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# Health and Social Care Committee

Meeting Venue:
**Margam Building, Swansea University**

Meeting date:
**Thursday, 13 February 2014**

Meeting time:
**09:30 - 12.20**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

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## Agenda

Margam Building, Swansea University

### 1 Introductions, apologies and substitutions

### 2 Inquiry into the availability of bariatric services: Evidence session 1 (09:30 - 10:10) (Pages 1 - 33)

National Obesity Forum for Wales
Dr Nadim Haboubi, Chair and Consultant Physician in Adult Medicine and Gastroenterology

British Obesity Surgery Patients Association
Chrissie Palmer, Trustee

### 3 Inquiry into the availability of bariatric services: Evidence session 2 (10:10 - 10:50) (Pages 34 - 45)

Welsh Association of Gastroenterology and Endoscopy
Dr Dev Datta, Consultant in Biochemistry and Metabolic Medicine

Royal College of Surgeons
Colin Ferguson, Director of Professional Affairs

British Obesity and Metabolic Surgery Society
Jonathan Barry, Consultant Laparoscopic Bariatric Surgeon

**Break (10:50 - 11:00)**

## 4 Inquiry into the availability of bariatric services: Evidence session 3 (11:00 - 11:40) (Pages 46 - 62)

Local Health Boards
Jan Smith, Executive Director of Therapies and Health Science, Aneurin Bevan Health Board
Alison Shakeshaft, Director of Therapies, Aneurin Bevan Health Board
Scott Caplin, Abertawe Bro Morgannwg University Health Board

## 5 Inquiry into the availability of bariatric services: Evidence session 4 (11:40 - 12:20) (Pages 63 - 69)

Welsh Health Specialised Services Committee
Dr Khesh Sidhu, Deputy Medical Director & Consultant in Public Health Medicine

Public Health Wales
Dr Suzanne Wood, Consultant in Public Health, Public Health Wales (based in Cardiff and Vale University Health Board)

## 6 Papers to note (Pages 70 - 72)

Document is Restricted

National Assembly for Wales
Health and Social Care Committee

Inquiry into the availability of bariatric service

Evidence from the Chair of the Wales National Obesity Forum – ABS 21(revised)

Here is my response to the key issues-;

1) There is currently only 1 Level 3 service in the whole of Wales, located in Aneurin Bevan Health Board. It is poorly resourced and unsupported. It was established as part of the Welsh Assembly initiative 13 years ago. The outcome of the service is excellent. Repeated audits on the service have been published nationally and internationally over the years. The service receives referrals from all over Wales. There is no question therefore, that there is an urgent need for something similar in every Health Board.

The Level 4 service is located in Swansea. It is equally poorly resourced. It is centrally commissioned. There is a desperate need for expansion. They perform just under 70 bariatric surgeries a year, while there are 7,000 obese patients in Wales who require obesity surgery. In other words, they do 1%[1]!

2) The criteria for bariatric surgery in Wales are inflexible and too rigid when compared with NICE guidelines.

3) Since the All Wales Obesity Pathway was published in 2010, there has been no genuine efforts made by any local Health Board to combat obesity. This will apply to all Levels - 1,2,3,4.

4) Despite the poorly resourced and unsupported Levels 3 and 4 within Wales, their results showed their effectiveness in tackling the problem within their limited resources. The more expansion we have, the more effective the services will be. There is numerous evidence that reducing obesity within a population results in significant improvement in the wellbeing and health of the nation. This will include a reduction in the obesity comorbidities and subsequent definite savings for the NHS.

[1] Dr Nadim Haboubi requested a correction to this submission on 3 February 2014. The original written evidence submitted by Dr Haboubi incorrectly stated that only 0.1% of obese patients who require obesity surgery receive it. The corrected figure is 1%.

5) Naturally the current level of investment in surgical and non surgical services are far from satisfactory.

6) As stated above, there is only one Level 3 and one Level 4, while ideally there should be a Level 3 service in every Health Board which is preferably centrally commissioned. We think there should be two more Level 4 bariatric surgery services; one to cover north Wales and the two to cover south Wales, for example Swansea and Newport.

I hope this will be the focus for further discussion on the day.

Nadim

National Assembly for Wales

Health and Social Care Committee

Inquiry into the availability of bariatric service

Evidence from the Welsh Association for Gastroenterology and Endoscopy (WAGE) – ABS 06

Welsh Association for Gastroenterology and Endoscopy
Cymdeithas Gastroenteroleg ac Endosgopi Cymru

# Health and Social Care Committee Inquiry

Welsh Association for Gastroenterology and Endoscopy (WAGE) response to the Inquiry into provision of bariatric services in Wales

Response drafted by Mr Jonathan Pye MS FRCS

Past President of WAGE

incorporating the comments of WAGE Executive members

W.A.G.E. Response to the Inquiry into provision of bariatric services in Wales

1. **Introduction:**

**1.1** Obesity is a modern epidemic that is a worldwide phenomenon in developed nations. A sedentary lifestyle with the easy availability of energy dense foods lends itself to the development of obesity and its most common co-morbidity - type 2 diabetes mellitus. Obesity is also associated with hypertension and heart disease, fatty liver and arthritis particularly of the lower limb. These are all long term conditions requiring large amounts of medical resource to manage effectively. Diabetes needs lifelong medication and medical supervision, and is the leading cause of blindness and kidney failure. Cardiovascular problems may be controlled by medication, but are normally associated with earlier death than a comparable population without such disease. Cardiovascular problems include widespread arterial disease, especially peripheral vascular disease (requiring amputation) and stroke. Fatty liver may overtake alcohol as the leading cause of cirrhosis and indication for liver transplantation in the years ahead. The knee and ankle problems develop because of the additional weight they have to bear. In addition, the pain from the arthritis then limits the normal first line treatment of effective exercise as part of a weight reducing regimen.

**1.2** Wales has an obese population. Welsh teenagers come third in the world teenage obesity rankings. These are our young adults who are destined to add to the health cost burden on the Welsh Health Economy through a lifetime of diabetes, chronic liver disease, hypertension, sleep apnoea and joint problems requiring treatment. Welsh adults are further down the world rankings, but are ahead of the other UK Home Nations.

**1.3** It is now beyond debate, with evidence from the UK and internationally, that the benefits arising from bariatric surgery are long-lasting, and that most bariatric interventions are cost effective if the correct population is selected for surgery. The intersection of the lines of cost of surgery and reduction in healthcare bills occurs between 2 and 4 years after surgery (3 years in the UK). At 2 years, 85% have had remission of their pre-operative type 2 diabetes. Furthermore, the Office of Health

Economics in October 2013 suggested that bariatric surgery can pay for itself within one year as a result of not having to pay for the treatment of the co-morbidities caused by obesity.

**2: Response of WAGE:**

**2.1** The Welsh Association for Gastroenterology and Endoscopy (WAGE) raised the matter of inadequate level IV care (on the all Wales obesity pathway) for patients with obesity via the Welsh Medical Committee in 2010. On 14th October 2010 the main theme of the Annual Scientific meeting of WAGE was the management of obesity. Dr Tony Jewell (then CMO WALES) was represented by Dr Sara Hayes, whose paper was entitled "Obesity: A Public Health Priority". It seemed from her contribution that obesity was indeed a priority for the Welsh Department for Health and Social Services.

**3: Subsequent developments:**

**3.1** On 4th April 2012, the Welsh Medical Committee held a symposium specifically to review the management of obesity in Wales and to formulate recommendations, at the request of the Health Minister. The recommendations were forwarded to the Department of Health. The Chair of the Committee met with the Minister to discuss those recommendations.

**3.2** Commissioning for bariatric services is under the auspices of WHSSC. Recommendations put to WG by WHSSC in January 2013 are straight forward, and are to be commended. The problem is that they have not been implemented to date. There is little evidence of either level III or level IV on the pathway being actively implemented in the management of obesity.

**3.3** In my original presentation to the Welsh Medical Committee, the evidence was that the number of cases referred for consideration of obesity surgery was 94 (in 2009) as compared with 445, 316 and 302 respectively in the English Health Authorities immediately adjacent to the Wales/England border. Although the Centre for Bariatric Surgery (WIMOS) has been established in Swansea, only 67 cases have been operated upon this year 2013/2014. The guidelines for access to surgery in Wales are so stringent that only very advanced cases are being funded. Unfortunately, such patients already have organ damage secondary to their type 2 diabetes and hypertension consequent upon morbid obesity, and are thus more likely to develop serious post-operative complications. Many audits and meta-analyses support the view that bariatric surgery is more likely to improve patient outcomes if undertaken earlier.

**3.4** A parallel report is being submitted jointly by the Royal College of Surgeons of England (RCSEng) Professional Affairs Committee and the British Obesity and

Metabolic Surgery Society (BOMSS) with further factual evidence that I will not duplicate in this paper as WAGE is fully supportive of the arguments outlined and the recommendations made.

**3.5** As WAGE pointed out some four years ago, the criteria for access to surgery in Wales are greatly more stringent than those recommended by NICE, and those criteria have not been relaxed to date. Also the All-Wales Obesity Management Pathway has not been implemented in full. This means that the Welsh Government is missing opportunities to (a) improve the health of its population and (b) to reduce its healthcare bill.

**4. The current service:**

**4.1** WIMOS is established, but due to the restriction in funding is not able to work to its optimum capability. Patients from North Wales have to travel to England for bariatric surgery, but there is no co-ordinated referral system. If the access criteria are relaxed to somewhere near those advised by NICE, the benefits would be that WIMOS will be able to function to its optimal ability, and there will be a realistic opportunity to repatriate the North Wales patients to the upper G-I centre (in Wrexham), thus bringing more money back into Wales.

**5. RECOMMENDATIONS**

- Invest in obesity management to its fullest extent
- Relax the access criteria for obesity management/treatment
- Consider the establishment of a second specialist surgical multi-disciplinary team in North Wales, and possibly a third in South-East Wales.

Jonathan Pye MS FRCS

Past President of WAGE

January 2014

**National Assembly for Wales Health and Social Care Committee**
**Inquiry into the availability of Bariatric Services in Wales**

***Response from the Royal College of Surgeons Professional Affairs Board in Wales and the British Obesity and Metabolic Surgery Society***

**Introduction**

- The Royal College of Surgeons is a professional body that sets the highest possible standards for surgical practice and training in order to deliver safe and high quality patient care. Our expertise, authority and independence allow us to act in the best interests of patients and support those who provide their surgical care. The Royal College of Surgeons Professional Affairs Board in Wales provides a means by which surgeons at the front line can work together to share information, bring concerns to local decision-makers and look for solutions which will benefit patients and lead to better patient outcomes.
- The British Obesity & Metabolic Surgery Society (BOMSS) is the professional society of surgeons involved in obesity management. Membership of the society includes medical professionals and allied health professionals including specialist nurses, psychologists and dieticians. BOMSS aims to promote the development of high quality centres for obesity surgery, to educate and train future obesity surgeons and practitioners and to guide commissioning and policy for the use of obesity surgery in the UK.
- The Royal College of Surgeons Professional Affairs Board in Wales and BOMSS have worked together to produce this joint submission and we welcome the opportunity to set out our views on the availability of bariatric services in Wales.
- Our submission considers the current provision of bariatric services in Wales, particularly the availability of and access to surgery, and the steps that we believe need to be taken in order to make these services more effective.

**Summary**

- The Royal College of Surgeons and BOMSS have serious concerns about a lack of access to weight management and preventative services in Wales. Furthermore, we believe that patients are being denied life-saving and cost effective treatments and effectively encouraged to gain more weight in order to have a more risky operation further down the line. We believe to limit surgery to the most severely obese is denying patients effective clinical treatment and a better quality of life.
- As a first step, we are calling on the Welsh Government to fully implement the recommendations in WHSSC's '*Review of Bariatric Surgery Provision and Access Criteria in the Context of the All Wales Obesity Pathway*' report[i] to optimise patients outcomes and ensure that patients in Wales have access to sustainable, safe and high quality bariatric services.
- We are also calling for a step by step increase in the population rate of bariatric surgery to ensure a move to full compliance with NICE guidelines and BOMSS standards.

**Context**

- The rates of obesity in the UK are among the highest in the world. According to the latest available data from the Welsh Health Survey[ii], 59 per cent of adults in Wales are classed as overweight or obese, including 23 per cent obese. The data also shows that 34 per cent of children are classified as overweight or obese, including 19 per cent obese.

- In addition, the Welsh Health Survey estimates that around 180,000 people in Wales, or around 6 per cent of the total population, are severely or morbidly obese, with a BMI of greater than 35. In addition, around 2 per cent of the Welsh population, or around 60,000 people, are estimated to have a BMI of greater than 40. Furthermore, the trend for obesity rates may be increasing.
- Obesity is widely recognised as a risk factor for ill health and disability. Obesity associated healthcare costs across the UK are estimated to be over £5 billion per year[iii].
- Severe obesity, with a BMI of greater than 35, is a chronic condition that is associated with an increased risk of morbidities such as type 2 diabetes, hypertension, cardiovascular disease, osteoarthritis, dyslipidaemia and sleep apnoea. Obesity is also a psychosocial and social burden, often resulting in social stigma, low self-esteem, reduced mobility and a generally poorer quality of life[iv].

**The All Wales Obesity Pathway**

- The Royal College of Surgeons and BOMSS are supportive of the approach outlined in the Welsh Government's '*All Wales Obesity Pathway*[v]' as an effective approach to address the problem of obesity. However, the '*All Wales Obesity Pathway'* is yet to be fully implemented and is not yet properly functioning in Wales.
- In addition, the recommendations outlined in Welsh Health Specialised Services Committee's (WHSSC) '*Management of Obesity in Wales'* report[vi], are a step in the right direction to improving access to bariatric services in Wales. However, many of the issues identified in WHSSC's report have yet to be addressed, and the lack of progress since the report's publication is disappointing.
- The Royal College of Surgeons and BOMSS have serious concerns that none of WHSSC's recommendations have been implemented and as such, there remains significant unmet patient need for bariatric surgery in Wales.

**Multidisciplinary Care Pathway**

- As highlighted by publications from both the Association of Medical Royal Colleges[vii] and the Royal College of Physicians[viii]; in order to treat and prevent the problem of obesity, a multidisciplinary approach should be coordinated across the whole obesity pathway.
- By describing the four levels of obesity services from primary prevention at level one through to specialised intervention in the form of bariatric surgery at level four, the Welsh Government's *'All Wales Obesity Pathway'* recognises the importance of the whole obesity pathway. However, the *'All Wales Obesity Pathway'* is yet to be fully implemented and there is an urgent need for more balanced provision of obesity services across Wales and a fully functioning four tier service. While bariatric surgery is an important part of the obesity pathway, the provision of such surgery cannot be considered in isolation.
- In particular, we have concerns at Local Health Boards' (LHBs) complete failure to develop level three (specialist multi-disciplinary team weight management services) and four services (specialist medical and surgical services including bariatric surgery) outlined in the '*All Wales Obesity Pathway'*. Level three and four services provide essential intensive, specialist, non-surgical multi-disciplinary obesity services for individuals who are failing to maintain a healthy weight with level two services and are a core component of an effective obesity management pathway.
- Currently the only level three non surgical weight management clinic in Wales is at Ysbyty Aneurin Bevan and the only level four service is provided at the Welsh Institute of Metabolic and Obesity Surgery. Furthermore, there are serious shortcomings in ensuring a

comprehensive multi-disciplinary approach, with patients at WIMOS only being able to access a dietician for half a day a week.

- As specialist three and four services should be the gateway for referral to bariatric services, this gap in the pathway has serious implications for the provision of bariatric surgery. As the WHSSC report highlights, level three and four services have a crucial role in selecting and referring the most appropriate patients for bariatric surgery which ensures that bariatric surgery service is as clinically and cost effective as possible. This gap in service provision also means that there is limited on-going long-term support for patients following discharge from the surgical services. In England, weight assessment and management clinics are a prerequisite to bariatric surgery.
- A lack of level three and four services also means that there are inconsistent and variable patient referral pathways across Wales as the majority of referrals do not come via a level three service.
- Furthermore, there is anecdotal evidence from surgeons in Wales raising concerns about a lack of interest and engagement in the problem of obesity from the wider health profession. Concerns have also been raised about the crowded agenda of WHSSC, which it is believed could be resulting in lack of prioritisation from WHSSC, LHBs and Welsh Government to address the shortcomings in bariatric services in Wales.

**Bariatric Surgery in Wales**

- Currently only a small fraction of those severely obese patients who are eligible can access bariatric surgery in Wales. We predict that the need for procedures such as these is only going to increase in the future.
- National Institute for Health and Clinical Excellence (NICE) guidelines[ix] clearly state that morbidly obese patients – those with a Body Mass Index (BMI) of 40 or more, or those with a BMI of 35 or more and another illness, including diabetes, hypertension, heart disease or sleep apnoea – have a right to be properly assessed for weight loss surgery.
- In Wales, bariatric surgery is currently commissioned and funded in accordance with WHSSC's commissioning policy[x]. The qualifying criteria set by this policy have been set so high that only those with a BMI of over 50, combined with obesity related illnesses are being referred for surgery. There is no clinical evidence to support this position.
- It is estimated that there are around 60,000 patients in Wales with a BMI of greater than 40 who would meet the qualifying criteria for assessment for bariatric surgery under the NICE guidance[xi]. Not everyone who is morbidly obese would choose, or be suitable for, surgery because of the lifestyle restrictions it imposes or the severity of comorbidities[xii]. However, as only around 67 bariatric surgery operations are due to be carried out this year in Wales, it is clear that a significant increase in surgery would only address a small proportion of the prevalent need.
- The current situation in Wales is that constraints on funding mean that the professional and NICE guidelines for qualifying criteria for bariatric surgery are being completely ignored. Furthermore, it is clear that need for bariatric surgery far outweighs the current funded capacity.
- Surgeons in Wales have repeatedly questioned the rationing of treatment in this way as clinical evidence suggests that these patients have less to gain from surgery and indeed are more likely to suffer serious post operative complications. Instead, evidence suggests that the best health gains for patients are made by operating on those patients early in the disease progression.
- It is important to remember that patients choose to have surgery because all other treatment methods have failed, not because it is the easy option. Surgery can have a

transformative effect on people's lives, helping them get back to work and contributing fully to society.

- We believe the current system in Wales is skewed and results in patients being forced to wait until they develop life-threatening illnesses such as diabetes or stroke before they meet the qualifying criteria for surgery. Furthermore, surgeons in Wales have reported the perverse incentive of patients actively trying to increase their BMI in order to qualify for surgery. Our view is that to deny patients access to potentially life saving treatment and to limit surgery to the most severely obese is denying patients effective clinical treatment and a better quality of life.

**Welsh Institute of Metabolic and Obesity Surgery**

- As the Committee will be aware, there is currently only one unit in Wales funded to provide obesity surgery, the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) at Morriston Hospital, Swansea. WIMOS provides a full multi- disciplinary team, pre-operative assessment and follow- up service for two years following surgery. WIMOS has two full time consultant bariatric surgeons. Currently, patients in North Wales are required to travel to England to have surgery.
- Given the strict funding and resourcing constraints for bariatric surgery in Wales, WIMOS uses the DUBASCO score to identify which patients may receive bariatric surgery. In addition to BMI and age, the DUBASCO system takes into account the number and severity of four comorbidities which are likely to improve with weight loss. The use of this scoring system allows the cut-off level for referral for surgery to be adjusted up or down depending on the resources allocated, but will always identify those patients who would benefit most from surgery[xiii].
- As a result of the application of the DUBASCO scoring system against the funding and resources available in Wales, approximately 80 bariatric procedures were funded by the NHS during 2011/2012. This is equivalent to a population rate of around 2.6 per 100,000 population. WHSSC estimate that around 6 per cent of the total population in Wales have a BMI of greater than 35[xiv].
- The Centre of Excellence in Metabolic and Bariatric Surgery (COEMBS) program is a global patient safety and quality improvement program available to all bariatric surgeons and facilities around the world. In order for a facility to be COEMBS designated, ten requirements have to be fulfilled before Centre of Excellence designation is received. One of those ten qualifying criteria is that the applicant facility has performed at least 80 qualifying bariatric surgery procedures in the preceding 12 months. In addition, each applicant surgeon has performed at least 125 qualifying bariatric surgery procedures in his or her lifetime, with at least 50 cases performed in the preceding 12 months[xv]. To achieve COEMBS designation would be an important step forward for WIMOS and would mark Wales' only obesity surgery unit as among the best in the world. In order for WIMOS to gain COEMBS designation, bariatric surgery rates in the unit must increase.

**Clinical Evidence**

- The delay in treating these patients and the knock on impact on other specialities (e.g. obesity related joint replacements (orthopaedics)) is resulting in a significant drain on NHS resources, with obesity related healthcare costs estimated at over £5 billion per annum across the UK[xvi].
- The evidence suggests that bariatric surgery is the most clinically effective method of treating the morbidly obese. A recent paper in the British Medical Journal[xvii] showed that, based on a two-year following-up, bariatric surgery 'leads to greater body weight loss and

higher remission rates of type 2 diabetes and metabolic syndrome' than non-surgical treatment of obesity.

- Furthermore, the National Bariatric Surgery Registry (NBSR) First Registry Report[xviii] includes data from 8710 operations carried out in the NHS and private sector in the UK up to 2010. The report shows the effects of UK obesity surgery in treating a whole range of life-threatening diseases, including an 85.5 per cent reduction in the number of patients with type 2 diabetes.
    - The data from 86 hospitals shows that, by the time they reach surgery, around two thirds of severely obese patients (those with a BMI of greater than 50) will have three or more associated diseases, with one in ten having five or more. Almost three quarters of patients have limited function – are unable to climb 3 flights of stairs without resting; a third have high blood pressure; over a quarter have diabetes; nearly a fifth have high cholesterol and one sixth suffer from sleep apnoea. Of patients with a 12 month follow up, figures show that as well as losing on average 57.8 per cent of excess weight, improvement is recorded in all associated disease.
    - For patients at a two-year follow up, the audit shows that 85.5 per cent of those affected by diabetes prior to surgery show no indication of the disease. Long term sufferers - some of whom have had the disease for more than ten years - take the longest to go into remission. This highlights that the best health gains for patients are to be made by operating early in the disease progression.
    - This UK based audit gives the clearest indication yet of the cost benefits to the NHS, particularly when considering bariatric surgery for the obese diabetic patient.
    - Research also shows that the cost of bariatric surgery is recouped within three years of surgery as obesity associated costs are eliminated, with diabetes alone estimated to cost the health service £3,000 per patient per year for life, while the direct costs of treating obesity related illness is £5bn per year, and set to double by 2050. Although it is submitted, at this current time, it is not possible to extract Welsh specific data from the NBSR.

**Financial Evidence**

- There is also incontestable evidence that surgery is cost effective. An economic analysis from the Office of Health Economics (OHE) commissioned by the Royal College of Surgeons, National Obesity Forum, Allergan and Covidien, showed that bariatric surgery paid for itself within a year in curing co-morbidities and getting people off benefits and into work.
- The OHE's report, '*Shedding the Pounds*[xix]', analysed government data, National Institute for Health and Clinical Excellence (NICE) clinical guidelines, and reviews the published medical literature to show:
    - If just 5 per cent of NICE-eligible patients were to receive bariatric surgery, the total net gain to the economy within three years would be £382m.
    - If 25 per cent of NICE-eligible patients were to receive bariatric surgery, the total net gain to the economy within three years would be £1.3bn.
    - The UK government could also expect savings in benefit payments in the region of £35m-£150m.
    - Direct healthcare cost savings of around £56m per annum to the NHS in reduced prescriptions and GP visits if NICE guidance was followed.
- While these figures are UK wide, they clearly show the potential for significant financial savings to the Welsh NHS by increasing bariatric surgery rates.

**BOMSS Standards**

- BOMSS has published standards for the provision of a sustainable, safe and high quality bariatric surgery service[xx]. The BOMSS standards outline that a bariatric surgery service should comprise a multi-disciplinary pre-operative assessment (including dietetics, psychology, specialist nurse, surgical and anaesthetic input,) provide a range of surgical techniques and provide comprehensive, long-term follow up of at least two years.
- BOMSS standards also recommend the following minimum volumes to sustain safe and high quality services and optimise outcomes for patients:
  - Bariatric surgeon perform at least 40 procedures per annum
  - Bariatric unit 3 surgeons, perform 120 cases per annum
  - Bariatric unit 4 surgeons, perform 400 cases per annum
- The current bariatric access criteria in Wales are so restrictive that not only is there non-compliance with the NICE criteria, there is also a failure to comply with the BOMSS standards at an individual surgeon or surgical unit level. We estimate that volumes of bariatric surgery in South Wales would need to treble to ensure compliance with the BOMSS standards.

**Commissioning Guidance in England**

- It is worth noting that although there is significantly better access to bariatric surgery in England than in Wales[xxi], there are a number of challenges including a lack of consistency in the provision of medical obesity services and in particular, a lack of universal geographical coverage of level three services such as weight assessment and management clinics[xxii].
- In recognition of these challenges in England, the Royal College of Surgeons, BOMSS and the Royal College of Physicians have recently published a draft Commissioning Guide for Weight Assessment and Management Clinics[xxiii], which went out for consultation in September 2013. The guidance and recommendations are intended to provide an organised structure and evidence base for treatment, guidance for referral into and out of level three services.
- Although the guidance is aimed at the new commissioning structures in England, there may be important lessons to be learned for the assessment and management of patients with severe and complex obesity in Wales.

**Recommendations to the Committee**

- Ensure Welsh Government fully implement the recommendations in WHSSC's "*Management of Obesity in Wales*" report to ensure that there is a fully functionally 4 tier service with long term strategies in Wales.
- Ensure that patients have equal access to treatment by experienced multi-disciplinary teams in well-equipped centres offering full specialist assessment, and appropriate treatment providing safe long-term follow up and emergency re-admission.
- Review and broaden the eligibility criteria for bariatric surgery to take account of evidence that the benefits of surgery tend to be greater in individual with early onset comorbidity.
- Increase the population rate of bariatric surgery to ensure a move to compliance with NICE guidelines and BOMSS standards on a step by step basis.
- Enhance and formalise the work of the National Obesity Forum to introduce an All Wales Steering Group for Bariatrics to oversee the implementation of the recommendations of WHSSC's report and All Wales Obesity Pathway. Ensure Local Health Boards provide an update to the group on the provision of bariatric services twice yearly.

[i] Welsh Health Specialised Services Committee, '*Review of Bariatric Surgery Provision and Access Criteria in the Context of the All Wales Obesity Pathway'*, January 2013. Available from: http://www.wales.nhs.uk/sites3/Documents/898/Bariatric%20Surgery%20Review%20Report%20to%20Management%20Group%20Jan%2013.pdf

[ii] Welsh Health Survey, September, 2013. Available from: http://wales.gov.uk/statistics-and-research/welsh-health-survey/?lang=en

[iii] Royal College of Physicians. *Action on obesity: comprehensive care for all.* Report of a working party. London: RCP, 2013. Available from: http://www.rcplondon.ac.uk/sites/default/files/action-on-obesity.pdf

[iv] NICE, '*Commissioning A Bariatric Surgical Service'*, March 2012, Available from: http://www.nice.org.uk/usingguidance/commissioningguides/bariatric/CommissioningABariatricSurgicalService.jsp?textonly=true

[v] Welsh Government, '*All Wales Obesity Pathway'*, August 2010, Available from: http://wales.gov.uk/topics/health/improvement/index/pathway/?lang=en

[vi] Welsh Health Specialised Services Committee, '*Review of Bariatric Surgery Provision and Access Criteria in the Context of the All Wales Obesity Pathway'*, January 2013.

[vii] The Association of Medical Royal Colleges, '*Measuring Up: The Medical Profession's Prescription for the Nation's Obesity Crisis'*, February 2013. Available from: http://www.aomrc.org.uk/about-us/news/item/doctors-unite-to-deliver-prescription-for-uk-obesity-epidemic.html

[viii] The Royal College of Physicians, *'Action on obesity: comprehensive care for all.'* Report of a working party. London: RCP, 2013.

[ix] NICE, '*Bariatric surgical service for the treatment of people with severe obesity'*, May 2010. Available from: http://www.nice.org.uk/usingguidance/commissioningguides/bariatric/BariatricSurgicalService.jsp?domedia=1&mid=87F5267C-19B9-E0B5-D47104E7147082E9

[x] WHSSC Commissioning policy, '*Bariatric Surgery*', Dec. 2009. Available from: http://www.wales.nhs.uk/sites3/Documents/898/CP29%20Bariatric%20Surgery%20v2%200%20Updated%20version1.pdf

[xi] Welsh Health Specialised Services Committee, '*Review of Bariatric Surgery Provision and Access Criteria in the Context of the All Wales Obesity Pathway*', January 2013.

[xii] NICE. Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children. NICE, 2006.

[xiii] Mourad Labib, Angela L Haddon, Alison Head and Peter Nightingale, '*The DUBASCO Score: A scoring system for selecting patients for consideration of bariatric surgery'*, British Journal of Diabetes and Vascular Disease, 2011, 11:17 DOI: 10.1177/1474651411398819, Available from: http://dvd.sagepub.com/content/11/1/17 .

[xiv] Welsh Health Specialised Services Committee, '*Review of Bariatric Surgery Provision and Access Criteria in the Context of the All Wales Obesity Pathway'*, January 2013.

[xv] COEMBS Designation requirements available from: http://www.surgicalreview.org/coembs/overview/

[xvi] Royal College of Physicians. *Action on obesity: comprehensive care for all.* Report of a working party. London: RCP, 2013.

[xvii] *BMJ 2013; 347:f5934*

[xviii] National Bariatric Surgery Registry, April 2011. Available from: http://www.e-dendrite.com/publishing/reports/Gastrointestinal/79

[xix] Office of Health Economics, '*Shedding the Pounds'*, Nov. 2010. Available from: http://www.rcseng.ac.uk/news/docs/BariatricReport.pdf

[xx] BOMSS, '*Providing Bariatric Surgery'*, Oct. 2012. Available from: http://www.bomss.org.uk/pdf/clinical_services_standards/Service_std-2012.pdf

[xxi] NHS Information Centre. Statistics on obesity, physical activity and diet: England, 2012. www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/OPAD12/Statistics_on_Obesity

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Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

National Assembly for Wales
Health and Social Care Committee

Inquiry into the availability of bariatric service

Evidence from Aneurin Bevan University Health Board – ABS 15

Our Ref: AG/JS-sm 24th January 2014

Committee Clerk
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA
HSCCommittee@wales.gov.uk

Dear Sirs

**Re: Inquiry into the Availability of Bariatric Services in Wales: Evidence Submission from Aneurin Bevan University Health Board**

## 1. Introduction

1.1 ABUHB welcomes the opportunity to respond to the Inquiry into the Availability of Bariatric Services in Wales

1.2 Aneurin Bevan University Health Board (ABUHB) is responsible for the planning and delivery of primary, community and secondary care health services for the populations of Caerphilly, Monmouthshire, Newport,

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**Aneurin Bevan University Health Board**
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Blaenau Gwent and Torfaen, and also provides secondary care services for South Powys and other border areas. ABUHB serves a population of approximately 600,000 people and employs 14,000 staff.

## 2. Historical Service Provision for Obese Patients within ABUHB

2.1 In 2009 a National Public Health Service analysis of Welsh Health Survey data found that across the former Aneurin Bevan Health Board (ABHB) population circa 205,000 adults were overweight or obese (BMI of 25 or more). Of these, approximately:

- 72,000 had a BMI of 30 – 39
- 6,000 had a BMI of 40 – 49
- 700 had a BMI of 50 or more

2.2 In 2011 obesity services in ABHB were mapped against the All Wales Obesity Pathway. A range of services were being provided across levels 1 to 3; via primary care, dietetics, clinical psychology, exercise on referral and one consultant physician. However, there were inequities and gaps in service provision and a lack of coordination across the Health Board. Two separate level 3 services were in existence.

2.3 The first level 3 service was a weekly Consultant Physician led clinic supported by dietetic, cognitive behavioural therapy, nursing and physiotherapy services. This clinic was initiated around 2004, with funding from the Welsh Assembly Government 'Inequalities in Health' grant to Blaenau Gwent Local Health Board in 2003. This service built up a considerable waiting list when it was opened up to all ABHB residents in 2010. It was greatly lacking in administrative support, and had limited outcome and audit data available for the clinic. Eligibility criteria were patients aged over 18 with a BMI of at least 40, or at least 35 plus co-morbidity. A recent medical student audit showed successful outcome, in terms of weight loss of at least 5% of starting weight, were achieved by at least 50% of 100 patients who attended for at least one year, with many of these achieving much greater losses.

2.4 The second level 3 service operated between 2010 and 2013, for Torfaen County Borough adult residents, funded through a fixed term British Heart Foundation (BHF) grant. This was a multidisciplinary service comprising a GP, a consultant psychologist, a senior nurse, a dietician and an exercise therapist. This service closed when of BHF funding ceased in 2013.

2.5 A total of 523 individuals were referred into the BHF level 3 services during the project. Of these, 442 attended an initial assessment, 379 agreed to attend for therapeutic intervention, and 259 actually received interventions, including further appointments to discuss progress.

2.6 Of those that progressed to therapeutic intervention, 74% had a BMI of 40 or more, with 20% having a BMI of 50 or over. At three months after the start of a therapeutic intervention 28% had lost at least 5% of starting body weight; with 61% having done so at six months, and 50% at one year.

2.7 Level 4 services are commissioned from the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) in Swansea via the Welsh Health Specialist Services Committee (WHSSC). Twelve patients have received NHS provided bariatric surgery. Residents also accessed bariatric surgery through private providers both locally and elsewhere.

2.8 The numbers of patients accessing level 2 and 3 services at this time were circa 1% of the obese adult population within the ABHB area. There was a wide discrepancy between the numbers who would benefit from obesity services and actual service capacity at all levels.

## 3. Current Development of Obesity Services in ABUHB

3.1 During 2012, detailed work was undertaken within the Health Board to define a new co-ordinated, fully integrated service model for adult weight management.

This new model, which incorporates and expands upon existing services, was approved by the Health Board in July 2013 and additional funding agreed in September 2013 to facilitate its implementation. Some non-recurring funding has also been agreed form the BHF for the current financial year.

3.2 The additional funding will enable the appointment of a non-medical professional programme lead, additional clinical psychology and dietetic input and adequate administrative support to the service.

3.3 The new model incorporates an integrated patient pathway via a single point of access to specialist services at levels 2 and 3, as described by the All Wales Obesity Pathway. The service will be available to adults with a BMI of 30 or more. The introduction of an initial clinical assessment for all patients at service entry will enable individuals to be allocated to the most appropriate clinician / team in a timely manner. Options available will include dietetic-led Slim for Life group education sessions, structured 1:1 education sessions with a dietician, clinical psychology support and a level 3 multi-disciplinary clinic. Existing links with the National Exercise on Referral Scheme (NERS) will also be maintained enabling access to this service. The allocation of patients to specific elements of the service will be mutually agreed between the patient and a health professional.

3.4 The integrated nature of the new service model will facilitate patients to move easily between elements of the pathway as and when required and should also facilitate appropriate access to level 4 services.

3.5 In addition to generic weight management support, the service will specifically support obese individuals with osteoarthritis of the hip and knee in an attempt to reduce the need for joint replacement surgery. The team will also provide support and education to other clinicians.

3.6 Phase one of the new service model was implemented within Torfaen in December 2013. The service will be extended to Blaenau Gwent residents in February 2014 with access for Caerphilly, Newport and Monmouthshire residents planned from April 2014.

3.6 The new service will consolidate current capacity, provide some additional capacity and create a foundation for future evaluation and expansion.

## 4. Level 4 Services (Bariatric Surgery)

4.1 Bariatric surgery for ABUHB residents is currently commissioned through WHSSC in accordance with the WHSSC commissioning policy and criteria.

4.2 With the implementation of the new service model within ABUHB, future referrals to level 4 services will be directed through the level 3 multidisciplinary clinic.

4.3 The current WHSSC commissioning policy sets out a number of 'qualifying' criteria including age over 18, prior intensive weight management in a specialised clinic, a BMI of 50 or greater, together with a serious co-morbidity which may be amenable to treatment if weight loss is achieved.

4.4 The WHSSC criteria differ from NICE guidance, which sets a lower BMI threshold and also recommends consideration of bariatric surgery as a first-line option for adults with a BMI of more than 50.

4.5 There is professional concern that the strict nature of the current criteria means that those people who do undergo NHS surgery may be at considerable risk from the surgery due to their high BMI and the severity of the co-morbidity required to meet the eligibility criteria.

4.6 Due to the current access criteria there is a cohort of patients who do not meet the current criteria who would benefit from bariatric surgery. Some patients will elect to access surgery privately, the standards of which will be out with the HBs influence. Any complications arising from private treatment however may require NHS management thus presenting a burden on local services.

4.7 There is anecdotal evidence that some individuals feel the need to gain weight, in the belief that they may have a better chance of accessing NHS surgery. It is difficult to ascertain how many individuals really believe this, or whether it is being used as one of the many ways in which some

patients consciously or otherwise avoid taking action to change their behaviour to initiate weight loss.

4.8 In view of the evidence of effectiveness and positive cost benefit associated with bariatric surgery, it is considered that the current criteria should be aligned to the NICE guidance. However the cost and effect on demand for level 4 services needs to be recognised and may require a staged approach to enable deliver.

4.9 In addition to the direct surgical costs of current and increased demand for level 4 services, consideration must be given to the provision of appropriate post-operative follow up care not only by the specialist tertiary service but also within the referring Local Health Boards.

4.10 An additional area of concern relates to the surgical removal of 'fatty aprons' created by rapid weight loss after bariatric surgery. This is not currently funded by Health Boards unless there is intractable infection present. Consideration should be given to providing this intervention for patients presenting with this uncomfortable and disfiguring side effects of significant weight loss. It is recognised, however, that, slow weight loss engendered through intervention at Levels 2 and 3 is less likely to result in this problem.

## 5. Future Investment in Bariatric Surgery in Wales

5.1 a WHSSC invested £0.500m into the ABMUHB service in 2010-11 to provide bariatric service to South Wales. The baseline activity for this service is as follows

| Description | Activity Baseline | 2013-14 Year to Date Activity (November 2013) |
|---|---|---|
| Intragastric Balloon | 5 | 0 |
| Sleaves/Bypass | 44 | 25 |
| Revision of Banding | 3 | 5 |
| Removal of Banding | 11 | 6 |

5.2 For 2013-14, ABUHB are responsible for an 11% risk share of any over or under-spend against this service. As at January 2014, the ABMUHB service is not anticipated to overspend.

5.3 Prior to the investment in ABMUHB, the service was provided by North Bristol NHS Trust with 6 ABUHB patients currently being followed up at North Bristol NHS Trust to maintain continuity of care.

5.4 In the 2014-15 WHSSC Plan, a cost pressure of £0.160m has been included in respect of the ABMUHB Bariatric Service of which £0.018m has been attributed to ABUHB. Further details in regard to the proposed investment have been requested from WHSSC.

## 6. Summary

6.1 ABUHB fully recognised the value of the All Wales Obesity Pathway and is taking action to re-align its services to the pathway, including primary care initiatives at level 1 and enhanced adult weight management services at Levels 2 and 3.

6.2 ABUHB believes that a review of the criteria for bariatric surgery is timely.

Yours Sincerely

**Dr Andrew Goodall**
**Prif Weithredwr/ Chief Executive**


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National Assembly for Wales
Health and Social Care Committee

Inquiry into the availability of bariatric service

Evidence from Betsi Cadwaladr University Health Board – ABS 20

I agree with what has been suggested by the document [ABS 15 – consultation response from Aneurin Bevan University Health Board]

I strongly feel we need to have this service provided within BCUHB for North Wales – encompassing levels 3 and 4.

As the Regional UGI Cancer Centre here in Wrexham, we have over a number of years requested that we also be able to offer Bariatric Care at Levels 3 and 4 – believing that the teams in place are also able to provide this service (all 4 surgeons already active in bariatric surgical provision), particularly at Level 4. Discussions in the past have been had with HIW and WHSSC.

The main area of expansion would have to be around level 3 services.

**Mr Andrew Baker**

Consultant Upper GI and Laparoscopic Surgeon
Clinical Lead Upper GI Cancer, Surgery
Clinical Director, Surgery
Wrexham Maelor Hospital
Betsi Cadwaladr University Health Board

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Direct Line/Llinell uniongychol: 02920 745681

**Adam Cairns**
**Chief Executive**

15 January 2014

Mr David Rees AM
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Rees

**Inquiry into the Availability of Bariatric Services**

Thank you for giving me the opportunity to comment on the Inquiry into the availability of bariatric services. I am writing in my capacity as Chief Executive of Cardiff and Vale University Health Board. The role of the UHB is to provide day to day health services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan who need emergency and scheduled hospital treatment and mental health care, as well as delivering care in people's own homes and community clinics. We are also responsible for the delivery of NHS primary care services in Cardiff and the Vale of Glamorgan, including general practitioners, community pharmacists, dentists and optometrists. Additionally, we serve a wider population across South and Mid Wales for specialties such as paediatric intensive care, specialist children's services, renal services, cardiac services, neurology, bone marrow transplantation and medical genetics.

In Cardiff and the Vale, the levels of overweight and obesity are currently at 54%, and obesity is at 20%, according to the Welsh Health Survey. These are the lowest levels of the Welsh Health Boards. However, there are an estimated 7,200 people with a Body Mass Index (BMI) over 40; and an estimated 800 people with a BMI over 50.

The eligibility criteria for specialised bariatric services are stipulated on the Welsh Health Specialised Services Committee (WHSSC) internet pages and are set out below (individuals must satisfy all elements of the access criteria for assessment and treatment to proceed):

a. The individual is aged 18 years or over;
b. The individual has been receiving intensive weight management, medical management, in specialised hospital obesity clinic or a community-based equivalent;

c. The referring clinician and the patient are in agreement about the referral; and
d. The individual has a BMI of 50 or greater in the presence of a serious co morbidity which may be amenable to treatment if obesity is modified through specialised obesity services. In practice this means that the patients have either:

i. Severe and uncontrolled hypertension
ii. Severe and uncontrolled obstructive sleep apnoea
iii. Uncontrolled diabetes despite maximal therapy.

These criteria serve as accepted guidance to the MDT Welsh Institute of Metabolic & Obesity Surgery (WIMOS), Morriston Hospital. Patient suitability is ultimately a clinical decision made by the MDT.

Across Wales there are currently 128 cases allocated for bariatric surgery per annum in 2013/14. This was an increase from the allocation of 80 cases per annum in the previous financial year. The decision to increase the allocation followed on from the 'Review of Bariatric Surgery Provision and Access Criteria in the Context of the All Wales Obesity Pathway' paper.

In line with the recommendations of this paper, the Cardiff and Vale Public Health team led a national workshop on Level 3 Obesity Services on 26 November 2013. Following on from this a nationally agreed common access policy and service specification for Level 3 Obesity services will be produced by Spring 2014.

In Cardiff and Vale UHB Level 3 Obesity Services are non-existent due to funding constraints. Level 3 services are critical as a gateway into bariatric services, and will therefore negate the need for bariatric services in the future. Level 3 services are therefore critical to the All Wales Obesity Pathway going forward. Levels 1 to 3 need to be in place prior to looking at Level 4 services.

Yours sincerely

**Adam Cairns**
**Chief Executive**

National Assembly for Wales
Health and Social Care Committee

Inquiry into the availability of bariatric service

Evidence from Cwm Taf University Health Board – ABS 16

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf University Health Board

Your Ref/ eich cyf
Our ref/ ein cyf: C_154
Date/ dyddiad: 24 January 2014
Tel/ ffôn: Julie.butler@wales.nhs.uk
Fax/ ffacs:
Email/ ebost: Corporate Services
Dept/ adran:

**Send via email to:**

HSCCommittee@wales.gov.uk

For the attention of the Committee,

**RE: Health and Social Care Committee: Inquiry into the availability of bariatric services**

Thank you for allowing Cwm Taf University Health Board with the opportunity to comment on the inquiry into the availability of bariatric services.

The issue of obesity is increasingly having an adverse impact on the health of the whole population, is having significant impact of the use of existing health and social care services and is highlighting a number of gaps in current service provision. The contribution to the inquiry is based on the views of staff and the limited but intense involvement in accessing and coordinating healthcare for a small number of people living in the Cwm Taf catchment area. Although not specifically in answer to the questions raised for exploration within the inquiry, the points below provide added context in terms of the discussion:

- Treating individuals as early as possible as they become overweight / obese has significant 'spend-to-save' implications across Health Board services (such as cardiac, diabetic, mental health and orthopaedic services) so implementation of the All Wales Obesity Pathway needs to be given further impetus.

- The numbers of people who need bariatric services is unknown. Often, individuals become known to services following acute presentation and therefore needs are met reactively missing the opportunity for earlier intervention. Understanding the scope of the issue at a local level and likely service demands into the future would assist in future service planning.

- There is inequity locally and nationally in way that the needs of individuals are managed depending on a number of factors. Increased accessibility / development in the provision of tier 3 services could result in more effective and efficient use of resources. Cwm Taf patients are currently being referred to the Specialist Weight Management Clinic in Aneurin Bevan UHB due to lack of local provision.

- Local experience and the work of specialist clinicians working in this field such as Dr Vanessa Snowdon-Carr of the Weight Management & Bariatric Surgery service at Taunton & Musgrove NHS Foundation Trust (which is a recognised Centre of Excellence in this field) supports the view that psychological intervention is a fundamental component of any service intervention aimed at supporting people who require bariatric surgery to lose weight. There is currently a significant gap in terms of appropriate and accessible physiological assessment and intervention for this client group at Tiers 2, 3 and 4. Identifying trauma underlying a person's over-eating or the presence of Binge Eating Disorder and assessing and treating post surgical eating disorders such as Post Surgical Eating Avoidance Disorder are examples of how psychological therapy is imperative to providing a good service to this patient group.

- Where primary, community or secondary care services are required; transport is a significant issue for patients who are bariatric in terms of enabling timely access, private transport options can be limited in terms of vehicle capacity. The Welsh Ambulance Trust has limited resource in terms of the availability of ambulances and crews that are equipped to manage bariatric patients and are facing increasing demand. There is a balance between developing a sense of personal responsibility and the potential for a longer term benefit whilst enabling access to services which may be out of area and incur significant expenditure.

- In relation to hospitalisation, bariatric patients often require extensive additional resource which can result in substantial additional staffing and the temporary decommissioning of neighbouring beds to ensure the privacy and dignity of all concerned. As a result of the difficulties experienced in accommodating individuals who are bariatric with co-morbidities in the community (mainly related to attaining a suitable environment to reside in) hospital stays can be unnecessarily protracted thus compounding the situation for the individual receiving care and adversely affecting the patient flow

- There can be challenges within the hospital environment in ensuring the clinical environment the person is cared for is appropriate. The layout and design of the building coupled with complying with fire safety regulations can mean that the optimum care environment is not accessible to a patient who is bariatric.

- Should there be a poor outcome and the patient dies, there may also be challenges in relation to mortuary use which is further compounded in the community re the capacity of local undertakers and crematoriums to manage a large body with dignity and respect.

- Maintaining individuals who are bariatric at home including ensuring timely discharge from hospital is becoming increasingly challenging. For example, Local Authorities and Housing Associations may need to adapt their housing stock to enable access and the accommodation of large pieces for equipment, i.e. beds, chairs hoists etc. This presents a number of challenges in terms of maximising property occupancy and cost effectiveness. This issue extends to residential and nursing homes whereby the environment, equipment available and staffing ratios can impact upon their ability to accommodate a person who is bariatric.

- The availability of bariatric equipment in and out of hospital can present an issue in terms of ensuring both the patient and staff safety. Contentions can arise

whereby individuals may decline to purchase furniture/equipment that promotes their health and safety and therefore risk can be unmitigated.

- It is essential that future service commissioning and planning is fully integrated between Health Boards and Local Authorities.

Yours sincerely

**Robert Williams**

P. a. Wenger

**Board Secretary/ Director of Governance and Corporate Services**

National Assembly for Wales
Health and Social Care Committee

Inquiry into the availability of bariatric service

Evidence from Hywel Dda University Health Board – ABS 19

**Hywel Dda University Health Board Response to the Inquiry into the Availability of Bariatric Services in Wales**

Thank you for the opportunity to comment on the Inquiry into the availability of Bariatric Services in Wales. Hywel Dda University Health Board provides health services to a population 372,320 people living in the counties of Pembrokeshire, Carmarthenshire and Ceredigion who need emergency and scheduled hospital treatment and mental health care, as well as care are in their own homes, through Community Clinics and Primary Care settings.

Within the Health Board area the level of overweight and obesity in adults is 57% and obesity is 22% (Welsh Health Survey, 2012). This is in line with the Welsh average and is increasing over time. Rates of childhood obesity, again, are in line with the Welsh average but there are areas of the Health Board where the rates in girls are statistically, significantly higher than the Welsh average. Both adult and child obesity are more prevalent in our most deprived areas.

The following provides our considered response to the key issues for consideration.

1. ***The effectiveness of specialist services at level 3 and 4 of All Wales Obesity Pathway in tackling the rising numbers of overweight and obese people in Wales***

**1.1** The All Wales Obesity Pathway (AWOP) describes services to be delivered at each level of the pathway from population level interventions at level 1, to Specialised Bariatric Surgery at level 4, the numbers accessing services decreasing as services target those with the most complex needs as they progress up the Pathway. The aim of level 3 and 4 services therefore, is to achieve weight loss with individuals who present with already, very complex obesity related physiological and psychological health needs in order to manage their obesity related co-morbidities and reduce their health risks. Achieving weight reduction, even at modest levels, has been shown to result in a reduced incidence of obesity related chronic conditions and to improve the management of such conditions.

**1.2** Interventions at levels 1 and 2 of the pathway focus on preventing overweight and obesity from rising further and preventing individuals from needing to access more specialised services at levels 3 and 4 of the Pathway. The focus at this level is on population health improvement rather than on individual care. The current trajectory in obesity prevalence means that the demand for level 3 and 4 services will continue to increase for many years despite preventative efforts.

**1.3** Currently, due to the restricted availability of Bariatric Surgery, the focus is on those with most complex co-morbidities / higher Body Mass Index (BMI). Further Investment in Bariatric Services should enable those at a lower levels of complexity / BMI to be treated, bringing more individuals into a lower BMI category with corresponding reduction in health risk factors. This, however, would need to

be considered alongside the equitable provision of level 3 - gateway services (section 2.3).

**1.4** The Multi Disciplinary Team (MDT) post operative care of people undergoing bariatric surgery needs to be included in any future service plans to ensure that people who have undergone surgery have the appropriate long term monitoring by suitably trained professionals. Additionally, those accessing level 3 services will need long term, sustained support that enables them to address some of factors that led to their initial weight gain. Many of those factors, described in the Foresight report (2007), as being within the 'obesity system' are beyond the remit of Specialist Clinical Services, but the long term effectiveness of these specialist services will depend on the provision of interventions to support sustained weight management in the community, such as the built environment, social networks, or access to affordable healthy food - delivered at levels 1 and 2 of the pathway.

**1.5** Consideration should be given to the increased complexity and costs associated with providing services in Health Board areas that serve very sparsely populated, rural communities, where provision and availability of services at all levels of the Pathway have to be designed so as not to disadvantage those who live in isolated communities, live in deprived circumstance, those who rely on public transport, and / or those whose first language is not English.

**1.6** It should also be noted that centres do have evidence of successful interventions supporting delivery of the AWOP, however, within Wales the delivery of the Pathway has received none of the resources required to deliver at the scale required to demonstrate the population health impact required.

## *2. The eligibility criteria of patients and the availability of obesity surgery and specialist weight management services across Wales*

**2.1** Hywel Dda University Health Board patients access NHS Bariatric Surgery at the Welsh Institute of Metabolic and Obesity Surgery (WIMOS), Morriston Hospital. The eligibility criteria for Specialist Bariatric Services are stipulated on the Welsh Health Specialised Services Committee website. These criteria serve as accepted guidance to the Multi Disciplinary Team (MDT) at Morriston and patient suitability is a clinical decision made by the MDT.

**2.2** Across Wales, there are currently 128 cases allocated for bariatric cases per annum (2013 / 14), an increase from 80 cases per annum in the previous financial year. This increase follow from the 'Review of Bariatric Surgery Provision and Access Criteria in the Context of the All Wales Obesity Pathway 'conducted by WHSSC in 2013.

**2.3** More recently, Cardiff and Vale Local Public Health Team have led a piece of work at an all-Wales level to develop a Nationally agreed Common Access Policy and Service Specification for level 3 services by Spring 2014. On publication of this Policy, consideration will need to be given to how this is funded across Wales.

**2.4** NICE Guidance specifies that anyone with a BMI over 40 or over 35 with co-morbidities is eligible for Bariatric Surgery (NICE, 2006). However with 23% of the population of Wales (Welsh Health Survey, 2012) being obese, the NHS is not currently resourced to be able to meet this potential demand. The Obesity Pathway specifies (in line with NICE guidance and NCEPOD report mentioned

above), that individuals must have been through services at level 3 of the Obesity Pathway before they are eligible to be referred for Bariatric Surgery. Therefore, it is necessary to increase capacity at level 3 of the Pathway to deliver evidence based and equitable access to level 3 services across Wales, prior to, or alongside, increasing capacity at level 4 (Bariatric Surgery). The aim of this would be to minimise the numbers needing to go on to have Bariatric Surgery, improve the appropriateness of referrals for Bariatric Surgery and maximising outcomes and provision of long term follow up care as appropriate.

### *3. How services are evaluated and measured including in terms of delivering value for money?*

**3.1** Hywel Dda University Health Board has a robust Evaluation Framework to measure the effectiveness of services delivered at tier 3 as service provision is rolled out. This is being shared across Wales as part of the Public Health Wales led work (detailed above) to support an evidenced based, equitable approach.

**3.2** In addition to clinical outcomes immediately post interventions, Health Boards should consider the wider impact that weight management interventions have on NHS resources. For example, clients achieving weight loss would expect to have an improvement in the management of their chronic conditions, a reduction in medication costs, a reduction in the number of health professional contacts or unscheduled admissions, a reduction in the need for some types of surgery, for example, Orthopaedic Surgery and a reduction in length of stay (NICE, 2006).

**3.3** We believe that in relation to Bariatric Surgery it should be common practice for the cost benefits of clients who undergo procedures to be regularly reviewed. Clarity in relation to who is monitoring effectiveness and value for money of services should be considered and may benefit from support at an All Wales level (alongside level 3 service evaluation if resources to deliver are made available).

### *4 The levels of investment currently allocated to provide bariatric surgery in Wales*

**4.1** As previously highlighted current resource is insufficient to meet need. However, it is important to consider the need to increase and improve access across all levels of the AWOP. Appropriately resourced and equitable services need to be in place at all levels of the Pathway to maximise efficiency and outcomes.

**4.2** Any review of costs at level 4 need to consider the inclusion of Plastic Surgery costs for patients who have successfully lost weight and have excess skin that needs removing. This Surgery is not currently available in Wales and has a significant impact on an individual's physical and psychological well being.

### *5 The availability of obesity surgery and specialist weight management services across Wales*

**5.1** Previous reports (WHSCC Review of Bariatric Surgery Provision and Access Criteria in the Context of the All Wales Obesity Pathway, January 2013) have highlighted that access varies across Wales depending on Health Board area. Similarly, level 3 services are not provided across all Health Board areas in Wales - the subject of on-going led by Cardiff and Vale Public Health Team to develop a nationally agreed common access policy and service specification for level 3 services by spring 2014.

## *6. Final comments*

**6.1** The Foresight Report (2007) argues that to be able to halt the obesity epidemic, a systemic approach is required which tackles a wide range of factors in an integrated way. It is important that we retain sight of this evidence as we move forward to address this challenge in Wales and do not fall in to the trap of only investing in certain parts of the Obesity Pathway, when in reality all parts of the Pathway are inter-dependent. We favour an approach that looks at the Pathway in its totality and recognises that whilst investment in services at level 3 and 4 of the Pathway will help reduce the burden of obesity in our current population, it is investment at level 1 and 2 that will bring about population level reduction in prevalence of obesity and its associated co-morbidities in the medium to longer term. Coordination of effort across Health Board geographies would reduce potential for duplication of effort at a time when resources are stretched and ensure a coordinated approach to evidence gathering, implementation and evaluation.

**Prepared on behalf of Hywel Dda UniversityHealth Board by:**


- Beth Cossins, Principal Health Promotion Specialist, Public Health Wales 01267 225024
- Rebecca Evans, Senior Public Health Practitioner, Public Health Wales 01437 772886
- Zoe Paul-Gough, Joint Head of Nutrition & Dietetic Services, Hywel Dda University Health Board 01267 227067

National Assembly for Wales
Health and Social Care Committee

Inquiry into the availability of bariatric service

Evidence from Welsh Health Specialised Services Committee – ABS 17

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

# A Response to the National Assembly of Wales Health and Social Care Committee: Inquiry into the availability of Bariatric Services

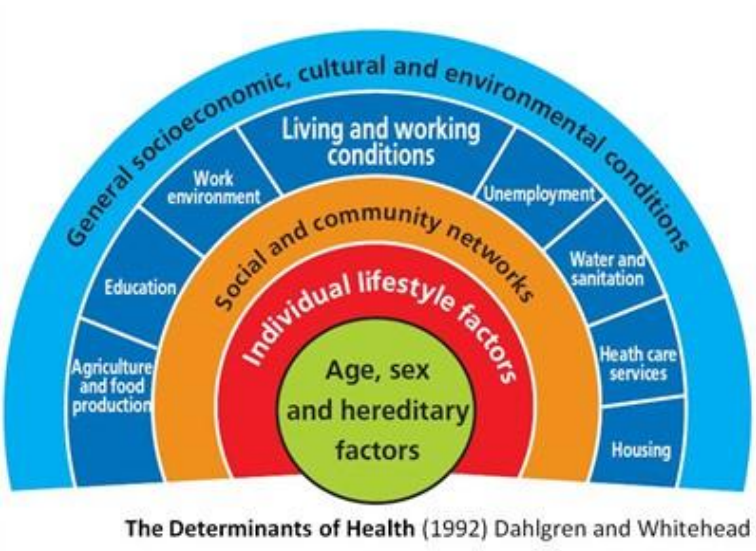
## 1. SITUATION/INTRODUCTION

This paper responds to the specific questions raised by the National Assembly for Wales' Health and Social Care Committee in relation to the provision of Bariatric Surgery for obese patients in Wales.

## 2. BACKGROUND

The most cost effective means of providing services for overweight and obese people in Wales is a holistic approach to change the behaviour of the population as a whole in relation to diet, exercise, and lifestyles in general. Evidence from smoking cessation programs and other public health experiences confirms that an intervention is more likely to be effective if it is long term and multifaceted in nature, tackling multiple drivers and factors simultaneously[i].

The figure below shows the global determinants that affect the health of an individual and the population as a whole.




**The Determinants of Health** (1992) Dahlgren and Whitehead

The determinants of health apply to obesity as they do to many other aspects of health, ill health and well being.

Assembly Members should therefore bear in mind that the national and local government possibly have more leverage to change lifestyle & behaviour at the population level than the NHS alone. NHS provision of bariatric services will only address a very small part of the population at risk and this will be brought to the attention of AMs during this inquiry.

Examples of population-level interventions that the National Assembly would be well placed to influence have been identified and are described below:

- The enforcement of the Active Travel (Wales) Act 2013;
- National Planning legislation to reduce the proximity of fast food outlets near schools, colleges, leisure centres and other places where children gather and to enforce mandatory Health Impact Assessment;
- Lobbying the UK Government for a ban on the advertising of foods high in saturated fats, sugar and salt before 9pm; and an agreement from commercial broadcasters that they will not allow these foods to be advertised on internet 'on demand' services;
- Lobbying the UK Government for taxation on sugary drinks of at least 20%;
- Limitations on unhealthy foods available on NHS premises for visitors, patients and staff and provision of healthy alternatives, as adopted in some English hospitals;
- The promotion of sustainable food networks across all of Wales – for example family based interventions or promoting local growing of food by individuals in allotments[ii]. The latter also addresses food poverty and the rising demand for Food Banks.

The conundrum that is faced by commissioners when considering how to tackle the rising tide of obesity is that lower risk populations need a broad approach to lifestyle change. The effectiveness of these approaches are harder to ascertain as it takes a longer time to show the difference and there are a number of overlapping interventions that have a huge effect.

In addition, there are specialist interventions for obese people that are more expensive per person, but are more likely to show a short term benefit which is easier to measure and ascribe to a single intervention. However, the specialist interventions are not cost-effective when aiming to modify the behaviour of large numbers of people.

## 3. QUESTIONS TO BE ANSWERED

### 3.1 The effectiveness of specialist services at Level 3 and 4 of the Welsh Government's All Wales Obesity Pathway in tackling the rising numbers of overweight and obese people in Wales;

At an individual level, these services are effective in reducing weight in motivated patients. However at a population level, the provision of Level 3 and or level 4 services in isolation will **not** be effective at tackling the rising numbers of overweight and obese people in Wales. At present, there is a lack of an All-Wales Level 3 service and as such, demand for Level 4 Bariatric Surgery will outstrip supply at present and in the future.

The Welsh Health Specialised Services Committee (WHSSC) perspective on how to address this is to ensure that there is a synchronised balanced approach to the provision of obesity service levels 1, 2, 3 and 4 based on the needs of the population. This requires a synergy between commissioning at a WHSSC level and also at a health board level across Wales.

### 3.2 The eligibility criteria of patients and the availability of obesity surgery and specialist weight management services across Wales

The current eligibility criteria are:

- The individual is aged 18 years or over;
- The individual has received intensive weight management in a specialised hospital obesity clinic or a community-based equivalent;
- The referring clinician and the patient are in agreement about the referral; and

- The individual has a BMI of 50 or greater in the presence of a serious co-morbidity which may be amenable to treatment if obesity is modified through specialised obesity services.

WHSSC and relevant clinical teams are aware that this group of patients do not achieve the best outcomes and as such it is important to move the criteria to enable people with lower BMI's to access the service. As a result, WHSSC is currently working to adopt the following criteria in the next commissioning year:

a. The individual is aged 18 years or over;
b. The individual has a BMI of 40 or greater, or a BMI of 35 to 40 in the presence of co-morbidity which would be expected to improve if obesity is modified;
c. Morbid/severe obesity has been present for at least five years.
d. 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;
e. The individual is assessed using DUBASCO score (an international recognised standard risk assessment method); and
f. The individual is expected to gain significant benefit from bariatric surgery (assessed by the bariatric multidisciplinary team (MDT) at Welsh Institute of Metabolic and Obesity Surgery (WIMOS)).

This will only be effective if level 3 services are present across all of Wales and that demand can be met by supply (and available finances in a cash constrained NHS).

An all-Wales Level 3 service will act as a platform for pre-surgical management and post surgical support. This not only enables patients to attempt lifestyle interventions but also acts as a screening stage for assessing suitability for surgery. It will also help ascertain demand for bariatric surgery in the future and quantitatively inform WHSSC commissioning in subsequent years.

At present, there are 2 providers of Bariatric surgery that are commissioned by WHSSC. Abertawe Bro Morgannwg University Health Board (ABMUHB) and Salford Royal NHS Foundation Trust provide services for the populations of South Wales and North Wales respectively. WHSSC has agreed to a phased increase in Bariatric Surgery as described in the WHSSC commissioning plan for 2014/15.

### 3.3 Progress made by Local Health Boards on the recommendations highlighted within the Welsh Health Specialised Services Committee Review of Bariatric Surgery

**Provision and Access Criteria in the Context of the All Wales Obesity Pathway report;**

Public Health Wales has drafted a service specification for the provision of Level 3 services in Wales. This draft service specification is currently being consulted on. The service will have to be costed and money found by LHBs to ensure that services are developed.

This will be challenging but Health Boards will need to acknowledge that provision of these services will result in cost savings to the NHS in the future. There is an urgent need for investment into Level 3 services across Wales.

WHSSC is working with Public Health Wales to ensure that the referral gateway between Level 3 and Level 4 service specifications are clear and agreed.

### 3.4 The effectiveness of specialist services, within Level 3 and 4 of the All Wales Obesity Pathway, in tackling the rising numbers of overweight and obese people in Wales; and how these services are measured and evaluated, including in terms of delivering value for money;

As stated above, the lack of an all Wales Level 3 service makes it difficult to respond to how the rising numbers of overweight and obese patients being addressed by Level 3 and 4 services. Once Level 3 services are in place, WHSSC will be in a better position to answer this question.

Data from the National Bariatric Database confirms that reductions in obesity, obstructive sleep apnoea, diabetes and hypertension have followed post surgery for a proportion of patients from Wales. Examples of this changes are that 53% of patients having weight loss and 61% having resolution of diabetes after one year of surgery. The detailed statistics relating to this have been excluded from this report for reasons of brevity and can be made available should the committee request. The results from the National Bariatric Database will be reviewed on an annual basis by WHSSC.

This dataset does not necessarily align itself with commissioning plans and as such WHSSC have introduced a series of Quality & Safety measures that are outlined below.

The effectiveness will be measured by the service specification which will be introduced in 2014 include the following:
**Clinical Audit** will be required, specified as follows:

The number of patients who had experienced the following post operation:

- Leaks at the anastomotic site;
- Incisional hernia;
- Post operative site infections;
- post operative pneumonia; and
- post operative mortality.

**Clinical Outcome Audit**

- Bi-annual Audit of BMI change post operatively;
- Quality of Life; and
- An annual audit of EQ-5D, SF-6D or similar changes before and after.

**Patient Experience**

This will be measured using local tools or the validated CAREs tool[iii]. (http://www.caremeasure.org/).

These measures will be reviewed on an annual basis.

**Deaths and serious adverse events** are expected to be reported in real time (48 hours following the event) directly to the Medical Director and Head of Nursing and Quality, WHSSC.

**The levels of investment currently allocated to provide bariatric surgery in Wales**

In the current financial year, the allocations for Bariatric surgery are

- Morriston Hospital for South Wales - £500K.
- Salford Royal NHS Foundation Trust for North Wales - £250K.

**The availability of obesity surgery and specialist weight management services across Wales**

Patients from all over Wales are referred to the Level 4 service. The table below summarises the numbers of surgical procedures undertaken over the last 36 months by health board of residence at the above hospitals.

| LHB | Number of Procedures in last 36 months |
|---|---|
| **Betsi Cadwaladr University*** | 48 |
| **Powys Teaching** | 6 |
| **Hywel Dda** | 15 |
| **Abertawe Bro Morgannwg** | 50 |
| **Cardiff and Vale University** | 24 |
| **Cwm Taf** | 17 |
| **Aneurin Bevan** | 24 |
| **Wales** | 184 |
| | |
| *** NB BCU data may be incomplete due to coding anomalies in 2010/11** | |

[i] S. Mercer et al., "Possible Lessons from the Tobacco Experience for Obesity Control," American Journal of Clinical Nutrition 77 (2003): pp. 1073S-1082S.
[ii] http://www3.uwic.ac.uk/English/health/research/psyr/HeaPsy/GHOP/Documents/Results Summary Document
[iii]http://www.caremeasure.org/).

# Health and Social Care Committee

| | |
|---|---|
| Meeting Venue: | Conference Rooms C and D – Ty Hywel |
| Meeting date: | Thursday, 30 January 2014 |
| Meeting time: | 09: – 11:30 |

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

## Concise Minutes:

| | |
|---|---|
| Assembly Members: | David Rees (Chair)<br>Rebecca Evans<br>William Graham<br>Lynne Neagle<br>Gwyn R Price<br>Lindsay Whittle |
| Committee Staff: | Llinos Madeley (Clerk)<br>Chloe Davies (Deputy Clerk)<br>Victoria Paris (Researcher)<br>Philippa Watkins (Researcher) |

## 1 Introductions, apologies and substitutions

1.1 Apologies were received from Darren Millar AM, Kirsty Williams AM, Elin Jones AM and Leighton Andrews AM.

## 2 Professional Development Programme: Financial Scrutiny

2.1. Members undertook Financial Scrutiny training as part of the Professional Development Programme.

# Health and Social Care Committee

| | |
|---|---|
| Meeting Venue: | **Committee Room 1 - Senedd** |
| Meeting date: | **Thursday, 30 January 2014** |
| Meeting time: | **13:02 - 14:15** |

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

This meeting can be viewed on Senedd TV at:
http://www.senedd.tv/archiveplayer.jsf?v=en_200000_30_01_2014&t=0&l=en

## Concise Minutes:

| | |
|---|---|
| Assembly Members: | **David Rees (Chair)**<br>**Leighton Andrews**<br>**Rebecca Evans**<br>**William Graham**<br>**Lynne Neagle**<br>**Gwyn R Price**<br>**Lindsay Whittle** |
| Witnesses: | **Professor Jean White, Chief Nursing Officers**<br>**Polly Ferguson, Welsh Government**<br>**Helen Whyley, Welsh Government** |
| Committee Staff: | **Llinos Madeley (Clerk)**<br>**Chloe Davies (Deputy Clerk)** |

## 1 Introductions, apologies and substitutions

1.1. Apologies were received from Elin Jones AM, Kirsty Williams AM and Darren Millar AM.

## 2 General scrutiny session with the Chief Nursing Officer

2.1. The Chief Nursing Officer and officials responded to questions from Committee members.

2.2. During the course of the session, the Chief Nursing Officer agreed to provide the following additional information:

- A note detailing where reports produced by Healthcare Inspectorate Wales have had a direct impact on her work;
- Further detail about the role of the Welsh Government's workforce, education and development services in the workforce planning process, including information about the indicators it uses when determining workforce plans;
- A note detailing the number of district and community nurses in Wales;
- Further detail about the code of hygiene being developed by Public Health Wales on behalf of the Chief Nursing Officer, and confirmation of when this work will be completed.

2.3. The Chief Nursing Officer agreed to share the latest copy of the regular report she receives from the Welsh element of the UK-wide "Strengthening the commitment" initiative which relates to learning disability nursing.

## 3 Motion under Standing Order 17.42 to resolve to exclude the public for the remainder of the afternoon's business

3.1. The Committee agreed the Motion.

## 4 Consideration of the scope of possible future inquiries into orthodontic services in Wales and the Welsh Government's cancer delivery plan

4.1. The Committee agreed terms of reference for both inquiries and agreed to issue calls for evidence in due course.

## 5 Papers to note

5.1. The Committee noted the minutes of its two previous meetings.