

FREQUENTLY ASKED QUESTIONS for clinicians about the health optimisation period to ensure patients are fit for surgery

What is the 'health optimisation' pathway?

The pathway applies when making any referral to a surgical specialty. If the patient has a BMI of 30 or above AND/OR they are an active smoker, they should be offered a health optimisation period of 6 months and referral to weight management and/or smoking cessation service before the referral is made unless exclusions apply. If exclusions do apply, it is good practice to still offer lifestyle advice.

What are the exclusions?

- Any urgent or non-routine procedures
- Patients undergoing surgery for cancer
- Referral for suspicion of cancer
- Patients with a BMI of 30 or greater but who have waist measurement less than 94cm in males or 80cm in females
- Patients with severe mental health illness, Learning Disability or significant cognitive impairment
- Referrals for interventions of a diagnostic nature e.g. endoscopy*
- Children under 18 years
- Frail Elderly (as a guide – 3 or more of the following: unintentional weight loss; self-reported exhaustion; weakness (grip strength); slow walking speed; low physical activity)

*If this exclusion is selected but it is deemed by the hospital specialist that there is no diagnostic uncertainty (eg. imaging has already been carried out and it is clear to the specialist what the diagnosis is), patients will be referred back to their GP.

In addition, because an ophthalmology referral is usually initiated by an optometrist, until a health optimisation pathway is developed with optometrists, referrals for eye surgery are excluded.

Dentistry and oral surgery is not commissioned by the CCG and therefore the policy does not apply to this specialty.

What if the referral is for an opinion or diagnostic uncertainty?

If this is the case then patients are excluded by ticking the 'referrals for diagnostic intervention' exclusion box on the referral and referral can proceed. However, patients should be counselled that if planned routine surgery is the outcome from their outpatient appointment, then the 6 month health optimisation period will still apply if other exclusions are not met. The hospital will provide the patient with the patient information leaflet and refer them back to their GP with a letter to the GP and to the patient clearly stating that they are on the health optimisation pathway. GPs will need to decide whether to see the patient at that stage. At the end of the 6 month health optimisation pathway, the patient will need to be reassessed to see whether clinical condition has changed any of the indications for surgery.

What if a patient doesn't meet the exclusion criteria but there is an exceptional case?

Clinicians can apply through the CCG's IFR panel through the normal route.

What is meant by 'urgent or non-routine'?

Clinical discretion should be used at any time by the GP or secondary care clinician during the health optimisation pathway as to what is meant by urgent or non-routine. This could include, for example:

- If the patient has worsening, severe persistent pain not adequately relieved by an extended course of non-surgical management
- If there are any safety concerns about delaying referral (eg symptomatic gallstones)

If there is an anticipated safety concern should the patient not be referred or delayed, and this outweighs any benefits from a period of improving health and reducing risk factors prior to any routine operation, then referral should be made using the 'urgent or non-routine' tick box on the referral template.

However, if there is more certainty in the diagnosis and routine surgery would be the outcome, and there is some other reason that the patient would not benefit from 6 months health optimisation, then use IFR.

How should a referral be made to a surgical specialty?

Through the Electronic Referral System (ERS) system, you and your admin team will notice some questions relating to Health Optimisation. These ask (1) whether the referral is to a surgical specialty (yes/no) and if yes, proceed to the next questions. The next question asks to categorise the referral into one of four options:

Option 1 – Non Smoker & BMI under 30

Option 2 – Active Smoker or BMI 30 or above with applicable exclusions (*please tick all the boxes that are relevant*)

Option 3 – 6 month health optimisation period complete

Option 4 – Active Smoker or BMI 30 or above

Any referrals not under options 1, 2 or 3 will be returned for more information.

Completing **ALL** the applicable exclusions in option 2 is important to communicate to the hospital why the patient should be excluded, especially if the original referral is for diagnostic uncertainty and could potentially convert to planned surgery once assessed by the hospital.

A flow chart shows the complete pathway.

<http://www.harrogateandruraldistrictccg.nhs.uk/data/uploads/health-information/bmi-smoking-flow-chart-final.pptx>

Please remember to apply the usual criteria for hip and knee surgery referral at the

time of referral – symptoms (and therefore the Oxford Hip or Knee Scores) may have changed since the health optimisation period was started.

How do I know whether the referral is to a ‘surgical specialty’?

The following specialties are counted as surgical and should be answered ‘yes’ on the referral form:

- Cardiothoracic
- ENT
- General Surgery
- Gynaecology
- Neurosurgery
- Plastic Surgery
- Trauma & Orthopaedics (including MSK*)
- Urology (including vasectomy through other providers)
- Vascular surgery

*Referrals to MSK should be counted as a surgical specialty with the exclusion ‘Diagnostic’ *and any other applicable exclusion* selected on the referral form which will help should the referral covert to an orthopaedic referral.

The following surgical specialties are excluded:

- Surgery for diagnostic dermatology
- Ophthalmology
- Paediatric Surgery
- Oral and Maxillofacial Surgery

How recent does a BMI measurement or smoking status have to be?

A BMI status is valid if it has been taken within the last **three months**, however it is expected that if a patient has a BMI of 30 or above, a new measurement should be taken to ensure that this policy still applies to them.

Smoking status should be current at the time of referral.

What if a patient’s BMI increases between making the referral and the operation?

The BMI status on the referral form will be taken into account for the purposes of the Health Optimisation policy. If a valid BMI of under 30 is provided on the referral form (within the last three months) then a patient’s referral may progress, regardless of whether there has been a change in BMI between referral and appointment.

If the patient’s BMI is clearly less than 30 at point of referral, then a recorded BMI <25 in the referral letter within the last year is acceptable. However, patients who are referred who have a BMI 30+ when seen in clinic who don’t have a BMI <30 recorded in the last 3 months will be returned to primary care which will result in a poor patient experience and waste of resources. If there is any doubt about BMI, it should therefore be measured at point of referral.

What if a patient needs a referral for a second condition? How long does the health optimisation policy apply?

When a health optimisation period has been completed for one condition, the health optimisation policy need not be applied for another condition requiring surgery within 12 months after completion of the original health optimisation policy (tick health optimisation period complete on referral letter).

Consultant to consultant referrals

If the patient needs to be referred to another consultant for the original clinical issue, then BMI and smoking status should not preclude this. However, if and when a decision is made to proceed to surgery, it should only proceed if the exclusions apply, otherwise the patient should be discharged back to their GP (with patient leaflet and letter to GP and patient copied in).

Why has the CCG developed this pathway?

The CCG has a duty to achieve the best health outcomes for the whole local population and to achieve this within the limited resources available. One of the ways to improve health and wellbeing is to increase the number of people accessing smoking cessation and weight management services. The point of referral to a surgical specialty is an opportune moment for people to take responsibility for their own health and wellbeing. We want people to recover from surgery, to live healthier lives and to ensure that the money being spent is on the most clinically effective treatments; a 6 month health optimisation period will be beneficial to those who may not have otherwise accessed services. It is expected that the pathway will save some referrals and procedures in the short term whilst promoting better health in the long term.

Is this a blanket ban on surgery for people who smoke or are obese?

No. Being an active smoker or having a BMI of 30 + will not exclude any patient from surgery. Whether a successful quit or a healthy weight is achieved, people will have access to surgery after the 6 month health optimisation period – although patients should be encouraged to set and achieve realistic goals during the 6 month health optimisation period.

What support is available to help people who smoke?

Free support to help patients quit smoking is available through Smokefreelife North Yorkshire. There is a range of support, including drop-in clinics, group sessions, online support, telephone support or weekly one-to-one appointments with a free supply of medication, such as Nicotine Replacement Therapy (NRT). Home visits are available for patients with mobility problems. If your patient is pregnant they can access the Smokefreelife service through GP or self-referral or through their midwife.

Stop Smoking Service Enquiries:

<https://www.smokefreelifenorthyorkshire.co.uk/> - web referral form and information

Telephone Smokefree Life North Yorkshire on: 0800 2465215 / 01609 663023
OR

Patient can text QUIT to 66777

What support is available to help people who are obese?

Support to help lose weight is available through Harrogate Borough Council's 'Fit4Life' programme. The free 12 week programme consists of exercise and nutrition, followed by a maintenance exercise programme offered free of charge for those who successfully lose 5% body weight, or for those who don't achieve a small fee is applicable. Referrals are sent to a central team who then triage and book the patient onto the relevant course. The patient will attend an initial induction with their course instructor (who are trained in Weight Management and have various qualifications including GP Referral Level 3 and Nutrition Registration).

From January 1st 2018 the eligibility for the programme is as follows:

- Adults aged 18+
- BMI greater than 25kg/m²
- Willing to participate for the 12 week programme
- Willing to commit to losing 5% of bodyweight

Referrals should be sent via secure email to lh1.wigan@nhs.net (send the patient's name and contact number)

For any non-direct referrals where a patient wants to book themselves on the contact number is 01942 404799

For any questions about the Tier 2 Weight Management programme (**not** referrals):

Telephone Harrogate Borough Council on 01423 500600 ext 58206

Email: Active.Lifestyles@harrogate.gov.uk

www.Harrogate.gov.uk/fit4life

What happens at the end of the 6 month health optimisation period?

The patient will need to be assessed in order to progress the referral. The health status may of course have changed so that surgery is now not needed.

What if people achieve their weight loss goals or quit smoking before 6 months?

If a patient achieves a BMI of <30 and/or quits smoking (for a 4 week period) before the end of the 6 month health optimisation period health optimisation period, they should make a follow up appointment to see their GP to assess whether referral can proceed. If a patient has successfully quit smoking for four weeks independently of the smoking cessation service, referrals can be made to Smokefree Life North Yorkshire for Carbon Monoxide testing through the Health Optimisation pathway.

What if patients are referred for assessment and as a result are offered surgery?

Patients being referred for diagnostic assessment should be advised that if non-urgent, planned surgery is the outcome they will still need to complete the 6 month health optimisation period unless exclusions apply. Secondary care will give the patient information leaflet, write to their GP and patient outlining that health

optimisation period is needed, and refer the patient back to primary care. Patients will need referring back at the end of the health optimisation period.

What if the health status changes during the 6 month health optimisation period?

Patients should be counselled to contact their GP should their health decline during the health optimisation period. Please use clinical discretion at all times.

If a patient has concerns about the policy, who should they contact?

Concerns should be discussed with their GP or secondary care clinician in the first instance and any ongoing concerns from patients can be fed back through the CCG's soft intelligence system.

Should patients wish to feedback to the CCG on any part of the policy this can be done through the CCG's website: <http://www.harrogateandruraldistrictccg.nhs.uk/contact-us/>

Evidence briefing for clinicians

An evidence briefing in relation to the risks associated with smoking/BMI and surgery and the benefits of quitting/losing weight can be found [here](#).