

Briefing for the Public Petitions Committee**Petition Number:** [PE 1739](#)**Main Petitioner:** Tom Aldridge**Subject:** Improve access to weight loss surgery

Calls on the Parliament to urge the Scottish Government to amend its criteria for the qualification of bariatric surgery (also known as weight loss surgery) in line with National Institute for Health and Care Excellence (NICE) guidance.

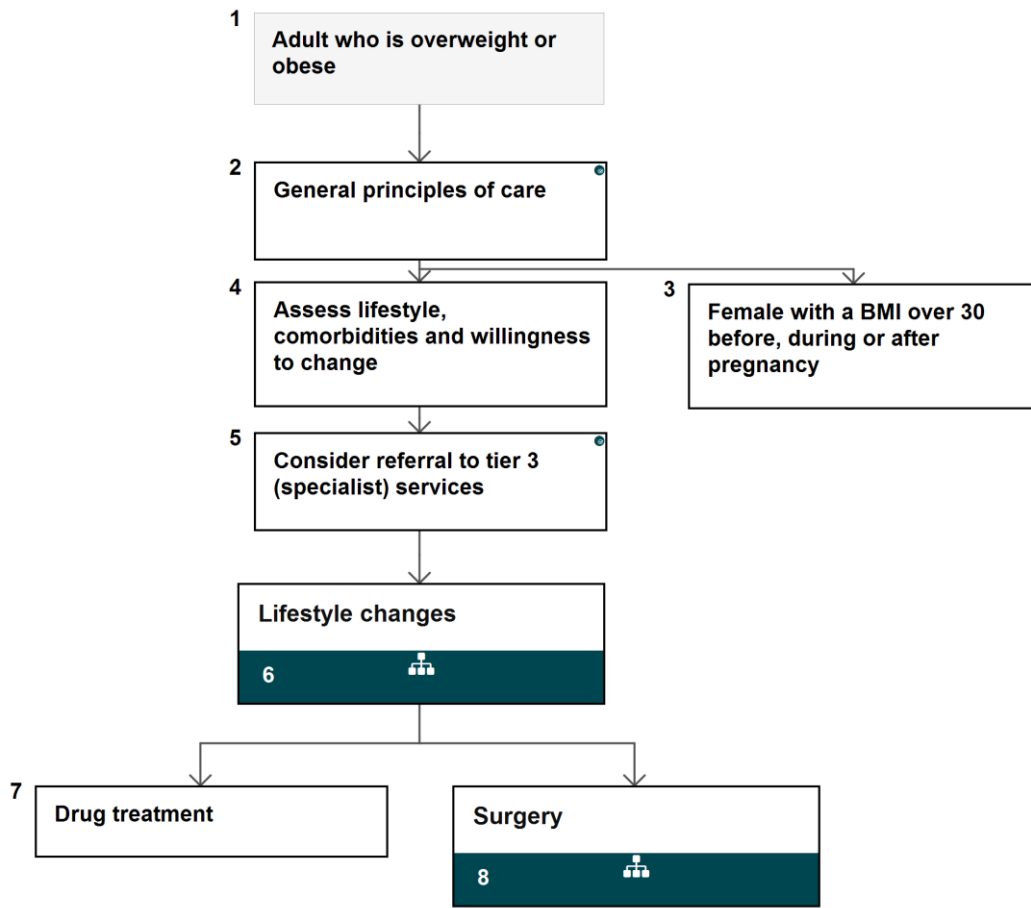
Background

The petitioner is asking that bariatric, or weight-loss surgery is available to people in Scotland under the same conditions as it is in England, and that [National Institute for Care and Health Excellence, \(NICE\) guidelines](#) should be followed. Surgery, he accedes, should be the 'last resort', when all other treatment pathways have been followed or considered to reduce a person's weight. The petitioner states that such surgery is currently only available to people in Scotland who have Type 2 Diabetes.

NICE guidance and publications on the management of obesity

NICE have [published a number of documents relating to the treatment and management of obesity](#). Most are Guidelines, but some are 'Quality Standards' or 'Pathways', ranging from prevention of obesity and diabetes; weight management; physical activity and working with communities, to guidance on surgery for treatment of severe obesity. There are also many [sources of evidence](#) that they also refer to, such as those relating to 'Bariatric Pathways'.

Below is the NICE pathway for an obese adult. Each step in the pathway is linked to associated NICE guidance. The numbers in the boxes refer to specific recommendations: <https://pathways.nice.org.uk/pathways/obesity>. This was updated in August 2019.



Under 'surgery', the guidance states that:

'Assessment and offering surgery'

Bariatric surgery is a treatment option for people with obesity if all of the following criteria are fulfilled:

- They have a BMI of 40 kg/m² or more, 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.
- All appropriate non-surgical measures have been tried but the person has not achieved or maintained adequate, clinically beneficial weight loss.
- The person has been receiving or will receive intensive management in a tier 3 service. (For more information on tier 3 services, see NHS England's report on [joined up clinical pathways for obesity](#).)
- The person is generally fit for anaesthesia and surgery.
- The person commits to the need for long-term follow-up.

In addition to the criteria listed above, bariatric surgery is the option of choice (instead of lifestyle interventions or drug treatment) for adults with a BMI of more than 50 kg/m² when other interventions have not been effective.

The hospital specialist and/or bariatric surgeon should discuss the following with people who are severely obese if they are considering surgery to aid weight reduction:

- the potential benefits
- the longer-term implications of surgery
- associated risks
- complications
- perioperative mortality.

The discussion should also include the person's family, as appropriate.

The surgical intervention should be chosen jointly with the person, taking into account:

- the degree of obesity
- comorbidities
- the best available evidence on effectiveness and long-term effects
- the facilities and equipment available
- the experience of the surgeon who would perform the operation.

A comprehensive preoperative assessment of any psychological or clinical factors that may affect adherence to postoperative care requirements (such as changes to diet) should be carried out before performing surgery.

For further information, this is what NICE says on [preoperative tests](#).

For information on reducing the risk of venous thromboembolism this is what NICE says on [bariatric and gastrointestinal surgery](#) in venous thromboembolism.

Interventional procedures

NICE has published guidance on the following procedures with **special arrangements** for clinical governance, consent and audit or research:

- [single-anastomosis duodeno-ileal bypass with sleeve gastrectomy for treating morbid obesity](#)
- [laparoscopic gastric plication for the treatment of severe obesity](#).

If someone has a recent diagnosis of type-2 diabetes they should be offered an earlier assessment for bariatric surgery.'

Guidance in Scotland

As a rule, clinicians would be expected to follow national and international guidelines and guidance wherever they are practising as clinicians. NICE is the body that publishes guidance for care in England; the Scottish Intercollegiate Guideline Network ([SIGN](#)) is the body in Scotland. SIGN is part of NHS Healthcare Improvement Scotland. There is a '[memorandum of understanding](#)' between the two bodies that they will not replicate guidance where the other has issued it. Other guidance is issued by Royal Colleges, as well as EU and other international bodies on a full range of conditions and diseases, and international consensus on best practice is sought, based on the most up to date and robust evidence.

In the case of obesity and weight management, SIGN issued guidance in 2010 – [Guideline 115](#) on the management of obesity. This has been superseded by the much more recent NICE and other guidance outlined above and elsewhere in NHS publications (see below). However, the 'quick reference guide' from the 2010 Guideline provides the following information regarding bariatric surgery:

BARIATRIC SURGERY IN ADULTS	
<input checked="" type="checkbox"/>	Bariatric surgery should be included as part of an overall clinical pathway for adult weight management.
<input checked="" type="checkbox"/>	Bariatric surgery should be part of a programme of care that is delivered by a multidisciplinary team including, surgeons, dietitians, nurses, psychologists and physicians. There should be close communication between health professionals for effective management of patients' comorbidities as weight loss occurs.
<input checked="" type="checkbox"/>	Specialist psychological/psychiatric opinion should be sought as to which patients require assessment/treatment prior to or following surgery.
C	<p>Bariatric surgery should be considered on an individual case basis following assessment of risk/benefit in patients who fulfil the following criteria:</p> <ul style="list-style-type: none"> ▪ BMI \geq 35 kg/m² ▪ presence of one or more severe comorbidities which are expected to improve significantly with weight reduction (eg severe mobility problems, arthritis, type 2 diabetes). <p>AND</p> <ul style="list-style-type: none"> ▪ evidence of completion of a structured weight management programme involving diet, physical activity, psychological and drug interventions, not resulting in significant and sustained improvement in the comorbidities.

In 2012, a subgroup of the [National Planning Forum](#) devised a [Best Practice Guide for the treatment of obesity](#). This described two priority groups and the criteria that should be met for referral for bariatric surgery:

Priority group 1

Individuals who are aged between 18-44 with a BMI 35-40 kg/m² and recent (less than 5 years) onset of Type 2 diabetes'

Priority group 2

Subject to all Priority 1 patients being offered treatment and local Board agreement, individuals who are aged between 18-44 with a BMI of 40-50 kg/m² and onset of Type 2 diabetes of < 5 years'

It appears from the current guidance that clinical advice is broadly similar and based on similar evidence in Scotland and England. NICE guidance does include that, if someone has a BMI of more than 50kg/m², they should be offered surgery when other interventions have not been effective.

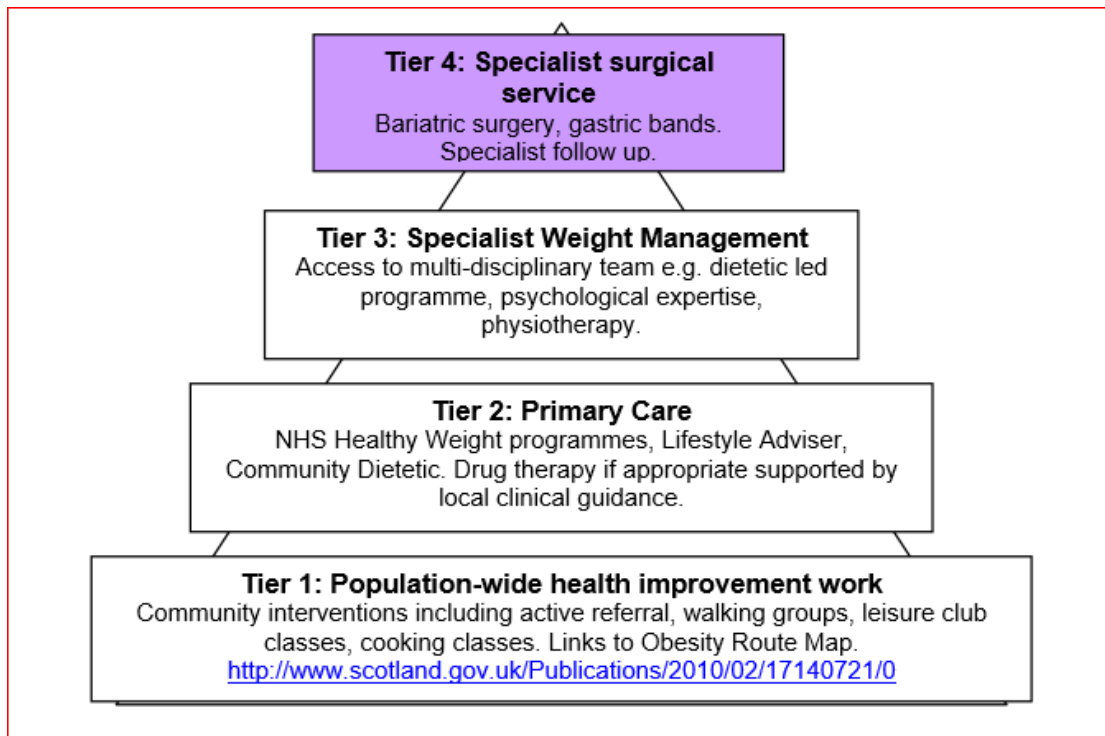
Treatment pathways prior to bariatric surgery

NHS Health Scotland issued [Standards for the Delivery of tier 2 and tier 3 Weight Management Services in Scotland](#) (Research Report) on 2 July 2019. The standards 'ensure a consistent, equitable and evidence-based approach to the treatment of overweight and obesity for adults across weight management services in Scotland. The standards model a tiered approach to weight management services which broadly mirrors The UK Obesity Care Pathway.'

It appears that the standards produced for tiers 2 and 3 services in Scotland were produced to address local variation in the delivery of services and pathways, as described in the document (p4). Throughout the document, the authors reference guidance from a range of sources, from NICE, NHS England and other UK bodies.

This Standards document is detailed and describes the expected interventions and support for services (tiers 2 (community based, led by Primary Care) and 3 (specialist-led), that should be offered and exhausted before considering a person for tier 4 services – bariatric surgery. (Tier 1 services are population-wide services that seek to prevent obesity). A complementary document is the Royal College of Surgeons, NICE accredited [2017 Commissioning Guide for weight assessment and management clinics \(tier 3\)](#). [Public Health England published a guide for commissioning tier 2 weight management services](#) in 2017.

The following diagram shows the tiered approach used [across the UK](#) for weight management and treatment services. (Wales: <http://www.wales.nhs.uk/sitesplus/888/page/97832>) (Northern Ireland: <https://www.health-ni.gov.uk/articles/obesity-applying-all-our-health-nurses-midwives-and-allied-health-professionals>)



Where the more recent NICE guidance appears to differ slightly from that applied in Scotland is in the consideration of those who have a BMI of more than 50kg/m², where there is no requirement to also have a diagnosis of type 2 diabetes. However, surgery in these cases would only be considered after tier 2 and 3 interventions have been exhausted and when the person does not want to attempt further lifestyle approaches, or to use medication.

Scottish Government Action

The Scottish Government's main strategy for tackling obesity is [A Healthier Future: Scotland's Diet and Healthy Weight Delivery Plan \(external site\)](#), published in 2018. The delivery plan contains a number of measures to restrict the promotion and advertising of foods high in fat, sugar and salt and actions to tackle childhood obesity. This includes more support to children, young people and families to achieve a healthy weight, and training for frontline staff in services that work with them.

The plan sets out five outcomes, each supported by a range of actions.

- Children have the best start in life – they eat well and have a healthy weight
- The food environment supports healthier choices
- People have access to effective weight management
- Leaders across all sectors promote healthy diet and weight
- Diet-related health inequalities are reduced.

[The 2019/20 Programme for Government](#) states the following:

“We have already started work to improve the range of weight management services for people being treated for, or who are at high risk of, type 2

diabetes. Backed by investment of £42 million, early adopters have been using this funding to redesign and deliver weight management services in line with the national guidelines. Learning from their experiences, all Health Boards have now received funding to help them develop plans for weight management services and these will begin to become available over the coming year, helping to achieve our ambition to halve childhood obesity by 2030.

We have consulted on restricting the promotion and marketing of food and drink high in fat, sugar or salt where they are sold to the public and will bring forward a Bill on Restricting Foods Promotions for introduction in next year's legislative programme”.

Scottish Parliament Action

The Health and Sport Committee conducted an [inquiry into obesity](#) in Scotland in 2016, prior to the publication of the government's Diet and Healthy Weight Delivery Plan in 2018.

UK Parliament Action

Parliamentary question on the low uptake of bariatric surgery in the UK:
<https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2019-03-18/233505/>

General question about bariatric services:
<https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2018-09-06/171288/>

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11/09/2019

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