

Maidstone & Tunbridge Wells NHS Trust Bariatric Service Update

November 2023

Introduction

The Maidstone and Tunbridge Wells (MTW) Bariatric Tier 4 service commenced in November 2022, initially with an exclusive referral pathway from the Kent and Medway contracted Tier 3 service, TBC Healthcare. Currently all patients must have successfully completed the tier 3 programme, demonstrating they are suitable to succeed in achieving successful surgical outcomes following a strict post-operative follow up programme.

TBC Healthcare is a Specialist Weight Management Service offering a weight management programme for a period of up to 12 months that support adults with severe and complex obesity to lose weight through a range of interventions including psychological approaches and dietary changes before onward referral to Tier 4. Patients have full autonomy on which hospital they are referred to on the Tier 4 provider list.

Bariatric Tier 4 Surgical pathway is the MTW service which is initially a 'one stop' clinic with a multi-disciplinary team (MDT) made up of psychologist, dietician, surgeon, anaesthetist and specialist nurse.

Governance

For the first 12 months of the service a contracted arrangement with Professor Mohammed Elkalaawy from University College London NHS Foundation Trust (UCL) was put in place to support a strict governance process and enable review in regards to pathway management, decision making at MDT and surgical skills and patient outcomes. Consultants are currently operating with Professor Elkalaawy present with a view for this support to be removed for sleeve procedures following review at the MTW new procedures committee. It has been identified that the integrated decision making at MDT alongside UCL, whom would take the complex patients that cannot be treated at MTW, as per pathway exclusion criteria is invaluable therefore this support will remain indefinitely.

Bariatric Service review meetings are held quarterly to discuss individual service developments from each MDT representative and to allow reflection on current processes. Patient feedback is reviewed as well as reviewing the ongoing strategy for the service. The Bariatric service provides an update at the Directorate clinical governance meetings.

Developing the Service

The activity for the MTW Tier 4 service was agreed in July 2022 with the Integrated Commissioning Board and commenced in November 2022 after a period of recruitment. The agreed activity for 2022 and into 2023/24 was as follows:

Elective Surgeries:

- November 2022 to March 2023 – 50 elective procedures
- April 2023 – March 2024 – 100 cases elective procedures

- April 2024 – March 2025 – 200 cases elective procedures

In November 2023 a referral pathway was agreed and opened to Tipping the Balance, which is a Medway commissioned Tier 3 service. The expectation is 10 referrals a month in addition to the current referral numbers from TBC Healthcare.

Current position

MTW Bariatric Activity	
	November 2022 to October 2023
Referrals Received	244
Referrals accepted	243
Patients booked in for outpatients	149
Patients awaiting outpatient booking/triage	88
Patients cleared for surgery	6
Patients booked for surgery	16
Patients treated	50
Active Monitoring	31

First year

- Initially low referral numbers whilst MTW became an established Tier 4 provider with patients often researching units before choosing their hospital.
- Referrals paused from tier 3 for 4 weeks in January 2023 whilst agreement from ICB regarding MTW ability to accept out of area referrals for patients who had completed the K&M Tier 3 service as patient choice. Although the number was low there was concerns from TBC Healthcare that their provider list should not have postcode exceptions.
- Due to slow referrals initially building an established waiting list to ensure fully utilised bariatric lists was a challenge.
- Clinic capacity became challenged once the referrals increased and was increased from 10 a month to 18 in August 2023 and from December 2023 will increase further to 24 a month.
- Website and YouTube videos set up to promote the service and patient education.
- Current wait time for 1st Outpatient appointment is 16 weeks.
- Current wait time once listed for surgery is 8 weeks.

Next steps

- MTW New Procedures Committee on the 31/01/24 for trust agreement for independent operating by MTW consultants for Gastric Sleeves.
- The expectation will be to increase clinic capacity to 30 a month from April 2024 by removing the clinical psychology from the one stop clinic. The clinical psychology appointments have been identified as quite intense interactions for both patients and staff as part of the one stop

clinic. The patients will have remote appointments the week before their one stop clinic allowing a more relaxed environment for the patient and less time pressure for the staff carrying out high volumes of appointments in one day.

- From April 2024 bariatric operating capacity will increase providing capacity for 336 procedures a year supporting the outpatient capacity of 30 patients per month.
- Continue to work towards developing paper free pre-one stop questionnaires via patient portal.
- Increase accepted BMI to 55 by January 2024.
- New procedures committee in October 2024 for independent operating on gastric bypass.

Future Service Developments.

A recent Policy Recommendation and Guidance Committee (PRGC) meeting was held to consider recent NICE recommendations of allowing direct access from GP's for all patients. This recommendation will remove the requirement for completion of Tier 3 programme. The views of local specialists and the potential impact of changing eligibility criteria on the local health economics has been considered.

If agreed by Kent & Medway ICB a full-service review and new business case would need to be developed and supported by the K&M ICB. Initial thoughts from the consultant body is of positive benefits for patients receiving surgery sooner in their Bariatric pathway however the support services of dietetics, clinical psychology and one stop capacity will need to be increased with an overall reduction in conversion rates to surgery.