

The Village Surgery

Thurcroft

Rotherham

Private Bariatric Surgery performed in the UK and abroad policy

September 2023.

IMPLEMENTATION

The responsibility for the implementation of this policy and subsequent procedure is all members of the Practice team.

ACCESS TO THIS POLICY

A copy of this policy is held on the Thurcroft Village Surgery shared drive.

APPLICABILITY

The policy applies to all employees and partners and also applies to other people who work at the Practice, e.g. locums, non-employed nursing staff, temporary staff and contractors.

POLICY

Bariatric Surgery is available in the NHS under certain circumstances, there are referral criteria for bariatric surgery and support available for weight management in the NHS in Rotherham.¹

As a Practice we support patients with their weight and approach this topic sensitively. We have clear policies on discrimination.

As a Practice we are not able to offer any routine monitoring or routine follow up for any patients following private bariatric surgery in the UK or abroad. The only exception to this would be a patient who had had the routine follow up privately for the recommended minimum of two years following surgery², is stable and has been discharged to the practice with clear monitoring advice and instructions from the private provider⁴. This would be the follow up situation in patients who had had bariatric surgery within the NHS.

More information regarding this decision is below. If there is an emergency related to a private procedure the practice will review and treat the emergency but not the routine follow up.

Bariatric Surgery is a complex surgical option which may be appropriate for certain patients but is a specialist treatment requiring specialist follow-up.²

Appropriate follow-up care after bariatric surgery is vital to maximise the chance of a safe and successful outcome. National Institute of Clinical Excellence (NICE)² and the British Obesity and Metabolic Society (BOMSS)⁴ recognise the risks after bariatric surgery and specify that follow up after these procedures should remain with a specialist bariatric service for a minimum of 2 years post operatively.

The General Medical Council (GMC) document 'Good Medical Practice' states that GPs must "*work within the limits of your competence and refer a patient to another practitioner where you cannot safely meet their need*".³

General Practitioners are not trained, nor indemnified to provide specialist follow up care for patients undergoing bariatric surgery. The NHS does not fund follow-up of private surgery, and the practice does not have the expertise or capacity to provide this service.

All privately performed surgery requires private follow up. NHS England guidance has stated '*the NHS will provide emergency and clinically urgent treatment but not routine follow up, this will need to be privately commissioned by the patient*'⁹. The same would apply to any private surgery performed in the UK or abroad.

As with any procedure carried out in the private sector, if there is a emergency complication related to the surgery, this would be reviewed within the NHS. If a patient who has had bariatric surgery presents to the practice with an emergency problem e.g. abdominal pain thought to be related to the surgery or complication e.g. symptoms of vitamin B12 deficiency, this complication can be diagnosed and managed as appropriately by the practice. The BOMSS have provided a summary of the potential complications following bariatric surgery.^{10, 11}

Many medications that are used routinely after bariatric surgery, to prevent nutritional deficiencies, are not licenced for this use in the BNF e.g. hydroxocobalamin⁵, which has a licence for treatment of vitamin B12 deficiency but does not have a licence for routine administration post bariatric surgery.

The prescribing of medications related to bariatric surgery for the 2 years following surgery at present in the NICE guidance would count as specialist bariatric surgery follow up². Whilst a private clinic could provide advise the practice on this, it is ultimately the clinician who signs the prescription who takes the legal responsibility for that prescription, even if recommended by another clinician.

Therefore, it is for the protection of the patients that the prescribing and monitoring of the medications related to private bariatric surgery is carried out by the specialist team who performed that surgery, as per the NICE guidance².

In other similar specialist areas, a shared care protocol can be set up so that in a specific situation a GP can prescribe a specialist medication. To create a shared care protocol there is a consultation between primary and secondary care clinicians and pharmacist to create a clear written document. This document is an agreement on the safe monitoring of a stable medication for a specific health condition. It requires a regional or national agreement on the specific medications, its use, frequency of review, frequency of monitoring e.g. blood tests, problems that can arise and when specialist review should be sought. This ensures that there are clear parameters for a clinicians and patients and is to ensure the safety of patients receiving specialist medications. At present there is no current shared care agreement for the monitoring and follow up of patients after bariatric surgery in Rotherham.

Pregnancy following bariatric surgery requires specialist support from the surgical team doing the procedure, nutritional state needs to be stable for the woman's and babies health. According to guidance below it is not recommended to consider becoming pregnant for at least 18 months post-surgery⁶.

The Local Medical Committee (LMC) which are GP representatives of multiple GP Practices across Rotherham have been raising the concerns of GPs and patients regarding there being no NHS follow up service for patients who have had bariatric surgery outside of the NHS. The LMC continue to raise this concern regarding ongoing follow up post private bariatric surgery with the South Yorkshire Integrated Care Board (ICB). This was discussed at the monthly LMC meeting on the 17th July 2023.⁷

Other LMCs across the country have released similar guidance and have also stated that the 2-year follow-up following private bariatric surgery should be part of the cost of the private surgery.⁸

Rotherham LMC advised⁹ in October 2022 that if patients wished to have follow up care within the NHS following private bariatric surgery, that the patient could be referred to Gastroenterology to see if the NHS Gastroenterology clinic would take on the follow-up within the NHS - this would be for the follow-up of health and prescribing of medications. This often require an individual funding request (IFR) to the local funding committee for the referral to be accepted. Whilst the practice is perfectly willing to make this referral, these referrals are often rejected, as NHS services do not have the capacity for follow-up of private surgery.

In October 2022 the South Yorkshire Integrated Care Board (ICB) circulated similar information as sent by the LMC advising that follow-up of private procedures needed to be within the private sector (see appendix 1).

Thus, as a Practice we are currently being advised by the Local Medical Committee^{8,9}, South Yorkshire ICB (appendix 1) and NICE guidance² that the follow-up post private bariatric surgery should be undertaken by a specialist team for the 2 years following the surgery.

As a Practice we do support patients with their weight and approach this topic sensitively. Sadly, there is a lack of funding and resource in this area within the NHS, we would suggest that patients who are as frustrated as the practice with this situation write to their MP or South Yorkshire ICB regarding the lack of funding in this area.

We would advise all patients to be aware that the practice cannot offer routine follow up after private bariatric surgery and that the patient themselves ensures they already have the follow up organised with a private provider prior to the surgery being undertaken. Alternatively we would recommend booking a routine consultation to discuss the weight management options available in the NHS before considering private options or contacting <https://www.gethealthyrotherham.co.uk/> for more support.

References

¹ <https://yourhealthrotherham.co.uk/download/bariatric-surgery-pathway/> and <https://yourhealthrotherham.co.uk/download/weight-management-pathway/>

² <https://www.nice.org.uk/guidance/cg189/chapter/Recommendations>

³ <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/cosmetic-interventions/knowledge-skills-and-performance#:~:text=You%20must%20recognise%20and%20work,cannot%20safely%20meet%20their%20needs.&text=You%20must%20take%20part%20in,full%20range%20of%20your%20practice.>

⁴ <https://bomss.org/bomss-overview-of-gp-management-of-patients-post-bariatric-surgery/>

⁵ <https://bnf.nice.org.uk/drugs/hydroxocobalamin/>

⁶ https://www.royalberkshire.nhs.uk/media/4nsnx2th/preparing-for-and-managing-pregnancy-after-bariatric-surgery_jun21.pdf

⁷ <https://www.rotherhamlmc.org/website/IGP542/files/2307%20Rotherham%20LMC%20Newsletter%20-%20July%20Aug%202023.pdf>

⁸ <https://humbersidelmc.org.uk/wp-content/uploads/2023/07/Advice-Sheet-Bariatric-FAQs.pdf>

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<https://www.rotherhamlmc.org/website/IGP542/files/2210%20Rotherham%20LMC%20Newsletter%20-%20Oct%202022.pdf>

¹⁰ <https://bomss.org/bomss-traffic-light-poster-for-the-management-of-complications-of-post-bariatric-surgery/>

¹¹ <https://bomss.org/bomss-overview-of-gp-management-of-patients-post-bariatric-surgery/>

Appendix 1

From: GARRISON, Rachel (NHS SOUTH YORKSHIRE ICB - 03L)

Sent: 28 October 2022 17:19

Subject: Update 28th October

Dear all

Some updates to end the week:

Bariatric Patients Seeking Surgery Abroad

We are aware of concerns in relation to patients who have had bariatric surgery abroad and not had the appropriate pre-operative or post-operative care. The response from NHS England is that these patients should be advised that they should speak to private providers to obtain this care as they are essential elements of having the procedure. Whilst this is starting to be considered nationally, there are currently no services in place, other than urgent care for these patients. There have been discussions with current providers in relation to whether they would be able to support this cohort of patient but at present there is no capacity and long waits for patients who meet the criteria for surgery, not all the patients who are travelling abroad do meet the criteria. We appreciate that patients are not always likely to speak to you before going ahead with a procedure abroad but it would be beneficial if you are approached, if you could outline the 2 year follow-up process which is in place for NHS patients and why this is a critical part of the pathway. TRFT have advised that they have started to receive referrals for these patients and will be rejecting as they do not have capacity or the specialist knowledge to support these patients. Sheffield Teaching have advised that whilst they do have the specialist knowledge they do not have the capacity. Discussions are continuing at an ICB and national level in relation to these patients and we will therefore update as this progresses.

[Other parts of this email removed as not relevant to this policy]

Kind regards

Rachel

Rachel Garrison

Senior Contracting & Service Improvement Manager (Primary Care)

Rotherham



South Yorkshire
Integrated Care Board

Devised September 2023 by Dr Linda Strettle

Review Date	Date Reviewed	Reviewed by	Review Period
September 2023	10/9/23	L Strettle & Partners	12/12