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WALES

Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

## **AGENDA ITEM 10**

**10 January 2013**

### **MANAGEMENT OF OBESITY IN WALES**

#### **Review of Bariatric Surgery Provision and Access Criteria in the Context of the All Wales Obesity Pathway**

<b>Report of</b>	Director of Planning
<b>Paper prepared by</b>	Planner for Cardiothoracic Programme
<b>Action/Decision required</b>	<p>It is recommended that:</p> <ol style="list-style-type: none"><li>I. Health Boards expedite development of the obesity pathway (in particular, level 3 services) to increase provision of weight management services for their populations. This will also support any planned increases in bariatric surgery.</li><li>II. Health Boards agree to an investment plan to increase the population rate of bariatric surgery from 80 cases to 300 cases (10 per 100,000 population) over 5 years (option 3).</li><li>III. Health Boards agree to increase bariatric surgery activity from 80 to 128 cases in 2013/14 (as part of the schedule for investment option 3).</li><li>IV. The criteria for bariatric surgery are revised with a view to broadening the criteria to take account of evidence that the benefits of surgery tend to be greater in individuals with early onset of comorbidity. Recommendations for revised criteria are reported to the Joint Committee in June 2013.</li></ol>

	V. Until planned volumes of bariatric surgery increase to the levels necessary to sustain a local service in line with national quality standards, referrals to bariatric surgery for patients resident in North Wales should continue to be made out of area.
<b>Link to Board Committee (s)</b>	
<b>Link to Standards for Health Services in Wales</b>	This paper links to the following Standards for Health: 5. Care Planning and Provision

## 1. SITUATION/INTRODUCTION

The purpose of this report is make recommendations to Health Boards on the development of the obesity pathway, on investment options to increase the provision of bariatric surgery and on revision of the bariatric surgery access criteria, in order to optimise their use of resources to address the problem of obesity.

## 2. BACKGROUND

Obesity is widely recognised to be a risk factor of increasing significance for ill-health and disability in Wales. Prevalence estimates derived from the Welsh Health Survey indicate high levels of obesity in Wales (over 20% of the adult population); as many as 2% (or 60,000 individuals) are estimated to be severely obese.

There is no single health service which can alone address the problem of obesity; an adequate response requires a coordinated pathway of services. This is recognised in the Welsh Government's All Wales Obesity Pathway (2010) which describes 4 levels of obesity services from primary prevention at level 1 through to specialised intervention in the form of bariatric surgery at level 4. It is also reflected in national obesity management guidance (NICE 2006) under which patients should have accessed specialist non-surgical weight loss services before referral to a bariatric surgical centre.