**PRIOR APPROVAL REQUEST  
  
Referral to Tier 4 Obesity Management Services (Bariatric Surgery)**

This form to be used by specialist Tier 3 services **only**

Hertfordshire and west Essex Evidence Based Intervention policies can be viewed at <https://www.hweclinicalguidance.nhs.uk/clinical-policies>

**Please complete and return this form along with clinic letter/supporting evidence to:**

[priorapproval.hweicb@nhs.net](mailto:priorapproval.hweicb@nhs.net) Tel: 01707 685354

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| Patient consent | This application has been discussed with the patient and the patient consents to relevant information being shared with the ICB. | Please tick |

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| Date form completed |  |
| Urgency | Routine (5 working days turnaround)   Urgent (2 working days turnaround)  Note: An urgent request is one in which a delay may put the patient’s life at risk. Turnaround times commence from the working day after receipt of the funding application. |
| Patient Name |  |
| Patient DOB |  |
| NHS No. |  |
| Hospital No. |  |
| Patient’s GP and practice |  |

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| Applying Clinician’s Name |  |
| Job title |  |
| Contact details (including email) |  |
| Declaration | I declare that the information provided is, to the best of my knowledge, true and I am aware that this procedure may be subject to clinical audit. |

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| Smoking status | Never smoked  Current smoker  Ex-smoker – date last smoked: - - / - - / - -  For patients who currently smoke or have stopped smoking less than 8 weeks ago, please tick to show that you have made your patient aware that they will need to have stopped smoking or switched to e-cigarettes for at least 8 weeks prior to surgery |

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| Current Details | Date Measured:   Weight (Kg): Height (cm): BMI: |

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| **A patient should be referred for consideration of bariatric surgery if they meet ONE the following criteria:** | **Tick** |
| The patient to be expedited from Tier 3 as Tier 3 MDT deem surgery the appropriate first-line intervention (E.g.cancer/transplant surgery/end-stage-renal-failure as an example)  **OR** |  |
| The patient has a BMI of 40 kg/m2 or more, or between 35 kg/m2 and 40 kg/m2  with significant obesity-related complications likely to improve with weight loss  (for example, type 2 diabetes, sleep apnoea or hypertension)  **OR** |  |
| The patient has a BMI of 30 kg/m2 or more with type 2 diabetes of less than 10  years duration  **OR** |  |
| The patient has a BMI of 27.5kg/m2 or more with type 2 diabetes of less than 10  years duration and is of Asian family origin |  |

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| **And your patient must meet ALL of the following criteria:** (not required if patient is to be expedited as above) | **Tick** |
| Appropriate non-surgical measures have been tried but the patient has not  achieved or maintained adequate, clinically beneficial weight loss  **AND** |  |
| The patient has been receiving or will receive intensive management in a tier 3  service or equivalent  **AND** |  |
| The patient is otherwise fit for anaesthesia and surgery as far as can reasonably be assessed in tier 3. The final assessment would be undertaken in tier 4.  **AND** |  |
| The patient commits to long-term follow-up  **AND** |  |
| The patient and clinician have undertaken appropriate shared decision making  consultation regarding undergoing surgery including discussion of risks and  benefits of surgical intervention. |  |

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| Please list all significant obesity-related complications likely to improve with weight loss  (for example, type 2 diabetes, sleep apnoea or hypertension). **Only required if BMI is between 35 and 40.** |

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| **For patients where the criteria are not met and it can be demonstrated that there is an exceptional healthcare need, an Exceptional Case Request Form can be submitted to the IFR team.** |

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| Shared decision making | Patients should be supported with their decisions. Resources that can support implementation of shared decision making can be found on the NHS England website:  <https://www.england.nhs.uk/shared-decision-making/guidance-and-resources/> |