

POLICY STATEMENT	COMMISSIONING POLICY
STATUS	<p>CRITERIA LED</p> <ul style="list-style-type: none"> • An eligibility criteria applies to all people referred for elective surgery • Funding for patients who do not meet the eligibility criteria will be considered on an individual basis if the clinical opinion is that there is an exception that warrants deviation from the policy • Individual cases will be reviewed via the CCGs Individual Funding Review (IFR) process
PROCEDURE/TREATMENT	GET FIT FIRST IN BARNSELEY – WEIGHT MANAGEMENT V2.0
EXCLUSIONS	<p>EXCLUSIONS TO THIS POLICY – full list Appendix 1</p> <p>The following group/patients with the following conditions will not be subject to this policy:</p> <ul style="list-style-type: none"> • 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 pregnancyChildren under 18 years • Any urgent procedures <p>A list of specific procedures or conditions that are not subject to the policy are detailed in appendix 1.</p>
ELIGIBILITY CRITERIA	<p>The Get Fit First in Barnsley policy applies to the following surgical specialties:</p> <ul style="list-style-type: none"> • Colorectal • General Surgery (including Upper GI and Liver surgeries) • Cardiothoracic • ENT • Gynaecology • Neurosurgery (including spinal surgery) • Plastic Surgery • Trauma & Orthopaedics (including MSK) • Urology <p>Barnsley CCG does not routinely commission referral to secondary care for routine, non-urgent elective surgery for patients whose BMI is 30 or more. Patients with a BMI of 30 or more are to be offered a referral to Tier 2 weight</p>

	<p>management to enable completion of a period of health improvement for 6 months before commencement of surgery, offering an opportunity for weight loss to improve health and surgical outcomes.</p> <p>The following applies for all people:</p> <ul style="list-style-type: none"> • If weight management reduces a BMI to ≤ 30 then referral for surgery could be expedited. The weight loss should be at least maintained until commencement of surgery and preferably continue until BMI is within the healthy range. • If the weight loss required is significant then a target loss of 10% of body weight which reduces the BMI to ≤ 35 within 6 months is required prior to a referral for surgery. Preferably weight loss should continue until BMI is within the healthy range. • If a clinician feels that there are exceptional circumstances then the patient may be referred to the Individual Funding Request Panel for consideration. <p>Where a patient refuses to engage with weight management services they will be given support and information to help them understand the benefits of the Get Fit First in Barnsley request and be re-seen in the GPs surgery after 3 months and reoffered the opportunity to engage with the service. If there is still no agreement they will be referred 6 months after the initial consultation.</p> <p><u>Process for patients who smoke AND have a BMI above 30</u></p> <p>This commissioning statement should be read in conjunction with the Get Fit First in Barnsley – Weight Management Commissioning Statement</p> <ul style="list-style-type: none"> • Patients should be offered support to access both weight management and smoking cessation services • Patients should offered choice and be supported to focus on one health improvement goal at a time during the health improvement period. • If patient meets one goal earlier (smoking abstinence or weight loss target) then they can be referred regardless of outcome in other area
<p>Summary of evidence / rationale</p>	<p>Weight Management:</p> <p>https://www.nice.org.uk/guidance/ph53</p> <p>https://www.nice.org.uk/guidance/qs111</p> <p>Published -</p> <ul style="list-style-type: none"> • Walking and cycling. NICE public health guidance 41 (November 2012) • Preventing type 2 diabetes – risk identification and interventions for high-risk individuals. NICE public health guidance 38 (2012) • Preventing type 2 diabetes – population and community interventions. NICE public health guidance 35 (2011) • Weight management before, during and after pregnancy. NICE public health guidance 27 (2010)

	<ul style="list-style-type: none"> • Prevention of cardiovascular disease. NICE public health guidance 25 (2010) • Alcohol use disorders – preventing harmful drinking. NICE public health guidance 24 (2010) • Promoting physical activity for children and young people. NICE public health guidance 17 (2009) • Promoting physical activity in the workplace. NICE public health guidance 13 (2008) • Maternal and child nutrition. NICE public health guidance 11 (2008) • Community engagement. NICE public health guidance 9 (2008) • Physical activity and the environment. NICE public health guidance 8 (2008) • Behaviour change: the principles for effective interventions. NICE public health guidance 6 (2007) • Obesity. NICE clinical guideline 43 (2006) <p>References:</p> <ol style="list-style-type: none"> 1 The Department of Health report Healthy Lives, Healthy People: A call to action on obesity in England, (2011) 2 http://www.noo.org.uk/NOO_about_obesity/obesity_and_health/health_risk_adult 3 The Royal College of Anaesthetists (2011). NA P4 Report and findings of the 4th National Audit Project of The Royal College of Anaesthetists: Major complication of airway management in the UK. RCOA, London. 4 Chen CL et al. (2011). The impact of obesity on breast surgery complications. <i>Plast Reconstr Surg</i> 2011; 128(5):395e-402e. 5 Waisbren E et al (2010). Percent body fat and predication of surgical site infection. <i>J am Coll Surg</i> 2010; 210(4):381-9 6 Hourigan JS (2011). Impact of obesity on surgical site infection in colon and rectal surgery. <i>Clin Colon Rectal Surg</i> 2011; 24(283-290 7 Osler M et al. (2011) Body mass and risk of complications after hysterectomy on benign indications. <i>Human Reproduction</i> 2011; 26:1512-1518. 8 DeMaria EJ, Carmody BJ. (2005) Preoperative management of special population: obesity. [Review] [31 refs]. <i>Surgical clinics of north America</i> 2005; 85 (6): 1283-1289. 9 Elgafy H et al. (2012) Challenges of spine surgery in obese patients. [Review]. <i>American Journal of Orthopaedics</i> 2012; 41(3): E46-E50 10 Jung RT 1997, Obesity as a disease. <i>British Medical Bulletin</i> 53:307-21
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Author	Julie Frampton/Mike Simms
Clinical	Clinical Forum Members

Reviewers	
Approved by	<p>This policy was approved by: NHS Barnsley CCG Governing Body Date approved: 14.12.2017</p> <p>Amendments approved by Quality and Patient Safety Committee on 20.02.2020</p>
Responsible Officer	David Lautman - Lead Commissioning and Transformation Manager
Reference	<p>Ref No:</p> <p>Any feedback or suggestions to improve this guidance should be sent to:</p> <p>David Lautman - Lead Commissioning and Transformation Manager</p> <p>Only the electronic version is maintained, once printed this is no longer a controlled document.</p>

Appendix 1 (v2.0)

Exclusion criteria for Optimising Outcomes from all Elective Surgery

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. All patients on an elective pathway must be offered access to smoking cessation and/or weight management concurrently

Exclusions include:

- A. Cholecystectomy
 - B. Surgery for arterial disease
 - C. Anal fissure
 - D. Hernias that are at high risk of obstruction
 - E. Anal fistula surgery
 - F. Revision hip surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, recurrent dislocations, impending peri-prosthetic fracture, and gross implant loosening or implant migration.
 - G. Revision knee surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, impending peri-prosthetic fracture, gross implant loosening/migration, severe ligamentous instability.
 - H. Nerve compression where delay will compromise potential functional recovery of nerve.
 - I. Surgery to foot/ankle in patients with diabetes or other neuropathies that will reduce risk of ulceration/infection or severe deformity.
 - J. Orthopaedic procedures for chronic infection.
 - K. Acute knee injuries that may benefit from early surgical intervention (complex ligamentous injuries, repairable bucket handle meniscal tears, ACL tears that are suitable for repair).
 - L. Lower limb ulceration.
- Referrals for interventions of a diagnostic nature:
 - A. Gastroscopy
 - B. Colonoscopy
 - C. Nasopharyngolaryngoscopy
 - D. Laparoscopy
 - E. Hysteroscopy
 - F. Cystoscopy
 - Patients with advanced or severe neurological symptoms of Carpal Tunnel Syndrome such as constant pins and needles, numbness, muscle wasting and prominent pain.
 - Patients who despite having a BMI >30 have a waist circumference of:

- Less than 94cm (37 inches) male
 - Less than 80cm (31.5 inches) female
- Children under 18 years of age.
- Patients receiving surgery for the treatment of cancer or the suspicion of cancer.
- Any surgical interventions that may be required as a result of pregnancy.
- Patients with tinnitus.
- Patients requiring cataracts surgery.
- Vulnerable patients who will need to be clinically assessed to ensure that, where they may be able to benefit from opportunities to improve lifestyle, that these are offered. (Please note that deferring elective interventions may be appropriate for some vulnerable patients based on clinical assessment of their ability to benefit from an opportunity to stop smoking/reduce their BMI/improve pre-operative fitness). This includes patients with the following:
 - Learning disabilities
 - Significant cognitive impairment
 - Severe mental illness**

**Adults with a serious mental illness are persons who currently or at any time during the past year, have a diagnosable mental, behavioural, or emotional disorder of sufficient duration that has resulted in functional impairment which substantially interferes with or limits one or more major life activities