December 2011

To: All East & North Hertfordshire GPs

Dear Colleagues

Surgical referral pathway for adult patients (over 18)

This letter contains important information about:

- New policy on the management of obese patients requiring routine elective surgery
- New policy on the management of all smokers requiring routine surgical referrals to any speciality
- New pathway for all routine surgical referrals

1. New policy on the management of obese patients requiring routine elective surgery

The East and North Hertfordshire Clinical Commissioning group (CCG) has agreed a revised policy on the management of obese patients requiring routine elective surgery who may require a general or spinal/epidural anaesthetic. The new policy replaces and builds upon the hip and knee arthroplasty policy adopted by NHS Hertfordshire. After discussions with stakeholders, a review of the evidence for the risks of surgery in obese patients and the benefits of weight loss, this new policy was agreed. A copy of the pathway can be found in Appendix 1.

In summary, the new policy is:

- Patients with a BMI over 40 (or with a BMI between 30 and 40 with metabolic syndrome) are expected to lose weight and will not receive surgery until
  - They reduce their weight by at least 10% over 9 months
  - Or to a BMI less than 30

This new policy has been conveyed to our local acute Trusts through formal contract notification and work has been undertaken to ensure that their internal processes reflect the new requirements.

As you are aware obesity is a major contributory factor to premature death and ill health in Hertfordshire and this policy aims to ensure the use of medical triggers to inform patients of the benefits of losing weight and support them in doing so. Patients who successfully lose weight will benefit from fewer complications and will achieve wider health benefits.

The new policy will take effect for routine referrals to ALL surgical specialities (excluding cardiology, cardiothoracic, neurosurgery and fracture related procedures) that may require a general or spinal/epidural anaesthetic from 1st January 2012.

2. New policy on the management of smokers requiring surgical referrals

From 1st January 2012 all smokers requiring a surgical referral to ALL surgical specialities should be referred to your in-house Smoking Cessation Services or the Hertfordshire Stop Smoking Service in order that they are aware of the risks associated with smoking and surgery and have the opportunity, and are supported, to quit in advance of their surgery. Patients are not required to have quit smoking to have surgery but must be in a position to make an informed choice about the risks.
3. New pathway for all routine surgical referrals

From 1st January, a referral cover sheet must be completed and included with the referral letter for **ALL** routine surgical (Adults – over 18) referrals (with the exception of cataracts). GP system specific versions have been prepared and will be available for practice use. A copy is enclosed with this letter.

**For hip and knee arthritis referrals**: the referral cover sheet replaces the existing hip and knee referral form. The completed referral cover sheet must be completed and included with the referral letter and sent to the Prior Approval Office in accordance with the current arrangements.

**For all other routine surgical referrals** (excluding cataracts, see below): the referral cover sheet must be completed and included with the referral letter and sent directly to secondary care.

**Cataract referrals** should continue to be made using the cataract referral form and sent to the Prior Approval Office. They do not require the completion of the referral cover sheet.

4. General information

Please note you may refer obese patients for an opinion, but patients with a BMI >40 OR with a BMI between 30 - 40 with metabolic syndrome are expected to lose weight and will not receive surgery until,

(i) they reduce their weight by at least 10% over 9 months
(ii) or to a BMI less than 30,

unless there are exceptional circumstances. Please advise your patients of this when referring and provide them with a leaflet and weight management support, as appropriate.

Publicity material including posters for display within surgeries are being produced and will be issued to practices. A media briefing to publicise this new policy will take place in early January 2012.

Finally can I remind you that hip and knee arthritis, cataract, tongue tie and minor surgery DES referrals as defined by the Beds & Herts Priorities Forum (http://www.hertfordshire.nhs.uk/resource-centre/bedfordshire-a-hertfordshire-priorities-forum.html), still need to be sent to the Prior Approval Office

These revised pathways should assist practices in achieving against the Quality Productivity indicators in the Quality Outcomes Framework 2011/12.

Yours sincerely

[Signature]

Dr T Kostick
Chair of ENCCG and
Stevenage Locality

On behalf of

Dr M Hoffman
North Herts Locality
Dr M Andrews
Dr N Williams
West & Central
Dr H Pathmanathan
WelHat Locality
Dr M Hossain
South Locality
Dr P Keller
East Locality

Encl.
APPENDIX 1

Obesity identification and routine surgical referral pathway (Adults)

Patient presents to GP

Potential surgical referral

Measure BMI, weight + BP

Is BMI >30?

Yes

Obesity register

Brief intervention

Check: BP, Diabetes filter, health check (if correct age)

Does patient have metabolic syndrome or diabetes

Manage obesity as per obesity pathway guidance

Manage this condition (as per guidance)

Is this a hip/knee arthritis patient?

Yes

Manage obesity as per guidance in pack and advise patient surgery may be dependent upon weight loss

If x-ray shows arthritis + pain + function loss = severe, advise to lose weight and refer.

or

If x-ray shows arthritis + pain + function loss = not severe, advise to lose weight and review after 3-6 mths. Consider physio/MSK services.

Complete referral cover sheet and attach to referral letter

No

Complete referral cover sheet and attach to referral letter

No

Obesity related conditions + BMI >30

Eg. Arthritis, diabetes, hypertension

Manage this condition

Check BP, Glucose, Lipids, health check (if correct age)

Manage obesity as per obesity pathway guidance
GP Support for weight loss

Practices will be expected to:

- Record patient’s on to the BMI register
- Retain an obesity register
- Give patient a copy of “Your weight, your health – how to control your weight”
- Signpost to practice’s own direct service or a defined pathway into a weight management service.
- Issue prescription medicine / referral if appropriate
- Consider co-morbidities (will include checking for metabolic syndrome/ health check etc if appropriate)
- Weigh once a month by practice nurse/ HCA/weight management provider, continuing at clinician’s discretion and patient need
- Undertake a full review at 6 months and plan and agree with patient the next steps in management plan.
- Maintain practice records of patients being supported for weight loss, in a format that will allow collation for an annual report or audit of the effectiveness of obesity management.

Benefits of a 10% weight loss in obese patients

| Mortality                  | 20-25% fall in total mortality  
|                           | 30-40% in diabetes-related deaths  
|                           | 40-50% fall in obesity-related cancer deaths |
| Blood pressure            | Fall of approximately 10mmHG in both systolic and diastolic values |
| Diabetes                  | Reduces risk of developing diabetes by > 50%  
|                           | Fall of 30 – 50% in fasting glucose  
|                           | Fall of 15% in HbA1c |
| Lipids                    | Fall of 10% in total cholesterol  
|                           | Fall of 15% in LDL  
|                           | Fall of 30% in triglycerides  
|                           | Increase of 8% in HDL |


Management of metabolic syndrome:

The management of the metabolic syndrome is not specific to the syndrome, but comprises:

- Management of the underlying risk factors for CVD and diabetes and treatment of any established disease such as hypertension, heart disease, diabetes or chronic kidney disease. This management should be in line with NICE guidelines and will include lifestyle advice on exercise, weight loss and diet composition (for instance fruit and vegetable intake).

- Weight reduction is important for those with abdominal obesity and the metabolic syndrome. The initial aim is a slow reduction of 7-10% in baseline weight, with normal body mass index as the ultimate goal *Grundy SM.*
Patients who fail to lose weight:

Patients who fail to achieve 10% loss after 9 months will have their cases reviewed on an individual basis after submission of information by the GP, which would include information about attendance at slimming providers and practice weight monitoring and support sessions.
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Body Mass Index Chart (Approximate Values)

(Calculation BMI = weight / height^2)