

## National Bariatric Infrastructure Survey

The British Obesity and Metabolic Surgery Society (BOMMS) commissioned the national bariatric survey aimed at identifying the current infrastructure available for safe conduct of bariatric procedures. The NHS England AO5 Policy for bariatric commissioning guidelines and the RCS/BOMSS Guidelines for Weight Assessment and Management Clinics provide clear descriptions of service infrastructure and the requisite team to provide a safe bariatric service. A template was developed to assess the structure of each unit via a Survey Monkey questionnaire. A link to the questionnaire was sent in August 2014 to all BOMSS members to enter the details of the bariatric and allied services available in their respective centres across National Health Service (NHS) bariatric centres in the UK. The data were collated and all the incomplete- and non-responders were contacted through mail or by telephone to ensure the data were as complete as possible.

This is the first attempt to collect data on the facilities and staffing available in bariatric units in the UK against set standards. We had more than one response from some centres, hence one of the members from the multiple responders were contacted to verify the data. There could be still some discrepancies and we suggest that you contact BOMSS or [ccheruvu@gmail.com](mailto:ccheruvu@gmail.com) so that they can be updated.

### Demographics

In all 46 centres participated in contributing their data. The detailed breakdown of the number of trusts reporting bariatric procedures in England, Scotland and Wales by regions is shown below.

Region	Number of centres reporting	Number of surgeons in the centres
Northwest	3	11
Northeast	5	15
York	6	18
Midlands	8	28
London & East England	10	35
Southwest	5	15
Southeast	5	14
Scotland	3	6
Wales	1	2
Total	46	144

*Table 1: Trusts reporting the bariatric services across the UK.*

A complete list of the individual trusts and the centres performing the surgery is attached as Appendix 1.

## On call consultant rota for out-of-hours emergencies

The majority of the centres have reported an ad hoc on call consultant rota for out-of-hours bariatric emergencies, with only a few centres having a dedicated rota.

## Full Time Bariatric Specialist Nurse

One crucial factor for safe delivery of the specialist bariatric services is availability of a dedicated bariatric clinical nurse specialist (CNS). Only 41 centres (89%) reported having a bariatric CNS, 3 did not answer the question and 2 centres did not have a CNS. Twenty-six centres (56%) factored in elective cover for planned and unplanned absence of a dedicated bariatric nurse specialist.

## Full Time Bariatric Dietitian

Every centre reported having a dedicated bariatric dietitian service apart from 3, who reported availability of a non-dedicated but a definitive dietetic support service. The majority of centres reported having cover for leave but 12 centres (26%) did not have arrangements to cover the absence of the dietitians.

## Physiotherapist and Psychologist

Eighteen centres (39%) reported having a dedicated bariatric physiotherapist to support postoperative patients in secondary care. Crucial availability of clinical psychology services was present in 39 centres (85%). Seven centres did not have a dedicated psychology service (15%). Two centres had psychologist leave cover. Forty four centres (95%) had no dedicated leave cover for their absence. While psychology services are widely available, 32 centres (69%) did not have a dedicated consultant psychiatrist with a special interest in bariatric services available.

## Bariatric Anaesthetist, Radiologist and Patient Support Group

Surprisingly, one centre did not have a dedicated bariatric anaesthetist, and 5 centres (11%) did not have a dedicated radiologist. All the bariatric centres surveyed except one have a dedicated Support group for bariatric patients.

## Referrals from Tier 3 Weight Assessment and Management Clinics

The presence and understanding of medical tier 3 services was very variable and only a few centres described a fully-fledged Tier 3 service as per the NHS England AO5 Policy. Although 32 centres (69%) reported having a Tier 3 service, on further discussion with the individual units, it appears the presence of an endocrinologist in the team is considered as offering a Tier 3 service by these bariatric teams, more in accordance with the RCS/BOMSS Weight Assessment and Management Clinics guidelines. The majority of the centres now report a link with endocrinologists in the team and are secondary care-based as part of the Tier 4 service. The few centres which report tier 3 services in the community or in primary care are run by dietitians



and do not appear to have an endocrinologist in the team, therefore these are not currently functioning as Tier 3 clinics as described.

Thus it appears that the Tier 4 services are providing a Tier 3 component in a secondary care setting with an endocrinologist present in the majority of the teams. The funding and establishing of a structured Tier 3 service separate from Tier 4 medical and bariatric assessment clinics appears to be lacking, hence most bariatric teams in secondary care appear to have developed their own individual pathways to include an endocrinologist in the team to provide a comprehensive bariatric surgical service.

### MDT meeting, NBSR Input Clerk & Audit Clerk - HQIP data

The majority of the centres responding have a multidisciplinary (MDT) set-up and regular MDT meetings. All clinical teams, including bariatric surgeons, anaesthetists, endocrine physicians, radiologists in some, dieticians, physiotherapists, and clinical nurse specialists attend them. Two centres did not appear to have a dedicated MDT meeting.

Only 14 bariatric centres (30%) are supported by dedicated administrative staff for data entry to the National Bariatric Surgery Registry (NBSR) and peer-review (audit). However, 29 centres (63%) report having a dedicated bariatric administrator to help with the MDTs and reporting.

### Facilities infrastructure

In all, 44 centres (95%) consider themselves as having a customised infrastructure for bariatric procedures. Thirty eight centres (82%) heavy-duty scanners available and trained staff to manage those scanners, however 8 centres (17%) did not have heavy-duty scanners available. Most centres report availability of bariatric theatre and ward equipment to manage these patients.

### Summary

In summary, this report underlines a general availability of quality bariatric services across the country. There is clearly scope for improvement of specific services in some regions of the country based on the local requirements and clinical commissioning agreements. This infrastructure survey is an initiative to recognise existence of specialist bariatric services and to recognise the deficiencies which need addressing as standards for the safe delivery of NHS Bariatric surgery services in the UK continue to improve.

Mr. Chandra Cheruvu, Clinical Services and Professional Standards Sub-Committee

Mr Richard Welbourn, President

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