

12 December 2018

**Health, Housing & Adult Social Care Policy  
& Scrutiny Committee**

Report of the Clinical Chair, Vale of York Clinical Commissioning Group

**The impact of the Elective Surgery Criteria**

**Summary**

1. As requested by Members, this report provides an overview of the impact on elective surgery that Vale of York CCG's Health Optimisation policy has had since its inception in February 2017. It will specifically provide clarification of the use of BMI in activating this policy, indicating numbers affected, the support that is available to them and a summary the feedback that the CCG has received.

**Background**

Clarification of the use of BMI in activating Health Optimisation.

2. It should also be noted that at the time of implementation of this policy the CCG was under Legal Directions and was working within the confines of the NHSE capped expenditure programme. The CCG took learning from elsewhere that indicated that implementation of this policy could contribute to such confined financial management while providing the opportunity for improving the health of our population.
3. Health Optimisation is triggered at the point GPs have their initial discussion with patients about their lifestyle – this becomes the patient's 'time 0' position (please note, at present there isn't a time limit constraint on when 'time 0' was instigated – so in theory if this was done at the point when health optimisation was implemented patients would go through for surgery as they have exceeded the 12 month waiting period). The whole ethos of this policy was to encourage GPs to discuss, as early as possible, potential impact of being overweight etc. has on their current and future health.
4. So the criteria, covering all elective surgery is:

(i) If a patient's BMI  $\geq 30$  their surgery is delayed/deferred until the following is achieved:

a. Their BMI is  $< 30$

b. They've lost 10% of their weight since their 'time 0' measure

c. They've not achieved (a) or (b) but have waited 12 months since their 'time 0' was measure

(ii) Need to note that we don't exclude GPs referring for opinion if a patient doesn't meet criteria, however a patient will receive a letter explaining they may not be able to access surgery immediately, if that's what's required.

(iii) There are a number of exclusions whereby patients will receive surgery even if they don't meet criteria these being:

Exclusions include:

- Patients requiring emergency surgery or with a clinically urgent need where a delay would cause clinical risk:
  1. Cholecystectomy
  2. Surgery for arterial disease
  3. Anal fissure
  4. Hernias that are at high risk of obstruction
  5. Anal fistula surgery
  6. Revision hip surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, recurrent dislocations, impending peri-prosthetic fracture, gross implant loosening or implant migration.
  7. Revision knee surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, impending peri-prosthetic fracture, gross implant loosening/migration, severe ligamentous instability.
  8. Primary hip or knee surgery which is clinically urgent because there is rapidly progressive or severe bone loss that would render reconstruction more complex.
  9. Nerve compression where delay will compromise potential functional recovery of nerve.
  10. Surgery to foot/ankle in patients with diabetes or other neuropathies that will reduce risk of ulceration/infection or severe deformity.
  11. Orthopaedic procedures for chronic infection.
  12. Acute knee injuries that may benefit from early surgical intervention (complex ligamentous injuries, repairable bucket handle meniscal tears, ACL tears that are suitable for repair).
  13. Other (please specify on the form)
  14. Lower limb ulceration
- Referrals for interventions of a diagnostic nature:
  15. Gastroscopy
  16. Colonoscopy
  17. Nasopharyngolaryngoscopy
  18. Laparoscopy
  19. Hysteroscopy
  20. Cystoscopy
- Patients with advanced or severe neurological symptoms of Carpal Tunnel Syndrome such as constant pins and needles, numbness, muscle wasting and prominent pain AND that are significantly affecting activities of daily living
- Patients who despite having a BMI  $> 30$  have a waist circumference of:
  - Less than 94cm (37 inches) male
  - Less than 80cm (31.5 inches) female
- Children under 18 years of age

Note: The CCG has now added male and female sterilisation to this list

## Consultation

5. *Not applicable for this report*

## Analysis

Data on the number of patients in York that have triggered the Criteria and average length until patients receives surgery.

6. As mentioned above a number of referrals for potential surgery originate from requests for opinion from GPs. These all go via the Referral Support Service, who identify which patients do not meet criteria and send them a letter indicating that surgery maybe not be accessed immediately until the BMI criteria is met. Since its inception of Health Optimisation in February 2017 the RSS have sent out 1,766 letters for patients that exceed BMI criteria .

Health Optimisation success rates

7. The CCG has had some anecdotal evidence that patients have reported to their GPs that as a result of losing weight, in accordance with the policy, the pain they were previously suffering from had dissipated. Some patients did not therefore require surgery.
8. The CCG also reported that during its first year of implementation and as a result of delaying surgery Health Optimisation has contributed to a reduction in spending of £2.2 million

Data on appeals to Health Optimisation including successful appeals

9. To date the CCG's Patient Experience Team have had 78 contacts from patients asking for clarification regarding the policy leading to the delay of their surgery. Following investigation, 4 patients were re-instated to the waiting list for surgery, subject to clinical appropriateness.
10. In addition the CCG has received the following applications for Individual Funding Requests (IFR), whereby patients are assessed against clinical exceptionality definitions to have their surgery

<b>Total IFRs relating to received in relation to this policy</b>	<b>1486</b>
<b>Approved</b>	<b>781</b>
<b>Declined</b>	<b>705</b>

**(Please note: that the figures above relate to the whole locality covered by Vale of York CCG)**

## Support provided for patients undergoing Health Optimisation

11. The CCG is able to signpost patients to the support available to reduce weight etc. For City of York Council residents it would be to the new CYC supported HealthWise service ( 'Better - Healthwise: Physical Activity GP Referral Scheme' )
12. In addition to the letter sent to patients, an information leaflet 'Weight loss to improve outcomes after surgery' (<https://www.valeofyorkccg.nhs.uk/rss/data/uploads/procedures-not-routinely-commissioned/optimising-outcomes/weight-loss-leaflet.pdf>) describing the advantages to losing weight, in relation to a patient's health, as part of lifestyle change.

### **Options**

13. Not applicable

### **Council Plan**

14. Not applicable

### **Implications**

15. Not applicable

### **Risk Management**

16. Not applicable

### **Recommendations**

17. Next Steps

Although the CCG being under Legal Directions and part of the NHSE Capped Expenditure programme may have expediated the implementation of this policy, it has also provided primary care clinicians with an opportunity to open a discussion, with their patients, about weight loss reduction and how outcomes on elective surgery can be impacted by this.

Moving forward, the CCG would welcome a discussion with the Scrutiny Committee about how health optimisation is taken forward in the future. We also welcome the involvement of HealthWatch with this. We would

like to address how we can support our population to lose weight whilst also balancing the need for surgery and how we can do this with our prevention partners

Reason: To inform members of the impact on elective surgery that Vale of York CCG's Health Optimisation policy has had since its inception in February 2017

## Contact Details

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### Chief Officer Responsible for the report:

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Clinical Chair  
Vale of York CCG

Report Approved  Date *Insert Date*

Specialist Implications Officer(s) Not Applicable

Wards Affected:

All

## Abbreviations

BMI – Body Mass index  
CCG- Clinical Commissioning Group  
CYC- City of York Council  
GPs - General Practitioners  
IFR - Individual Funding Requests  
NHSE – National Health Service England  
RSS - Referral Support Service