

FAO: Key stakeholders including:

Local Authority Directors of Public Health
Public Health England Regional and Centre
Directors
NHS England Regional and Area Teams
CCG Clinical Leads and Accountable Officers

Date: 14 March 2014

NHS England Publications Gateway Reference 01004

Dear Colleague,

Re: Joined up clinical pathways for obesity: Report of the working group

This letter is to advise you about the publication of the above report which includes consideration of the commissioning responsibilities for the obesity care pathway. The report is published on the NHS England website:

The working group, established by NHS England and Public Health England, was made up of a broad membership including representation from local commissioners and national health and social care bodies. The working group explored the urgent concerns that you and your local colleagues had expressed about the varied local commissioning arrangements and access to multi-disciplinary team interventions, commonly referred to as tier 3 obesity services.

The policy that was recommended by the NHS England Severe and Complex Obesity Specialised Commissioning Clinical Reference Group from 1st April 2013 regarding bariatric surgery, requires people to undergo at least 12 months of care within tier 3 services, before being eligible for consideration for bariatric surgery. Therefore, we are aware that in areas without tier 3 services, people have been unable to access either these services or bariatric surgery. Furthermore, there has been a lack of clarity regarding the primary commissioning responsibility for tier 3 services and whether this sits with clinical commissioning groups or with local authorities.

The recommendations of the working group can be summarised as follows:

- Clinical Commissioning Groups should have primary commissioning responsibility for tier 3 services
- NHS England should retain primary commissioning responsibility for tier 4 services, including bariatric surgery, but should consider the transfer of all but the most complex adult bariatric surgery to local commissioning once the predicted increase in volume of tier 4 activity has been realised and once locally commissioned tier 3 services are shown to be functioning well

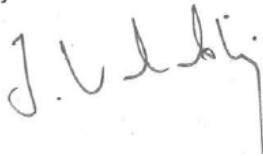
- Local Authorities should retain primary commissioning responsibility for tiers 1 and 2 services

The report of the working group aims to make a valuable contribution to supporting the clarification of future commissioning responsibilities for the obesity care pathway, particularly for tier 3 services. However, we recognise that there remains much for us all to consider for improving the system going forward and ensuring a coherent and effective experience for patients. Local discussions between commissioners of the different parts of the service should prove helpful to this.

The recommendations of the working group are likely to have a differing impact depending upon local circumstances and we value your comments. We are particularly interested in hearing what you think the issues may be for implementation and any implications there may be for current service delivery. In addition we would welcome any examples of joined up partnership for delivery. If you have comments please send them to obesitycarepathway@phe.gov.uk by 6th May 2014.

I would like to sincerely thank the individuals and organisations who have worked with us to develop these recommendations and we will continue to work together with our partners to ensure that the conclusions of the report are considered appropriately.

Yours sincerely



Professor Jonathan Valabhji

Chair of the Joined Up Clinical Pathways for Obesity Working Group
National Clinical Director for Obesity and Diabetes, NHS England