

NHS Dorset Clinical Commissioning Group

Obesity - Tier 3 Weight Management Programme and Bariatric Surgery Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

OBESITY AND TIER 3 WEIGHT MANAGEMENT CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

1.1 The model for managing obesity comprises four tiers as follows:

- Tier 1 – Primary care with community advice;
- Tier 2 – Primary care with community interventions;
- Tier 3 – A community/primary care based multi-disciplinary team (MDT) to provide an intensive level of input to patients (Tier 3 Weight Management Programme);
- Tier 4 - Specialist obesity services including surgery.

1.2 Tier 1 - GPs are required to collect data on any patient with a BMI of 30 or more and offer lifestyle advice.

1.3 Tier 2 - The GP practice of a patient identified as having morbid obesity should identify a health professional who will act as the advisor to each patient and who will assist in drawing up a specific programme of non-surgical measures. Regular assessment should be undertaken to review progress. Non-surgical resources available to control obesity include:

- counselling;
- psychological assessment and programme;
- medication;
- exercise programmes;
- dietician input.

1.4 Patients and GPs can access additional Tier 2 services through LiveWell Dorset:
www.livewelldorset.co.uk/index.html

1.5 Tier 3 - The GP practice will support the patient in a co-ordinated way (Tier 2) for at least two years prior to considering referral to the Tier 3 Weight Management Programme (WMP).

1.6 Subject to the criteria outlined in 3.1, direct referral to the Dorset Tier 3 WMP can be made by the patient's GP or other appropriate Health Care Professional i.e. dietician or diabetes specialist nurse supported by the GP and using the Tier 3 referral form. Where the form doesn't fully evidence that there has been co-ordinated Tier 2 support it will be returned and referral to the WMP can only be considered as an Individual Patient Treatment request.

1.7 The WMP will provide the following input:

- Education;
- Dietary advice and support;

- Exercise advice and support and enablement of access to appropriate levels of physical activity;
- Evaluation of co-morbidities and instigation of appropriate management plans;
- Review of the patients' engagement with non-surgical measures;
- Evaluation of the psychological factors relevant to obesity.

1.8 Tier 4 - On completion, the Tier 3 WMP will provide recommendations for each individual regarding future weight management including appropriateness of referral for bariatric surgical assessment.

1.9 Referral to Tier 4 services should only be made and will only be supported when the individual has attended and complied with a local Tier 3 WMP and the latter has recommended that surgical assessment is appropriate.

2. DEFINITIONS

2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix A.

3. TIER 3 ACCESS CRITERIA

3.1 All patients referred to Tier 3 WMP must meet the NICE guidance (NICE CG43) for bariatric surgery:

- BMI of >35, in the presence of diabetes and/or other significant co-morbid conditions; or
- BMI >40 without the presence of diabetes and/or other significant co-morbid conditions.

3.2 Patients will only be accepted by the Dorset Tier 3 WMP if evidence is presented to demonstrate sustained and co-ordinated Tier 1 and 2 community interventions have been tried and failed.

3.3 Patients will be aged 16 years or over.

3.4 Patients that have already undergone bariatric surgery can be considered for referral to Tier 3 WMP. However, they will need to have been supported within primary care in line with the access criteria.

3.5 Patients who do not meet the access criteria above may be considered on an individual patient basis by the Dorset CCG IPT team as outlined in 6.1. and 6.2.

4. EXCLUSIONS

4.1 The following clinical conditions may exclude patients from referral to the Tier 3 WMP:

- serious uncontrolled disease, e.g. angina, asthma, COPD, heart failure, aortic stenosis;

- Recent complicated Myocardial infarction and/or awaiting further investigation;
- Uncontrolled arrhythmia that compromise cardiac function;
- Blood pressure at rest above 180mg Systolic, 120mg Diastolic;
- Clients with an unstable psychiatric disorder;
- Acute infection;
- Where the patient is pregnant, GPs and primary care professionals should contact the service for support and guidance on assisting patients during the antenatal period.

4.2 Any patient that meets NICE guidance for bariatric surgery but is identified as clinically inappropriate for Tier 3 WMP in the presence of serious uncontrolled disease or unstable psychiatric disorder may be considered by NHS England IPT team for direct referral to Tier 4 bariatric services for assessment and advice on an individual patient treatment basis as outlined in section 6.

5. SURGICAL SERVICES REFERRAL CRITERIA

5.1 Referral for surgery as treatment option will be supported only where the following criteria are met;

- The patient has a BMI of >35 in the presence of diabetes and/or other significant co-morbid conditions;
- The patient has a BMI of >40 without the presence of diabetes and/or other significant co-morbid conditions;
- The patient is aged 18 years or above.

5.2 The final decision as to whether surgery is indicated will be made by the surgical services' bariatric Multi-disciplinary Team (MDT). For all patients an individual risk benefit evaluation will be undertaken by the MDT. This will be informed by the MDT's own clinical assessment and the information provided with the referral including from the WMP.

5.3 The individual risk benefit evaluation will consider a range of factors which will include:

- Existing co-morbidities and their reversibility;
- The risk of future co-morbidities and their reversibility;
- Peri-operative mortality;
- Post-operative complications of surgery;
- Engagement in follow up programmes including changes to physical and dietary behaviour;
- The patient's engagement with previous support and understanding of the benefits and risks.

5.4 Revisional procedures including those relating to previously self-funded surgery will only be considered electively where there are clinical complications. This requirement does not

apply to revisional surgery required on an acute emergency basis. Patients will be expected to be referred to and undertake a WMP unless they have already done so.

5.5 The CCG commissions the following surgical procedures:

- Gastric banding;
- Gastric bypass;
- Sleeve gastrectomy;

5.6 In each case the procedure undertaken will be determined by the surgical team in discussion with the patient.

5.7 Surgical procedures not outlined in 5.5 are not routinely commissioned by the CCG. Requests for such procedures may only be considered on an individual patient treatment basis, as outlined in section 6, if it is considered that there is clinical exceptionality. However, such a request is not appropriate where it is evident that there is a group of patients for whom the procedure would be sought. In such circumstances a case should be submitted for the routine commissioning of the procedure as a surgical option.

6. CASES FOR INDIVIDUAL CONSIDERATION

6.1 Should a patient not meet the criteria detailed within this protocol for either intervention, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

6.2 The fact that treatment is likely to be effective for a patient is not, itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition

6.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

7. INFORMATION FOR PATIENTS

7.1 GPs and referrers should provide patients with information about the Tier 3 service prior to referral including the Tier 3 Patient Information Leaflet.

8. CONSULTATION

8.1 This protocol has been revised to incorporate access criteria in respect of bariatric surgery following the transfer of commissioning responsibility for that intervention to CCGs in April 2017. Prior to approval of the original protocol relating to the Weight Management Programme by Dorset CCG's Clinical Commissioning Committee it was reviewed by the Long Term Conditions, Frail Elderly and End of Life Clinical Delivery Group. This group included commissioners, clinicians, and other relevant stakeholders.

The access criteria in respect of bariatric surgery are those which were previously included in NHS England's national policy prior to the transfer of commissioning responsibility to CCGs. This policy had been subject to extensive consultation.

8.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

9. RECOMMENDATION AND APPROVAL PROCESS

9.1 As documented in NHS Dorset CCG's 'Procedure for the management and development of procedural documents', the Criteria Based Access Protocols was formally recommended by the Clinical Delivery Group responsible for the protocol, prior to formal approval by the Clinical Commissioning Committee.

10. COMMUNICATION/DISSEMINATION

10.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee the Protocol has been uploaded to the CCG's Intranet, Internet and was circulated through the GP Bulletin.

11. IMPLEMENTATION

11.1 No changes have been made to the access criteria in respect of the Tier 3 WMP. The protocol adopts the access criteria in respect of surgery which were previously applied by NHS England. There was therefore no requirement for an implementation plan. The revised protocol was shared with the surgical services

12. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

12.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

GLOSSARY

N/A

FREQUENTLY ASKED QUESTIONS

N/A

APPENDIX C

A DOCUMENT DETAILS	
Procedural Document Number	93
Author (Name and Job Title)	Michael Cross, Senior Commissioner Individual Patient Treatments
Recommending Group	Individual Patient Treatment Panel
Date of recommendation	March 2017
Date of approval	June 2017
Version	2.0
Review frequency	3 years
Review date	March 2020

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
V1	Dec 2019	Ruth Doe, Programme Lead	Patients, GP's, Specialist providers
V2	Mar 2020	Michael Cross, Senior Commissioner	N/A

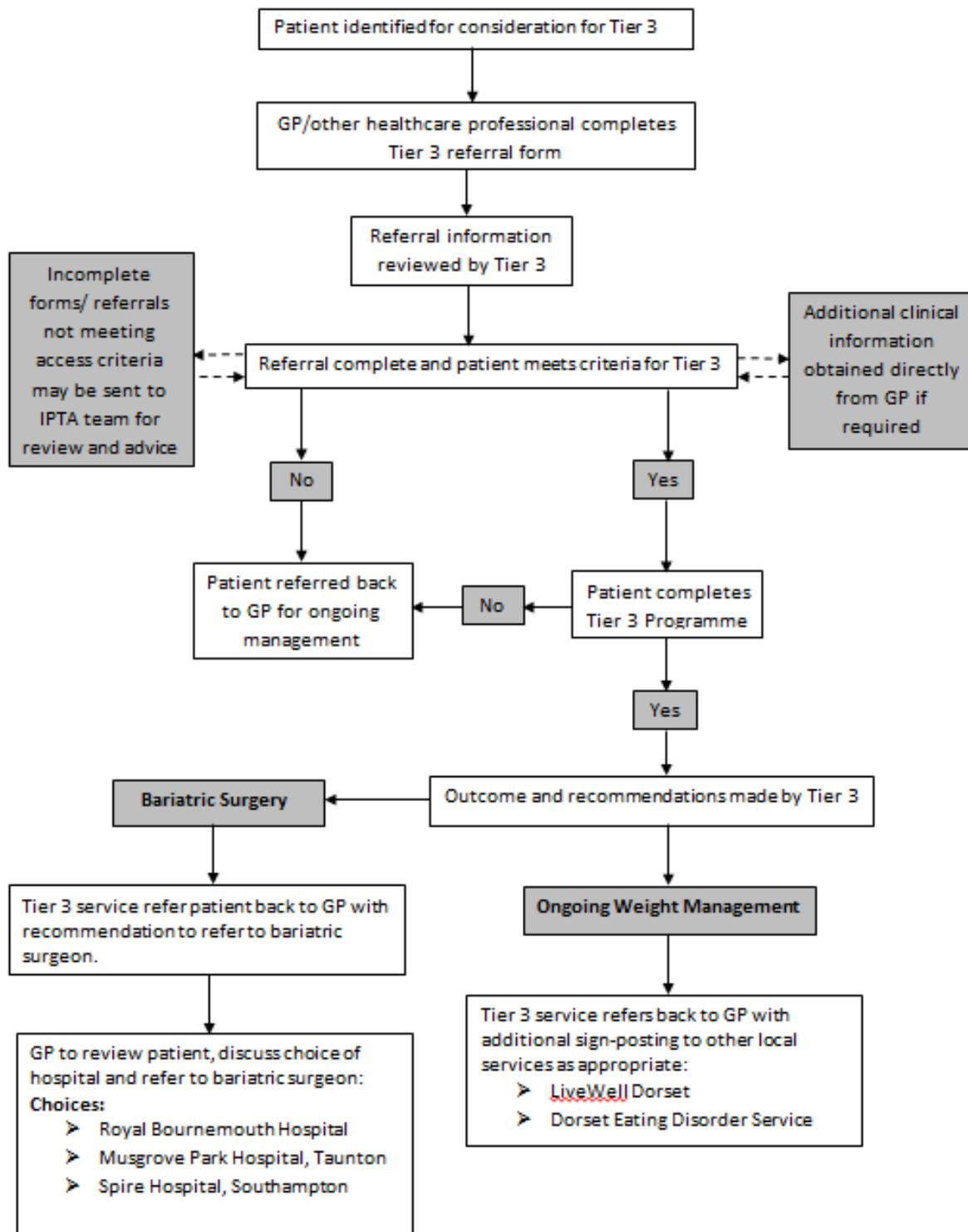
C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
January 2016	1.0	January 2016	Review and format change.		CCC
March 2017	2.0	March 2020	Inclusion of access criteria for bariatric surgery following change in responsible commissioner.	June 2017	CCC

D ASSOCIATED DOCUMENTS	
<ul style="list-style-type: none"> • Policy for Individual Patient Treatment, NHS Dorset CCG • Making sense of Local Access Based Protocols, NHS Dorset CCG • Dorset Tier 3 WMP Referral Form • Dorset Tier 3 WMP Patient Information Leaflet 	

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date
<i>(NICE) Clinical Guideline 43: Obesity; guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children, December 2006.</i>	https://www.nice.org.uk/guidance/cg43	

G DISTRIBUTION LIST			
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
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DORSET CCG TIER 3 WEIGHT MANAGEMENT PROGRAMME
REFERRAL PATHWAY



Version 2/ Nov 2015