NHS West Yorkshire
Integrated Care Board

West Yorkshire Integrated Care Board (WY ICB)					
Policy	**Bariatric (weight loss) surgery**			**WY ICB Ref**	CP.IFR.July 2024
First Issue Date	9 July 2024	**Current version:**	1	**Last reviewed:**	June 2024
Review date	9 July 2027	**Contact**	West Yorkshire Health and Care Partnership (WY HCP) Clinical Policy and Individual Funding Requests Team		
Clinical Reviewer	WY Bariatric Colleagues and WY ICB Planned Care Programme 2023	**Approved by**	WY ICB Transformation Committee		

Policy exclusions

This commissioning policy relates specifically to bariatric (weight loss) surgery for adults over the age of 18. Specialised weight management services for children are the responsibility of NHS England specialised commissioners. It relates to requests for treatment for people registered with General Practitioners in the NHS West Yorkshire Integrated Care Board (ICB)

For those interventions/procedures excluded from those commissioned, patients would only be offered as a matter of exceptionality and should follow the WY ICB Individual Funding Request (IFR) process.

Policy inclusion criteria

West Yorkshire ICB will commission bariatric surgery as a treatment for selected patients with severe and complex obesity that has not responded to other interventions, in accordance with the criteria outlined in this document. Within these patient groups bariatric surgery has been shown to be highly clinically and cost effective.

The patient should in addition have been adequately counselled and prepared for bariatric surgery including full understanding of and commitment to the requirements for aftercare.

Selection criteria of patients for bariatric surgery should prevent perverse incentives for example patients should not become more eligible for surgery by increasing their body weight. Similarly the selection criteria should not forbid bariatric surgery for patients who have lost weight with non-surgical methods.

Offer adults a referral for a comprehensive assessment by specialist weight management services providing multidisciplinary management of obesity to see whether bariatric surgery is suitable for them if they:

- have a BMI of 40 kg/m2 or more, or between 35 kg/m2 and 39.9 kg/m2 with a significant health condition that could be improved if they lost weight and
- agree to the necessary long-term follow up after surgery (for example, lifelong annual reviews).

Consider referral for people of South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background using a lower BMI threshold (reduced by 2.5 kg/m2) to account for the fact that these groups are prone to central adiposity and their cardiometabolic risk occurs at a lower BMI.
Recommendations | Obesity: identification, assessment and management | Guidance | NICE

Offer an expedited assessment for bariatric surgery to people:

- with a BMI of 50 kg/m2 or more for whom surgery should be considered as a first line treatment intervention.
- as long as they are also receiving, or will receive, assessment in a specialist weight management service.

Offer an expedited assessment for bariatric surgery to people:

- with a BMI of 35 kg/m2 or more who have recent-onset (diagnosed within the past 10 years) type 2 diabetes and
- as long as they are also receiving, or will receive, assessment in a specialist weight management service.

Consider an expedited assessment for bariatric surgery for people:

- with a BMI of 30 kg/m2 to 34.9 kg/m2 who have recent-onset (diagnosed within the past 10 years) type 2 diabetes and
- who are also receiving, or will receive, assessment in a specialist weight management service.

Consider an expedited assessment for bariatric surgery for people of South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background using a lower BMI threshold (reduced by 2.5 kg/m2) to account for the fact that these groups are prone to central adiposity and their cardiometabolic risk occurs at a lower BMI. EBI_Guidance_List3_0523.pdf (aomrc.org.uk)

Medicines while waiting for surgery

Drug treatments may be used to maintain or reduce weight before surgery for people who have been recommended surgery, where clinically appropriate.(Relevant NICE guidance is available here: Overview | Semaglutide for managing overweight and obesity | Guidance | NICE ; Overview | Liraglutide for managing overweight and obesity | Guidance | NICE)

Access_to_weight_loss_drugs_in_West_Yorkshire_220524.pdf (wypartnership.co.uk)

Alternatives if bariatric surgery is not undertaken

People who are referred for surgery but are assessed as not suitable surgical candidates or who do not wish to proceed once the risks and benefits are fully understood should be supported to continue to access appropriate weight management services. A holistic, person centred and trauma informed approach to living with overweight and obesity should underpin these services.

The surgical MDT will satisfy itself that:

- Bariatric surgery is in accordance with relevant guidelines
- There are no specific clinical or psychological contraindications to this type of surgery
- The anaesthetic and other peri-operative risks have been appropriately minimised
- The patient has been supported to engage in appropriate education or support groups / schemes to understand the benefits and risks of the intended surgical procedure; the patient has had all the appropriate risks and benefits explained to them and the overall risk: benefit evaluation favours bariatric surgery; this has formed part of the process of giving informed consent
- The patient is likely to engage in the follow up programme that is required after any bariatric surgical procedure to ensure
    - The safety of the patient
    - the best clinical outcome is obtained and then maintained
    - Change eating behaviour
    - Change physical behaviour as advised
- The patient has received information on post-surgery plastic surgery access and is aware recognises that this may or may not be funded by the NHS (The policies for corrective surgery for removal of excess skin are available here : Body_contouring_11.2023.pdf (wypartnership.co.uk) Aesthetic_abdominal_procedures_11.2023.pdf (wypartnership.co.uk))

Initial assessment and discussions with the multidisciplinary team

Ensure the multidisciplinary team (What Is A Multidisciplinary Team? (Healthcare MDTs Explained) (medicalschoolexpert.co.uk)) within a specialist weight management service includes or has access to health and social care professionals

who have expertise in conducting medical, nutritional, psychological and surgical assessments in people living with obesity and are able to assess whether surgery is suitable.

Carry out a comprehensive, multidisciplinary assessment for bariatric surgery based on the person's needs, and in line with NICE Guidance Overview | Obesity: identification, assessment and management | Guidance | NICE This period may include the stabilisation and assessment period prior to bariatric surgery.

Preoperative assessment and discussions

Carry out a comprehensive preoperative assessment of any psychological or clinical factors that may affect adherence to postoperative care requirements (such as changes to dietary intake, eating habits and taking nutritional supplements) before performing surgery. This should be done in line with the requirements of NICE Guidance Recommendations | Obesity: identification, assessment and management Guidance | NICE

Follow Up

All patients should be followed up for a minimum of two years by specialist teams in line with NICE guidance, using an appropriate mixture of surgical and medical clinics to monitor the outcomes. This should be in line with the intervals currently recommended by the British Obesity and Metabolic Surgery Society Clinical Resources (bomss.org) After discharge from follow up by the bariatric surgery service, ensure people are offered at least annual monitoring of nutritional status and appropriate supplementation after bariatric surgery, as part of a shared care model with primary care.

All care provided as part of the surgical service should be delivered in line with NICE guidance. This includes the whole surgical pathway from initial assessment to completion of specialist follow up (minimum two years).

Routinely commissioned procedures

The following procedures are routinely commissioned:

- gastric bands only if other means are not suitable and following MDT discussion of the post-operative risks
- sleeve gastrectomy
- Roux en Y gastric bypass.
- One anastomosis gastric bypass with biliopancreatic limb 150cm or less
- Gastric balloon for patients at high operative risk to stabilise weight before a more intensive surgical procedure
- Revision for complications of bariatric surgery requiring urgent or emergency intervention (excludes weight regain)

Not routinely commissioned (Individual Funding Requests only):

- **Requests for excess skin removal following surgery:** This policy does not include routine approval for follow-up surgery for excess skin removal. The policies for corrective surgery for removal of excess skin are available here : Body_contouring_11.2023.pdf (wypartnership.co.uk) Aesthetic_abdominal_procedures_11.2023.pdf (wypartnership.co.uk)

- **Revisions of bariatric procedures:** All Elective surgical revisions of bariatric procedures for non-urgent reasons or following weight regain will be subject to prior approval by the WY ICB and satisfactory demonstration of the exceptional nature of the patient's need or ability to benefit. Patients presenting with acute complications of their initial surgery requiring immediate emergency surgery will be treated on the basis of their clinical need and funded accordingly. The numbers of such procedures will be carefully monitored. Band revisions which are solely for weight gain will not be routinely commissioned. Where the procedure was originally conducted in the private sector then the band should only be reinserted or adjusted by an NHS surgeon where there is a clinical need.

- **Single-anastomosis duoeno-ileal bypass with sleeve gastrectomy**
- **Duodenal–jejunal bypass sleeve**
- **Laparoscopic gastric plication**
- **One Anastamosis Gastric Bypass** with biliopancreatic limb greater than 150cm
- **Duodenal switch**

In addition, any other bariatric surgery procedures **not listed here will not be routinely commissioned.**
Where a clinician wishes to make a request for another device/procedure, an application for exceptional funding through the ICB Individual Funding Request (IFR) process should be made in the first instance. Where there are cohorts (usually more than ten patients) who would benefit from another procedure, the next step would usually be a request for a business case to support the development of a commissioning policy for such procedures or devices.

Summary of evidence / Rationale	Bariatric surgery is a clinically effective and cost effective intervention for people with severe obesity. It should be offered or considered as an intervention for people who meet the defined criteria, as the complications of overweight and obesity may be life limiting.
References	Products - Obesity | Topic | NICE Recommendations | Obesity: identification, assessment and management | Guidance | NICE

	Overview | Semaglutide for managing overweight and obesity | Guidance | NICE Overview | Liraglutide for managing overweight and obesity | Guidance | NICE) Overview | Single-anastomosis duodeno-ileal bypass with sleeve gastrectomy for treating morbid obesity | Guidance | NICE Overview | Implantation of a duodenal–jejunal bypass sleeve for managing obesity | Guidance | NICE Clinical Resources (bomss.org)