

01. Optimising Outcomes from All Elective Surgery Commissioning Statement

Background

Vale of York CCG has a statutory responsibility for improving the health of the Vale of York's 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.

The Prevention and Better Health strategy¹ has been developed to demonstrate how focusing our efforts on prevention, self-care and shared decision making can support a shift in the way health care resources are valued, and to empower patients in the Vale of York to become more active participants in shaping their health outcomes.

This statement outlines the strategy for tackling obesity and smoking – the two main lifestyle behaviours which are known to significantly impact health and treatment outcomes.

This statement also 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. In the UK 23% of adults are obese (Body Mass Index > 30) and the estimated cost to the NHS in our CCG is £46 million (2015). Obesity contributes too 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 m²) 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

	<p>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.</p> <p><i>Waist circumference</i></p> <p>Obesity can be measured by waist measurements but it is not yet established in UK clinical practice. NHS Choices website² states individuals have a higher risk of health problems if waist size is:</p> <ul style="list-style-type: none"> • more than 94cm (37 inches) if you're a man • more than 80cm (31.5 inches) if you're a woman <p>Risk of health problems is even higher if your waist size is:</p> <ul style="list-style-type: none"> • more than 102cm (40 inches) if you're a man • more than 88cm (34.5 inches) if you're a woman <p>Smoking</p> <p>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 is also associated with lower survival rates, delayed wound healing, increased infections, prolonged hospital stays and repeated admissions after surgery.</p>
<p>Commissioning position</p>	<p>NHS Vale of York CCG does NOT routinely commission an elective intervention on patients who have a BMI of 30 or above (classified as obese) or patients who are recorded as a current smoker.</p> <p>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 referred to secondary care.</p> <p>All other cases need to be referred for consideration by the Individual Funding request panel (IFR), with evidence about clinical exceptionality.</p> <p>For further information on the IFR policies and guidance (including the referral form): IFR guidance and forms</p> <p>Weight management</p> <p>Anyone to be listed for an elective intervention that has</p> <ul style="list-style-type: none"> • a BMI of 30 or above <p>AND</p> <ul style="list-style-type: none"> • a waist circumference more than 94cm (37 inches) - males, more than 80cm (31.5 inches) - women <p>Must reduce their weight by 10%, or their BMI to below 30, prior to being put on the waiting list. Patients with a BMI over 30 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.(see flow diagram)</p>

However if patients are able to make the lifestyle changes required to achieve the BMI reduction threshold they can be clinically reassessed to determine whether they continue to need the elective intervention (as weight loss / improved fitness may lead to improvement in their health and obviate their need for intervention) then listed for surgery as needed.

****PLEASE NOTE: For patients being referred for either hip or knee replacement surgery and whose BMI is 35 or above, then the '[Hip and Knee Replacement Commissioning Statement](#)' will take precedent over this statement.***

Smoking

Anyone to be listed for an elective intervention 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 six month period after being advised to stop smoking.

Therefore the referring clinician must:

1. Ensure patients are given the VOYCCG patient information leaflet 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.

Supporting Patient Information

One You

'One You' provides support so you can make simple changes towards a longer and happier life. You can do it yourself, or with friends and family. It provides tools, support and encouragement every step of the way and helps you to improve your health. Take the free 'One You' health quiz and start the fight back to a healthier you. <https://www.nhs.uk/oneyou/how-are-you-quiz/>

Weight Management

To support patients Vale of York CCG will provide a patient information leaflet and signposting to a range of support materials which will assist patients in managing their weight loss. These materials can be found on the CCG's website on the following <https://www.valeofyorkccg.nhs.uk/rss/referral-support-service/support-for-losing-weight/>

This also includes shared decision making aids. These can determine whether a further period of lifestyle change would be in the patient's best interests prior to their health care intervention.

- [Shared Decision Making - obesity](#)

Smoking

To support patients Vale of York CCG will provide signposting to a range of support materials which will assist patients in stopping smoking.

'Stop before your op'

'Stop before your op' is the CCG's pre-elective (planned) care smoking cessation policy for the Vale of York. It is evidence based and a component of a Tobacco Harm Reduction Strategy.

[Click here](#) to download the 'Stop before your op' patient leaflet.

[Click here](#) to read about the health benefits of quitting smoking that start almost immediately.

These materials can be found on the CCG's website on the following links:

- Smoking – [why you should stop before surgery](#)
- Smoking – [the facts and where to get help](#)
- Smoking – [why you should stop if you are pregnant](#)

NHS Smoke Free App

The NHS Smoke Free App can help you stop smoking by providing daily support and motivation. If you stay smokefree for the four week programme you're up to five times more likely to stay quit for good. Join the thousands who have already quit with this support. There's lots of other free support on offer including a Quit Kit, emails and texts. Go to <https://www.nhs.uk/smokefree>

Local Authority Support Services

City of York

Patients in the City of York area that require support to stop smoking or lose weight should contact the Yorwellbeing Service on 01904 555755.

North Yorkshire County Council

For Smoking:

There is a free stop smoking service commissioned by North Yorkshire County Council helping local residents to stick to their goal of giving up the habit for good.

<https://www.northyorks.gov.uk/stopping-smoking>

For Weight Management Services:

The tier 2 weight management programme is a multi-component service that encourages behavioural change and incorporates healthy eating and physical activity components.

It operates as a twelve week course run as a series of group sessions, and is funded by North Yorkshire County Council.

	<p>Patients matching the following criteria are eligible for the tier 2 12 week multi-component group programme:</p> <ul style="list-style-type: none"> • Aged 18 or over* • Have a BMI >25 without comorbidities or managed comorbidities • Living in North Yorkshire <p>However, patients in the following categories are not suitable / eligible for referral to tier 2 services:</p> <ul style="list-style-type: none"> • Pregnant, post-natal prior to attending post-natal check, or breastfeeding • Have a BMI >35 with significant, unmanaged co-morbidities • Have had bariatric surgery in the last two years** <p>* Public health has commissioned a community weight management service for children aged five to 19 above the 91st centile and a residential weight management service for children aged eight to 17 above the 99.6th centile.</p> <p>**Current guidance states that these patients must be followed up by their bariatric team for the first two years post-operation as there may be risks to the patient regarding malabsorption and nutrition.</p> <p>- Selby programme The programme in Selby is called Move it Lose it and offers referrals from both GP/healthcare professional or self referral. For further information or advice, please telephone 01942 488481 or email j.massam@wlct.org</p> <p>- Ryedale programme The programme in Ryedale is called Change Point and offers referrals from both GP/healthcare professional or self referral. For further information or advice, please telephone</p>
<p>Exclusions</p>	<p>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.</p> <p>Please see Appendix A for details of the exclusions. (NB: this list is regularly updated)</p>
<p>Summary of evidence / rationale</p>	<p>Obesity Obesity is a recognised risk factor for a wide variety of per-operative complications. Research highlights that obese patients are likely to experience:</p> <ul style="list-style-type: none"> • a nearly 12-fold increased risk of a post-operative complication after elective cosmetic breast procedures³ NB obesity not defined • a 5-fold increased risk of surgical site infection (SSI)⁴

- an increased risk of SSI as much as 60% when undergoing major abdominal surgery ⁵
- a higher incidence of SSI (up to 45%) when undergoing elective colon and rectal surgery ⁵
- an increased risk of bleeding and infections after abdominal hysterectomy ⁶
- a higher incidence of peri-operative deep venous thrombosis and pulmonary embolism ^{7,8} infers BMI >30
- increased risk of complication after elective lumbar spine surgery ⁹ BMI > 35
- an increased risk of restrictive pulmonary syndrome, including decreased functional residual capacity (for morbidly obese patients ¹⁰ BMI > 40

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

Reasons include:

- a significantly higher risk of a range of short-term complications ¹¹
- a less likely outcome of surgery improving symptoms ¹²
- a higher risk of implant failing, requiring further surgery
- a higher incidence of weight gain following joint replacement surgery

This weight management per-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 such as coughing and laryngospasm than non-smokers 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: ¹³

- stay longer in hospital - increasing use of hospital beds and associated costs means less opportunity to treat other patients
- be admitted to 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 ¹⁴

	<ul style="list-style-type: none"> impaired wound healing leading to increased risk of wound infection after surgery¹⁵ <p>Substantial evidence¹³ that smoking causes:</p> <ul style="list-style-type: none"> an increase in the risk of cardiovascular complications such as angina pectoris, strokes, graft failures and DVT after surgery <p>Suggestive evidence¹³ that smoking causes:</p> <ul style="list-style-type: none"> 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 <p>Evidence to support preoperative smoking cessation</p> <p>A 2010 Cochrane review¹⁵ on the interventions for preoperative smoking cessation suggests that stopping smoking four to eight weeks before surgery may reduce the risk of:</p> <ul style="list-style-type: none"> wound-related complications lung and heart complications prolonged bone fusion time after fracture repair prolonged stay in hospital after surgery <p>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 operation¹⁶</p>
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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 requiring emergency surgery or with a clinically urgent need where a delay would cause clinical risk:
 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).
- Referrals for interventions of a diagnostic nature:
 13. Gastroscopy
 14. Colonoscopy
 15. Nasopharyngolaryngoscopy
 16. Laparoscopy
 17. Hysteroscopy
 18. Cystoscopy
- Patients with advanced or severe neurological symptoms of Carpal Tunnel Syndrome such as constant pins and needles, numbness, muscle wasting and prominent pain AND that are significantly affecting activities of daily living
- 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
- Patients receiving surgery for the treatment of cancer or the suspicion of cancer
- Any surgical interventions that may be required as a result of pregnancy
- Patients with tinnitus
- Patients requiring cataracts surgery
- Sterilisation procedures
- 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