

## **Thames Valley Priorities Committee Commissioning Policy Statement**

**Policy No. TVPC39**                      **Severe and complex obesity: Eligibility for bariatric surgery (interim policy)**

**Recommendation made by  
the Priorities Committee:**              **January 2016**

**Date of issue:**                              **July 2016**

Bariatric surgery is a treatment for appropriate, selected patients with severe and complex obesity that has not responded to any other non-invasive therapies.

Bariatric Surgery will only be considered as a treatment option for people with morbid obesity providing all of the following criteria are fulfilled:

- The individual is considered morbidly obese. For the purpose of this policy bariatric surgery will be offered to adults with a BMI of 40kg/m<sup>2</sup> or more, or between 35 kg/m<sup>2</sup> and 40kg/m<sup>2</sup> in the presence of other significant diseases.
- There must be formalised MDT (multidisciplinary team) led processes for the screening of co-morbidities and the detection of other significant diseases. These should include identification, diagnosis, severity/complexity assessment, risk stratification/scoring and appropriate specialist referral for medical management. Such medical evaluation is mandatory prior to entering a surgical pathway.
- Morbid/severe obesity has been present for at least five years.
- The individual has recently received and complied with a local specialist obesity service weight loss programme (non-surgical Tier 3 / 4), described as follows:

This will have been for a duration of 12-24 months.

For patients with BMI > 50 attending a specialist bariatric service, this period may include the stabilisation and assessment period prior to bariatric surgery. The minimum acceptable period is six months. The specialist obesity weight loss programme and MDT should be decided locally. This will be led by a professional with a specialist interest in obesity and include a physician, specialist dietician, nurse, psychologist and physical exercise therapist, all of whom must also have a specialist interest in obesity. There are different models of local MDT structure.

Important features are the multidisciplinary, structured and organised approach, lead professional, assessment of evidence that all suitable non-invasive options

have been explored and trialled and individualised patient focus and targets. In addition to offering a programme of care the service will select and refer appropriate patients for consideration for bariatric surgery.

- Plastic surgery correction of redundant skin following weight loss is not normally funded from NHS resources, except in exceptional clinical circumstances.
- This is an interim policy as per [NHS England \(2013\) Clinical Commissioning Policy: 'Complex and Specialised Obesity Surgery'](#) and will be reviewed in September 2016, in the light of NHS England data and guidance and when there is clarity of the CCG funding allocation, following the NHS England decision to transfer the commissioning responsibility to the Clinical Commissioning Groups from April 2016.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>