

Commissioning Guidance to support devolution to CCGs of Adult Obesity surgical services in 2016/17



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Commissioning Devolved Services in 2016/17

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1 Forward by the Severe and Complex Obesity CRG

The commissioning of adult severe and complex obesity surgery services will be the responsibility of Clinical Commissioning Groups (CCGs) from 2016 / 2017. This will provide the opportunity for all CCGs to be able to design effective care pathways which meet the needs of the local populations that they cover. It will also mean that overtime there is increased consistency in pathway management for obesity across the country with regard to the responsibility for commissioning these services.

The surgical treatment of children under 18 years will remain with NHS England Specialised commissioning.

In order to ensure consistency in planning, and support CCGs during the transition, Specialised Commissioning teams will continue to plan and negotiate the contracted activity with providers for 2016-17. It remains important that quality services are maintained throughout the handover process and it is recommended that status quo is maintained for 2016/17 to ensure that service quality and access is maintained. This will facilitate the relationship and pathway planning to develop for CCGs and the providers in order that the commissioning of compatible weight management pathways can be explored and planning arrangements set out for 2017/18.

An expert working group as part of the NHS England Specialised and complex obesity clinical reference group have produced a suite of documents to support the commissioning of this service in the future.

Appendix 1 & 2: The NHS England service specification and clinical commissioning policy will remain the basis for the 2016/17 commissioning arrangements. This will be to allow sufficient time for NHS England to negotiate the contracted plan for 2016/17 and will ensure that there remains consistent service provision within centres to support this transfer.

Appendix 4: For 2017/18 Draft service specification, clinical commissioning guidance for surgery and revision surgery documents are provided to support CCG commissioning decisions in the future. These documents incorporate the expert working group's clinical advice following the 2014 NICE guideline CG189 on the management of severe and complex obesity. It should be noted that as with the NICE guidance, the application of the recommendations in these documents are not mandatory and they do not take priority over the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient. Clinical commissioners have a responsibility to take into account relevant expert guidance and should be conducted in the context of their own local priorities for the funding of services for their local population.

2 Introduction and purpose of the document

This document sets out the steps to support devolvement of the responsibility for commissioning specialist Adult Severe and Complex Morbid Obesity services to Clinical Commissioning Groups from 1st April 2016. The aim is to ensure that patient pathways and services are commissioned by the most appropriate organisations that are best placed to contract effectively to improve patient experience and outcomes. This approach embodies the NHS England commitment to a population and patient centred approach to commissioning and supports the work being undertaken by

CCGs in ensuring that all clinical pathways meet the needs of patients at a local level.

2.1 Background and context

NHS England directly commissions specialised services with a value of approximately £14bn. The NHS Act 2006 (as amended by the Health and Social Care Act 2012) gives the Secretary of State responsibility for deciding which elements of specialised services should be commissioned directly by NHS England rather than by CCGs. Ministers take advice on these decisions from the Prescribed Specialised Services Advisory Group (PSSAG), a multi-disciplinary independent advisory committee established by the Department of Health.

The portfolio of 145 services (as of 1 April 2014) is highly heterogeneous. Some of these services are highly specialised, including those for very rare diseases. However, many services are not particularly rare and others are provided nearly everywhere in the country. This is the case for adult severe and complex obesity services. Currently NHS England specialised services commission part of the pathway described as Tier 4 services, which includes clinical assessment for surgery, the surgical intervention and follow up for 2 years. However Tiers 1, 2 and 3 which address broader public health activities and weight management approaches are commissioned by Local authorities and CCGs from a number of providers across the country. Transferring the responsibility for adult services in their entirety to CCGs will create a more cohesive approach across the local pathway and will support the positive work which is being undertaken by CCGs to improve the commissioning of services for their local populations.

The transfer of this activity was proposed by PSSAG, supported by NHS England and consequently approved by Ministers. This was made on the basis of the 4 statutory factors which support determination of whether NHS England commissions a service as a prescribed specialised service.

These are:

- The number of individuals who require the service;
- The cost of providing the service or facility;
- The number of people able to provide the service or facility and
- The financial implications for Clinical Commissioning Groups (CCGs) if they were required to arrange for provision of the service or facility themselves.

There are over 40 providers of adult obesity surgery and around 8,000 operations per year, approximately 138 surgeons carry out this procedure and this is reimbursed utilising national tariffs.

The provision of severe and complex obesity surgery for children under the age of 18 years will remain within the remit of NHS England.

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This document sets out how the specialist severe and complex obesity service for adults which is currently commissioned by NHS England can be successfully transferred to the relevant CCGs from the 1st April 2016.

2.2 The case for change

Over the past 18 months, NHS England has listened to both provider and patients' experiences of specialised services. Feedback tells us that current care pathways can be disjointed, particularly where the commissioning responsibility for services changes at different points of the pathway. This can lead to gaps in provision and poor sharing of data, which is simply not acceptable and cannot possibly produce the best outcomes for patients. We know we can do better by patients and improve outcomes for local populations.

Significant issues arose after April 2013 in part because of the split commissioning of the Severe and Complex Obesity pathway. These issues reflected that access to surgery was dependent on CCGs commissioning Tier 3 services and these being in place as part of the pathway. There were also issues as the description of Tier 3 used by NHS England differed in the detail from the Tiers described in the NICE guidance. Transferring these services to CCGs will provide a more coherent commissioning system and provide opportunities to secure health gains within local health economies, from aligning priorities for services and patient pathways, to securing improved value through efficiencies.

2.3 What changes are planned for 2016/17?

The commissioning of adult severe and complex obesity surgery services will be the responsibility of Clinical Commissioning Groups (CCGs) from 1 April 2016. In due course this will allow the opportunity for all CCGs to be able to design effective care pathways which meet the needs of the local populations that they cover. It will also mean that overtime there is increased consistency in pathway management for obesity across the country with regard to the responsibility for commissioning these services.

The surgical treatment of children under 18 years will remain with NHS England Specialised commissioning.

In order to ensure consistency in planning, and support CCGs during the transition, Specialised Commissioning teams will continue to plan and negotiate the contracted activity with providers for 2016-17. A Contract Variation will be prepared to transfer the activity from NHS England contracts to CCG contracts with effect from 1st April 2016. The funding for the whole service will be transferred from NHS England to CCGs via an intra-authority transfer (IAT) in 2016-17. CCGs are encouraged to become actively engaged through this period to ensure a smooth transition.

2.4 Equality Statement

NHS England has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. NHS England is committed to fulfilling this duty as to equality of access and to avoiding unlawful discrimination on the grounds of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender or sexual orientation. In carrying out its functions, NHS England will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which NHS England is responsible, including policy development, review and implementation. CCGs should be aware that patients categorised as “Severely Obese” are considered as having a disability. CCGs will need to ensure they pay due regard to the equality and health inequalities duties when formulating commissioning policy and service standards.

2.5 Clinical Engagement

The Severe and Complex Obesity CRG understood the clinical case for the commissioning of surgery being aligned with commissioning of Tier 3 which acts as a gateway to surgery. Although the Prescribed Specialised Services Advisory Group recommended that commissioning of obesity surgery services for children remains a prescribed service, surgery for young adults, including revision surgery should transfer to CCGs. The Clinical Reference Group has emphasised the importance of effective commissioning of these services.

It is recognised that the treatment of obesity should be multi-component. All weight management programmes should include non-surgical assessment of patients, treatments and lifestyle changes such as improved diet, increased physical activity and behavioural interventions. There should be access to more intensive treatments such as low and very low calorie diets, pharmacological treatments, psychological support and specialist weight management programmes. Surgical treatment can be effective but needs to be considered as part of a whole pathway approach.

Indications for surgical revision are diverse and can be for weight loss failure or weight regain, re-emergence of co-morbidities as well as other parameters such as surgical complications or a combination of these. It was agreed these should be part of the CCG responsibility for commissioning surgery in adults.

Surgery in children under 18 years is rare but is expected to gradually increase and the indications are usually multifactorial and include complex psycho-social elements so it was agreed these should remain within the remit of specialised services.

3 Process for transferring the responsibility for devolved services

This section of the document outlines the process for agreeing the transfer of the activity and value relating to the commissioning responsibility moving from NHS England to CCGs.

3.1 Clinical Engagement

NHS England has discussed with the Severe and Complex Obesity CRG Chair and National Clinical Director that NHS England is supportive of the PSSAG recommendation.

The PSSAG recommendation suggested that consideration should be given to CCGs using the NHS England service specification to support the transition process and as a mechanism to support the discussions around the development required of tier three services and the interface with tier 4 services.

A clinical working party is established to develop and publish a compilation of documents as guidance on commissioning complex obesity service by CCGs in 2016. The working party is comprised of members from the expert Clinical Reference Group and will include a model service specification, and policy guidance on primary obesity surgery and revision surgery. These documents will be in accordance with recommended clinical guidelines for pathway management of complex obesity and will include references to other weight management guidelines for services that are commissioned across the whole patient pathway and consist of Key Performance Indicators, (KPIs), best practice recommendations for the management of obesity. A clinical engagement plan will form part of the regional guidance for local teams to support the smooth transfer of services to CCG's.

3.2 The Clinical Pathway

It is important to emphasise that NHS England and NICE guidance both recommend that obesity surgery is a treatment for appropriately selected patients with severe and complex obesity that have not responded to all other non-invasive therapies. The Severe and Complex Obesity Clinical Reference Group have recommended CCG commissioners give particular focus to the pathway between Tier 3 and Tier 4. Selection criteria of patients for bariatric surgery should prevent perverse incentives, for example patients should not attempt to become more eligible for surgery by increasing their body weight. Similarly the selection criteria should not prevent access to bariatric surgery for eligible and motivated patients who have lost weight with non-surgical methods.

As part of the handover local specialised commissioning teams will engage with CCGs, undertake a stocktake of the current and planned arrangements and identify where there is best practice that could be shared with commissioners.

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There will be a regional approach to liaising with CCGs to support planning and development of readiness for safe handover.

Regional teams may wish to utilise one of a number of forums that are pertinent to their specific area for the engagement and handover of services. For example most regions have used the collaborative commissioning forum to explore options around the transfer of services but it is recognised that this is not the only forum and other local forums may also be relevant.

3.3 Contractual Process

NHS England is considering the impact of coding and tariff changes across a range of services between itself and CCGs. The impact of these changes was modelled within the Finance Directorate and will form part of the overall allocation exercise for 2016/17. It has been agreed for this service that NHS England will confirm activity definitions and lead on the contractual transfer of this service with providers following the confirmation of the planning arrangements for 2016/17.

It is agreed that NHS England will agree contracts (in conjunction with CCGs and based on a transparent exercise) and then use a Contract Variation to transfer the service over to CCGs in April 2016. This allows time to work through both the service transfer and financial transfer in an open and transparent way.

The activity and costs included in the transfer is laid out in the Financial Process document and is being identified by using the 2015/16 IR rules.

The date of this contract variation for the activity and finance impacts will be from 1st April 2016. This will ensure there is no part year financial accounting required. Responsibility for the service will transfer when the contract variation is signed.

The appropriate local contract variation process as described in the technical guidance for the 2016/17 NHS Standard Contract should be used. This can be found at <http://www.england.nhs.uk/nhs-standard-contract/16-17/>

It remains important that quality services are maintained throughout the handover process and it is recommended that status quo is maintained for 2016/17 to ensure that that service quality and access is maintained. This will facilitate the relationship and pathway planning to develop for CCGs and the providers in order that the commissioning of compatible weight management pathways can be explored and planning arrangements set out for 2017/18.

To support the process regional and local specialised commissioning teams will be taking the following action prior to handover:

- Confirm local mechanisms for handover with CCG colleagues to facilitate handover discussions.
- NHS England will lead on contract negotiations for 16/17 on behalf of CCGs
- Collate a data and quality information pack describing in detail the information regarding current services. Appendix 1

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- Work with providers and local stakeholders to identify outstanding work and identify any variation in service provision or quality
- Communicate with Trust Commissioning leads outlining the process and to obtain data to support the stocktake.
- Develop a project plan and risk log and the time period NHS England will continue to support CCGs into 2016/17.
- Provide information on referral pathways into the specialist tier 4 surgical service, and links to local tier 3 provision
- Confirm status on service compliance and derogations
- Agree the period of time support is required by CCGs to facilitate the handover.

3.4 Transition and Assurance

There is agreement that monitoring should remain within NHS England until a full and effective transfer has taken place. Specialised Commissioning teams will support transition to CCGs and formally agree the handover period and date of transfer when the contract variation is completed. Specialised Commissioning teams will continue to provide commissioning advice to CCGs during the transfer period. Following transfer of the service commissioning arrangements will be the same as other services and use existing regional and local assurance processes between CCGs and NHS England.

3.5 Activity Definitions

Morbid obesity for adults is no longer classified as specialised and is to be transferred back to CCGs in 2016-17. The Collaborative Commissioning Task and Finish Finance Group will approve the data collection process and then recommend the basis of the funding transfer to CCGs. An Intra-Authority Transfer (IAT) will be actioned at the start of 2016-17 based on the agreed methodology for transfer. As the implementation of the new Identification Rule set (IRs) are being delayed until 2017-18, providers will need to manually amend their local IRs in 2016-17 to ensure that Morbid Obesity activity is charged to CCGs rather than NHS England.

3.6 Maintaining Quality

There has been significant work on improving the commissioning of obesity services for patients across England. Details of this will be published on the NHS England website in 2016. Once the transfer of specialised adult obesity services is undertaken CCGs will be in a position to ensure that effective and appropriate services are provided at a local level which best meet patient needs and improve their experience of care.

NHS England will commission in 2016/17 against the current published service specification standards and policy for adults.

Commissioners are advised to take note of the work of the Clinical Reference Group and to consider links with collaborative commissioning of specialised obesity

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pathways locally. This approach may provide opportunities to more closely integrate planning and delivery of services for a wide range of clinical conditions including mental health.

In line with the consultation feedback a period of time for ongoing support from NHS England to CCGs is being offered to facilitate the handover.

Further details can be found below but will be updated by the CRG

<https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-a/a05/>

<https://www.rcseng.ac.uk/news/launch-of-commissioning-guide-for-weight-loss-programmes#.VIHKWqGnz4g>

As already noted it remains important that the status quo is maintained for 2016/17 to ensure that that service quality and access is maintained.

4 Timeline

Technical Delivery

Topic	Action	Timeline
Contract Notifications	Commissioning Intentions	October 2015
	Planning Guidance	January 2016
	NHS England	January 2016

Topic	Action	Timeline
Identification and Financial Values	Letter to providers and CCGs	January 2016
	Data Collection Template and Process approved by CC Task and Finish Group	15 th January 2016 (<i>completed</i>)
	Data Collection templates issued to providers via specialised hubs	End January 2016
	Data Collection templates returned to hubs/central team	Mid-February 2016
	Funding transfer principles agreed by CC Task and Finish Group	26 th February 2016
	Proposed Funding transfers approved by CC Task and Finish Group for local agreement	18 th March 2016
	2016-17 Contract Plans and CV agreed	March 2016
	2016-17 Funding Transfer (IAT) Actioned	May 2016

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Service and Pathway Issues

Topic	Action	Timeline
Clinical Engagement	Discussion with Clinicians and follow up meeting to agree working party	October / November 2015
Clinical Guidelines	Complete clinical guidelines, specifications / including revision surgery To Clinical Panel	January 2016 February 2016
Local Team support	Circular to local teams Identifying actions required To include pathway stocktake and discussion with CCGs. Letter for providers	December to January 2016

Communications

Topic	Action	Timeline
Clinical Engagement	Meeting with Comms team Develop communications plan	October / November 2015
CCG Engagement	Comms to CCGs via Bulletins / NHS Clinical Commissioners	December 2015 February 2016
Provider Engagement	Circular outlining work in progress	December 2015
Spec Comm Engagement	Call with Assistant Directors / / Head of Supplier Management to discuss process, stocktake / good practice	February 2016
Other stakeholders	Offer meeting with interest groups as required	December 2015 January 2016

5 Next Steps

This document states the process to effectively devolve the responsibility for commissioning specialist severe and complex obesity for adults from NHS England to CCGs.

If you require any further information, please email:

england.booffice_speccom@nhs.net

Or contact your local Specialised Commissioning Team

6 Appendices:

Appendix 1 Severe and complex obesity providers December 2015

	A05 Severe and complex obesity (all ages)	Compliance status
	North Region	
1	Aintree University hospital NHS Foundation Trust	
2	Countess of Chester Hospital NHS Foundation Trust	
3	Salford Royal NHS Foundation Trust	
4	Bradford teaching hospitals NHS foundation Trust	
5	City Hospitals Sunderland NHS Foundation Trust	
6	South Tees Hospitals NHS Foundation Trust	
7	Calderdale and Huddersfield NHS Foundation Trust	
8	Doncaster and Bassetlaw Hospitals NHS Foundation Trust	
9	Hull & East Yorkshire Hospitals NHS Trust	
10	Leeds Teaching Hospitals NHS Foundation Trust	
11	Mid-Yorkshire Hospitals NHS foundation Trust	
12	Sheffield Teaching Hospitals NHS Trust	
13	York Teaching Hospitals	
	Midlands and East Region	
14	University Hospital North Midlands	
15	Shrewsbury and Telford NHS Trust	
16	Walsall Healthcare Trust	
17	Heart of England FT (HEFT)	
18	Worcestershire Acute NHS Trust	
19	University Hospital Coventry and Warwickshire (UHCW)	
20	Derby Teaching Hospital	
21	University Hospitals Leicester	
22	Luton and Dunstable	
	South Region	
23	Gloucestershire Hospitals NHS Trust	
24	Ashford St Peters Hospitals NHS Trust	
25	Western Sussex Hospitals NHS Foundation Trust	
26	North Bristol NHS Trust	
27	Plymouth Hospitals NHS Trust	
28	Royal Cornwall Hospitals NHS Trust	
29	Taunton & Somerset NHS Foundation trust	
30	Oxford University Hospitals NHS Trust	
31	Portsmouth Hospitals NHS Trust	
32	Royal Berkshire NHS Foundation Trust	
33	Spire Southampton	
34	The Royal Bournemouth & Christchurch Hospitals	
	London Region	
35	Chelsea & Westminster Hospital NHS Foundation	

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	Trust	
36	Guys & St Thomas's NHS Foundation Trust	
37	Homerton University Hospital NHS Foundation Trust	
38	Imperial College Healthcare NHS Trust	
39	Kings College Hospital NHS Foundation Trust	
40	Lewisham & Greenwich NHS Trust	
41	The Whittington Hospital NHS Trust	
42	University College Hospital NHS foundation Trust	
43	St George's Hospital NHS Foundation Trust	

Key



Service is provided with Status Compliant



Service provided with Status Commissioner Derogation

Appendix 2 Regional complex obesity provider and service stocktake

Regional and hub team are requested to collate the following information from specialised and complex obesity providers in England *

	Information requirement	Evidence
1.0	<p>Baseline required</p> <p>To provide a current position to describe the number of patients who are :</p> <ul style="list-style-type: none"> • waiting for surgery having been through a weight management programme agreed as at Q3 2015 • On a tier 4 pathway, but still in the incomplete RTT waiting time position • no. of referrals made since April 2015 • Current waiting list position for obesity surgery patients <p>Outcome-Confirmation of current waiting list and patient status to ensure patient safety and early assessment of potential convergence issues.</p>	
2.0	<p>Confirm status on commissioner derogation</p> <p>Provide information on referral pathways into the service</p> <p>Describe the surgical pathway and follow up including discharge arrangements</p> <p>Provide information on quality and safety of obesity services including SUI's, safety and prevention of future death reports</p> <p>Collate any service compliance documentation which describes services against NHS England service specification.</p>	
3.0	<p>Engagement</p> <p>Create local team stakeholder list including CCGs, Public Health England, CSU leads, SCNs</p> <p>Outcome – Identify key commissioners of community and non-specialised services.</p>	

Appendix 3: Links to obesity resources

Links to external documents that the CRG endorse;

- BOMMS guidance regarding nutritional and laboratory investigations
<http://www.bomss.org.uk/bomss-nutritional-guidance/>
- NHS England report on joined up clinical pathways for obesity
<https://www.england.nhs.uk/wp-content/uploads/2014/03/owg-join-clinc-path.pdf>
- Weight Assessment and management clinics
<http://www.bomss.org.uk/commissioning-guide-weight-assessment-and-management-clinics-tier-3/>
- NICE CG 189 Obesity: identification, assessment and management
<https://www.nice.org.uk/guidance/cg189>

List of Appendices published on the NHS England website

Appendix 4 A05/S Current Service Specification word version

Appendix 5 A05/S NHS England Current Service Specification pdf

Current service specification 2016/17

Appendix 6 Current A05/Pa Current Clinical Commissioning Policy:
Complex and Specialised Obesity Surgery April 2013 Reference:
NHSCB/A05/P/a

Current policy 2016/17

Appendix 7 2017 /18 Clinical Commissioning Guidance: Adult Obesity
Surgery

Draft to inform commissioning for 2017/18

Appendix 8 2017 /18 Clinical Commissioning Guidance: Adult Revision
Obesity Surgery

Draft to inform commissioning for 2017/18

Appendix 9 2017 /18 Draft Service Specification: Adult Obesity Surgery

Draft to support commissioning for 2017/18