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Welsh Health Specialised
Services Committee (WHSSC)

Specialised Services Commissioning Policy: CP29a Obesity Surgery for Complex and Severe Obesity - Level 4 (Adults)

March 2023

Version 1.0



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Policy Statement

Welsh Health Specialised Services Committee (WHSSC) will commission obesity surgery for adults (aged 18 years and over) with severe and complex obesity that has not responded to all other non-invasive therapies in accordance with the criteria outlined in this document.

In creating this document WHSSC has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

Welsh Language

WHSSC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the [Welsh Language Act \(1993\)](#), the [Welsh Language \(Wales\) Measure 2011](#) and the [Welsh Language Standards \(No.7\) Regulations 2018](#).

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this WHSSC is committed to working closely with providers to ensure that in the absence of a Welsh speaker, written information will be offered and people have access to either a translator or 'Language-line' if requested. Where possible, links to local teams should be maintained during the period of care.

Decarbonisation

WHSSC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the WHSSC commitment.

Disclaimer

WHSSC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this policy.

This policy may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

WHSSC disclaims any responsibility for damages arising out of the use or non-use of this policy.

1. Introduction

This commissioning policy has been reviewed and updated in light of revised NICE guidance published in 2022¹ and the [All Wales Weight Management Pathway 2021](#). This policy has been developed for the planning and delivery of obesity surgery for adults (aged 18 years and over) with severe and complex obesity who are resident in Wales. This Level 4 specialist surgical service will only be commissioned by the Welsh Health Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

It is acknowledged that Health Boards are currently working on plans to implement the [All Wales Weight Management Pathway 2021](#) and a gap remains in Level 3 services in South Wales. In the interim referrals to the Level 4 bariatric MDT at the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) can be made according to the referral pathway designated by each Health Board for its resident population.

1.1 Plain Language Summary

People whose weight to height ratio (or Body Mass Index, BMI) is very high are more likely to suffer from a range of illnesses (e.g. type-2 diabetes) and have a lower life expectancy.

Programmes designed to support people in losing weight include lifestyle changes such as diet, exercise and behavioural change. Low and very low calorie diets, drug treatments, psychological support and specialist weight management programmes are also available. Obesity surgery, also known as bariatric surgery or weight-loss surgery (for example gastric bypass) is a highly specialised intervention used in selected adults with severe and complex obesity that has not responded to all other non-invasive therapies.

Within a selected group of adults, obesity surgery has been shown to be highly cost effective in reducing BMI and the associated illnesses, promoting longer term health.

Patients need to be motivated and adequately prepared for surgery and for the post-surgical treatment and monitoring which is necessary for success.

¹ [National Institute of Health and Care Excellence: Obesity: identification, assessment and management](#) [CG189], November 2014, last updated September 2022

1.2 Background

Level 4 Specialist Surgical Services

Obesity surgery, which is known to achieve significant and sustainable weight reduction within 1-2 years, as well as reductions in co-morbidities and mortality, is commonly known as bariatric surgery. WHSSC will commission the current standard bariatric operations:

- Gastric Bypass
- Sleeve Gastrectomy

For descriptions of the standard bariatric operations please see [annex iii](#).

People whose weight to height ratio or Body Mass Index (BMI) (see table 1 below) is high are more likely to suffer from a range of illnesses (e.g. type-2 diabetes) and have a lower life expectancy.

Table 1: Body Mass Index (BMI) Categories

Classification	BMI (kg/m²)
Underweight	<18.5
Healthy weight	18.5–24.9
Overweight	25.0–29.9
Obesity I	30.0–34.9
Obesity II	35.0–39.9
Obesity III	≥40.0

Obesity surgery may be considered for patients as described in the access criteria in section 2.1, and if all appropriate non-surgical measures have been tried but clinically beneficial weight loss has not been achieved or maintained.

Obesity surgery is the most effective weight-loss therapy and has marked therapeutic effects on patients with Type 2 diabetes. The economic effect of the clinical benefits of obesity surgery for diabetic patients with a BMI of 35 kg/m has been estimated in patients aged 18-65 years. Surgery costs were fully recovered after 26 months for laparoscopic surgery. These data suggest that surgical therapy is clinically more effective and ultimately less expensive than standard therapy for diabetic patients with a BMI of 35 kg/m. Other groups have been less well studied but obesity surgery is reported to be cost effective against a wider range of co-morbidities.

1.3 Aims and Objectives

This policy aims to define the commissioning position of WHSSC on the use of obesity surgery for adults with severe and complex obesity that has not responded to all other non-invasive therapies.

The objectives of this policy are to:

- ensure commissioning for the use of obesity surgery is evidence based
- ensure equitable access to obesity surgery
- define criteria for people with severe and complex obesity to access treatment
- improve outcomes for people with severe and complex obesity.

1.4 Epidemiology

Obesity is a major public health problem due to its association with serious chronic diseases such as type 2 diabetes, metabolic syndrome, dyslipidaemia, hypertension, cardiovascular disease, several types of cancer, gastro-oesophageal reflux disease, non-alcoholic fatty liver disease (NAFLD), degenerative joint disease, obstructive sleep apnoea syndrome, disability, psychological and psychiatric morbidities, reduced quality of life and premature death².

The obese state shortens life expectancy. For men and women between 20-30 years of age with a BMI greater than 45, the expected number of years of life lost is 13 for men and 8 for women. It is estimated that circa 6.8% of all deaths are attributable to obesity.

In Wales, there is now a high and increasing prevalence of obesity. It is estimated that around 600,000 people aged over 16 in Wales are obese and 60,000 of those are severely obese, with a Body Mass Index (BMI) > 40 kg/m². This number is increasing, with an estimated 10,000 more adults becoming obese each year.

The percentage of adults reporting to be overweight or obese is higher in men than in women for each age group.

The prevalence of overweight or obese adults increases with deprivation, with a 12% difference between the most and least deprived areas in Wales.³

² [2017/18 NHS Standard Contract, For Severe and Complex Obesity \(Adults\), Schedule 2 – The Services, A-Service Specifications, NHS England, NHS England, \(2017\)](#)

³ Obesity in Wales, Public Health Wales NHS Trust 2019

1.5 Current Treatment

The model of care for managing obesity in Wales as outlined in the [All Wales Weight Management Pathway 2021](#) is as follows:

- Level 1 – Brief advice and self-directed support
- Level 2 – Multi-component weight management support
- Level 3 – Specialist multi-disciplinary weight management services
- Level 4 – Specialist surgical services

In order to access obesity surgery, a patient is referred and considered suitable for surgery by the Level 3 MDT but the final decision will be made by the Level 4 MDT.

The Welsh Institute of Metabolic and Obesity Surgery (WIMOS) delivers surgical services for patients in South Wales, through a 2-site model that includes Morriston and Singleton Hospitals in Swansea. Patients from North Wales access obesity surgery at Salford Royal NHS Foundation Trust.

1.6 What NHS Wales has decided

WHSSC has carefully reviewed the evidence of complex and specialised surgery for adults with severe and complex obesity. We have concluded that there is enough evidence to fund the use of obesity surgery, within the criteria set out in section 2.1.

1.7 Relationship with other documents

This document should be read in conjunction with the following documents:

- **NHS Wales**
 - All Wales Policy: [Making Decisions in Individual Patient Funding requests](#) (IPFR).
 - [Obesity in Wales Report Public Health Wales NHS Trust](#) (2019)
 - [All Wales Weight Management Pathway 2021](#), Adults., Welsh Government
- **WHSSC policies and service specifications**
 - Complex and Specialised Obesity Surgery Service Specification (CP29b) (In Development)
- **National Institute of Health and Care Excellence (NICE) guidance**
 - [Obesity: identification, assessment and management](#), NICE Clinical Guideline (CG189), November 2014
 - [Obesity prevention, NICE Clinical Guideline \(CG43\)](#). (March 2015)

- [Perioperative care in adults, NICE Guideline \(NG180\). \(August 2020\)](#)
- **Relevant NHS England policies**
 - [Guidance for Clinical Commissioning Groups \(CCGs\): Clinical Guidance: Surgery for Severe and Complex Obesity \(2016\)](#)
 - [Clinical Commissioning Policy: Complex and Specialised Obesity Surgery, NHSCB/A05/P/a, April 2013](#)
 - [2017/18 NHS Standard Contract, For Severe and Complex Obesity \(Adults\), Schedule 2 – The Services, A-Service Specifications, NHS England, NHS England, \(2017\)](#)
- **Other published documents**
 - [BOMSS Professional Standards and Commissioning Guidance 2012 \(Updated 2019\)](#)
 - [Obesity in Wales Report Public Health Wales NHS Trust \(2019\)](#)
 - [All Wales Weight Management Pathway 2021 \(Adults\): Core Components, Welsh Government \(2021\)](#)

2. Criteria for Commissioning

The Welsh Health Specialised Services Committee has approved funding of complex and specialised surgery for adults (aged 18 years and over) resident in Wales with severe and complex obesity, in-line with the criteria identified in this policy.

2.1 Inclusion Criteria

To be considered for bariatric surgery the following criteria will need to be met:

The person is:

- aged 18 years or over

and

- has a BMI of 40 kg/m² or more⁴ and other interventions have not been effective

or

- has a BMI range 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

or

- is an individual with newly diagnosed diabetes (<10 years) with a BMI range between >30 kg/m² to < 35kg/m² and as long as they have or will receive assessment in a Level 3 service

and

- all appropriate non-surgical measures have been tried but clinically beneficial weight loss has not been achieved or adequately maintained.

In addition to the above criteria, the person being considered for bariatric surgery should:

- have been receiving and complied with a local specialist weight management programme (Level 3 or Level 4 in some urgent or complex cases) described as:
 - for a minimum period of 6 months if deemed appropriate by the MDT. For patients with BMI > 50kg/m² attending a specialist obesity service, this period should include the stabilisation and assessment period prior to obesity surgery. Patients with new onset type 2 diabetes may have their surgical assessment

⁴ In Black African, African-Caribbean and Asian groups the criteria should be lowered by 2.5kg/m² and as long as they have been receiving or will receive assessment in a Level 3 service.

concurrently with the Level 3 specialist multi-disciplinary weight management service.

- be generally fit for anaesthesia and surgery
- be able to commit to long-term follow-up post-surgery.

A formalised MDT led processes for the screening of co-morbidities and the detection of other significant diseases should be in place. Please refer to [WHSSC Service Specification for Severe and Complex Obesity Surgery \(CP29b\)](#) for full details on the process.

2.2 Exclusion Criteria

- People with a BMI under 35kg/m²⁵
- People with recent onset Type 2 diabetes who have not gone through appropriate Level 3 services and do not meet the surgical acceptance criteria
- Plastic surgery, which may be required as a result of weight loss following obesity surgery. (Clinicians wishing to refer patients for plastic surgery post obesity surgery will be required to make a referral to plastic surgery. The patient will have to meet the criteria for access to plastic surgery in order for the surgery to be funded).
- People under 18 years of age.

2.3 Continuation of Treatment

Healthcare professionals are expected to review a patient's health at the following regular intervals to ensure they are demonstrating an improvement to their health due to the treatment being given.

To monitor weight loss post-surgery:

- 6 months
- 12 months
- 18 months
- 24 months

To monitor weight loss post intervention, when a patient is clinically unsuitable for surgery:

- 6 months
- 12 months

⁵ There may be special clinical scenarios where urgent weight loss is required (prior to renal transplant or fertility treatment or cancer treatment or benign intracranial hypertension). These will arise from referral by another clinical MDT to a specialised complex obesity service. These patients will not have been through a Level 3 service. However, if their clinical situation permits, they should undergo a minimum period of preparation, education and clinical optimisation in the Level 4 specialist surgical service. These will be treated as exceptional cases and accelerated through the individual funding processes.

- 18 months
- 24 months

2.4 Acceptance Criteria

The service outlined in this policy is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP practice in England, but includes patients resident in England who are registered with a GP Practice in Wales.

2.5 Patient Pathway (Annex i)

Patients will follow the pathways outlined in the [All Wales Weight Management Pathway 2021](#) which is underpinned by the 10 national design principles outlines in [A Healthier Wales: our plan for health and social care](#).

The provider of a Level 4 specialist surgical service will have clear pathways and partnerships with the relevant Level 3 service, so that those who are eligible for bariatric surgery are supported pre- and post-surgery.

Specialist pre-surgical assessment is conducted by either the Level 3 MDT working in partnership with the Level 4 service or the Level 4 bariatric MDT to identify patient suitability and treatment needs.

The provision of after-care and weight management support for a person who has received surgery remains a lifetime commitment, through a shared care arrangement between Level 3 and 4 services. Structured, systematic and team based follow up should be planned by the Level 4 team for a minimum of 2 years after surgery and delivered by Level 3 or 4 team depending on the local arrangements. Lifelong specialist follow up is advocated and should be reflected in Level 3 service liaison with Primary Care. Specialist services (Level 3 and 4) will need to ensure that there is a process for early identification of complications and re-referral to the bariatric surgeon or physicians if required (See WHSSC Service Specification for Severe and Complex Obesity Surgery (Adults) CP29b⁶).

2.6 Designated Centre

The obesity service for Wales is provided at the following Centres:

For patients resident in South Wales and South and Mid Powys

- Welsh Institute for Metabolic and Obesity Surgery (WIMOS)
Swansea Bay University Health Board
Morrison Hospital
Heol Maes Eglwys

⁶ <https://whssc.nhs.wales/commissioning/whssc-policies/all-policy-documents/>

Swansea
SA6 6NL
Singleton Hospital
Sketty Lane
Sketty
Swansea
SA2 8QA

For patients resident in North Wales and North Powys

- Salford Royal NHS Foundation Trust
Salford Royal
Stott Lane
Salford
M6 8HD

2.7 Exceptions

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [Welsh Health Specialised Services Committee \(WHSSC\) | Individual Patient Funding Requests](#)

2.8 Clinical Outcome and Quality Measures

The Provider will work to written quality standards and provide monitoring information to the lead commissioner.

- Providers are to deliver this service/treatment in line with applicable national standards (included in section 1.7)
- Refer to WHSSC Service Specification for Severe and Complex Obesity Surgery (adults) CP29b⁷.

⁷ <https://whssc.nhs.wales/commissioning/whssc-policies/all-policy-documents/>

The following information is to be collected and reported to WHSSC:

Item to be collected and reported	Frequency
Number of new referrals	Quarterly
Number of re-referrals	Quarterly
Number and percentage of referrals not accepted	Quarterly
Number and percentage offered appointments	Quarterly
Number of procedures undertaken	Monthly
Number on In-patient waiting list	Monthly
Number in total pathway	Monthly
Adverse Incidents	As they arise and within 48 hours as per SLA
Post procedure mortality	Quarterly
Post procedures complications	Quarterly

In addition to the above and as part of the National Minimum Data set for weight management service the service will collect and report the outcomes outlined in the [All Wales Weight Management Pathway 2021](#).

2.9 Responsibilities

Referrers should:

- inform the patient that this treatment is not routinely funded outside the criteria in this policy, and
- refer via the agreed pathway

In all other circumstances an IPFR must be submitted.

3. Evidence

WHSSC is committed to regularly reviewing and updating all of its commissioning policies based upon the best available evidence of both clinical and cost effectiveness.

3.1 References

- [BOMSS Professional Standards and Commissioning Guidance 2012](#) (Updated 2019)
- [Obesity in Wales Report Public Health Wales NHS Trust](#) (2019)
- [National Institute of Health and Care Excellence: Obesity: identification, assessment and management](#) [CG189], November 2014, last updated September 2022
- [National Institute for Health and Clinical Excellence. Obesity prevention](#) [CG43] (2006)
- [National Institute of Health and Care Excellence: Obesity Guidance](#), May 2020
- [NHS England Guidance for Clinical Commissioning Groups \(CCGs\): Clinical Guidance: Surgery for Severe and Complex Obesity](#) (2016)
- [NHS England Clinical Commissioning Policy: Complex and Specialised Obesity Surgery](#), NHSCB/A05/P/a, April 2013
- [All Wales Weight Management Pathway 2021 \(Adults\)](#). Welsh Government.

3.2 Date of Review

This document is scheduled for review before 2026, where we will check if any new evidence is available. If no new evidence or intervention is available the review date will be progressed.

If an update is carried out the policy will remain extant until the revised policy is published.

4. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

5. Putting Things Right:

5.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for [NHS Putting Things Right](#). For services provided outside NHS Wales the patient or their representative should be guided to the [NHS Trust Concerns Procedure](#), with a copy of the concern being sent to WHSSC.

5.2 Individual Patient Funding Request (IPFR)

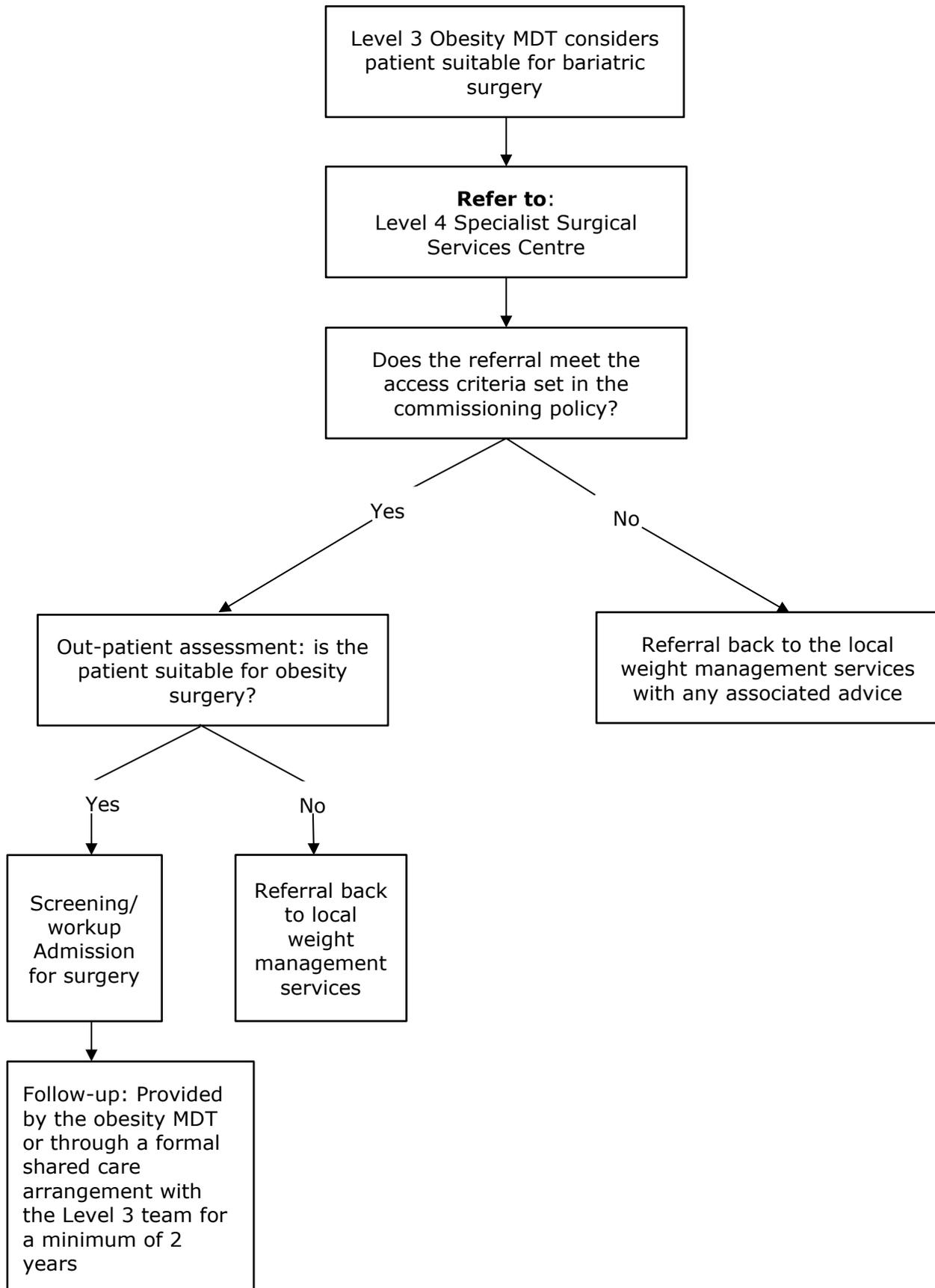
If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [Welsh Health Specialised Services Committee \(WHSSC\) | Individual Patient Funding Requests](#)

Annex i Patient Pathway



Annex ii Codes

Code Category	Code	Description
ICD10	E66	Obesity
OPCS4	G282	Partial gastrectomy and anastomosis of stomach to transposed jejunum
OPCS4	G288	Other specified partial excision of stomach
OPCS4	G289	Unspecified partial excision of stomach
OPCS4	G301	Gastroplasty NEC
OPCS4	G302	Partitioning of stomach NEC
OPCS4	G303	Partitioning of stomach using band
OPCS4	G304	Partitioning of stomach using staples
OPCS4	G308	Other specified plastic operations on stomach
OPCS4	G309	Unspecified plastic operations on stomach
OPCS4	G321	Bypass of stomach by anastomosis of stomach to transposed jejunum
OPCS4	G328	Other specified connection of stomach to transposed jejunum
OPCS4	G329	Unspecified connection of stomach to transposed jejunum
OPCS4	G611	Bypass of jejunum by anastomosis of jejunum to jejunum
OPCS4	G612	Bypass of jejunum by anastomosis of jejunum to ileum
OPCS4	G613	Bypass of jejunum by anastomosis of jejunum to colon
OPCS4	G618	Other specified bypass of jejunum
OPCS4	G619	Unspecified bypass of jejunum

Annex iii Abbreviations and Glossary

Abbreviations

IPFR	Individual Patient Funding Request
WHSSC	Welsh Health Specialised Services
MDT	Multidisciplinary Team

Glossary

Gastric bypass

There are a number of variations of gastric bypass operation but the most popular one conducted in the UK is called a Roux-en-Y gastric bypass (RNY). At surgery, the top section of the stomach is divided off by a line of staples, creating a small 'pouch' stomach. A new exit from this pouch is made into a 'Y' loop from the small intestine so that food bypasses your old stomach and part (about 100-150cm) of the small intestine. The size of stomach pouch and the length of small intestine that is bypassed are carefully calculated to ensure that patients will be able to eat enough for their body's needs at normal weight.

Healthcare Professional

A healthcare professional is a person associated with either a specialty or a discipline and who is qualified and allowed by regulatory bodies to provide a healthcare service to a patient.

Individual Patient Funding Request (IPFR)

An IPFR is a request to Welsh Health Specialised Services Committee (WHSSC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

Level 1 Brief advice and self-directed support

Involves the provision of brief advice and signposting to self-directed support for achieving or maintaining a healthy weight (step-down). Level 1 is typically provided by primary healthcare teams or other health and social care professionals providing long term continuing care.

Level 2 Multi-component weight management services

Includes multi-component weight management interventions; addressing diet, physical activity and behaviour change skills, underpinned by behavioural science. The different components may be delivered together or separately, they would normally include referral to evidence based commercial provision, dedicated primary or community services delivered by dietitians or other professionals or digital services. The physical activity component may be provided by the National Exercise Referral Programme or similar provision. Sessions should be offered over a minimum period of

12 weeks and should include a review by the referring professional at the end of the period.

Level 3 Specialist multi-disciplinary weight management services

Specialist multi-disciplinary assessment and specialist interventions delivered by the multi-disciplinary team (MDT), including: medical, dietary, psychological, pharmacological and physical activity/mobility interventions. Progress is monitored and reviewed by the MDT. Those eligible for a bariatric surgery assessment are identified and referred to level 4.

Level 4 Specialist Surgical Services

Specialist multi-disciplinary assessment and specialist interventions delivered by the multi-disciplinary team (MDT), including: medical, dietary, psychological, pharmacological and physical activity/mobility interventions. Progress is monitored and reviewed by the MDT. Those eligible for a bariatric surgery assessment are identified and referred to level 4⁸.

Sleeve gastrectomy

The sleeve gastrectomy reduces the size of the stomach by about 75%. It is divided vertically from top to bottom leaving a banana shaped stomach along the inside curve and the pyloric valve at the bottom of the stomach, which regulates the emptying of the stomach into the small intestine, remains intact. This means that although smaller, the stomach function remains unaltered.

Welsh Health Specialised Services Committee (WHSSC)

WHSSC is a joint committee of the seven local health boards in Wales. The purpose of WHSSC is to ensure that the population of Wales has fair and equitable access to the full range of Specialised Services and Tertiary Services. WHSSC ensures that specialised services are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.

⁸ [Welsh Government: All Wales Weight Management Pathway 2021 \(Adults\): Core Components](#)