# SCHEDULE 2 – THE SERVICES

1. **Service Specifications**

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| **Service Specification No.** |  |
| **Service** | Bariatric Surgery Management and Monitoring Service |
| **Commissioner Lead** | Head of Primary Care, Telford and Wrekin CCG |
| **Provider Lead** | General Practice |
| **Period** | 1st April 2020 – 31st March 2021 |
| **Date of Review** | October 2020 |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**   Telford and Wrekin CCG will ensure delivery of the nationally determined improvement areas as detailed within the Department of Health *Our* NHS Care Objectives 3 draft mandate; within the following five domains:   * Preventing people from dying prematurely. * Enhancing quality of life for people with long term conditions. * Helping people to recover from episodes of ill health or following injury ensuring people have a positive experience of care. * Treating and caring for people in a safe environment and protecting them from avoidable harm.   Delivery of better health outcomes within these domains underpins the strategic priorities of the CCG. The CCG is also committed to the delivery of regionally mandated service improvements where they are shown to improve patient outcomes or reduce inequalities.  Telford and Wrekin CCG priorities are:   * To improve commissioning of effective, safe and sustainable services, which deliver the best possible outcomes, based upon best available evidence. * To increase life expectancy and reduce health inequalities * To encourage healthier lifestyles * To support vulnerable people * In meeting the objectives above, to exercise CCG functions effectively, efficiently and economically and in accordance with generally accepted principles of good governance and as an employer of choice. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**   |  |  |  | | --- | --- | --- | | **Domain 1** | **Preventing people from dying prematurely** | **C:\Users\lisa_wain\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\T54FB9GR\MC900432530[1].png** | | **Domain 2** | **Enhancing quality of life for people with long-term conditions** | **C:\Users\lisa_wain\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\T54FB9GR\MC900432530[1].png** | | **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | **C:\Users\lisa_wain\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\T54FB9GR\MC900432530[1].png** | | **Domain 4** | **Ensuring people have a positive experience of care** | **C:\Users\lisa_wain\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\T54FB9GR\MC900432530[1].png** | | **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | **C:\Users\lisa_wain\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\T54FB9GR\MC900432530[1].png** |   **2.2 Local defined outcomes**  The Provider shall offer a patient-focused and easily accessible service. |
| **3. Scope** |
| **3.1 Aims and objectives of service**  The Bariatric Surgery Management and Monitoring Service aims to support the on-going care of patients who have undergone bariatric surgery.  This service requires practices/primary care networks to:   * Keep a register of patients who have undergone bariatric surgery, including a record of the type of procedure. * Encourage patients to check their own weight regularly and to attend an annual BMI and diet review with a healthcare professional. * Monitor for, and review co-morbidities post-surgery (e.g. diabetes, hypertension, hypercholesterolaemia, sleep apnoea, mental health) * Undertake an annual medication review * Undertake annual blood monitoring (starting two years post-surgery) * Undertake three monthly monitoring of bloods in pregnant ladies who have undergone bariatric surgery. * Ensure that patients are taking the appropriate lifelong nutritional supplements required post-surgery as recommended by the bariatric centre i.e.   + Sleeve gastrectomy and Gastric Bypass     - Lifelong prescribing of calcium and vitamin D     - Lifelong administration of vitamin B12 injection 1mg once every 3 months     - Advice to purchase a complete multivitamin and mineral supplement     - Prescribing/advice to purchase other nutritional supplements where considered necessary.   + Gastric Band     - Advice to purchase a complete multivitamin and mineral supplement * Physiological support tailored to the individual * Information about professionally-led or peer-support groups   **3.2 Service description/care pathway**  The term “Bariatric Surgery” covers three main procedures; adjustable gastric bands (AGB), sleeve gastrectomy (SG) and roux-en-Y gastric bypass (GBP). Bariatric procedures affect nutritional intake and some procedures may affect the absorption of macronutrients and/or micronutrients (see below).   |  |  | | --- | --- | | Surgical Procedure | Impact on Nutrition | | Gastric Band | No impact on absorption  Over tight gastric band affects nutritional quality of diet including protein and iron | | Sleeve gastrectomy | May be some impact on absorption including iron and vitamin B12 | | Gastric Bypass | Impacts on absorption of iron, vitamin B12, Calcium and Vitamin D. Long limb bypasses may affect absorption of protein, fat, Vitamin A and trace elements in addition |   *GP Guidance: Management of nutrition following bariatric surgery – August 2014*  Practices are required to keep a register of patients who have undergone bariatric surgery, including a record of the type of procedure.  Practices are required to encourage patients to check their own weight regularly and to attend an annual BMI and diet review with a healthcare professional.  Practices are required to monitor for and review co-morbidities post-surgery (e.g. diabetes, hypertension, hypercholesterolaemia, sleep apnoea, mental health)  Practices are required to undertake medication review for all patients on their ‘bariatric register’ at least annually.  Practices are required to perform blood monitoring on an annual basis (starting two years post-surgery). Three monthly monitoring of bloods is required in pregnant ladies who have undergone bariatric surgery. (see below)  Practices are required to ensure that patients are taking the appropriate lifelong nutritional supplements required post-surgery as recommended by the bariatric centre i.e.   * + Sleeve gastrectomy and Gastric Bypass     - Lifelong prescribing of calcium and vitamin D     - Lifelong administration of vitamin B12 injection 1mg once every 3 months     - Advice to purchase a complete multivitamin and mineral supplement     - Prescribing/advice to purchase other nutritional supplements where considered necessary.   + Gastric Band     - Advice to purchase a complete multivitamin and mineral supplement   Practices are required to ensure that patients have access to appropriate physiological support tailored to the individual  **3.3 Population covered**  Patients registered with a Telford and Wrekin GP practice (including temporary residents) who met the NHS criteria for bariatric surgery and have undergone bariatric surgery  **3.4 Any acceptance and exclusion criteria and thresholds**  Patients who have undergone bariatric surgery on a private basis (either in the UK or abroad) should be encouraged to access on-going care privately. However, where a patient wishes to return to NHS care, the patient will have clinical needs, irrespective of whether or not they met the NHS criteria for bariatric surgery prior to undergoing surgery. Primary care is expected to meet the patient’s requirements (prescribing and blood monitoring) under this locally commissioned service. Blood monitoring is carried out for two years post-surgery for patients who have undergone bariatric surgery through the NHS, this responsibility may need to be accepted by the GP where a patient no longer has access to their private clinician (e.g. where surgery was carried out abroad). Where there are questions about managing an individual patient’s blood results etc, ‘Advice and guidance’ should be used to obtain specialist support.  **3.5 Interdependence with other services/providers**   * Community Nursing Service * Nutrition Service (Dieticians) * Medicines Management * Secondary Care * Telford and Wrekin Local Authority Healthy Lifestyle Advisers |

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| **4. Applicable Service Standards** |
| **4.1 Applicable national standards**  **Nutritional supplements**  **Multivitamin and mineral supplements**  **After all types of bariatric surgeries**, patients will be advised to purchase and take one of the recommended complete multivitamin and mineral supplements containing iron, selenium, zinc and copper (e.g. Sanatogen A-Z Complete, Superdrug A-Z multivitamins and minerals, Tesco Complete multivitamins and minerals, Lloyds Pharmacy A-Z multivitamins and minerals. A minimum of 2mg of copper per day is recommended post-surgery, and as many over-the-counter preparations contain 1mg, patients will be advised to take two tablets daily (one twice daily). This is a lifelong requirement that should be reiterated to patients at all monitoring reviews.  Patients should be advised against taking additional vitamin and mineral supplements for their hair and nails as this can upset the balance for copper and zinc and cause deficiencies.  **Calcium and vitamin D**  **For patients who have had sleeve gastrectomy or gastric bypass**: A calcium and vitamin D combination product providing a total daily dose of 800-1200 mg calcium and 20mcg (800IU) vitamin D should be prescribed. The CCG recommended products include Adcal D3 chewable tablets, Calceos and Accrete D3. The recommended dose = 1 twice daily unless PTH levels have been high in the past, in which case the patient may be prescribed a three times daily dose. Primary care will be advised to prescribe calcium and vitamin D following the 6 week post-surgery follow-up appointment.  **Vitamin B12**  **For patients who have had sleeve gastrectomy or gastric bypass**: Vitamin B12 injection should be administered once every 3 months. Advice on whether this is necessary will be provided by the specialist following the 6 week post-surgery follow-up appointment.  **Monitoring requirements**  The bariatric team will monitor bloods (as detailed below) for two years post-surgery.  Primary care clinicians will be asked to accept annual monitoring responsibility after two  years. Annual blood monitoring is a lifelong requirement. Patients should be referred back  into the bariatric service if support is required to correct levels.   |  |  | | --- | --- | | **Blood test** | **Frequency** | | U+E, LFT, bone profile, FBC, ferritin, folate, calcium, vitamin D and PTH | Annually | | Thiamine | Routine monitoring is not required, however please be aware if the patient is suffering with prolonged vomiting an acute thiamine deficiency can occur and this requires urgent treatment | | Vitamin B12 | Annually, although no need to monitor if the patient has vitamin B12 injections | | Zinc and copper | Annually | | Vitamin A | Measure if concerns regarding steatorrhoea or symptoms of vitamin A deficiency | | Vitamin E+K | Measure if concerns regarding unexplained anaemia or neuropathy | | Selenium | Monitor if unexplained fatigue, anaemia, metabolic bone disease, chronic diarrhoea or heart failure | | Vitamin D | Annually | | PTH | Annually |   The most common deficiencies found during blood monitoring are zinc and vitamin D. If  such deficiencies are discovered, primary care clinicians may be advised to prescribe Solva  zinc twice daily for 8 weeks only (for zinc deficiency) or Fultium D3 800IU once daily for 3  months (for vitamin D deficiency).  **4. Other prescribed medicines**  At the time of discharge patients will be issued with:   * Low molecular weight heparin (the full supply should be issued by the bariatric team) * Lansoprazole 30mg or omeprazole 20mg capsules (1-2 weeks supply will be issued by the bariatric team at the time of discharge, this should then be continued in primary care for approximately 3 months post-surgery. It can then be stopped)   **5. Liquid formulations**  Liquid formulations of medicines are not required either before or after surgery.  **6. Further information**  **Pregnancy**  Patients are advised that they should not become pregnant in the first 12 months after surgery, ideally they should wait for at least 18 months.  If they become pregnant they should be advised to stop taking their multivitamin/mineral product and switch to a pregnancy specific one e.g. Pregnacare or Seven Seas pregnancy.  Where it has been appropriate to prescribe calcium and vitamin D supplements and Vitamin B12 injections, these should be continued during pregnancy.  If the patient becomes pregnant within the first 12 months of surgery or if their BMI is > 30, folic acid 5mg tablets, one daily, should be taken until the 12th week of pregnancy.  Bloods should be checked every 3 months during pregnancy  **References**  1. British Obesity & Metabolic Surgery Society, GP guidance: Management of nutrition following bariatric surgery; <http://www.bomss.org.uk/nutritional-guidelines> (January 2016)  2. BMJ 2016; 352:i945 – Primary care management of patients after weight loss surgery (Published 10 March 2016)  3. NICE Obesity: identification, assessment and management of overweight and obesity in children, young people and adults; <http://www.nice.org.uk/guidance/cg189/chapter/1-recommendations> (March 2015)  4. PrescQIPP bulletin 54, Bariatric surgery patients and their medicines; http://www.prescqipp.info/bariatric- patients-their-medicines/finish/226-bariatric-patients-and-their-medicines/1290-bulletin-54-bariatric-surgery- patients-and-their-medicine (March 2015) |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements**   ***To be suggested by Secondary Care***  Read codes will be provided for all patients being actively monitored. Practices will give consent to the CCG undertaking data extraction to monitor numbers of managed patients so that funding can be appropriately directed to practices and patient outcomes actively monitored   * 1. **Applicable CQUIN goals (See Schedule 4 Part [E])**   Not applicable for this Service |
| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at: *Telford and Wrekin CCG GP Practice (this will be personalised when added to the NHS Standard Contract).*** |
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