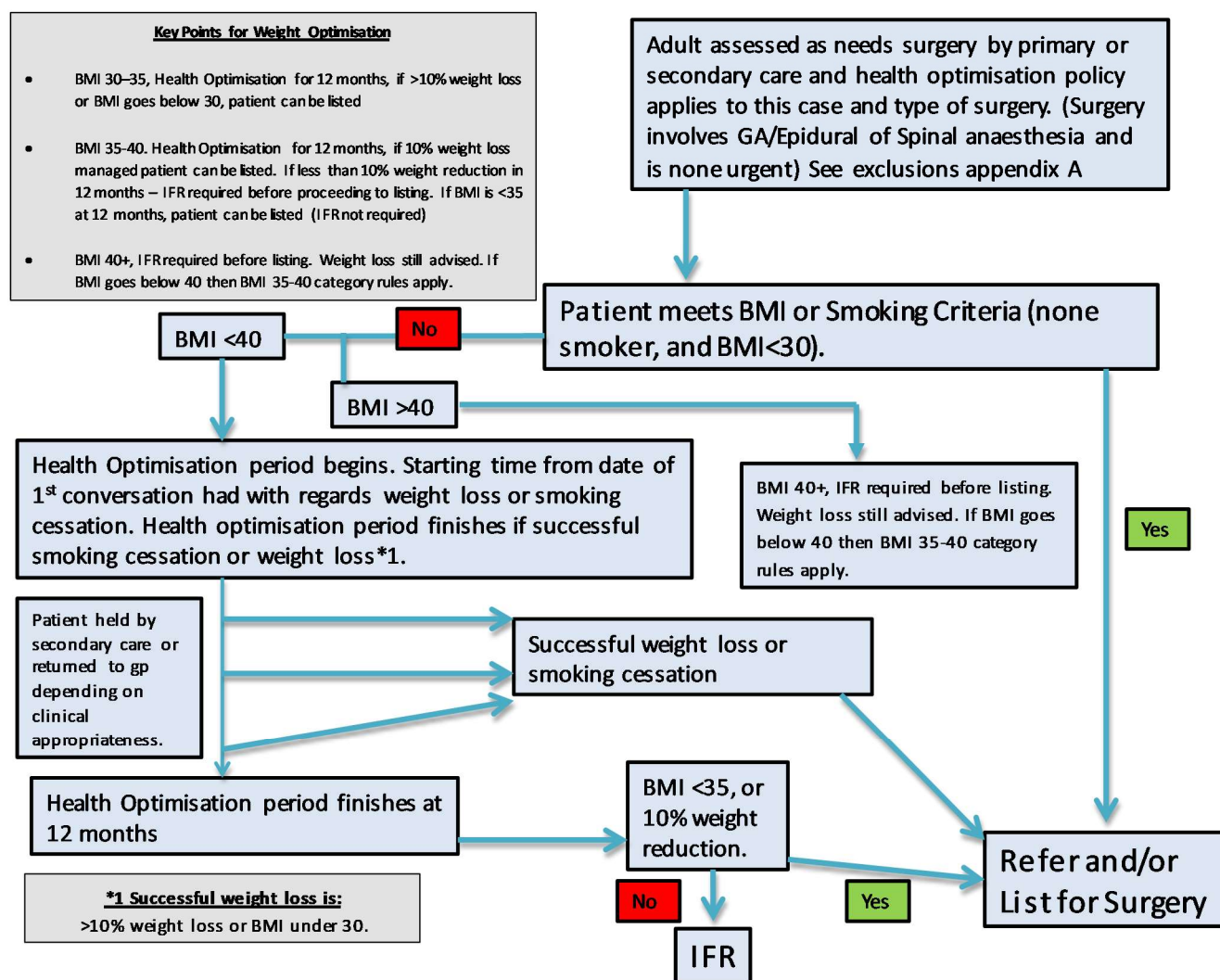


Background:

From the 1st of July 2021 NYCCG will be implementing guidance on criteria for weight and smoking optimisation. This applies to listing/direct referral to surgery. It does not apply to referrals for diagnostics and opinion. It does not apply to IFR decisions that have already been made specifically about a procedure.

In Summary:



Guidance for Cases Referred to IFR (Individual Funding Requests) due to BMI thresholds

Cases can be considered for approval by IFR if they demonstrate clinical exceptionalty.

This may be demonstrated by the following criteria:

- Clinical reasons where weight loss or smoking cessation may not be possible or advised such as:
 - Physical limitations, disabilities or medical conditions that prevent adequate exercise that would aid weight loss.
 - Medications that promote weight gain or make weight loss difficult or risky.
 - Medical conditions where reduction of calorie intake may be difficult or impossible.
- Medical Conditions that may make weight loss difficult or that cause weight gain. (Some examples for reference may include Cushing's Disease or Prader-Willi Syndrome.)
- Learning disabilities or severe mental impairment where behavioural change is difficult in the context of smoking cessation and weight loss.
- Inability to access smoking cessation or weight loss services.

Optimising Outcomes from All Elective Surgery - Threshold Exclusions

Exclusions apply to enable access to urgent care, but all patients must be offered access to smoking cessation and/or weight management concurrently regardless of urgency.

Exclusions include:

Patients receiving surgery for the treatment of **cancer or the suspicion of cancer**

Patients requiring **emergency surgery** or with a clinically urgent need where a delay would cause clinical risk:

Some examples are:

1. Cholecystectomy
2. Surgery for arterial disease
3. Anal fissure
4. Hernias that are at high risk of obstruction
5. Anal fistula surgery
6. Revision hip surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, recurrent dislocations, impending peri-prosthetic fracture, gross implant loosening or implant migration.
7. Revision knee surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, impending peri-prosthetic fracture, gross implant loosening/migration, severe ligamentous instability.
8. Primary hip or knee surgery which is clinically urgent because there is rapidly progressive or severe bone loss that would render reconstruction more complex.
9. Nerve compression where delay will compromise potential functional recovery of nerve.
10. Surgery to foot/ankle in patients with diabetes or other neuropathies that will reduce risk of ulceration/infection or severe deformity.
11. Orthopaedic procedures for chronic infection.
12. Acute knee injuries that may benefit from early surgical intervention (complex ligamentous injuries, repairable bucket handle meniscal tears, ACL tears that are suitable for repair).
13. The destruction of the patient's joint is of such severity that delaying surgical correction would increase technical difficulty of the procedure or there is impending loss of independence.

Referrals for opinion or interventions of a diagnostic nature such as:

- Gastroscopy
- Colonoscopy
- Nasopharyngolaryngoscopy
- Laparoscopy
- Hysteroscopy
- Cystoscopy

Patients who despite having a BMI >30 have a waist circumference of:

- Less than 94cm (37 inches) male
- Less than 80cm (31.5 inches) female

Children under 18 years of age

- Any surgical interventions that may be required as a result of pregnancy
- Vulnerable patients who will need to be clinically assessed to ensure that, where they may be able to benefit from opportunities to improve lifestyle, that these are offered. (Please note that deferring elective interventions may be appropriate for some vulnerable patients based on clinical assessment of their ability to benefit from an opportunity to stop smoking/reduce their BMI/improve pre-operative fitness).

This includes patients with the following:

- **learning disabilities**
- **significant cognitive impairment**
- **severe mental illness****

**Adults with a serious mental illness are persons who currently or at any time during the past year, have a diagnosable mental, behavioural, or emotional disorder of sufficient duration that has resulted in functional impairment which substantially interferes with or limits one.