

### APPENDIX C1

**Bariatric Surgery Funding Application – Effective April 2012**

This form must be completed for requests for Bariatric surgery only. Requests **will not** be considered without a fully completed form and all relevant supporting documented evidence. Incomplete applications received will be returned to the requesting clinician.

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| --- | --- | --- | --- | --- |
| **Details of Clinician submitting request and Patient** | | | | |
| **1. Details of clinician submitting the request** | **Name:** |  | | |
| **Designation:** |  | | |
| **NHS Trust or GP practice:** |  | | |
| **Correspondence address:** |  | | |
| **Tel:** |  | | |
| **Email:** |  | | |
|  | | | | |
| **2. Patient details** | **Surname:** |  | | |
| **First name:** |  | | |
| **Address (including Postcode):** |  | | |
| **NHS Number:** |  | | |
| **Date of Birth:** |  | **Gender** |  |
| **Registered GP name:** |  | | |
| **Registered GP practice and postcode:** |  | | |

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| **3. Which organisation will be providing the treatment requested?** | **Name of NHS Trust:** |

**Bariatric Surgery Referral Criteria**

**Morbid Obesity**

Surgery for morbid obesity is not a first line service for patients. The GP must be satisfied, **and provide documented evidence**, that all non-surgical interventions have been pursued and that the patient has not been able to lose weight using conventional weight loss programmes or referral to Dietetic or Psychotherapy services as appropriate. (Please see the eligibility criteria below). Bariatric Surgery is carried out by the NHS only at centres commissioned to provide Specialised Weight Management Services. Referral to one of these services does not mean that the patient is being referred for surgery; however surgery is a potential outcome following assessment and further non-surgical treatment if required.

**Eligibility Criteria for patients (please note that these criteria must all be fulfilled and documented evidence submitted with the application)**

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| --- |
| The patients BMI is greater than 40kg/m2 |

**OR**

The patients BMI is greater than 35kg/m2 but less than 40kg/m2 with co-morbidities that would be improved by losing weight. Co-morbidities include:

|  |
| --- |
| Established ischaemic heart disease |
| Type 2 diabetes requiring oral medication or insulin |
| Life threatening sleep apnoea |
| Severe uncontrolled hypertension |
| Benign intracranial hypertension |
| History of transient ischaemic attacks or stroke |
| Severe lower limb major joint disease requiring orthopaedic intervention which is precluded on safety grounds due to patients BMI |
| Other co-morbid condition which has been agreed by the PCT as exceptional, on an individual patient basis |

**AND ALL OF THE FOLLOWING CRITERIA (REGARDLESS OF THE PATIENTS BMI)**

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| --- |
| The patients age is 18 years or over at the point of referral |

**AND**

|  |
| --- |
| The patient has tried to lose weight over the course of 1 recent full year (i.e. a continuous 12 month period prior to funding application being submitted), without success. This includes but is not restricted to: Weight management programme under the supervision of a dietician or GP or membership of a weight loss organisation; with documented evidence that a programme has been followed over a 12 month period without successful weight reduction. |

**AND**

|  |
| --- |
| It is imperative that the patient has received support from their GP throughout this non-surgical management phase and that there is documented evidence of the patients attendance of weight loss programmes, including drug therapy. The weight loss programmes do not have to be provided by the NHS. |

**Before a patient referral is made to a Specialised Weight Management service:**

Surgery for morbid obesity is not a first line service for patients with a BMI of less than 50kg/m2. The GP must be satisfied, and provide documented evidence, that all non-surgical interventions have been pursued and that the patient has not been able to lose weight using conventional weight loss programmes or referral to Dietetic or Psychotherapy services as appropriate. (Please see the eligibility criteria on page 1).

**The GP should also ensure that any underlying psychological problems, which have contributed to the patients weight gain, are being managed appropriately including referral to local Mental Health services.**

The GP must make the patient aware of the consequences and risks of morbid obesity surgery, such as:

- The dangers of any surgery for a morbidly obese patient, including death

- Large skin flaps as a consequence of rapid weight loss; **Please note: Plastic surgery to reduce excess skin is not routinely funded by NHS Surrey**

- Although complications are not common, around 2 in 1,000 patients need revisions, therefore

patients need to be aware of the risk of complications

**The GP is confident that the patient is psychologically able to tolerate the long term side effects and understands that surgery is not a cure for obesity or an alternative to weight management but forms only part of the weight loss process. The GP should be satisfied that the patient will follow required dietary advice after the surgery has been completed.**

GPs should complete the bariatric surgery application form in full and send it to NHS Surrey. If more information is required, the GP will be contacted by NHS Surrey. If this form is not completed fully it will be returned to the GP. **Please do not send a referral letter to the provider until you are in receipt of written confirmation that funding has been approved by NHS Surrey.**

Patients must be told that authorisation has to be obtained before a referral can be made.

**If the application does not contain documented evidence of non-surgical weight loss interventions, funding will not be approved.**

**After Surgery Care**

If surgery is carried out, the bariatric surgery provider will follow-up with the patient post-surgery for as long as is required for the individual needs of the patient. This will include adjustments to gastric bands, dietetic support etc. Although initially this will be undertaken by the bariatric surgery provider in the longer term GP’s will need to support patients post surgery.

**Preferred Providers**

The list of preferred providers are those that meet the South East Coast specification for a specialised weight management service. GPs need to discuss the alternatives with the patient. Please indicate the preferred provider on the form. The range of providers offering bariatric surgery are:

* St Georges Healthcare NHS Trust
* Ashford and St Peter’s Hospitals NHS Foundation Trust
* Imperial College London Hospital
* Chelsea & Westminster NHS Foundation Trust
* Kings College London Hospital
* University College London Hospitals NHS Foundation Trust
* Guy’s and St Thomas’ NHS Foundation Trust
* Western Sussex Hospitals NHS Trust (St Richard’s Hospital, Chichester)

**Weight history**

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| --- | --- | --- |
| **Current Weight (kg):** | **Height (m):** | **Current BMI:** |
| **3 months previously:** |  | **3 months previously:** |
| **6 months previously:** | **6 months previously:** |
| **9 months previously:** | **9 months previously:** |

The patient **must have** tried and failed to maintain weight loss over a **recent, continuous, 12 month period** using weight reduction programmes **for which documented evidence must be provided:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CRITERION** | **DETAILS** | **DATES** | **WEIGHT LOSS** | **EVIDENCE**  **ENCLOSED**  **(√)** |
| **Low and very low calorie diets** |  |  |  |  |
| **Exercise advice and programmes** |  |  |  |  |
| **Lifestyle modification** |  |  |  |  |
| **Dietary advice** |  |  |  |  |
| **Drug therapy** |  |  |  |  |

**Clinical criteria for consideration for surgery**

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| --- | --- |
| 1. **Has the patient been advised that a referral to a Specialised Weight Management Service cannot be made until authorisation of funding has been received from NHS Surrey?** | **Yes / No**  **Date patient was advised:** |
| 1. **Has the patient been advised that SEC PCT’s including NHS Surrey do not routinely fund skin reduction surgery or any cosmetic procedures following weight loss?** | **Yes / No**  **Date patient was advised:** |
| 1. **In your opinion, is the patient fit to have a general anaesthetic?** | **Yes / No**  **If no, please give details:** |
| 1. **Have you advised the patient that there is a need for long term follow up appointments?** | **Yes / No**  **Date patient was advised:** |
| 1. **Does the patient have any specific psychological reasons why surgery may not be performed?** | **Yes / No**  **If yes, please give details:** |
| 1. **Has the patient been advised that this application is for Specialised Weight Management Services that will include assessment and potentially further non-surgical treatment before bariatric surgery is considered?** | **Yes / No**  **Date patient was advised:** |
| 1. **Has the patient been advised that a referral to a Specialised Weight Management Service cannot be made until authorisation of funding has been received from NHS Surrey?** | **Yes / No**  **Date patient was advised:** |
| 1. **Please give any further information you feel will be important in determining funding for this case, for example exceptional circumstances.** |  |

Does the patient have any of the following co-morbidities (please tick **ALL** that apply);

|  |  |
| --- | --- |
| **Established ischæmic heart disease** |  |
| **Type 2 diabetes requiring oral medication or insulin** |  |
| **Life threatening sleep apnoea** |  |
| **Severe uncontrolled hypertension** |  |
| **Benign intracranial hypertension** |  |
| **History of TIA or stroke** |  |
| **Severe lower limb major joint disease requiring orthopaedic intervention which is precluded on safety grounds due to the patient’s BMI. If yes, please give details:** |  |
| **Any other co-morbid condition which has been agreed by NHS Surrey as exceptional, on an individual patient basis** |  |

**I confirm that the information on this application form concerning the above patient is correct to the best of my knowledge.**

**Signature: Print Name:**

**Date:**

**Please email to:**

Safe Haven Email: **tnrf@nhs.net**

Or post to:

IFR/LPP/TNRF Team

NHS Surrey

Pascal Place, Randalls Research Park

Randalls Way

Leatherhead

Surrey KT22 7TW