

Primary Care Trust (PCT) Sponsoring Director/s:	Anthony Farnsworth - Acting Chief Executive Officer – Torbay Care Trust Steve Wallwork - Director of Finance & Corporate Services and Deputy Chief Executive – Torbay Care Trust Sharon Matson - Acting Director of Commissioning – Torbay Care Trust Emma Perryman - Lead Commissioner – Torbay Care Trust
South West Specialised Commissioning Team:	Louise Tranmer, Director of Specialised Commissioning Barbara Gregory, Director of Finance & Performance Diana Cargill, Lead Commissioner for Morbid Obesity Services
NHS South West (Strategic Health Authority)	Andrew Millward – Director of Communications Bill Shields – Director of Finance and Performance

1. Purpose of the Report

To report to Overview and Scrutiny Committees in the South West that we have completed the process of tendering for services and are ready to designate six providers of Specialised (surgical) Services for Morbid Obesity for adults, in five zones across the South West.

Having evaluated five different service models, the service development proposal presented here is the model preferred by numerous local clinicians, patients and members of the public that were involved in planning this service prior to the tendering process. This proposal identifies the location of the providers that best meet the necessary safety and quality assurance criteria. It also indicates the level of specialised care that each provider will be designated to provide, how those providing lower levels of care will be supported to safely increase their experience and expertise, and the timescales for completing the designation process and expanding the service.

2. Decisions/Actions Requested

The purpose of the briefing is to inform Overview and Scrutiny Committees in the South West about progress with our plans for improving access to and quality of services for people who need bariatric surgery.

As Overview and Scrutiny committees will know, the South West Specialised Commissioning Group (SWSCG) first submitted information about our plans in January 2009. However, following feedback from Overview and Scrutiny Committees indicating that the documents did not meet your needs, we re-submit this information in a way that takes account of the helpful comments we received.

Overview and Scrutiny Committees are asked to:

- Note the results of the review of specialised services for bariatric surgery
- Note the strong support from patients, clinicians and the public for improving services for morbid obesity
- Support the implementation of the proposed designation programme and the associated service developments
- Support the designation of Taunton and Somerset NHS Foundation Trust and Plymouth Hospitals NHS Trust as the provider of this specialised service for the people of Torbay.

3. Current Service – What happens now

Obesity is increasing dramatically. When patients have failed to control their weight by other means, the safest and most successful long-term option for many patients is to undergo Bariatric Surgery (the most commonly known types being gastric bypass and gastric banding). Bariatric surgery is the specialised service for treating morbid obesity¹.

Currently, there are only two NHS providers of Bariatric Surgery within the SWSCG's boundary: Taunton and Somerset NHS Foundation Trust and North Bristol NHS Trust. However, the National Institute for Clinical Excellence's (NICE) estimate of future demand makes it clear that we need to provide more surgery in the South West region in order to meet growing demand.

Of the two NHS providers within the region Taunton and Somerset NHS Foundation Trust is the only one to have a team which is experienced in providing the full range of surgical interventions. North Bristol NHS Trust currently provides mainly gastric banding surgery and has not historically provided many bypass surgical operations for NHS patients.

This is important because patients need to be able to decide which operation is most suitable for them in consultation with their clinicians. These discussions need to take place prior to referral for surgery when the patients attend the specialist weight management clinic, and then again after referral for surgery with the surgeon who is going to perform the operation. Therefore, it is important that services can provide both types of surgery (bypass and bands) to ensure patients have this choice.

In addition, because these two providers cannot meet current demand some NHS patients from the South West are travelling out of area to receive NHS surgery. For example Swindon, Wiltshire and some Dorset and Bristol Primary Care Trust (PCT) patients go to Birmingham whilst other Dorset and Bournemouth and Poole PCT patients go to Chichester.

At the time of writing the Interim Designation Report that accompanies this proposal, some PCTs were paying for patients to receive treatment from private providers. Other patients, wanting to reduce their waiting time for surgery, have also made the decision to pay privately for their surgery either in the UK or Europe. However, these patients need ongoing post-operative support, which means that some private patients go to their local emergency department if they have post-operative complications. More importantly, this situation creates health inequalities as people on low incomes are less able to travel long distances for treatment and are unable to afford to avoid the waiting list for NHS surgery by paying privately.

¹ Morbid obesity is commonly defined as a body mass index (BMI) of between 40 kg/m² and 50 kg/m².

4. Proposed Service Development – How the service will be changed

The benefits and challenges of five service delivery models for this service are presented in the Interim Designation Report, which is available to Overview and Scrutiny Committees via our website if they wish to see it. Instructions for how to access the website are contained in Document 7 which accompanies this proposal.

Based on discussions with a range of local and national lay and professional stakeholders the preferred model is Option 5. The preferred model is:

- To designate each chosen provider at a particular level (Level 1, 2 or 3) depending on experience. Level 1 represents the most able and experienced provider, whilst Level 3 represents the least
- To designate at least one lead centre (Level 1) that can perform the full range of surgical procedures
- New Level 3 units would be designated in their own right and start to provide surgery to the less complex patients
- New Level 2 units will develop their expertise over a period of time progressing towards the more complex operations
- An agreed training and mentoring contract with each designated provider
- Leadership mentoring provided by the lead centre or other appropriate units in the South West or other appropriate centers
- All designated providers (whether the lead centres or otherwise) will be required to work together collaboratively.

The preferred model was chosen because the SWSCG and local clinicians believe it will safely increase clinical skills in the region and expand the number of procedures that can be undertaken in a way that will meet increasing demand without over-providing. To ensure this, a stepped approach will be taken to allow time for inexperienced providers to develop the skills and processes needed for a safe, quality service. Annual reviews of the number of patients in need of this service will also ensure that the rate of expansion is compatible with public health, education and community-based initiatives to reduce obesity, so that supply is closely matched to needs.

Selected (designated) providers have been assessed against NICE and the International Federation for the Surgery of Obesity and Metabolic Disorders criteria as well as criteria that patients identified as particularly important to them. The SWSCG have designated providers that have demonstrated they are best able to meet the standards and criteria at the present time.

New designated units (Level 3) will be expected to develop their service to specialist Level 2 within two years of designation. The complex patients who are super obese (with a BMI equal to or greater than 50) will be referred to the level 1 centre. Support and supervision for new centres will be undertaken by identified clinical mentors and as our network of services grows by all providers working collaboratively together to improve services.

Bariatric surgery is a procedure that will help patients to lose weight but it does require a lifelong commitment from them to change their lifestyle (diet and exercise) for it to be successful. Patients will have had to demonstrate this commitment and psychological readiness as well as being fit enough for surgery before they will be accepted for surgery.

Referrals for surgery will only be accepted via specialist weight management clinics using pre-agreed processes. For example, a patient will only be referred for surgery when all appropriate non-surgical measures have failed to achieve or maintain adequate, clinically beneficial weight loss for at least six months. Then the decision about a patient's suitability for surgery will be made by the surgical team in consultation with the patient and it may well be that patients are referred back to the weight management clinic to undergo further psychological support or to lose additional weight before they can be operated on (see description of NICE care pathways below). PCTs have either already established these specialist weight management services or will be planning to do so.

NICE Pathway 1 – patients must have:

A BMI of 40 kg/m² or more (see guidance for other factors to consider)

- Or between 35 kg/m² and 40 kg/m² and other significant disease (for example, type 2 diabetes or high blood pressure) that could be improved if they lost weight (see guidance for other factors to consider)
- All appropriate non-surgical measures have been tried but have failed to achieve or maintain adequate, clinically beneficial weight loss for at least 6 months (PCT commissioned weight management clinics)
- The person has been receiving or will receive intensive management in a specialist obesity weight management service
- The person is generally fit for anaesthesia and surgery
- The person commits to the need for long-term follow up.

NICE Pathway 2 – patients must have:

- A first-line option (instead of lifestyle interventions or drug treatment) for adults with a BMI of more than 50 kg/m² in whom surgical intervention is considered appropriate
- The person has been receiving or will receive intensive management in a specialist obesity service
- The person is generally fit for anaesthesia and surgery
- The person commits to the need for long-term follow up.

In the absence of clinical complications, patients would only be expected to stay in hospital for one night for a band procedure or four nights for a bypass operation. After their operation the surgical team will typically see bypass patients once (usually six weeks after being discharged from hospital). Patients who have had a band operation will typically be seen at six weeks for the band to be filled for the first time and then up to three more visits to the surgical team for adjustment to the filling of the band.

All patients will be discharged by the surgical team and be referred back to the service that referred them for surgery for ongoing support. This team will continue supporting the patients for as long as necessary. It is hoped that as patients lose weight they will be able to be supported by services in the community or primary care close to their home.

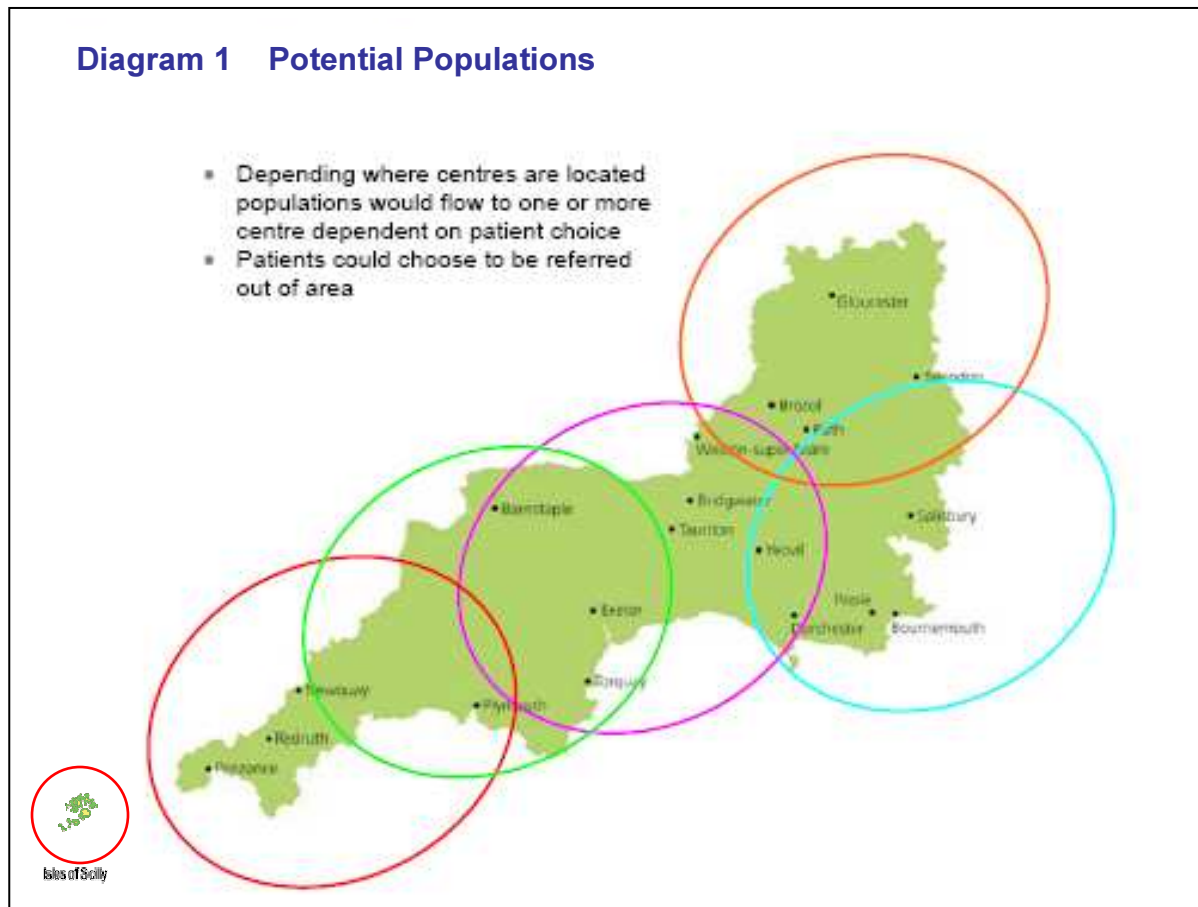
The SWSCG is addressing the issue of each PCT having their own criteria for patients' eligibility for NHS funded bariatric surgery. It has been agreed by the SWSCG that all South West PCTs will use National Institute for Clinical Excellence access criteria within the next five years.

To ensure equity of access and keep travel times to a minimum, the SWSCG has designated at least one provider in each of the five zones across the South West (see

map below). Consequently, the providers that the SWSCG is recommending for designation status are:

- Royal Cornwall Hospitals NHS Trust (Level 3)
- Plymouth Hospitals NHS Trust (Level 3)
- Taunton and Somerset NHS Foundation Trust (Level 1)
- North Bristol NHS Trust (Level 2)
- Gloucestershire Hospitals NHS Foundation Trust (Level 3)
- Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (Level 3)

Diagram 1 Potential Populations



5. Expected Benefits from Proposed Service Development

The SWSCG is proposing to increase the number of designated NHS providers of Specialised (surgical) Services for Morbid Obesity in various locations spread across the South West to better enable the region to meet growing demand.

Health inequalities will be reduced by improving access to surgical services within the South West that residents are currently travelling out of region to receive.

Chosen providers will work together to ensure they meet National Institute for Clinical Excellence (NICE) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) quality assurance criteria. Therefore, implementation of this service development proposal will also provide assurance that current and future services meet agreed quality standards, which will contribute to improved health outcomes for individuals.

Expanding this service should also reduce future demand for other health services because there is a range of conditions that people with morbid obesity are at an increased risk of that are improved through surgery. For example, many patients experience total remission or improvement of diabetes, hypertension, hypercholesterolemia, arthritis and sleep apnoea following weight loss surgery. Hence, as more patients lose weight following surgery we would expect the demand for health services that diagnose, treat and manage these conditions to reduce.

This proposal also has the potential to reduce future demand for bariatric surgery because patients who enter this care pathway are required to make lifestyle changes that should positively influence the lifestyles of their children. Therefore, we would hope that fewer children will become obese in the future. In addition, as weight management clinics are developed around the region to work with patients prior to their referral for surgery, some patients may find that the support and advice they receive at these clinics is sufficient for them to lose their excess weight without surgery.

6. Engagement process

Three stakeholder events have been held:

- One for surgeons in North Petherton on 8th September, 2008.
- Two for the wider community including PCTs, Provider Trusts including consultant endocrinologists, PCT commissioners and patients. One was in Taunton on 8th October, 2008 and the other was held in North Petherton on 14th November, 2008.

The aim of these events was to identify a preferred service model from the five options that were available. Hence, staff, patients and carers were asked about the number of bariatric centres they think the region needs, service standards, the service specification, eligibility criteria for surgery, the care pathway for patients, and the support that would be given to them and their carers.

Patients have also been involved throughout the designation process, and particular care has been taken to involve the national patient group: British Obesity Surgery Patient Association².

In addition, NHS Trusts have been visited and discussions have taken place with clinicians, surgeons and physicians to ensure the service model that the SWSCG is endorsing reflects the views and advice of local clinicians as well as patients and the public.

PCTs have met to discuss the development of services, and a multi-disciplinary stakeholder event took place on 8th October 2008³. The advice and information obtained from these sources have all been considered in agreeing the preferred approach for expanding the service as well as the care pathway⁴.

An independent clinical expert, a public health official and a patient representative have also been involved in the shortlisting of providers by conducting site visits with the team and scoring each provider against criteria developed from advice obtained by the British

² Appendix vi, page 44 of the Interim Designation Report provides a summary of the information provided by British Obesity Surgery Patient Association members.

³ Appendix ix of Interim Designation Report provides a list of attendees.

⁴ Appendix vii, page 48 of the Interim Designation Report contains the draft service specification.

Obesity Surgery Patient Association, patients, and clinicians. This work was completed by the end of March 2009 and a final list of preferred providers compiled for the region's 16 Overview and Scrutiny Committees and 14 PCT Chief Executives to consider for approval.

In addition, a stakeholder 'communications log' has been kept to record the clinical groups, patient organisations, and PCTs that were consulted in the development of this service⁵.

7. Current timescales for implementation

In addition to national charities such as the British Obesity Surgery Patient Association, this proposal has the support of NHS South West as well as a large number of local clinicians, patients, and members of the public that were involved in its development. The 14 PCTs in the South West have also indicated their willingness to invest in this service expansion.

A procurement process has been operating alongside the designation process. The South West Specialised Commissioning Team (SWSCT) has interviewed and visited all the providers who expressed an interest in being a designated provider of surgical services for morbid obesity – bariatric surgery. This work was completed by the end of March 2009.

Letters will be sent to short-listed providers to tell them whether their bid was successful in April, 2009. Designated providers then have 10 days to notify the Specialised Commissioning Group whether they still wish to provide the service under the conditions of the contract. Those who still wish to be designated then have to complete a 'mobilisation plan' that outlines what steps they need to take to be able to provide the service and when they will be able to start delivery.

Once Overview and scrutiny Committees have indicated that they support this proposal for implementation a Final Designation Report will be prepared alongside an Implementation Plan that sets out which providers will be designated, at which level, and when they will be ready to start delivering the service.

The Final Designation Report also identifies the preferred model of the service and the providers that are being recommended for designation. Both of these documents will be presented to the Specialised Commissioning Group for final approval on 1st June, 2009 (or at the first available opportunity should overview and scrutiny committees need time to formally consult).

Information about the new services and how the specialised weight management clinics will work with the surgical centres will also be prepared to support referrers and patients.

Following approval by the SCG the Final Designation Report and the Implementation Plan will be circulated to stakeholders. A notice that provides a summary of the outcome will also be placed in the Official Journal of the European Union (OJEU) within 48 days of notifying providers they have been designated.

⁵ The communications log is available in Appendix v, page 41 Interim Designation Report.

8. Summary

The SWSCG would like to implement this service development because it delivers many benefits for the region, such as:

- Enabling the delivery of safe, more effective, quality care
- Improving health outcomes and the patient experience
- Expanding the service to better meet growing demand whilst avoiding over-provision
- Reducing future demand
- Reducing health inequalities
- Offering a service closer to more people's homes
- Reducing demand for other health services.

9. Local Impact Assessment

As a first step, the SWSCG are in a position to designate six providers within our boundaries.

Plymouth Hospitals NHS Trust and Taunton and Somerset NHS Foundation Trust are two of the providers that are being recommended for designation, which represents a change in the location of Torbay's current provider. Torbay residents will now have the choice of two providers. Moreover, as the model of service being proposed here will support the further development of the service at Plymouth and Taunton, patients should benefit, over time, from an improved service.

Table 1: Estimated travel times from each relevant town or OSC headquarters to designated providers (Source of data: <http://www.transportdirect.info/web2/> and <http://www.theaa.com/route-planner/index.jsp>)

Hospital → OSC Headquarters ↓	Musgrove Park, Taunton TA1 5DA			Derriford, Plymouth PL6 8DH		
	Miles	Time Travelling by Car	Time Travelling by Public Transport	Miles	Time Travelling by Car	Time Travelling by Public Transport
Torbay, Castle Circus, Torquay, TQ1 3DS	51.3	1 hr 9	1 hr 39	34	49 min	1 hr 53

The table below shows the number of operations planned to be commissioned by Torbay Care Trust over the next five years. The SWSCG expects waiting time for surgery to reduce as the service develops and expands to better meet local need.

Table 2: Expected number of procedures over the next five years (based on Torbay Trust's commissioning intentions on 1st March 2009).

Year	2009-10	2010-11	2011-12	2012-13	2013-14
PCT	Expected number of procedures	Expected number of procedures	Expected number of procedures	Expected number of procedures	Expected number of procedures
Torbay Care Trust	53	58	63	68	73

Table 2

The response from Torbay Care Trust suggests that Torbay patients will be in a good position by having two designated providers within easy travelling distance. This means patients will have greater choice as well as less distance to travel.

The development of bariatric surgery will be complementary to other service developments in both provider Trusts, and capacity will be available to accommodate anticipated increases in patient numbers. Level 3 clinics are currently being planned and funding is in place for Level 1 and Level 2 services.

10. Recommendation

The Torbay Health Overview and Scrutiny Committee is asked to:

- Note the results of the review of specialised services for bariatric surgery
- Note the strong support from patients, clinicians and the public for improving services for morbid obesity
- Support the implementation of the proposed designation programme and the associated service developments
- Support the designation of Plymouth Hospitals NHS Trust and Taunton and Somerset NHS Foundation Trust as the provider of this specialised service for the people of Torbay.