

# Statewide Bariatric Service

Department of Health Standard  
QH-IMP-481:2020

## 1. Statement

Queensland Health is committed to providing timely, equitable and quality care for patients within a fiscally responsible environment. A growing body of international evidence shows that bariatric surgery is an effective treatment option for selected patients with both type 2 diabetes and obesity. This standard clearly defines patient suitability guidelines and access criteria to enable consistency in care and equitable access to services for bariatric surgery.

## 2. Scope

This standard applies to all employees, contractors and consultants within the Department of Health divisions and business units, Hospital and Health Services and commercialised business units involved directly or indirectly in the provision of care.

## 3. Requirements

### 3.1 General requirements

- 3.1.1** Patients may be referred to the Statewide Bariatric Service (SBS) for assessment of suitability for bariatric surgery if they meet all of the following four criteria:
- meet inclusion criteria as outlined in section 3.2, and
  - do not meet exclusion criteria as outlined in section 3.3
  - are assessed as having a Bariatric Service Access Tool (BSAT) score at or above a level set by the Bariatric Surgery Initiative Steering Committee.
  - have had a sleep study within 2 years of referral if the risk of obstructive sleep apnoea is deemed to be high based on a validated tool which is a component of the referral form. Patients currently on CPAP or BiPAP are exempt from this requirement.
- 3.1.2** Patients must provide verbal consent for referral prior to referral submission.
- 3.1.3** Patients that do not meet criteria for referral are to maintain their existing treatment pathway for diabetes, obesity and any other comorbid conditions. The responsibility for ongoing treatment and consideration of other options available to the patient rests with the patients referring specialist and/or general practitioner as clinically appropriate. Additional information and pathways can be found on local HealthPathways sites.
- 3.1.4** Referrals must be managed in accordance with the Specialist Outpatient Services Implementation Standard and the Elective Surgery Services Implementation Standard unless specifically stipulated in this document.

### 3.2 Inclusion criteria

- 3.2.1** In order to be referred to the SBS for assessment of suitability for bariatric surgery, patients must meet the following inclusion criteria:
- the patient must have a diagnosis of type 2 diabetes mellitus with a current HbA1c greater than 6.5% despite treatment with Metformin (or alternative) plus at least one other diabetes medication, and
  - the patient must be aged between 18 and 65 years old at time of referral, and
  - the patient must have a body mass index (BMI) greater than 35kg/m<sup>2</sup>, and
  - the patient must be under the care of a public hospital specialist for conditions

that may be improved through bariatric surgery.

- 3.2.2 Patients that otherwise meet SBS referral criteria but are not under the care of a Queensland health public hospital specialist due to cultural diversity or difficulty accessing specialist services related to residing in a remote location, will not be disadvantaged. Referrers may contact the referral receiving officer to discuss referral options for these patients.
- 3.2.3 Referrers that are seeking consideration for bariatric surgery for patients with conditions other than diabetes should approach their local Hospital and Health Service for consideration on a case by case basis.

### 3.3 Exclusion criteria

- 3.3.1 Patients that have a current alcohol or drug dependency (including cigarette smoking) are not eligible for referral. Patients must be free from alcohol/drug dependence and abstinent from smoking for 6 months prior to referral.
- 3.3.2 Patients that weigh more than 185kg are not eligible for referral due to increased surgical risk.
- 3.3.3 Patients that have had previous bariatric surgery (including placement of a laparoscopic gastric band) are not eligible for referral, irrespective of the timing of this surgery and whether the surgery was performed in the private or public sector.
- 3.3.4 Patients that have end-stage complications of obesity are not eligible for referral. These include, but are not limited to, end-stage cardiac disease with pulmonary hypertension, severe portal hypertension, liver cirrhosis.
- 3.3.5 Patients that have end-stage renal disease are not eligible for referral. This includes patients with an eGFR less than 15 or patients that are receiving routine dialysis.
- 3.3.6 Patients that have a malignancy (excluding non-metastatic skin cancers) that is under active treatment are not eligible for referral. Patients with a history of malignancy must be free from disease for 5 years prior to referral.
- 3.3.7 Patients that have any medical conditions where surgery would increase morbidity or mortality risk are not eligible for referral. These conditions include, but are not limited to, portal hypertension with varices, patients that have received or are awaiting solid organ transplants.
- 3.3.8 Patients that have unstable mental health conditions are not eligible for referral due to the increased risk of deterioration of mental health in the post-operative period. Patients with a history of mental illness must be stable for at least 6 months prior to referral.

### 3.4 Bariatric Service Access Tool (BSAT)

- 3.4.1 As part of the referral process, specific clinical information is requested about the patient to enable the completion of a Bariatric Service Access Tool (BSAT). The BSAT utilises the clinical information to determine a score based on the presence and potential reversibility of various clinical conditions. Higher scores indicate that bariatric surgery is anticipated to result in a greater clinical benefit for the patient. The tool was developed and tested as part of the Bariatric Surgery Initiative evaluation.
- 3.4.2 The electronic referral form will apply the BSAT at the time of referral and the referrer will be advised whether the patient is eligible to proceed with referral based on whether the score is above or below the minimum score set by the Bariatric Surgery Steering Committee.
- 3.4.3 The BSAT score has no impact on triage classification once the referral has been submitted. Outpatient appointments to assess a patient's suitability for surgery will be offered based on a treat in turn model.
- 3.4.4 Patients that receive a BSAT score below that required to proceed with a referral are

not eligible for referral based on a lower anticipated clinical benefit. These patients should be managed in accordance with 3.1.3.

### **3.5 Centralised referral management**

- 3.5.1** Referrals from across the state will be collated and managed centrally at the Metro South Hospital and Health Service Primary Care Partnerships Unit (MSHHS PCPU). Referrals will be assessed for completeness and referrers will be contacted by PCPU to provide any additional information required to accept the referral.

### **3.6 Allocation to facility for assessment**

- 3.6.1** Patients with complete referrals that meet criteria for referral will be allocated to a facility for assessment of their suitability for surgery.
- 3.6.2** Where possible, the facility selected will be based on the patient's residential postcode to promote treatment closer to home.
- 3.6.3** Facilities permitted to offer bariatric surgery as part of this SBS will be determined by the Bariatric Surgery Steering Committee in consultation with the relevant Hospital and Health Service Chief Executive.

### **3.7 Patient education recording**

- 3.7.1** Following referral, patients are required to view a short web-based patient education recording that provides multidisciplinary information regarding bariatric surgery. Following the recording the patient is required indicate their willingness to proceed to an outpatient appointment to assess suitability for surgery.
- 3.7.2** The facility that the patient has been allocated to is responsible for both providing the patient with information about the patient education recording and for ensuring that the patient has viewed the recording within a three-week period. Patients that fail to watch the recording within the time frame will be sent a second letter stating that they have a further two-week period to watch the video after which they will be discharged from the service. If the patient is discharged from the service due to not viewing the recording the referring practitioner will be notified in writing of the reason for discharge.
- 3.7.3** Patients are not to be assigned as Not ready for care (NRFC) during the period that they are allocated to view the patient recording.
- 3.7.4** Extending the timeframe available to the patient to view the recording based on extenuating circumstances, may be considered at the discretion of the allocated facility.
- 3.7.5** Should the patient elect not to proceed following the viewing the recording, the patient will be discharged and the patient and referring practitioner will be notified in writing of the reason for discharge.

### **3.8 Urgency category assignment**

- 3.8.1** Referrals are to be assigned clinical urgency category 3 with an outpatient appointment required within 365 calendar days. The wait time commences when the referral is received by PCPU. Referrals that do not contain all of the required information, including relevant pathology, or that do not meet eligibility criteria will be returned to the referrer.
- 3.8.2** Should the patient be deemed appropriate for surgery by the multidisciplinary SBS team, the surgery is to be assigned clinical urgency category 3 with surgery required within 365 calendar days from when the patient is placed on the surgical waitlist.

### **3.9 Included surgical procedures**

- 3.9.1** The type of bariatric procedure performed is to be determined by the multidisciplinary SBS team in consultation with the patient.
- 3.9.2** Placement of laparoscopic gastric bands is not endorsed as part of the SBS.

### 3.10 Repeat procedures and re-referral

- 3.10.1 Patients that have had previous bariatric surgery (including placement of a laparoscopic gastric band) are not eligible for referral, irrespective of the timing of this surgery and whether the surgery was performed in the private or public sector as per section 3.3.3.
- 3.10.2 Patients that experience complications during or after bariatric surgery performed as part of the SBS should be offered further surgeries as clinically required to optimise patient care.
- 3.10.3 Patients that undergo surgery as part of the SBS and subsequently experience weight regain over time or lower than anticipated weight loss are not eligible for re-referral or repeat procedures.
- 3.10.4 Patients seeking re-referral after previous acceptance and subsequent discharge from the service, are to be assessed on a case by case basis. The decision as to whether to offer the patient an outpatient appointment rests with the multidisciplinary team at the site that the patient was initially reviewed.

## 4. Legislation

- *Hospital and Health Service Board Act 2011*

## 5. Aboriginal and Torres Strait Islander considerations

Queensland public hospital services and staff recognise and commit to the respect, understanding and application of Aboriginal and Torres Strait Islander cultural values, principles, differences and needs when caring for Aboriginal or Torres Strait Islander patients.

Every individual Hospital and Health Service is responsible for achieving successful provision of culturally appropriate services to and with Aboriginal and Torres Strait Islander individuals and their communities within their respective catchment.

Equally, the respect and acknowledgement extended to Aboriginal and Torres Strait Islander people will be extended to all participants, irrespective of ethnic background or membership of community groups.

Specific consideration has been given to Aboriginal and Torres Strait Islander people during the planning of the SBS to ensure equitable access to bariatric surgery services. As part of the BSI, Aboriginal and Torres Strait Islander Health Services were contacted and invited to directly refer eligible patients into the service. This arrangement will continue with the SBS in alignment with Section 3.2.2 of this document.

## 6. Supporting documents

### 6.1 Authorising policy

- Statewide Bariatric Service policy

### 6.2 Procedures, guidelines and protocols

- Specialist Outpatient Services Implementation Standard (SOSIS)
- Elective Surgery Services Implementation Standard (ESSIS)

## 7. Definitions

Term	Definition
Bariatric surgery	A type of surgery that promotes weight loss by changing the digestive system's anatomy, limiting the amount of food that can be eaten and digested.
Body mass index (BMI)	An anthropometric measure of body mass, defined as weight in kilograms divided by height in meters squared.
HbA1c	Also known as glycated haemoglobin, HbA1c is a blood test that is used to diagnose and monitor people with diabetes.
Metformin	A common medication prescribed for managing type 2 diabetes
Type 2 diabetes mellitus	A disease marked by high glucose levels in the blood and impaired metabolism of carbohydrates, fats, and proteins, caused by the body's inability to respond effectively to insulin, combined with inadequate production of insulin by the pancreas.

## Version Control

Version	Date	Comments
1.0	10 November 2020	On 14 July 2020, the Bariatric Surgery Initiative Clinical and Operational Reference Group and the Bariatric Surgery Initiative Steering Committee endorsed this standard.