

Health and Social Care Committee Inquiry into the availability of Bariatric Services – Evidence from the Welsh Government

Introduction

1. This paper provides information for the Health and Social Care Committee's inquiry into the availability of bariatric services in Wales. The paper addresses the issues the committee will be considering.
2. Bariatric surgery is a specialised service, and the Welsh Health Specialist Services Committee (WHSSC), is responsible for the planning and delivery of specialised and tertiary services in Wales on behalf of Local Health Boards. WHSSC decides how the monies allocated to this service are spent and the criteria to be met if an individual is to qualify for surgery.
3. The current access criteria, which have been in place in Wales since 2009, were developed to focus the scarce resource available for bariatric surgery on those patients with the greatest ability to benefit from surgery. WHSSC set criteria so that surgery (either gastric band or gastric by-pass), is funded only when a patient meets specific clinical criteria, including having a BMI of more than 50, and serious co-morbidities.
4. Clinical assessment and suitability for surgery is undertaken for all Welsh patients by a Multi-Disciplinary Team Panel at the Welsh Institute of Metabolic and Obesity Surgery (WIMOS). This assessment includes physical and psychological considerations, as well as the requirement that weight loss goals and lifestyle changes are agreed before surgery is considered. The panel considers paper evidence so that patients are not required to travel to the Institute for the assessment.

Progress made by Local Health Boards on the recommendations highlighted within the Welsh Health Specialised Services Committee Review of Bariatric Surgery Provision and Access Criteria in the Context of the All Wales Obesity Pathway report

5. In 2012, WHSSC undertook a review of bariatric surgery policy. The review assessed the impact of health outcomes and costs to NHS Wales of adopting the National Institute for Health and Clinical Excellence (NICE) guidance for bariatric surgery. The aim of the review was to recommend options to the WHSSC Joint Committee for revision of the current bariatric surgery policy.
6. The WHSSC review report, published in December 2012, recommended that the number of procedures and the amount of funding be increased, from 80 procedures and £0.75m of investment in 2011/12, as follows:

	2013/14	2014/15	2015/16	2016/17	2017/18
Cases (all Wales)	128	171	214	257	300
Rate (per100,000 pop)	4.3	5.7	7.1	8.6	10
Spend	£0.96m	£1.29m	£1.61m	£1.93m	£2.21m
S. Wales	£0.66m	£0.88m	£1.1m	£1.32m	£1.5m
N. Wales	£0.30m	£0.41m	£0.51m	£0.61m	£0.712m

7. WHSSC also recommended that the access criteria be reviewed.
8. The WHSSC review recommended a dual approach of improvement in the lower tiers of the obesity pathway, while at the same time investing in a phased increase in bariatric surgery.
9. The WHSSC commissioning plan for 2013/14 includes phase 1 of this additional investment which, due to lead-in time, is now expected to commence early in 2014/15. The broader investment profile to bring Wales up to the NICE commissioning guidance rate of 10 bariatric procedures per 100,000 population per annum is reflected within WHSSC's commissioning planning for 2014/15 onwards.
10. In addition, work is underway by Public Health Wales to draft the clinical access policy for a tier 3 weight management service. WHSSC is working with PHW to ensure that the referral gateway between Level 3 and Level 4 services is clear and agreed.
11. Revised access criteria, to go alongside the increase in commissioned levels of activity, are also currently being agreed and are set out in the evidence paper submitted by WHSSC. These will allow referral for consideration for bariatric surgery of patients that meet the NICE criteria. However, a range of other criteria will also be applied, including requirements for sufficient prior engagement with non-surgical services. The decision to offer surgery will be made by the bariatric surgery team at WIMOS.

The effectiveness of specialist services, within Level 3 and 4 of the All Wales Obesity Pathway, in tackling the rising numbers of overweight and obese people in Wales; and how these services are measured and evaluated, including in terms of delivering value for money

12. In 2010, the Welsh Government launched the All Wales Obesity Pathway, which sets out the approach for the prevention and treatment of obesity in Wales, from community-based prevention and early intervention, to specialist medical and surgical services. Health boards have examined policies, services and activities for both children and adults and are implementing solutions to address local

needs.

13. The Pathway describes four levels of intervention, along with the minimum service requirements for each level that LHBs should be working towards:

The first level aims to ensure the availability and promotion to the public of a range of opportunities to support individuals in achieving and maintaining a healthy body weight without the need to access specific health services, backed by the provision of a supportive environment;

Level 2 is about the provision of a range of services for individuals who wish to lose weight and have been identified as being at increased risk of obesity by a member of the primary care team;

The third level aims to ensure availability of services for obese individuals who have one or more co-morbidities and who have tried several interventions without success, or those with complex emotional relationships with food. These services provide more specialist interventions including dietary, physical activity and behavioural components than previous interventions, which can be delivered both through primary and secondary care. They act as a gateway to secondary care ensuring that secondary care services are used appropriately;

Levels 3 and 4 are specific interventions for those with established obesity and co-morbidity, and will not therefore tackle the rising numbers of overweight and obese people in Wales;

Level 4 is about providing a specialist medical and surgical service (bariatric surgery) to those individuals who have failed to achieve or maintain adequate weight loss through other interventions in the pathway.

14. Health boards have worked jointly with local authorities and other stakeholders to examine local policies, services and activity for both children and adults against the All Wales Obesity Pathway and have been implementing local solutions to address local needs.
15. Bariatric surgery has been demonstrated to be cost-effective in appropriately selected individuals. The published literature indicates that the cost-effectiveness of bariatric surgery is well within the cost-effectiveness threshold typically applied by NICE when recommending interventions for commissioning by the NHS. There is some evidence which shows that bariatric surgery can be cost saving in certain patients with a payback period of approximately 2 years (particularly early-onset diabetes that resolves following surgery).

Levels of investment currently allocated to provide bariatric surgery in Wales and the availability of obesity surgery and specialist weight management services across Wales

16. Progress made by LHBs is monitored annually. This shows that all LHBs are providing level 1 and 2 services.
17. To date the Welsh Government is aware of only one LHB which has introduced a comprehensive level 3 service, in line with NICE guidance (Aneurin Bevan Health Board). The Welsh Government will continue to monitor the situation and has met with LHBs and PHW to discuss how this gap can be filled.
18. All LHBs have access to level 4 services (bariatric surgery) which is monitored by WHSSC. Surgery for the population of south Wales is provided at WIMOS, which is based at Morriston hospital, Swansea. Surgery for north Wales residents is currently undertaken in Salford Royal NHS Trust, on the basis that travelling to Greater Manchester is less inconvenient for patients and their relatives than Swansea.
19. The Welsh Government is currently undertaking a monitoring exercise of the obesity pathway. LHBs are being asked to assess their performance against the minimum service requirements outlined in the pathway by 26 February 2014.
20. The levels of investment currently allocated within contracts for bariatric surgery are £500,000 per year for South Wales (with all relevant LHBs contributing) and approximately £250,000 per year for north Wales. This will increase in 2014/15 in line with the planned growth profile set out in the WHSSC review as set out at paragraph 6 above.

Summary

21. Obesity has a clear and persistent social gradient; we therefore need to increase the focus on deprived areas. Local communities have an important role to play in tackling this issue, and it is important that we look to communities themselves to take action to address obesity, with the government and healthcare deliverers providing appropriate help and support where we can. The Optimising Outcomes policy recently introduced by Cardiff and Vale UHB to encourage pre-surgery weight loss is a notable example of such an approach. However, the growth in demand, and the pace of development of services, means that there will always be limits on the services which can be secured at any point in time.