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**Committee Clerk**

Health and Social Care Committee  
National Assembly for Wales  
Cardiff CF99 1NA

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**From the RCP vice president for Wales  
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## INQUIRY INTO THE AVAILABILITY OF BARIATRIC SERVICES

### Response from the Royal College of Physicians in Wales to the National Assembly for Wales' Health and Social Care Committee inquiry into the availability of bariatric services

The Royal College of Physicians (Wales) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in Wales and across the world with education, training and support throughout their careers. As an independent body representing more than 29,000 fellows and members worldwide, including 1,000 in Wales, we advise and work with government, the public, patients and other professions to improve health and healthcare.

Mae Coleg Brenhinol y Meddygon (Cymru) yn arwain y ffordd o ran darparu gofal o ansawdd uchel i gleifion drwy osod safonau ar gyfer arferion meddygol a hybu rhagoriaeth glinigol. Rydym yn darparu addysg, hyfforddiant a chefnogaeth i feddygon yng Nghymru a ledled y byd drwy gydol eu gyrfa. Fel corff annibynnol sy'n cynrychioli mwy na 29,000 o gymrodorion ac aelodau ym mhedwar ban byd, gan gynnwys 1,000 yng Nghymru, rydym yn cynghori ac yn gweithio gyda'r llywodraeth, y cyhoedd, cleifion, a gweithwyr proffesiynol eraill i wella iechyd a gofal iechyd.

The RCP welcomes this opportunity to comment on the National Assembly for Wales' Health and Social Care Committee inquiry into the availability of bariatric services. Our response is informed by our fellows and members in Wales, and all quotations, unless otherwise stated, are taken from their evidence.

## Overview

1. **The All Wales Obesity Pathway should be implemented in full as a matter of urgency. Multidisciplinary level 3 obesity services should be established in every local health board with adequate investment and a standardised method of service and delivery across Wales. Level 4 obesity services (the provision of metabolic and bariatric surgery) should be NICE compliant.**
2. The Royal College of Physicians recognises that obesity is a major problem in Wales. Our fellows and members look after a growing number of patients who are living with complex, chronic conditions, many of which are linked to unhealthy lifestyles and behaviours. The consequences of this are being seen every day by doctors in our hospitals.
3. Obesity is a leading cause of preventable death and costs the Welsh NHS £73 million every year.<sup>1</sup> The condition increases the risk of developing heart disease and can contribute to chronic conditions such as diabetes, some cancers, obesity, high blood pressure and depression. Severely obese people are estimated to die around a decade earlier than those with a healthy weight, mirroring the loss of life expectancy suffered by smokers.<sup>2</sup>
4. The 2013 RCP report, [Action on Obesity](#), found that obesity in the UK has increased so rapidly and is now so prevalent that it can be described as an ‘epidemic’. Following the publication of this report, the RCP established an advisory group on weight and health and the RCP in Wales has set up a working group to develop proposals for Wales. The report lists a number of recommendations aimed at helping those patients with severe and complex obesity:
  - a. Every health board should appoint an obesity lead: a doctor appointed to provide information and act as the link between the health board, patients and the community.
  - b. New multidisciplinary teams (made up of physicians, surgeons, nurses and other health professionals) should be set up in every health board to deal with severe and complex obesity.
  - c. There should be improved weight management resources for healthcare workers who have an obesity problem.
  - d. A patient charter for those with obesity problems should be developed.
  - e. Education in obesity for healthcare professionals, especially undergraduate doctors and postgraduate specialist trainees, should be improved.
  - f. A bariatric medicine speciality should be developed for both physicians and nurses.
5. The complications of obesity lead to financial strain on other specialist services (eg cancer, renal disease, orthopaedic, cardiology, neurology, and diabetes). Preventing obesity must become a priority for the Welsh NHS.

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<sup>1</sup> Welsh Government. *Assessing the costs to the NHS associated with alcohol and obesity in Wales*. March 2011.

<sup>2</sup> Organisation for Economic Cooperation and Development. *Obesity and the economics of prevention*. September 2010.

## Our response

### **The effectiveness of specialist services at level 3 and 4 of the Welsh Government's All Wales Obesity Pathway in tackling the rising numbers of overweight and obese people in Wales**

6. The [All Wales Obesity Pathway](#) was published in 2010 and has yet to be fully implemented across Wales. It is a tool for health boards, local authorities and other stakeholders, and sets out four tiers of intervention: level 1 (community based prevention), level 2 (primary care weight management services), level 3 (specialist multi-disciplinary team weight management services) and level 4 (specialist medical and surgical services).
7. Level 3 services have not yet been developed and implemented across Wales. There is only currently one level 3 clinic in Wales, based in Aneurin Bevan University Health Board, which is poorly resourced and has no administrative support. The other local health boards have been slow to develop these services and there appears to be uncertainty on their underlying structure.
8. There should be a debate to discuss whether level 3 services should be centrally funded from WHSCC. This would allow a more robust clinical service to be established with regular audit and assessments of performance. The RCP report, [Action on Obesity](#), gives detailed guidance on the structure of multi-disciplinary level 3 services (see above). However, there currently appears to be a lack of financial support from health boards to support and establish level 3 services.
9. Local health boards should each appoint an obesity lead to develop these services and level 3 services should be led by an obesity physician.
10. The current provision of level 3 and 4 services is patchy. Hywel Dda Health Board has an obesity service implementation board that is currently looking at all levels of management of obesity, but the ability to deliver a suitable and equitable service is dependent upon available resource. There is a level 2 service, but access is restricted to patients with musculoskeletal related issues (due to funding). There is also an 'intermittent' level 3 clinic, but this does not have the capacity to see every eligible patient. Abertawe Bro Morgannwg University Health Board has an obesity strategy group led by Public Health Wales, but the health board has not yet developed a level 3 service.

### **The eligibility criteria of patients and the availability of obesity surgery and specialist weight management services across Wales**

11. The provision of bariatric surgery within Wales is far from being NICE compliant. The service is based in one specialist centre in South Wales while patients from North Wales are operated on in England. There is a clear need for an additional centre in North Wales. Furthermore, patients are required to be substantially more obese in Wales to qualify for surgery under WHSCC rules.
12. The service is severely rationed to fewer than 70 patients a year. To be NICE compliant, with its population, surgeons in Wales should be carrying out 350 operations a year. Bariatric surgery can improve morbidity, mortality, economic and social wellbeing, and the long-term and intermediate cost benefits to a healthcare system are clear.

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

13. To date, there has been little progress made by local health boards on the development of specialist weight management services (especially level 3). We would welcome a clear policy direction from the Welsh Government on the importance of an effective, evidence based, physician led multidisciplinary team approach. There is some feeling that the current lack of interest from healthcare professionals is due to a lack of support and engagement by local health boards.

**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**

14. It is almost impossible to monitor the effectiveness of level 3 and 4 obesity services, as there is only one level 3 service in Wales, and the one bariatric surgical unit in Swansea sees a tiny number of patients. The number of patients in the system would need to be increased to assess the effectiveness of these interventions in a robust way. We firmly believe that far more resource should be invested in level 3 and 4 services.

**The levels of investment currently allocated to provide bariatric surgery in Wales**

15. There is currently very little investment for either medical or surgical bariatric services in Wales. While the RCP supports investment at both level 3 and level 4, we believe that the urgent priority should be to invest in level 3 services, with an established level 3 team in every single health board in Wales. Increasing the capacity of level 4 services in the absence of adequate level 3 services would be meaningless.

If you have any questions, or would like any further information, please contact our colleague, Lowri Jackson, RCP senior policy adviser for Wales, at [Lowri.Jackson@rcplondon.ac.uk](mailto:Lowri.Jackson@rcplondon.ac.uk) or on 029 2050 4540.

With very best wishes,



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Is-lywydd yr RCP dros Gymru



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