

## **Get Fit First in Barnsley** **Frequently Asked Questions for Clinicians**

### **1. What is 'Get Fit First in Barnsley'?**

Patients who are severely overweight and/or who smoke will be asked to spend a period of time getting fit before being referred for surgery and will be signposted to support to help them to do so.

The Get Fit First in Barnsley policy applies to the following surgical specialties:

- General Surgery (including Upper GI and Liver surgeries)
- Cardiothoracic
- Colorectal
- ENT
- Gynaecology
- Neurosurgery (including Spinal Surgery)
- Plastic Surgery
- Trauma & Orthopaedics (including MSK)
- Urology.

If the patient has a BMI of 30 or above AND/OR is an active smoker, they should be offered the opportunity to attend a course of weight management AND/OR smoking cessation services before the referral is made unless exclusions apply. If exclusions do apply, it is good practice to still offer lifestyle advice.

### **2. What are the exclusions?**

The following group/patients with the following conditions will not be subject to this policy:

- Patients undergoing surgery for cancer
- 2WW Referral for suspicion of cancer
- Patients with a BMI >30 and who have waist measurement less than 94cm (37 inches) in males or 80cm (31.5 inches) in females
- Patients with severe mental health illness, Learning Disability or significant cognitive impairment
- Referrals for interventions of a diagnostic nature e.g. endoscopy

- Surgical interventions that may be required as a result of pregnancy.
- Children under 18 years
- Any urgent procedures

Dentistry and oral surgery is not commissioned by the CCG and therefore the policy does not apply to this speciality.

In addition, because an ophthalmology referral usually results in an operation performed without a general anaesthetic, epidural or spinal block the 'Get Fit First in Barnsley' referrals for eye surgery are also excluded.

A list of specific procedures or conditions that are not subject to the policy are detailed in appendix 1 of the GFF commissioning statements (published on the CCG website / BEST website).

### **3. What if the referral is for an opinion or diagnostic uncertainty?**

If this is the case then patients are excluded by ticking the 'referrals for diagnostic intervention' exclusion box on the referral form and then the referral can proceed.

However, patients should be counselled that if planned routine surgery is the outcome from their outpatient appointment, then the 6 month Get Fit First in Barnsley health improvement period for weight management will still apply if other exclusions are not met. (12 week period for smokers completing smoking cessation).

If a surgical procedure is required/anticipated the hospital will refer the patient back to their GP surgery with a letter to the GP and to the patient clearly stating that they are on the Get Fit First in Barnsley health improvement programme. GPs or practice staff will need to see the patient at this stage to initiate the referral to the weight management service, smoking cessation service or both if the patient hasn't self-referred.

### **4. What if a patient doesn't meet the exclusion criteria but there is an exceptional case?**

For people whose BMI is in excess of 30 and who have an exceptional case, primary care clinicians can apply through the CCG's Individual Funding Request (IFR) panel via the normal route.

IFR Requests must be made through and by a primary care clinician to the IFR panel. This request will then be considered and approved or rejected by an independent panel. Requests should be submitted to the below address with a clinical letter to:

Allison Ball  
Head of Individual Funding Requests  
722 Prince of Wales Road  
Sheffield

S9 4EU

OR sent electronically to [sheccg.sybifr@nhs.net](mailto:sheccg.sybifr@nhs.net) (safehaven) or by safehaven fax to 0114 305 1370 adhering to confidentiality procedures.

### Exceptionality

The accepted definition of exceptionality is a patient who would be considered significantly different to the general population with that condition, or who would gain significantly more benefit from the intervention than the population with that condition. The differences are to be clinical rather than, for example, social.

If you would like further advice the IFR team can be contacted on [sheccg.sybifr@nhs.net](mailto:sheccg.sybifr@nhs.net) and should you wish to discuss a medical query then you can email Dr Clare Freeman, Lead Medical Advisor for the IFR panel on [clare.freeman@nhs.net](mailto:clare.freeman@nhs.net)

All patients who smoke are required to stop smoking. There are no exceptional cases that would require an IFR application.

## **5. What is meant by 'urgent'?**

The Get Fit First policy does not apply to non-elective referrals or urgent referrals. Exclusions apply to routine elective referrals if a period of health improvement delay would cause clinical risk rather than support improved outcomes.

Note: Clinical discretion should be used at any time by the GP or secondary care clinician during the Get Fit First in Barnsley programme as to what is meant by urgent. This could include be, for example:

- If the patient has worsening severe persistent pain not adequately relieved by an extended course of non-surgical management.
- If there are any safety concerns about delaying referral (e.g. increase in technical difficulties when performing a procedure).

If there is an anticipated safety concern should the patient not be referred or delayed, and this outweighs any benefits from a period of improving health and reducing risk factors prior to any routine operation, then referral should be made using the 'urgent' tick box on the referral template.

However, if there is more certainty in the diagnosis and routine surgery would be the outcome, and there is some other reason that the patient would not benefit from the 6 month weight management programme, then the IFR route should be used.

## 6. How should a referral be made to a surgical specialty?

A Get Fit First in Barnsley referral form is to be completed for all patients prior to planned, elective surgery.

Embed has published data entry templates and referral forms in both Emis and SystmOne to support the process. [ReadCode: Referral Needed]

All referrals must be made using the Get Fit First data entry templates and referral forms available in the clinical systems.

### Practices are required to:

1. Any patient who may require elective surgery (non-urgent) will be required to follow the Get Fit First policy
2. The referring clinician should inform the patient of the Get Fit First policy, discuss the benefits of weight loss and/or smoking cessation prior to surgery and the support services available with the patient and provide the patient with the Get Fit First leaflet
3. The referring clinician will assess patients against the exclusion criteria and where applicable access IFR
4. Using the **initial data template** the clinician will record the patient's BMI and smoking status and where applicable any waist measurement and the agreement to access support services following signposting
5. When a patient agrees to access weight management and/or smoking cessation services the 6 month health improvement period starts
6. A clinician will review patient after the health improvement period and complete the **follow up assessment data entry template**
7. The practice will refer the patient to secondary care if the surgical intervention is still clinically indicated clearly providing evidence that the policy has been met – use form B (see attached referral process)

Any patient requiring referral for diagnostic/review/opinion/MSK triage must be advised that the Get Fit First policy might apply if the outcome of the review is surgery. The patient will be required to complete the health improvement period before final referral can be made to secondary care.

## **7. How do I know whether the referral is to a 'surgical speciality'?**

The following specialities are counted as surgical and should be answered 'yes' on the referral form:

- General Surgery(including Upper GI and Liver surgeries)
- Cardiothoracic
- Colorectal
- ENT
- Gynaecology
- Neurosurgery (including Spinal Surgery)
- Plastic Surgery
- Trauma & Orthopaedics (including MSK\*)
- Urology

The following surgical specialities are excluded:

- Surgery for diagnostic dermatology
- Ophthalmology
- Paediatric Surgery
- Oral and Maxillofacial Surgery

## **8. How recent does a BMI measurement or smoking status have to be?**

A BMI status is valid if it has been taken within the last three months, however it is expected that if a patient has a BMI of 30 or above, a new measurement should be taken to ensure that this policy still applies to them.

Smoking status should be current at the time of referral.

## **9. What if a patients BMI increases between making the decision to operate and the actual operation?**

The BMI status at the time of surgery should be within the required range. It is advisable that weight loss should continue until BMI is within the healthy range – BMI 18.5 & 24.9 (WHO - <http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/a-healthy-lifestyle/body-mass-index-bmi>) as we want to encourage and embed lifestyle changes which are there for the long term.

NB: The Surgeon and Anaesthetist retain ultimate responsibility for the decision to proceed with Surgery. Any previous approval will be considered void if it is the clinical judgement of the Surgeon and/or Anaesthetist that surgery will not be in the patient's best interest.

## 10. Consultant to consultant referrals

If the patient needs to be referred to another consultant for the original clinical issue, then BMI and smoking status should not preclude this. However, if and when a decision is made to proceed to surgery, it should only proceed if the exclusions apply; otherwise the patient should be discharged back to their GP (with patient leaflet and letter to GP and patient copied in).

As per the NHS Standard Contract please note that consultant to consultant referrals can only be made if:

- The referral is with regards to the condition that the patient was originally referred to the Trust for.

Or if in the case of:

- Investigation, management or treatment of cancer or suspected cancer
- A life threatening or urgent condition
- For patients with pre-existing complex medical problems for specialist assessment in relation to anaesthetic risk.
- Specifically for ophthalmology (Diabetic Eye Screening) – patients who show non diabetic pathology referred directly to an ophthalmic consultant.

If the referral is for another speciality or is outside of the criteria it should be referred back to the GP for onward referral and to support the PDA. The CCG would advise that patient notes are reviewed by a clinician to determine the appropriate next steps. A referral will not be necessary in all cases.

## 11. Why has the CCG developed this programme?

The CCG has a duty to achieve the best health outcomes for the whole local population and to achieve this within the limited resources available. One of the ways to improve health and wellbeing is to increase the number of people accessing smoking cessation and weight management services. The point of referral to a surgical speciality is an opportune moment for people to take responsibility for their own health and wellbeing.

We want people to recover from surgery, to live healthier lives and to ensure that the money being spent is on the most clinically effective treatments; a 6 month Get Fit First in Barnsley health improvement programme will be beneficial to those who may not have otherwise accessed services. It is expected that the programme will save some referrals and procedures in the short term whilst promoting better health in the long term.

## 12. Is this a blanket ban on surgery for people who smoke or are obese?

**No.** Being an active smoker or having a BMI of 30 and above will not exclude any patient from surgery. Whether a successful quit or a healthy weight is achieved, people

will have access to surgery after the 6 month health improvement programme – although during the 6 month Get Fit First in Barnsley programme patients should be encouraged to set and achieve realistic goals.

The health improvement is a deferment of surgery to support better outcomes and not a denial of surgery; those patients who don't engage can be referred after 6 months.

**Please note that patients should continue to have access to full treatment during the health improvement period. The policy does not prevent treatment prior to surgery.**

### **13. What support is available to help people who smoke?**

Free support to help patients quit smoking is available through Yorkshire Smoke Free Barnsley. This is Barnsley's specialist stop smoking service which offers a range of support, including drop-in clinics, group sessions, online support, telephone support or weekly one-to-one appointments within the Barnsley area.

It runs various sessions throughout the Barnsley area to try and be as flexible as possible to meet the needs of the community.

#### **Stop Smoking Service Enquiries:**

Website: <http://barnsley.yorkshiresmokefree.nhs.uk>

Telephone: 0800 612 0011 (Free From landlines)  
0330 660 1166 (free from most mobiles)

#### Walk-In Address:

- Quit Shop Barnsley Indoor Market
- Barnsley Indoor Market (underneath the car park)

### **14. What support is available to help people who are obese?**

To ensure that patients on the Get Fit First programme continue to be supported to achieve the best clinical outcome for their condition, the following funded provision will be piloted on an interim basis up to 31 March 2021:

- Slimming World – 12 week weight management on referral
- Weight Watchers - 12 week weight management on referral
- Barnsley Premier Leisure (BPL) -12 week exercise on referral programme

A patient self-referral information letter has been issued to practices and is available in clinical systems.

Other local groups are also available for patients, more details can be found on, [www.livewellbarnsley.co.uk](http://www.livewellbarnsley.co.uk). In addition, the NHS website [www.nhs.uk/livewell](http://www.nhs.uk/livewell) has ideas and advice on moving more and achieving a healthy weight.

**15. What happens at the end of the 6 month Get Fit First in Barnsley Programme?**

The patient will need to be assessed in primary care in order to progress the referral. The health status of people may have positively changed so that surgery is now not needed.

**16. What if people's BMI is 35 or more?**

If a patient requires a significant weight loss e.g. BMI is over 35 and nearer 40 or more, then a target loss of **10% of body weight**, which reduces the BMI to less than 35 within 6 months, is required prior to a referral for surgery.

Preferably weight loss should continue until BMI is within the healthy range – BMI 18.5 – 24.9 (WHO -<http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/a-healthy-lifestyle/body-mass-index-bmi>) as we want to encourage and embed lifestyle changes which are there for the long term.

**17. What if people achieve their weight loss goals or quit smoking before 6 months?**

If a patient achieves a BMI of <30 (or loses 10% of body weight) before the end of the 6 month health improvement programme and/or quits smoking after 12 weeks they should make a follow up appointment at their GP surgery to assess whether a referral can proceed.

**18. What if patients are referred for assessment and as a result are offered surgery?**

Patients being referred for diagnostic assessment should be advised that if non-urgent, planned surgery is the outcome, then before surgery goes ahead, they will need to complete the 6 month Get Fit First in Barnsley health improvement programme, unless exclusions apply.

Secondary care or MSK will write to the GP and to the patient outlining that the Get Fit First in Barnsley health improvement programme is needed, and refer the patient back to primary care. Patients will need referring back to secondary care at the end of the health improvement programme.

**19. What if the health status changes during the 6 month intervention programme?**

Patients should be advised to contact their GP surgery should their health decline during the health improvement programme. Please use clinical discretion at all times.

**20. If a PATIENT has concerns about the policy, who should they contact?**

Please be assured that patient details will remain confidential and only be shared with relevant staff in order to address their concerns.

Patients should discuss their concerns with their GP or secondary care clinician in the first instance.

If any patients wish to feedback to the CCG on any part of the policy this can be done by:

**Telephone:** 01226 4333772 or 01226 4333766

**Email:** [qualityteam.safehaven@nhs.net](mailto:qualityteam.safehaven@nhs.net)

**Writing:**

NHS Barnsley Clinical Commissioning Group  
49/51 Gawber Road  
Barnsley  
South Yorkshire  
S75 2PY.