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