livewell

NHS
Mid Essex Clinical Commissioning Group

# Individual Prior Approval

## Criteria for referral to Specialist Obesity Services- including assessment for bariatric surgery

**Submit completed form via MECCG Central Referral Service- central.referral@nhs.net or fax 0300 123 0772**

| | |
|---|---|
| Patient NHS Number : | Name of GP : |
| Patient Name, Address & Date of Birth : | GP Practice Code & Address : |
| **Patient wishes to be referred to: (tick one)**<br>Luton and Dunstable University Hospital NHS Trust ☐ | Homerton Hospital University Foundation NHS Trust ☐ |

Only fully completed forms will be accepted for consideration by the CCG. If the answer to any of these questions is "**NO", a full exceptional circumstances form will need to be completed**. This may be obtained from www.midessexccg.nhs.uk/about-us/ccg-board-meetings/board-papers/doc_download/1314-exceptional-cases-funding-proforma

| | Yes | No |
|---|---|---|
| 1. Patient is 18 years or older | ☐ | ☐ |
| 2. Patient has had a BMI > 40 for at least 5 years<br>**OR**<br>Patient has had a BMI >35 for at least 5 years with at least one of the following co-morbidities: (please tick those which apply)<br>☐ Type 2 diabetes<br>☐ Hypertension<br>☐ Cardiovascular disease<br>☐ Osteoarthritis<br>☐ Dyslipidaemia<br>☐ Sleep apnoea<br>☐ Other, please specify: | ☐ BMI > 40<br>OR<br>☐ BMI > 35 with comorbidities<br>What is the current BMI? | |
| Patient has provided evidence of attendance, engagement and full participation in a weight management programme<br>Engagement can be judged by attendance records and achievement of pre-set individualised targets (for example steady and sustained weight loss of 5-10%, or maintaining constant weight whilst stopping smoking).<br>**All criteria below to be met.** | | |
| 3. Patient has completed a Tier 2 weight management course within the last 12 months-provide details of course(s) attended- if not one of those listed provide name of course and confirm meets criteria specified.<br>My Weight Matters (delivered by ACE) ☐ **Date completed**:<br>Slimming World ☐ **Date completed**:<br>Weight Watchers, ☐ **Date completed:**<br>**Other: Name of course: Date completed:**<br>Confirmation that this course included ALL of the following:<br>☐ Multi-component course i.e. diet, physical activity and behaviour change<br>☐ Focused on life-long lifestyle change<br>☐ Course lasted at least 3 months<br>☐ Sessions were held weekly or fortnightly<br>☐ Each session included a weigh-in<br>☐ Specific dietary targets were set, agreed and monitored<br>☐ Discussions taken around reducing sedentary behaviour and physical activities that can be easily incorporated into everyday life for the long term<br>☐ Used a variety of behaviour-change methods | ☐ Yes | ☐ No |

| | | |
|---|---|---|
| 4. Patient has kept a minimum 12 month weight management diary which has been reviewed by a healthcare professional at least every 3 months, demonstrating engagement<br><br>Date weight management diary started…….<br><br>Date weight management diary completed……. | ☐ Yes | ☐ No |
| 5. Patient is a non-smoker- with a CO reading of 6COppm or 1.59%COHb or less. N.B. patient must remain a non-smoker.<br>Enter reading at time of application_____ | ☐ Yes (non-smoker) | ☐ No (smoker) |
| 6. Patient has already undergone management of any other underlying social circumstances or clinical conditions that may affect weight management.<br>Please confirm all that apply (tick):<br>☐ No other conditions applicable<br><br>☐ Hormone problems<br>e.g. underactive thyroid, cushing's, polysystic ovarian syndrome, etc<br><br>☐ Substance misuse<br>☐ Sleep deprivation issues Epworth score ☐ (should be ≤ 10):<br>☐ Depression PHQ9 score ☐ (should be < 17):<br>☐ Excessive alcohol consumption -specify current units per week: ☐<br><br>☐ Any social circumstances: Please provide details:<br><br>I confirm that I have addressed all relevant social or clinical conditions. | ☐ Yes | ☐ No |

**GP Signature:** **Date of Application:**

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