NHS
Southport and Formby
Clinical Commissioning Group

Our ref: FOI ID 5963

18 November 2015

southportandformbyccg.foi@nhs.net

NHS Southport & Formby CCG
Merton House
Stanley Road
Bootle
Merseyside
L20 DL

Direct dial: 0151 247 7000

Re: Freedom of Information Request

Please find below the response to your recent Freedom of Information request regarding the Transfer of Tier 4 Obesity Services within NHS Southport and Formby CCG.

Request/Response:

See attached spreadsheet.

Please see Appendix 1, 2 and 3.

Southport & Formby CCG

The number of patients who have had surgery relating to bariatric procedures from April 2013 onwards.

CCG	2013/14	2014/15
Southport & Formby	6	6

Search criteria

Inpatient admissions (non-elective and elective) with an admission start date between 1st April 2013 and 30th September 2015

South Sefton and Southport & Formby CCG registered patients (all ages)

OPCS primary procedure codes used include:

G01.1	*Oesophagogastrectomy and anastomosis of oesophagus to stomach*
G01.2	*Oesophagogastrectomy and anastomosis of oesophagus to transposed jejunum*
G01.8	*Other specified excision of oesophagus and stomach*
G27.1	*Total gastrectomy and excision of surrounding tissue*
G27.2	*Total gastrectomy and anastomosis of oesophagus to duodenum*
G27.3	*Total gastrectomy and interposition of jejunum*
G27.4	*Total gastrectomy and anastomosis of oesophagus to transposed jejunum*
G27.5	*Total gastrectomy and anastomosis of oesophagus to jejunum nec*
G27.8	*Other specified total excision of stomach*
G27.9	*Unspecified total excision of stomach*
G28.1	*Partial gastrectomy and anastomosis of stomach to duodenum*
G28.2	*Partial gastrectomy and anastomosis of stomach to transposed jejunum*
G28.3	*Partial gastrectomy and anastomosis of stomach to jejunum nec*
G28.4	*Sleeve gastrectomy and duodenal switch*
G28.5	*Sleeve gastrectomy NEC*
G28.8	*Other specified partial excision of stomach*
G28.9	*Unspecified partial excision of stomach*
G30.2	*Partitioning of stomach*
G30.3	*Partitioning of stomach using band*
G30.4	*Partitioning of stomach using staples*
G30.5	*Maintenance of gastric band*
G30.8	*Other specified plastic operations on stomach*
G31.0	*Conversion from previous anastomosis of stomach to duodenum*
G31.1	*Bypass of stomach by anastomosis of oesophagus to duodenum*
G31.2	*Bypass of stomach by anastomosis of stomach to duodenum*
G31.3	*Revision of anastomosis of stomach to duodenum*
G31.4	*Conversion to anastomosis of stomach to duodenum*
G31.5	*Closure of connection of stomach to duodenum*
G31.6	*Attention to connection of stomach to duodenum*
G31.8	*Other specified connection of stomach to duodenum*
G31.9	*Unspecified connection of stomach to duodenum*
G32.0	*Conversion from previous anastomosis of stomach to transposed jejunum*
G32.1	*Bypass of stomach by anastomosis of stomach to transposed jejunum*
G32.2	*Revision of anastomosis of stomach to transposed jejunum*
G32.3	*Conversion to anastomosis of stomach to transposed jejunum*
G32.4	*Closure of connection of stomach to transposed jejunum*
G32.5	*Attention to connection of stomach to transposed jejunum*
G32.8	*Other specified connection of stomach to transposed jejunum*
G32.9	*Unspecified connection of stomach to transposed jejunum*
G33.0	*Conversion from previous anastomosis of stomach to jejunum nec*
G33.1	*Bypass of stomach by anastomosis of stomach to jejunum nec*
G33.2	*Revision of anastomosis of stomach to jejunum nec*
G33.3	*Conversion to anastomosis of stomach to jejunum nec*
G33.5	*Closure of connection of stomach to jejunum NEC*
G33.6	*Attention to connection of stomach to jejunum*
G33.8	*Other specified other connection of stomach to jejunum*
G33.9	*Unspecified other connection of stomach to jejunum*
G38.7	*Removal of gastric band*
G48.1	*Insertion of gastric bubble*
G48.2	*Attention to gastric bubble*
G51.1	*Bypass of duodenum by anastomosis of stomach to jejunum*
G51.3	*Bypass of duodenum by anastomosis of duodenum to jejunum*
G71.6	*Duodenal switch*

Our Ref: AB JR Bariatric 2015-04-15

Specialised Commissioning
North West Hub
Quayside
Wilderspool Business Park
Greenalls Avenue
Stockton Heath, Warrington
WA4 6HL

Tel: 0113 82 52600
Email: andrewbibby@nhs.net

15 April 2015

To: North West Clinical Commissioning Groups

Dear Colleague,

Re: Prior Approval Applications to NHS England for primary bariatric and revision surgery

I am writing further to previous correspondence dated 18th August 2014 (attached for reference) on the above issue. As we have previously outlined, the introduction of national arrangements for specialised commissioning have resulted in changes to the processes surrounding referral/approval of funding for Bariatric Surgery, and a national commissioning policy outlines in what circumstances patients will be routinely funded for Bariatric Surgery. This commissioning policy can be found at http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/08/a05-p-a.pdf.

Where a patient meets the criteria outlined in the commissioning policy they can be referred directly from a Tier 3 weight management service into the specialised service. Referrals directly from GPs are not permitted under this policy.

Equally, the arrangements for revision surgery have also been revised. Revision surgery will only be authorised in limited circumstances where there is mechanical failure of an implant or morbidity has been caused directly as a result of the surgery. Revision surgery will not be considered where the patient has failed to achieve target weight-loss, as outlined in the attached Specialised Services Circular SSC1441.

As specified within the guidance, there may be patients who are within the scope of the guidance but not currently eligible for surgery as they do not fulfil the specified selection criteria, but who are considered by their doctor to be clinically exceptional in terms of their need. Clinicians may be of the opinion that individuals in this cohort would stand to gain equal or greater clinical benefit than the group or cohort of patients who meet the NHS England criteria for bariatric surgery. If this is the position, the bariatric physician or surgeon from the Specialist Bariatric Team, will be able to make an individual funding request to the North Region IFR team on the patients behalf. For this however, a consultant referral and assessment will be necessary.

The specialised commissioning team continues to receive high volume of applications and enquiries relating to both primary bariatric and revision surgery using the process pre-dating NHS England. **Please note that the previous prior approval system was superseded by the attached circular and therefore is no longer in place.**

We are asking NW CCGs to cascade this correspondence to member practices, as failing to follow new arrangements is causing confusion and undue delay for patients.

Yours sincerely

Andrew Bibby
Assistant Director of Specialised Commissioning (North West Hub)

Cc Bariatric Surgery Provider Chief Executives
Loretta Lloyd, Business Performance Manager, Countess of Chester
David Warwick, Clinical Business Manager, Aintree
Kate Feeley, Lead Manager – Surgical Division, Salford Royal
Tina Raw, North East Individual Funding Request Team

Cheshire, Warrington & Wirral Area Team
Quayside
Wilderspool Business Park
Greenalls Avenue
Warrington
WA4 6HL

Email : jonathan.reese@nhs.net
Tel : 0113 82 52736

To North West Clinical Commissioning Groups

18th August 2014

Dear Chief Officer,

I am writing to inform you of the changes in referral management in regard to Specialised Services Circular SSC 1441 Revision Obesity Surgery (attached for reference). This circular outlines an interim strategy for implementation until approval of the formal policy for Revision Obesity Surgery is developed and approved by NHS England.

Please note that this circular now supersedes the prior approval process that has been operated since April 2013 by Cheshire Warrington & Wirral Area Team (Specialised Commissioning Team).

The circular details four groups of patients requiring assessment by the North West bariatric surgical centres (Countess of Chester Hospital NHS Foundation Trust, Aintree University Hospital NHS foundation Trust, Salford Royal NHS Foundation Trust).

For completeness, in addition to revision surgery, Appendix B outlines the referral criteria / guidance for:

- **Pre surgical assessment – Tier 3 weight management services**
- **Bariatric Surgery referrals – Primary surgery**

In taking this forward it is **vital that this information be cascaded to all North West General Practices** for their attention to ensure that all referrals are directed to the relevant surgical provider (details in Appendix A) to enable all patient referrals to be assessed in a timely manner without any unnecessary confusion in referral pathways.

Yours sincerely

Roz Jones
Senior Service Specialist

Cc Bariatric Surgery Provider Chief Executives
Loretta Lloyd, Business Performance Manager, Countess of Chester
David Warwick, Clinical Business Manager, Aintree
Kate Feeley, Lead Manager – Surgical Division, Salford Royal
Tina Raw, North East Individual Funding Request Team

Appendix A: Revision Obesity Surgery Referral Contracts: Patient Groups 1, 2 and 4a patients routinely commissioned (as per Circular SSC1441)

Area	Current Provider (s)	Referral contract details
Cheshire, Warrington and Wirral	Countess of Chester	***Countess of Chester*** referrals should be sent to the appointments hotline marked FAO Bariatric Surgical Team The fax number is 01244 366013 ***Service Manager details:*** Loretta Lloyd Business Performance Manager Countess of Chester Hospital NHS Foundation Trust Tel: 01244 365801 ***Loretta.lloyd@nhs.net***
Merseyside Cumbria and Lancashire	Aintree	***Aintree***: the fax number for referrals is 0151 529 4946 and the contact number for Annette Winstanley 0151 529 2180 ***Service Manager details:*** David Warwick Clinical Business Manager Digestive Diseases Centre Room 3054 3rd Floor Elective Care Centre Aintree University Hospital NHS foundation Trust Tel: 0151 529 5057 David.warwick@aintree.nhs.uk
Greater Manchester	Countess of Chester and Salford Royal	***Countess of Chester*** referrals should be sent to the appointments hotline marked FAO Bariatric Surgical Team The fax number is 01244 366013 ***Service Manager details:*** Loretta Lloyd Business Performance Manager Countess of Chester Hospital NHS Foundation Trust Tel: 01244 365801 ***Loretta.lloyd@nhs.net*** ***Salford Royal referrals*** should be sent to the registration department marked FAO Bariatric Surgical Team refertosalfordroyal@nhs.net The fax number is 0161 206 1048 *Service Manager details:* Kate Feeley Lead Manager – Surgical Division Salford Royal NHS Foundation Trust 0161 206 0497 Kate feeley@srft.nhs.uk

Appendix B:

Pre surgical assessment – Tier 3 weight management services

Local services should be provided in accordance with NICE guidance: issue date December 2006. ***Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children and also the NHS England Specification and Policy whose links have been provided below.***

If 'tier 3 specialist weight management services do not meet the criteria within the above guidance **please liaise with your local Clinical Commissioning Group (CCG) to discuss any gaps in service provision with the relevant CCG commissioner.**

As per NICE and NHS England guidance, **the providers of bariatric surgery in the North West will only accept referrals directly from 'tier 3 specialist weight management services'**.

Bariatric Surgery referrals – Primary surgery

As per NHS England commissioning responsibilities, bariatric surgery is commissioned directly by the NHS England.

The national service specification and clinical policy for Complex and Specialised Obesity Surgery is as follows:

http://www.england.nhs.uk/wp-content/uploads/2013/06/a05-sev-comp-obesity.pdf

http://www.england.nhs.uk/wp-content/uploads/2013/08/a05-p-a.pdf

Specialised Services Circular

Issue date:	07 August 2014
ID	SSC1441
Category:	Commissioning
Status:	For action
Public & Press:	Information to be published on NHS England website

Revision Obesity Surgery

Circulation

For action	**For information**
Area Team Directors Area Team Directors of Commissioning Area Team Heads of Specialised Commissioning Area Team IFR Leads Area Team Finance Leads Area Team Pharmacists Area Teams to circulate to: Providers of Morbid Obesity Surgery; Acute Trust Chief Executives; Acute Trust Medical Directors	Regional Directors of Commissioning Regional Heads of Specialised Commissioning Regional Finance Leads Regional Medical Directors Public Health England

Background

Obesity surgery is a specialised treatment for severe and complex obesity, to be offered after a comprehensive weight management pathway that comprises Multi-Disciplinary Team (MDT) assessment, advice, education and counselling and includes specialised non-invasive interventions delivered by multidisciplinary obesity specialists, which may also include drug treatment. The latter pathway is delivered within Tier 3 services with non - specialist elements delivered by Tier 1 and Tier 2 services. In patients who have failed to lose weight using this pathway and are eligible according to National Institute for Care and Excellence (NICE) criteria,

obesity surgery has been shown to be a cost effective therapy that achieves significant and rapid excess weight loss and resolution of co-morbidities. However to ensure the latter outcomes, patients need adequate pre- surgical input to ensure that they are well informed, prepared and ready to comply with surgical changes and accept the impact that it will have on their eating habits. Also essential will be compliance with post – operative follow up to monitor dietary and physical activity adherence, nutritional replacement and early detection and treatment of post-surgical medical and surgical complications.

Over the past years there has been a steady increase in the number of obesity surgery procedures in England with 8794 cases performed in NHS hospitals in 2011/12. In addition, it is estimated that up to 5000 procedures per year are performed for English subjects within the private sector mainly in the UK but also overseas. A proportion of these cases will progress to a second procedure. It is currently considered that the overall incidence of surgical revision after a primary obesity operation is 5 - 50 percent, depending on procedure.

The revision rate in England is however unknown. It is likely that there are significant numbers of cases for the following reasons. Firstly, it is recognised that at least 15% and possibly up to 50% of gastric bands will develop complications (erosions, slippages, severe gastric reflux etc) and/or achieve inadequate weight loss. Secondly, in one English region (population approximately 6.4 million) there were more than 200 individual funding requests for revision surgery in 2013. Thirdly, a United States study suggests that 5.3% of all obesity operations are for revision surgery.

Revision surgery is more complex and technically more challenging than the primary obesity surgery and is associated with higher levels of both peri-operative risk and complication rates to the patient.

The current service specification and policy for obesity surgery do not include revision surgery and a policy is currently being developed by the Severe and Complex Obesity Clinical Reference Group. Specialised Area Teams are operating a prior approval process for requests for revision surgery on the basis that they are not suitable for the Individual Funding Request process as they are representative of a cohort of patients.

The current demand for revision obesity surgery especially from patients previously operated in the private sector is unprecedented and overwhelming the commissioning process.

Summary

The current pressures on specialised commissioning budgets and commissioning resources by the rising demand for revision obesity surgery is not sustainable, as mentioned previously.

Hence it is recommended as an interim strategy until the approval of the formal NHS England Policy for Revision Obesity Surgery, that the following patient groups be considered by NHS providers and commissioners and only Group 1, 2 and 4a patients be routinely funded. Unplanned surgery happening ≥ 90 days following the patient's primary bariatric operation is considered revision surgery in this document.

This will require high volume and experienced specialist NHS obesity units in tertiary hospital settings with 24/7 emergency access and cover by obesity surgeons assisted by upper Gastrointestinal surgical colleagues. Access to Intensive Therapy Unit care and other tertiary medical and surgical specialities including bariatric medicine will be essential. It is a requirement that data on operations carried out be submitted to National Bariatric Surgical Register (NSBR) and also audited.

Group 1

Patients presenting with a clinical history, symptoms and/or signs that suggest acute medical and/or surgical complications - related to their primary obesity operation:

Patients must be triaged and treated immediately if classified as **"emergency"**

Patients triaged by an MDT and may be assessed as **'Clinically Urgent'** if they are judged to have a subsequent risk of developing emergency complications if they remain untreated. This category will include patients with adverse anatomical complications of the primary surgery.

This corrective surgery, or in rare cases reversal surgery, would be as per routine and considered as good clinical practice. Trusts (providers) should triage referral letters from GPs, hospital consultants on this basis.

Examples would include:

1: If there is a band complication ie slippage then the band can be repositioned/ replaced. Conversion can be considered if the criteria as stipulated in the NHS England policy on severe and complex morbid obesity, are met, the patient is on regular follow up and MDT review agrees.

2: If there is a band erosion then band removal can be followed up by a bypass after 6 months if the criteria as stipulated in the NHS England policy and severe and complex morbid obesity are met, the patient is on regular follow up and MDT review agrees.

3: If there is severe band intolerance with gastro-oesophageal reflux, esophageal dysmotility, or persistent vomiting then the same as 1, 2 above.

However if NHS England criteria are not met and/ or there has been poor response to primary bariatric surgery (insufficient weight loss or weight regain in the absence of surgical complication), then NHS England will only fund for band removal.

Medical emergencies might include profound macro- and micronutrient deficiencies; anaemia; malnutrition and metabolic abnormalities such as disabling intractable hypoglycaemia: and intractable diarrhoea.

Group 2

Patients in whom a two stage procedure was clinically recommended by an MDT (often in super-obese patients) in which case further surgery is a planned, timely event.

The receiving Trust's triage and MDT approval process for the second operation will require evidence of patient compliance with the prescribed post - surgical (1st stage operation) dietary and lifestyle regimen and progress with pre - set clinical targets.

Group 3

The patient has failed to achieve expected average weight loss targets for the primary obesity procedure performed or regained their pre-operative weight. This category will include patients who following a Gastric Bypass develop a dilated gastric pouch or gastro-jejunal anastomotic dilatation. This category will not include patients who have previously had vertical banded gastroplasty.

The above group will not be routinely funded. If the treating clinician feels strongly that there are clinically exceptional reasons that are relevant to a particular case such as technical failure or other special circumstances in patients who have complied with planned follow up, then an application for funding can be made to the regional Individual Funding Request (IFR) panel.

Group 4

a) Some patients may have had their primary obesity surgery outside of NHS Contracts at Private Providers (in Europe, or within the United Kingdom) but subsequently present at NHS facilities as clinical emergencies. The NHS has a duty of care for these patients and will fund emergency and clinically urgent treatment on a similar basis as Group 1 patients.

b) Many of these patients may not have met the full NHS England Criteria and Guidance for their primary obesity surgery and may not have been adequately followed up. These patients should be referred to the Tier 2 or 3 weight management services.

Any request for further (up to two years only) band filling and/or routine outpatient follow-up care (not associated with an acute, non-elective episode for these patients) will require the agreement of the commissioner in the Area Team and will need to demonstrate that the patient has met NHS England's eligibility criteria for obesity surgery. The patient's GP and Private Provider will therefore be required to

collaborate to provide evidence on:

1. Weight Management Service attendance including Tier 3
2. NHS England criteria and Guidance fulfillment
3. Primary obesity operation
4. Follow-up attendance
5. Response to primary operation defined by progress with reduction of excess weight at 1 and 2 years including impact on co-morbidities

Audit Criteria

The following audit criteria will be required for all revision surgery:-

1. Referral source and reason for application
2. Previous obesity procedure, when carried out and by which provider (NHS, Private, NHS Contracted provider)
3. Indication for operation and fulfilment of NHS England Criteria
4. Classification of admission (urgent, emergency, planned 2nd stage, elective)
5. Revision Procedure undertaken and Provider
6. Discharge destination.

Action

Until a national policy for revision obesity surgery is available:

Area Teams commissioning Specialised services for severe and complex obesity and obesity surgery should only commission revision surgery in accordance to the above requirements and for Groups 1, 2 and 4a patients. Applications for funding to the regional Individual Funding Request (IFR) panel may be required for groups 3 and 4b patients, if it is felt that individualised or exceptional circumstances apply.

Hospitals providing NHS contracted Bariatric Services should triage all requests for revision surgery in accordance with this circular.

Further Information

Details of the NHS England criteria for morbid obesity surgery can be found here.

http://www.england.nhs.uk/wp-content/uploads/2013/08/a05-p-a.pdf

James D Palmer
National Clinical Director
Specialised Services

Cathy Edwards
Director of Commissioning -
Operational Leadership
(Specialised Commissioning)

Obesity Commissioning Questionnaire for CCGs

• The Transition Coalition is seeking to ensure a smooth transition of obesity surgery commissioning responsibility in April 2016. The Coalition is contacting CCGs in confidence, with a view to gaining a fuller understanding of preparations for this transition. We are asking CCGs to provide data concerning current obesity management, up to and including bariatric surgery. Please complete as much of the below questionnaire as you can. This information will be aggregated and shared with NHS England. **All data supplied will be treated in confidence with the results being used to improve commissioning support.**

• The Transition Coalition is a group of experts - chaired by Professor John Wass - commited to providing independent advice on the transfer of commissioning responsibility for bariatric surgery from NHS England to Clinical Commissioning Groups. The Transition Coalition's work is funded by Johnson & Johnson Medical Limited without prejudice to its independence.

#	Question	Answer format	Example	Response	Additional Comments
1	Are you aware of the proposed transfer of commissioning of bariatric surgery to CCGs in 2016?	Drop down list	Yes	Yes	
2	Which bariatric surgery units do you currently refer to?	Free text	King's College NHS Foundation Trust	University Hopsital Aintree	
3	How many patients from your CCG had bariatric surgery in 2013/14?	Numerical figure	650	See appendix 3	
4	How many patients from your CCG had bariatric surgery in 2014-15?	Numerical figure	600	See appendix 3	
5	Do you expect procedure numbers to go **up** or **down** from April 2016? **Please give reasons in the additional comments column**	Drop down list	Up		Without historic data we can not forecast this
6	Do you commission post-bariatric surgery follow-up after discharge from the bariatric surgery unit?	Drop down list	No	No	The CCG does not currently commission bariatric surgery. Follow up on the current pathway is for a two year period post surgery.
7	Are you aware of post-surgical follow-up shared care protocols in your area? **If 'yes', please give details if you are happy to share them as good practice**	Drop down list	No	No	No but would welcome this arrangement as at present post the two year follow up there is an expectation that general practice picks up annual review

8	Have you made any preparations so far (such as agreeing joint commissioning with other CCGs)? **Please give further details in the additional comments column.**	Drop down list	Yes	No	Our CCG network locally is discussing this
9	Do you have a local pathway for obese patients, including Tier 2 and Tier 3 services and assessment and referral for bariatric surgery? **If possible, please attach a copy of this pathway**	Drop down list	Yes	Yes	
10	Who commissions or will commission your local Tier 3 service in 2016/17?	Drop down list	Local Authority	Local Authority	
11	Do you have an integrated obesity strategy with Public Health England, primary and secondary care and surgical providers?	Drop down list	No	No	