

# *Best Practice and Guidelines from a National Perspective*



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## Tier 4 Services

49 in England and Wales

## Tier 3 Services

Recently surveyed:

60% coverage (35% in 2013)

40% no tier 3 services

(London 4 out of 22 CCGs covered)

Two thirds based in secondary care

8% in primary care

> 50% CCG's responsible for commissioning



**NICE Accredited - Commissioning  
Guidelines for Weight, Assessment and  
Management Clinics; A Model for Specialist  
Multidisciplinary Team Approach for People  
with Severe Obesity.**

*R. Welbourn, J Dixon, J Barth, N Finer, C Hughes, C Le  
Roux, JAH Wass - in press*



# Organisational Recommendations

Expertise in the multidisciplinary team should include a physician, specialist nurse, dietician, physiotherapist, psychologist

1. Weight assessment management clinics located either in primary or secondary care working with a hub and spoke relationship, and the surgery service.
2. Training of bariatric physicians in sleep apnoea and other possible complications of obesity
3. Every patient considered for surgery should see a bariatric physician
4. No delays should occur and for example, patients with a BMI of  $> 40$  and certainly  $> 50$  should be considered for surgery as a first option for treatment



# Transferring Bariatric Surgery to CCGs

## April 2016

Mr Jeavons, NHS England

10 regional hubs – 1 answered

209 CCGs - 45 answers - 25 promising an answer

- 20% preparing
- 70% no preparation



# **Vision for the future; Joined Up Services**

- Tier 1, Tier 2, Tier 3, Tier 4
- Hubs and spokes
- Tier 3 in every CCG/hospital
- In each location a physician responsible for weight – community/GP, hospital staff
- Linked to Tier 4
- Tier 3 database – audit
- Engage hospital physicians and general practitioners