



Barnsley Clinical Commissioning Group

Get Fit First in Barnsley

Presented by:

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Background

CCGs in England have been provided with a number of expectations in the NHS Five Year Forward View. Amongst these priorities are actions on smoking and obesity, which the CCG recognise as playing an important role in individual's health and wellbeing. The point of referral for non-urgent elective surgery provides an opportunity for health improvement.

The introduction of active interventions to encourage and support patients to improve their general health and offer patients who have a BMI ≥ 30 , or who smoke, a referral to weight management or smoking cessation services for a period of time to enable health improvement before being considered for referral for routine surgery could positively encourage and embed lifestyle changes.

There are also evidenced benefits to weight loss and smoking cessation on outcomes after surgery.

The Obesity Problem in Barnsley

The Active People Survey (2012/14) estimates that 7 out of 10 adults (**71.6%**) in Barnsley are overweight or obese, which is significantly higher than the proportion for England (64.6%). In Barnsley, this equates to **36.5%** of adults being overweight and **35.1%** of adults being obese. For England, 40.6% of adults are overweight and 24.0% are obese.

Obesity increases the risk of the development of other disease including type 2 diabetes, angina, gall bladder disease, liver disease, ovarian cancer, osteoarthritis and stroke.

The impact of obesity stretches to cancer survival rates with both survival and recurrence being linked to obesity. For example, it is understood that substantial weight gain after diagnosis and treatment is adversely associated with breast cancer prognosis. Obesity has been shown to increase the risk of recurrence and death among breast cancer survivors by around 30%.

Compared with a healthy weight man, an obese man is:

- Five times more likely to develop type 2 diabetes
- Three times more likely to develop cancer of the colon
- Two and a half times more likely to develop high blood pressure – a major risk factor for stroke and heart disease.

Compared with a healthy weight woman, an obese woman is:

- Almost thirteen times more likely to develop type 2 diabetes
- Four times more likely to develop high blood pressure
- Three times more likely to have a heart attack

The Smoking Problem in Barnsley

Smoking related deaths in Barnsley at a rate of 345.5 per 100,000 adults are significantly higher than the England rate (274.8). The 2012/14 rate is the lowest during the period 2007/09 – 2012/14.

Within Barnsley, smoking attributable deaths are more prevalent in the most deprived areas. The rates range from 151 in Penistone West ward to 512 in St Helens ward. Each year in Barnsley smoking costs society around £75.6 million, this includes factors such as lost productivity, the cost of social care and smoking-related house fires. (ASH Ready Reckoner, The local cost of tobacco, December 2015)

Smoking causes a range of diseases including cancer, cardiovascular disease and respiratory diseases. It causes many other debilitating conditions such as age-related macular degeneration, gastric ulcers, impotence and osteoporosis. Further, it can cause complications in pregnancy and is also associated with lower survival rates, delayed wound healing, increased infections, prolonged hospital stays and repeated admissions after surgery.

There is strong evidence that smokers who undergo surgery:

- Have a higher risk of lung and heart complications
- Have a higher risk of post-operative infection
- Have impaired wound healing
- Are more likely to be admitted to an intensive care unit
- Have an increased risk of dying in hospital
- Are at higher risk of readmission
- Remain in hospital longer

Also, there is evidence to suggest that quitting smoking before having surgery:

- Reduces the risk of post-operative complications
- Reduces lung, heart and wound-related complications
- Decreases wound healing time
- Reduces bone fusion time after fracture repair
- Reduces length of stay in hospital

Proposed Timeline for Implementation

Our proposed timeline from here on is as follows:

- November to December 2017 – discuss the Get Fit First in Barnsley project with our partners
- Mid-November to December 2017 – discuss the Get Fit First in Barnsley project with the public and patients
- November to December 2017 – discuss the Get Fit First in Barnsley project with secondary care clinicians
- December 2017 – Get Fit First in Barnsley policy submitted to Public Governing Body and information made available for the public
- By the end November - NHS England appraised regarding Get Fit First in Barnsley and updated with progress towards implementation and mobilisation
- Get Fit First In Barnsley policy is adopted from W/C 8th January 2018