



**National Assembly for Wales Health and Social Care Committee
Inquiry into the availability of Bariatric Services in Wales**

***Response from the Royal College of Surgeons Professional Affairs Board in Wales and the
British Obesity and Metabolic Surgery Society***

Introduction

- The Royal College of Surgeons is a professional body that sets the highest possible standards for surgical practice and training in order to deliver safe and high quality patient care. Our expertise, authority and independence allow us to act in the best interests of patients and support those who provide their surgical care. The Royal College of Surgeons Professional Affairs Board in Wales provides a means by which surgeons at the front line can work together to share information, bring concerns to local decision-makers and look for solutions which will benefit patients and lead to better patient outcomes.
- The British Obesity & Metabolic Surgery Society (BOMSS) is the professional society of surgeons involved in obesity management. Membership of the society includes medical professionals and allied health professionals including specialist nurses, psychologists and dietitians. BOMSS aims to promote the development of high quality centres for obesity surgery, to educate and train future obesity surgeons and practitioners and to guide commissioning and policy for the use of obesity surgery in the UK.
- The Royal College of Surgeons Professional Affairs Board in Wales and BOMSS have worked together to produce this joint submission and we welcome the opportunity to set out our views on the availability of bariatric services in Wales.
- Our submission considers the current provision of bariatric services in Wales, particularly the availability of and access to surgery, and the steps that we believe need to be taken in order to make these services more effective.

Summary

- The Royal College of Surgeons and BOMSS have serious concerns about a lack of access to weight management and preventative services in Wales. Furthermore, we believe that patients are being denied life-saving and cost effective treatments and effectively encouraged to gain more weight in order to have a more risky operation further down the line. We believe to limit surgery to the most severely obese is denying patients effective clinical treatment and a better quality of life.
- As a first step, we are calling on the Welsh Government to fully implement the recommendations in WHSSC's '*Review of Bariatric Surgery Provision and Access Criteria in the Context of the All Wales Obesity Pathway*' reportⁱ to optimise patients outcomes and ensure that patients in Wales have access to sustainable, safe and high quality bariatric services.
- We are also calling for a step by step increase in the population rate of bariatric surgery to ensure a move to full compliance with NICE guidelines and BOMSS standards.

Context

- The rates of obesity in the UK are among the highest in the world. According to the latest available data from the Welsh Health Surveyⁱⁱ, 59 per cent of adults in Wales are classed as overweight or obese, including 23 per cent obese. The data also shows that 34 per cent of children are classified as overweight or obese, including 19 per cent obese.

- In addition, the Welsh Health Survey estimates that around 180,000 people in Wales, or around 6 per cent of the total population, are severely or morbidly obese, with a BMI of greater than 35. In addition, around 2 per cent of the Welsh population, or around 60,000 people, are estimated to have a BMI of greater than 40. Furthermore, the trend for obesity rates may be increasing.
- Obesity is widely recognised as a risk factor for ill health and disability. Obesity associated healthcare costs across the UK are estimated to be over £5 billion per yearⁱⁱⁱ.
- Severe obesity, with a BMI of greater than 35, is a chronic condition that is associated with an increased risk of morbidities such as type 2 diabetes, hypertension, cardiovascular disease, osteoarthritis, dyslipidaemia and sleep apnoea. Obesity is also a psychosocial and social burden, often resulting in social stigma, low self-esteem, reduced mobility and a generally poorer quality of life^{iv}.

The All Wales Obesity Pathway

- The Royal College of Surgeons and BOMSS are supportive of the approach outlined in the Welsh Government's '*All Wales Obesity Pathway*'^v as an effective approach to address the problem of obesity. However, the '*All Wales Obesity Pathway*' is yet to be fully implemented and is not yet properly functioning in Wales.
- In addition, the recommendations outlined in Welsh Health Specialised Services Committee's (WHSSC) '*Management of Obesity in Wales*' report^{vi}, are a step in the right direction to improving access to bariatric services in Wales. However, many of the issues identified in WHSSC's report have yet to be addressed, and the lack of progress since the report's publication is disappointing.
- The Royal College of Surgeons and BOMSS have serious concerns that none of WHSSC's recommendations have been implemented and as such, there remains significant unmet patient need for bariatric surgery in Wales.

Multidisciplinary Care Pathway

- As highlighted by publications from both the Association of Medical Royal Colleges^{vii} and the Royal College of Physicians^{viii}; in order to treat and prevent the problem of obesity, a multidisciplinary approach should be coordinated across the whole obesity pathway.
- By describing the four levels of obesity services from primary prevention at level one through to specialised intervention in the form of bariatric surgery at level four, the Welsh Government's '*All Wales Obesity Pathway*' recognises the importance of the whole obesity pathway. However, the '*All Wales Obesity Pathway*' is yet to be fully implemented and there is an urgent need for more balanced provision of obesity services across Wales and a fully functioning four tier service. While bariatric surgery is an important part of the obesity pathway, the provision of such surgery cannot be considered in isolation.
- In particular, we have concerns at Local Health Boards' (LHBs) complete failure to develop level three (specialist multi-disciplinary team weight management services) and four services (specialist medical and surgical services including bariatric surgery) outlined in the '*All Wales Obesity Pathway*'. Level three and four services provide essential intensive, specialist, non-surgical multi-disciplinary obesity services for individuals who are failing to maintain a healthy weight with level two services and are a core component of an effective obesity management pathway.
- Currently the only level three non surgical weight management clinic in Wales is at Ysbyty Aneurin Bevan and the only level four service is provided at the Welsh Institute of Metabolic and Obesity Surgery. Furthermore, there are serious shortcomings in ensuring a

comprehensive multi-disciplinary approach, with patients at WIMOS only being able to access a dietician for half a day a week.

- As specialist three and four services should be the gateway for referral to bariatric services, this gap in the pathway has serious implications for the provision of bariatric surgery. As the WHSSC report highlights, level three and four services have a crucial role in selecting and referring the most appropriate patients for bariatric surgery which ensures that bariatric surgery service is as clinically and cost effective as possible. This gap in service provision also means that there is limited on-going long-term support for patients following discharge from the surgical services. In England, weight assessment and management clinics are a prerequisite to bariatric surgery.
- A lack of level three and four services also means that there are inconsistent and variable patient referral pathways across Wales as the majority of referrals do not come via a level three service.
- Furthermore, there is anecdotal evidence from surgeons in Wales raising concerns about a lack of interest and engagement in the problem of obesity from the wider health profession. Concerns have also been raised about the crowded agenda of WHSSC, which it is believed could be resulting in lack of prioritisation from WHSSC, LHBs and Welsh Government to address the shortcomings in bariatric services in Wales.

Bariatric Surgery in Wales

- Currently only a small fraction of those severely obese patients who are eligible can access bariatric surgery in Wales. We predict that the need for procedures such as these is only going to increase in the future.
- National Institute for Health and Clinical Excellence (NICE) guidelines^{ix} clearly state that morbidly obese patients – those with a Body Mass Index (BMI) of 40 or more, or those with a BMI of 35 or more and another illness, including diabetes, hypertension, heart disease or sleep apnoea – have a right to be properly assessed for weight loss surgery.
- In Wales, bariatric surgery is currently commissioned and funded in accordance with WHSSC's commissioning policy^x. The qualifying criteria set by this policy have been set so high that only those with a BMI of over 50, combined with obesity related illnesses are being referred for surgery. There is no clinical evidence to support this position.
- It is estimated that there are around 60,000 patients in Wales with a BMI of greater than 40 who would meet the qualifying criteria for assessment for bariatric surgery under the NICE guidance^{xi}. Not everyone who is morbidly obese would choose, or be suitable for, surgery because of the lifestyle restrictions it imposes or the severity of comorbidities^{xii}. However, as only around 67 bariatric surgery operations are due to be carried out this year in Wales, it is clear that a significant increase in surgery would only address a small proportion of the prevalent need.
- The current situation in Wales is that constraints on funding mean that the professional and NICE guidelines for qualifying criteria for bariatric surgery are being completely ignored. Furthermore, it is clear that need for bariatric surgery far outweighs the current funded capacity.
- Surgeons in Wales have repeatedly questioned the rationing of treatment in this way as clinical evidence suggests that these patients have less to gain from surgery and indeed are more likely to suffer serious post operative complications. Instead, evidence suggests that the best health gains for patients are made by operating on those patients early in the disease progression.
- It is important to remember that patients choose to have surgery because all other treatment methods have failed, not because it is the easy option. Surgery can have a

transformative effect on people's lives, helping them get back to work and contributing fully to society.

- We believe the current system in Wales is skewed and results in patients being forced to wait until they develop life-threatening illnesses such as diabetes or stroke before they meet the qualifying criteria for surgery. Furthermore, surgeons in Wales have reported the perverse incentive of patients actively trying to increase their BMI in order to qualify for surgery. Our view is that to deny patients access to potentially life saving treatment and to limit surgery to the most severely obese is denying patients effective clinical treatment and a better quality of life.

Welsh Institute of Metabolic and Obesity Surgery

- As the Committee will be aware, there is currently only one unit in Wales funded to provide obesity surgery, the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) at Morriston Hospital, Swansea. WIMOS provides a full multi- disciplinary team, pre-operative assessment and follow- up service for two years following surgery. WIMOS has two full time consultant bariatric surgeons. Currently, patients in North Wales are required to travel to England to have surgery.
- Given the strict funding and resourcing constraints for bariatric surgery in Wales, WIMOS uses the DUBASCO score to identify which patients may receive bariatric surgery. In addition to BMI and age, the DUBASCO system takes into account the number and severity of four comorbidities which are likely to improve with weight loss. The use of this scoring system allows the cut-off level for referral for surgery to be adjusted up or down depending on the resources allocated, but will always identify those patients who would benefit most from surgery^{xiii}.
- As a result of the application of the DUBASCO scoring system against the funding and resources available in Wales, approximately 80 bariatric procedures were funded by the NHS during 2011/2012. This is equivalent to a population rate of around 2.6 per 100,000 population. WHSSC estimate that around 6 per cent of the total population in Wales have a BMI of greater than 35^{xiv}.
- The Centre of Excellence in Metabolic and Bariatric Surgery (COEMBS) program is a global patient safety and quality improvement program available to all bariatric surgeons and facilities around the world. In order for a facility to be COEMBS designated, ten requirements have to be fulfilled before Centre of Excellence designation is received. One of those ten qualifying criteria is that the applicant facility has performed at least 80 qualifying bariatric surgery procedures in the preceding 12 months. In addition, each applicant surgeon has performed at least 125 qualifying bariatric surgery procedures in his or her lifetime, with at least 50 cases performed in the preceding 12 months^{xv}. To achieve COEMBS designation would be an important step forward for WIMOS and would mark Wales' only obesity surgery unit as among the best in the world. In order for WIMOS to gain COEMBS designation, bariatric surgery rates in the unit must increase.

Clinical Evidence

- The delay in treating these patients and the knock on impact on other specialities (e.g. obesity related joint replacements (orthopaedics)) is resulting in a significant drain on NHS resources, with obesity related healthcare costs estimated at over £5 billion per annum across the UK^{xvi}.
- The evidence suggests that bariatric surgery is the most clinically effective method of treating the morbidly obese. A recent paper in the British Medical Journal^{xvii} showed that, based on a two-year following-up, bariatric surgery 'leads to greater body weight loss and

higher remission rates of type 2 diabetes and metabolic syndrome' than non-surgical treatment of obesity.

- Furthermore, the National Bariatric Surgery Registry (NBSR) First Registry Report^{xviii} includes data from 8710 operations carried out in the NHS and private sector in the UK up to 2010. The report shows the effects of UK obesity surgery in treating a whole range of life-threatening diseases, including an 85.5 per cent reduction in the number of patients with type 2 diabetes.
 - The data from 86 hospitals shows that, by the time they reach surgery, around two thirds of severely obese patients (those with a BMI of greater than 50) will have three or more associated diseases, with one in ten having five or more. Almost three quarters of patients have limited function – are unable to climb 3 flights of stairs without resting; a third have high blood pressure; over a quarter have diabetes; nearly a fifth have high cholesterol and one sixth suffer from sleep apnoea. Of patients with a 12 month follow up, figures show that as well as losing on average 57.8 per cent of excess weight, improvement is recorded in all associated disease.
 - For patients at a two-year follow up, the audit shows that 85.5 per cent of those affected by diabetes prior to surgery show no indication of the disease. Long term sufferers - some of whom have had the disease for more than ten years - take the longest to go into remission. This highlights that the best health gains for patients are to be made by operating early in the disease progression.
 - This UK based audit gives the clearest indication yet of the cost benefits to the NHS, particularly when considering bariatric surgery for the obese diabetic patient.
 - Research also shows that the cost of bariatric surgery is recouped within three years of surgery as obesity associated costs are eliminated, with diabetes alone estimated to cost the health service £3,000 per patient per year for life, while the direct costs of treating obesity related illness is £5bn per year, and set to double by 2050. Although it is submitted, at this current time, it is not possible to extract Welsh specific data from the NBSR.

Financial Evidence

- There is also incontestable evidence that surgery is cost effective. An economic analysis from the Office of Health Economics (OHE) commissioned by the Royal College of Surgeons, National Obesity Forum, Allergan and Covidien, showed that bariatric surgery paid for itself within a year in curing co-morbidities and getting people off benefits and into work.
- The OHE's report, *'Shedding the Pounds'^{xix}*, analysed government data, National Institute for Health and Clinical Excellence (NICE) clinical guidelines, and reviews the published medical literature to show:
 - If just 5 per cent of NICE-eligible patients were to receive bariatric surgery, the total net gain to the economy within three years would be £382m.
 - If 25 per cent of NICE-eligible patients were to receive bariatric surgery, the total net gain to the economy within three years would be £1.3bn.
 - The UK government could also expect savings in benefit payments in the region of £35m-£150m.
 - Direct healthcare cost savings of around £56m per annum to the NHS in reduced prescriptions and GP visits if NICE guidance was followed.
- While these figures are UK wide, they clearly show the potential for significant financial savings to the Welsh NHS by increasing bariatric surgery rates.

BOMSS Standards

- BOMSS has published standards for the provision of a sustainable, safe and high quality bariatric surgery service^{xx}. The BOMSS standards outline that a bariatric surgery service should comprise a multi-disciplinary pre-operative assessment (including dietetics, psychology, specialist nurse, surgical and anaesthetic input,) provide a range of surgical techniques and provide comprehensive, long-term follow up of at least two years.
- BOMSS standards also recommend the following minimum volumes to sustain safe and high quality services and optimise outcomes for patients:
 - Bariatric surgeon perform at least 40 procedures per annum
 - Bariatric unit 3 surgeons, perform 120 cases per annum
 - Bariatric unit 4 surgeons, perform 400 cases per annum
- The current bariatric access criteria in Wales are so restrictive that not only is there non-compliance with the NICE criteria, there is also a failure to comply with the BOMSS standards at an individual surgeon or surgical unit level. We estimate that volumes of bariatric surgery in South Wales would need to treble to ensure compliance with the BOMSS standards.

Commissioning Guidance in England

- It is worth noting that although there is significantly better access to bariatric surgery in England than in Wales^{xxi}, there are a number of challenges including a lack of consistency in the provision of medical obesity services and in particular, a lack of universal geographical coverage of level three services such as weight assessment and management clinics^{xxii}.
- In recognition of these challenges in England, the Royal College of Surgeons, BOMSS and the Royal College of Physicians have recently published a draft Commissioning Guide for Weight Assessment and Management Clinics^{xxiii}, which went out for consultation in September 2013. The guidance and recommendations are intended to provide an organised structure and evidence base for treatment, guidance for referral into and out of level three services.
- Although the guidance is aimed at the new commissioning structures in England, there may be important lessons to be learned for the assessment and management of patients with severe and complex obesity in Wales.

Recommendations to the Committee

- Ensure Welsh Government fully implement the recommendations in WHSSC's "*Management of Obesity in Wales*" report to ensure that there is a fully functionally 4 tier service with long term strategies in Wales.
- Ensure that patients have equal access to treatment by experienced multi-disciplinary teams in well-equipped centres offering full specialist assessment, and appropriate treatment providing safe long-term follow up and emergency re-admission.
- Review and broaden the eligibility criteria for bariatric surgery to take account of evidence that the benefits of surgery tend to be greater in individual with early onset comorbidity.
- Increase the population rate of bariatric surgery to ensure a move to compliance with NICE guidelines and BOMSS standards on a step by step basis.
- Enhance and formalise the work of the National Obesity Forum to introduce an All Wales Steering Group for Bariatrics to oversee the implementation of the recommendations of WHSSC's report and All Wales Obesity Pathway. Ensure Local Health Boards provide an update to the group on the provision of bariatric services twice yearly.

- ⁱ Welsh Health Specialised Services Committee, 'Review of Bariatric Surgery Provision and Access Criteria in the Context of the All Wales Obesity Pathway', January 2013. Available from: <http://www.wales.nhs.uk/sites3/Documents/898/Bariatric%20Surgery%20Review%20Report%20to%20Management%20Group%20Jan%202013.pdf>
- ⁱⁱ Welsh Health Survey, September, 2013. Available from: <http://wales.gov.uk/statistics-and-research/welsh-health-survey/?lang=en>
- ⁱⁱⁱ Royal College of Physicians. *Action on obesity: comprehensive care for all*. Report of a working party. London: RCP, 2013. Available from: <http://www.rcplondon.ac.uk/sites/default/files/action-on-obesity.pdf>
- ^{iv} NICE, 'Commissioning A Bariatric Surgical Service', March 2012, Available from: <http://www.nice.org.uk/usingguidance/commissioningguides/bariatric/CommissioningABariatricSurgicalService.jsp?textonly=true>
- ^v Welsh Government, 'All Wales Obesity Pathway', August 2010, Available from: <http://wales.gov.uk/topics/health/improvement/index/pathway/?lang=en>
- ^{vi} Welsh Health Specialised Services Committee, 'Review of Bariatric Surgery Provision and Access Criteria in the Context of the All Wales Obesity Pathway', January 2013.
- ^{vii} The Association of Medical Royal Colleges, 'Measuring Up: The Medical Profession's Prescription for the Nation's Obesity Crisis', February 2013. Available from: <http://www.aomrc.org.uk/about-us/news/item/doctors-unite-to-deliver-prescription-for-uk-obesity-epidemic.html>
- ^{viii} The Royal College of Physicians, 'Action on obesity: comprehensive care for all.' Report of a working party. London: RCP, 2013.
- ^{ix} NICE, 'Bariatric surgical service for the treatment of people with severe obesity', May 2010. Available from: <http://www.nice.org.uk/usingguidance/commissioningguides/bariatric/BariatricSurgicalService.jsp?domain=1&mid=87F5267C-19B9-E0B5-D47104E7147082E9>
- ^x WHSSC Commissioning policy, 'Bariatric Surgery', Dec. 2009. Available from: <http://www.wales.nhs.uk/sites3/Documents/898/CP29%20Bariatric%20Surgery%20v2%200%20Updated%20Version1.pdf>
- ^{xi} Welsh Health Specialised Services Committee, 'Review of Bariatric Surgery Provision and Access Criteria in the Context of the All Wales Obesity Pathway', January 2013.
- ^{xii} NICE. Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children. NICE, 2006.
- ^{xiii} Mourad Labib, Angela L Haddon, Alison Head and Peter Nightingale, 'The DUBASCO Score: A scoring system for selecting patients for consideration of bariatric surgery', British Journal of Diabetes and Vascular Disease, 2011, 11:17 DOI: 10.1177/1474651411398819, Available from: <http://dvd.sagepub.com/content/11/1/17>.
- ^{xiv} Welsh Health Specialised Services Committee, 'Review of Bariatric Surgery Provision and Access Criteria in the Context of the All Wales Obesity Pathway', January 2013.
- ^{xv} COEMBS Designation requirements available from: <http://www.surgicalreview.org/coembs/overview/>
- ^{xvi} Royal College of Physicians. *Action on obesity: comprehensive care for all*. Report of a working party. London: RCP, 2013.
- ^{xvii} *BMJ* 2013; 347:f5934
- ^{xviii} National Bariatric Surgery Registry, April 2011. Available from: <http://www.e-dendrite.com/publishing/reports/Gastrointestinal/79>
- ^{xix} Office of Health Economics, 'Shedding the Pounds', Nov. 2010. Available from: <http://www.rcseng.ac.uk/news/docs/BariatricReport.pdf>
- ^{xx} BOMSS, 'Providing Bariatric Surgery', Oct. 2012. Available from: http://www.bomss.org.uk/pdf/clinical_services_standards/Service_std-2012.pdf

^{xxi} NHS Information Centre. Statistics on obesity, physical activity and diet: England, 2012.

www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/OPAD12/Statistics_on_Obesity

^{xxii} Commissioning Guide for Weight Assessment and Management Clinics, draft for public consultation, Sept. 2013. Available from: <http://www.rcseng.ac.uk/healthcare-bodies/docs/rcseng-bomss-commissioning-guide-on-weight-assessment-and-management-clinics>

^{xxiii} Commissioning Guide for Weight Assessment and Management Clinics, draft for public consultation, Sept. 2013.