Weight Management service:

1. The patient is aged 18 or over. Patients aged 16-18 years may be able to access the service as exceptions on a case by case basis

**AND**

2. The patient has engaged with community weight services over a 2 year period, but they have failed to achieve or maintain weight loss goals

**AND**

3.

- a) Patients with a BMI $\geq$ 50 may be referred directly (without evidence of compliance with Tier 2).

**OR**

- b) Patients must have a BMI $\geq$ 35 with significant obesity related co-morbidities that could be improved if they lost weight

**OR**

- c) Patients must have a BMI $\geq$ 40 (with or without co-morbidities).

There is a tolerance unit of BMI 2.5 on each element of the criteria above in relation to at risk groups that have higher obesity prevalence rates particularly those with black African or Caribbean and South Asian origin.

Obesity related co-morbidities accepted :

- established cardiovascular disease,
- type 2 diabetes,
- hypertension,
- idiopathic intracranial hypertension,
- obstructive sleep apnoea. or
- non- alcoholic steatohepatitis (NASH).

Patients for whom surgery is dependent on weight loss and other patients who may benefit from immediate intervention may be considered for the service on a case by case basis.

**Continued below**

### **Continued**

Patients who previously qualified for a referral but are on a 'time out policy' which will allow a patient to exit and return into the Weight Management Service once a specific issue has been addressed (e.g. binge eating disorder, bereavement, pregnancy). These patients will be able to access the service without a re-referral.

Surgical treatment will only be provided by the NHS for patients meeting the criteria set out below.

4. The patient must have:

- met the criteria for access to the Weight Management service as set out in the policy or received Individual Funding approval on grounds of exceptionality;  
AND
- fully complied with the Weight Management Service and has been confirmed as appropriate for onward referral  
AND
- been assessed as appropriate for surgery by the Bariatric Surgery MDT.  
OR

5. The patient must have:

- suffers from symptomatic Benign or Idiopathic Intracranial Hypertension [IIH] (Bhatti, 2014)
- AND
- requires regular Lumbar Punctures in order to manage their condition,
  
- AND
- has been assessed as appropriate for surgery by the Bariatric Surgery MDT.

**Note: Ideally patients with IIH would be managed through the Tier 2 prior to referral to surgical services, although this is not always clinically appropriate.**

### **Additional Post-Surgical Follow Up**

Patients who receive Bariatric Surgery on the NHS will be managed for a period up to two years post-surgery in order to maximise the benefits from their surgery and will then be discharged.

6. Further follow ups should only be considered for funding for patients who meet the following criteria:

- Only patients treated originally on the NHS  
AND
- Patients who have had bands deflated to enable medical treatments or conditions such as pregnancy

**Continued below**



**Continued**

- Patients have previously demonstrated compliance with dietary and nutritional advice,

**AND**

- Patients have previously successfully lost weight and maintained this weight loss following surgery.

**Note:** Funding approval for the additional follow ups should be sought from the IFR panel by

the patient's managing clinician setting out the reasons for additional follow up and the number of appointments required in order to maximise the patient's treatment.

*Exclusions:*

The following patients should not be referred (although the option of seeking Individual Funding approval is available):

Patients who:

- Are currently successfully losing weight with dietetic or reputable evidence based weight management intervention and have not exhausted the benefit from that service

**OR**

- Pregnant women - Women who become pregnant during the programme will be able to pause the programme ('time out policy') and return to the service following the birth,

**OR**

- have been previously referred into the service and have left the pathway early or have disengaged from the services, who are seeking to re-enter as a re-referral will not be eligible within 12 months,

**OR**

- have previously received bariatric surgery, including those that have previously received bariatric surgical treatment from the NHS and wish to undergo further surgery,

**OR**

- have self-funded bariatric surgery previously, either successfully or not, and wish to undergo further bariatric surgery or follow up

**Continued below**



**OR**

- are unwilling to participate fully and comply weight the Weight management Service

**OR**

- suffering from active eating disorders e.g. bulimia nervosa or binge eating disorder, unstable mental health, Alcohol or Substance misuse

**Note:** Patients with acute complications due to or linked to self-funded treatments will be managed on an urgent basis by the NHS but will not be provided with replacement or revision surgery.

**Note :** A policy review is underway considering the appropriateness of the above exclusion criteria

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 at the ICB's Individual Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on [BNSSG.customerservice@nhs.net](mailto:BNSSG.customerservice@nhs.net)



**This policy has been developed with the aid of the following references:**

Ash. (2016). *Ash.org.uk*. Retrieved Sept 24, 2018, from [www.ash.org.uk](http://www.ash.org.uk): [www.ash.org.uk/briefings](http://www.ash.org.uk/briefings)

M.T, B. (2014). *Update on the Surgical Management of Idiopathic Intracranial Hypertension*. Retrieved 09 25, 2018, from <https://www.ncbi.nlm.nih.gov/pubmed/24578282>

Mayo Clinic. (2014, September 12). *Cosmetic Surgery Risks*. Retrieved November 16, 2015, from Mayo Clinic: <http://www.mayoclinic.org/tests-procedures/cosmetic-surgery/basics/risks/prc-20022389>

NHS Choices. (n.d.). *Cosmetic Surgery*. Retrieved June 2015, from NHS Choices: <http://www.nhs.uk/livewell/cosmeticsurgery/Pages/Cosmeticsurgeryhome.aspx>

Thelwall, S. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, vol. 21, no. 11, p. 1008.e1.

**OPCS Procedure codes - to be completed at a later date**
