North Yorkshire
Clinical Commissioning Group

Commissioning Statement:
Optimising Outcomes from All Elective Surgery (Health Optimisation)

Background

North Yorkshire CCG has a statutory responsibility for improving the health of the local population as well as providing individual patient-centred care for health promotion, prevention, diagnosis, treatment and rehabilitation. Maximising health is a critical element in achieving a sustainable health service into the future.

This commissioning statement enables a systematic approach to addressing the lifestyle risk factors of smoking and obesity in pre-operative patients. It enables appropriate support to be given to patients, with the aim of helping them to experience the best possible post-operative outcome. In supporting best practice, this statement will therefore ensure that the appropriate management of lifestyle risk is a routine part of surgical care pathways.

This statement applies to adults over age 18.

Obesity

Obesity is a global problem and in the UK 23% of adults are obese (Body Mass Index > 30) and. Obesity contributes to many illnesses. The development of diabetes as a result of obesity is said to be one of the largest 'time bombs' for the NHS with potentially one in ten people having Type 2 diabetes by 2034. Type 2 diabetes itself is a major cause of illness; preventable sight loss, heart disease, strokes, peripheral circulatory problems and renal failure

Obesity is defined as a Body Mass Index (BMI) (weight in kg / height in m^2) of more than 30.

BMI ranges	Weight status
18 to 24	Normal
25 to 29	Overweight
30 to 39	Obese
40 to 49	Morbidly obese

BMI is an established measure of weight though it is recognised that muscular people will have a higher BMI that is not thought to be a risk to health (muscle is denser than fat) and adults of Asian origin may have a higher risk of health problems at BMI levels below 25.

Waist circumference

Obesity can be measured by waist measurements but it is not yet established in UK clinical practice. NHS Choices website[1] states individuals have a higher risk of health problems if waist size is:

- more than 94cm (37 inches) if male
- more than 80cm (31.5 inches) if female

Risk of health problems is even higher if your waist size is:

- more than 102cm (40 inches) if male
- more than 88cm (34.5 inches) if female

	Smoking Smoking causes a range of diseases including cancer, cardiovascular disease and respiratory diseases. It causes many other debilitating conditions such as age-related macular degeneration, gastric ulcers, impotence and osteoporosis. Further, it can cause complications in pregnancy and after surgery is associated with lower survival rates, delayed wound healing, increased infections, prolonged hospital stays and repeated post operative admissions.
Commissioning position	NHS North Yorkshire CCG does NOT routinely commission an elective surgical intervention under general anaesthetic or with spinal or epidural anaesthesia on patients who have a BMI of 30 or above or patients who are recorded as a current smoker unless they have under gone a twelve month period of optimisation as described below or **fit specific exclusion criteria (see appendix A)** The 12 month period will commence from the first documented conversation between GP and patient around weight management and smoking cessation prior to referral. Funding will ONLY be considered where criteria are met. The clinician needs to ensure that the patient fulfills all the criteria and provides evidence of any of the clinical indications before they are listed for surgery following referral for opinion. All other cases need to be referred for consideration by the Individual Funding request panel (IFR), with evidence about clinical exceptionality. For further information on the IFR policies and guidance (including the referral form) please visit: North Yorkshire: https://www.northyorkshireccg.nhs.uk/ **Weight Management Principles** Anyone to be listed for an elective surgical intervention under general anaesthetic or with spinal or epidural anaesthesia that has • a BMI of 30-35 **AND** • a waist circumference more than 94cm (37 inches) - males, more than 80cm (31.5 inches) - female **Must** reduce their weight by 10%, or their BMI to below 30, prior to being put on the waiting list. Patients with a BMI of 30-35 due to high muscle bulk must have a waist measurement below the above figures. The patient can be placed on the waiting list as soon as the target loss has been achieved, or following a year of trying to achieve their target weight loss. The patient should be clinically reassessed to determine whether they still would benefit from the elective procedure as the lifestyle change may have improved their condition.

In summary, listing for surgery* for patients will be via the following process:

- BMI 30–35, Health Optimisation for 12 months, if >10% weight loss or BMI goes below 30, patient can be listed
- BMI 35-40. Health Optimisation for 12 months, if 10% weight loss managed patient can be listed. If less than 10% weight reduction in 12 months – IFR required before proceeding to listing. If BMI is <35 at 12 months, patient can be listed (IFR not required)
- BMI 40+ IFR required before listing

*Surgery under general anesthetic, epidural or spinal anesthesia.

Patients may be offered locally commissioned weight management services prior to referral.

Smoking
Anyone to be listed for an elective surgical intervention under general anaesthetic or with spinal or epidural anaesthesia that is recorded as a smoker must stop smoking prior to being put on the waiting list. The patient can be placed on the waiting list once they have successfully stopped smoking for 8 weeks, or following a twelve month period after being advised to stop smoking.

Please note that a decision to treat will be the responsibility of the clinician and patient. Some surgeons may not wish to risk surgery on patients who smoke."

For the purposes of this policy, vaping is not classed as smoking.

Therefore the referring clinician must:
1. Ensure patients are given up to date patient information leaflet(s) and signposted to the most appropriate support required for their lifestyle changes.
2. Ensure that the shared decision making aids are discussed with patients.
3. Ensure that PROMS are discussed with patients.
4. Ensure patients are advised of their options including non-surgical options and the risks / benefits associated with them.
5. Ensure that arrangements are made for any necessary review while patients are on the pathway for elective care.
6. Advise patients to seek review by their GP or other appropriate health professional should their condition change during the period for lifestyle changes.

<u>Supporting Patient Information</u>

Weight Management
Information and a range of support materials/services which will assist patients in managing their weight loss can be found as follows:

Patient information leaflet: https://www.northyorkshireccg.nhs.uk/wp-content/uploads/2021/03/Smoking-and-BMI-Patient-Information.pdf

Hambleton Richmondshire and Whitby registered patients:
Tier 2 Weight Management
Hambleton:

	https://www.hambleton.gov.uk/zest/homepage/72/weight_management_scheme Richmondshire: https://www.richmondshire.gov.uk/leisure-and-tourism/health-and-wellbeing/choose-to-lose-adult-weight-management-programme/ Whitby: https://www.nhs-health-trainers.co.uk/services/north-yorkshire/scarborough-whitby/ **Harrogate and Rural District** registered patients: **Tier 2 Weight Management**: https://www.harrogate.gov.uk/fit4life **Scarborough and Ryedale** registered patients: **Tier 2 Weight Management** https://www.nhs-health-trainers.co.uk/services/north-yorkshire/scarborough-whitby/ **North Yorkshire County Council** https://www.northyorks.gov.uk/healthy-weight-and-eating-well ***Smoking*** There is a free stop smoking service commissioned by North Yorkshire County Council. Contact the Living Well Smokefree team for advice about giving up smoking for good. https://www.northyorks.gov.uk/stopping-smoking NHS Smoke Free App The NHS Smoke Free App can help patients to stop smoking by providing daily support and motivation. If a patient stays smoke free for the four week programme they are up to five times more likely to stay a lifelong non-smoker. There is free support on offer including a Quit Kit, emails and texts at https://www.nhs.uk/smokefree
Exclusions	Exclusions apply to enable access to urgent care, but all patients must be offered access to smoking cessation and/or weight management concurrently regardless of urgency. Please see Appendix A for details of the exclusions. **(NB: this list is regularly updated)**
Summary of evidence / rationale	**Obesity** Obesity is a recognised risk factor for a wide variety of per-operative complications. Research highlights that obese patients are likely to experience: • a nearly 12-fold increased risk of a post-operative complication after elective cosmetic breast procedures[2] NB obesity not defined • a 5-fold increased risk of surgical site infection (SSI)[3]

- an increased risk of SSI as much as 60% when undergoing major abdominal surgery [4]
- a higher incidence of SSI (up to 45%) when undergoing elective colon and rectal surgery [4]
- an increased risk of bleeding and infections after abdominal hysterectomy [5]
- a higher incidence of peri-operative deep venous thrombosis and pulmonary embolism [6, 7]
- increased risk of complication after elective lumbar spine surgery [8]
- an increased risk of restrictive pulmonary syndrome, including decreased functional residual capacity (for morbidly obese patients [9]

Additionally, it is understood that around 50% of obese patients have a poor outcome following joint replacement surgery compared to less that 10% of patients with a healthy body mass index (BMI).

Reasons include:

- a significantly higher risk of a range of short-term complications [10]
- a less likely outcome of surgery improving symptoms [11]
- a higher risk of implant failing, requiring further surgery
- a higher incidence of weight gain following joint replacement surgery

This weight management peri-operative intervention should be seen as a basic component of evidenced based commissioning for elective surgery.

Smoking

Smoking is a well-known risk factor for complications after surgery and there is good evidence that smokers undergoing induction of general anaesthesia and surgery are at a higher risk of intra and post-operative complications including adverse airway events thereby reducing the benefit of operative treatment in those who continue to smoke. In addition, after surgery, compared with non-smokers and ex-smokers, smokers are more likely to: [12]

- stay longer in hospital - increasing use of hospital beds and associated costs means less opportunity to treat other patients
- be admitted to an intensive care unit
- die in hospital

There is conclusive evidence that smoking causes:

- impaired pulmonary function such as increased mucus production, and damage to the tracheal cilia which impedes the clearance of the mucus leading to post-operative respiratory complications such as chest infection [13]
- impaired wound healing leading to increased risk of wound infection after surgery [14]

Substantial evidence [12] that smoking causes:

- an increase in the risk of cardiovascular complications such angina pectoris, strokes, graft failures and DVT after surgery

Suggestive evidence [12] that smoking causes:

- post-operative complications relating to the gastrointestinal system
- post-operative impairment of antimicrobial and pro-inflammatory functions

	• post-operative complications relating to the musculoskeletal system such as reduction in bone fusion after fracture and operative treatment **Evidence to support preoperative smoking cessation** A 2010 Cochrane review [14] on the interventions for preoperative smoking cessation suggests that stopping smoking four to eight weeks before surgery may reduce the risk of: • wound-related complications • lung and heart complications • prolonged bone fusion time after fracture repair • prolonged stay in hospital after surgery In addition, the National Institute for Health and Clinical Excellence (NICE) guidance on smoking cessation services recommends that patients who are waiting for elective surgery should be encouraged to stop smoking before the operation [15]
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Appendix A
Exclusion criteria for Optimising Outcomes from all Elective Surgery

Exclusions apply to enable access to urgent care, but all patients must be offered access to smoking cessation and/or weight management concurrently regardless of urgency.

Exclusions include:

- Patients receiving surgery for the treatment of **cancer or the suspicion of cancer**
- Patients requiring **emergency surgery** or with a clinically urgent need where a delay would cause clinical risk: Some examples are:
    1. Cholecystectomy
    2. Surgery for arterial disease
    3. Anal fissure
    4. Hernias that are at high risk of obstruction
    5. Anal fistula surgery
    6. Revision hip surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, recurrent dislocations, impending peri-prosthetic fracture, gross implant loosening or implant migration.
    7. Revision knee surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, impending peri-prosthetic fracture, gross implant loosening/migration, severe ligamentous instability.
    8. Primary hip or knee surgery which is clinically urgent because there is rapidly progressive or severe bone loss that would render reconstruction more complex.
    9. Nerve compression where delay will compromise potential functional recovery of nerve.
    10. Surgery to foot/ankle in patients with diabetes or other neuropathies that will reduce risk of ulceration/infection or severe deformity.
    11. Orthopaedic procedures for chronic infection.
    12. Acute knee injuries that may benefit from early surgical intervention (complex ligamentous injuries, repairable bucket handle meniscal tears, ACL tears that are suitable for repair).
- The destruction of the patient's joint is of such severity that delaying surgical correction would increase technical difficulty of the procedure or there is impending loss of independence
- Referrals for opinion or interventions of a diagnostic nature such as:
    - Gastroscopy
    - Colonoscopy
    - Nasopharyngolaryngoscopy
    - Laparoscopy
    - Hysteroscopy
    - Cystoscopy
- Patients who despite having a BMI >30 have a waist circumference of:
    - Less than 94cm (37 inches) male
    - Less than 80cm (31.5 inches) female
- Children under 18 years of age
- Any surgical interventions that may be required as a result of pregnancy
- Vulnerable patients who will need to be clinically assessed to ensure that, where they may be able to benefit from opportunities to improve lifestyle, that these are offered. (Please note that deferring elective interventions may be appropriate for some vulnerable patients based on clinical assessment of their ability to benefit from an opportunity to stop smoking/reduce their BMI/improve pre-operative fitness). This includes patients with the following:

- learning disabilities
- significant cognitive impairment
- severe mental illness**

**Adults with a serious mental illness are persons who currently or at any time during the past year, have a diagnosable mental, behavioural, or emotional disorder of sufficient duration that has resulted in functional impairment which substantially interferes with or limits one