

Commissioning Statement:

Condition or Treatment:	Bariatric Surgery (Tier 4 Weight Management)
Background:	Where all other tiers of support have failed, for some complex patients, bariatric surgery may be a suitable option.
	This policy sets out the commissioning position and threshold criteria that patients need to meet in order to be eligible for this treatment option, and covers gastric banding, gastric bypass and sleeve gastrectomy.
Commissioning position:	This policy is excluded from general weight threshold requirements as described by "Optimising Outcomes from All Elective Surgery (Health Optimisation)".
	Surgery will only be considered as a treatment option for adults with morbid obesity providing all of the following criteria are fulfilled:
	The individual is considered morbidly obese – classified as adults with a BMI of 40kg/m2 or more;
	OR
	The individual is between 35 kg/m2 and 40kg/m2 in the presence of other significant diseases that would be improved by weight loss;
	AND
	• There must be formalised MDT led processes for the screening of co- morbidities and the detection of other significant diseases. These should include identification, diagnosis, severity / complexity assessment, risk stratification / scoring and appropriate specialist referral for medical management. Such medical evaluation is mandatory prior to entering a surgical pathway.
	AND
	The individual has recently received and complied with a specialist obesity service weight loss programme (non-surgical Tier 3 / 4), as described below.
	Weight Loss Programmes (non-surgical Tier 3 / 4)
	This will have been for a duration of 12-24 months.
	• For patients with BMI of 50kg/m2 or more attending a specialist bariatric service, this period may include the stabilisation and assessment period prior to bariatric surgery. The minimum acceptable period is six months. The specialist obesity weight loss programme and MDT should be decided locally. This will be led by a professional with a specialist interest in obesity and include a physician, specialist dietician, nurse, psychologist and physical exercise therapist, all of whom must also have a specialist interest in obesity. There are different models of



	Important features are the multidisciplinary, structured and organised approach, lead professional, assessment of evidence that all suitable non-invasive options have been explored and trialled and individualised patient focus and targets. In addition to offering a programme of care, the service will select and refer appropriate patients for consideration for bariatric surgery
Referral Guidance:	Exceptional cases can be referred to the CCG's Individual Funding Request Panel for prior approval.
Effective From:	2 nd March 2022
Summary of evidence/ rationale:	NICE Clinical Guideline CG189: https://www.nice.org.uk/guidance/cg189/chapter/1-recommendations#surgical-interventions
Date:	February 2022
Review Date:	January 2024
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