Manchester Local Medical Committee

GUIDANCE TO SUPPORT GP PRACTICES

MANAGEMENT OF PATIENTS FOLLOWING DISCHARGE FROM NON-NHS WEIGHT-LOSS (BARIATRIC) TREATMENT

Following enquiries from several practices, Manchester LMC (Local Medical Committee) has created this guidance to help Practices support patients who

- wish to discuss plans to access weight loss interventions outside the local NHS commissioned system
- require access to NHS post-operative care/services/follow-up where they have been discharged from bariatric services not provided by the locally commissioned service.

Patients may choose to seek care and treatment from a non-NHS provider. Reasons for this include shorter waiting times[1]. Patients may choose to use a non-UK provider due to lower costs[1]. Patients may also seek surgery as they do not meet the eligibility criteria[2] defined by NICE[1]. This may be funded out of their own savings/income or through a private medical insurance policy. These funding streams may not be indefinite and patients can transfer their care back to the NHS at any time[3, 4]. However, there may be gaps in the transfer of care due to, for example, waiting lists in the NHS and eligibility criteria for NHS care[5]. Some patients opt for surgery abroad because they do not meet the criteria for NHS funded bariatric surgery[6] and will not be eligible for NHS funded post-operative bariatric care[4].

The LMC does not currently understand how the commissioned contract for Bariatric Services at Northern Care Alliance[7, 8] provides for patients who require transfer of post-operative care, whether this is from;

- another region in England,

- another UK nation,
- a private provider in the UK,
- a patient moving to England from abroad who is eligible for NHS care, or
- a patient who travels abroad for treatment but does not make any arrangements for follow up as per NICE guidance.

Guidance on this is being sought from NHS GM.

It is possible therefore that a patient may not be eligible for post-operative follow up on the NHS or may have to wait so long as to be exposed to risk of requiring emergency care[5]. The GP should nevertheless explore what is possible in the NHS by, for example, referring to the local service and thereafter with NHS GM's commissioning team[1, 3, 4, 13]. Such documentation in the clinical record is advisable[1] and demonstrates the GP's advocacy for their patient. GPs may wish to consider the latest GPC England advice on use of Advice & Guidance and Referral Proformas[9]. Where a patient's surgery has taken place in the UK, private providers can make referrals to NHS services, without referral back to the GP, provided they meet eligibility criteria[3, 10].

Additional concerns may arise over the professional regulation of care provided outside the UK. In the UK doctors are regulated by the GMC and providers by the CQC. In receiving handover from a UK provider it is likely, though not a certainty, that NICE guidance has been followed. In receiving handover from outside the UK we cannot be assured of equivalence[4] and some are concerned that care may be of lower standard than in the UK. Where handover has been provided the quality of English may be limited[4] and the NHS GP is not expected to pay for professional translation of correspondence in another language[5]. GPs in Manchester are familiar with the risks of non-professional interpreters, these considerations should apply equally to written documents as verbal communication.

Where patients attend their GP and seek to discuss arranging care outwith the NHS they should be directed to the guidance available on the NHS Treatment Abroad Checklist[11, 12]. Surgeries may wish to produce a patient information leaflet or simply signpost to these references. It is not the responsibility of the NHS GP to provide due diligence on behalf of the patient. The patient should also be made aware that NICE guidance is for two years follow up and agreed shared care thereafter[1]. There may be a gap or deficiency in post-operative care due to both NHS waiting lists locally, NHS eligibility criteria, and availability of shared care[5, 9]. There may be difficulties with differing standards and language[1].

Post-operatively NICE advice patients should receive two years of specialist follow-up and thereafter there may be an agreed shared care protocol with a GP[1, 4, 6]. Patients may require lifelong monitoring of nutritional status as part of this shared care protocol[4]. GPs may wish to consider whether they could justify why they took on responsibility for monitoring of a complex patient without the support of a UK based bariatric specialist[4]. GPCE guidance to serve notice on any voluntary services that plug local commissioning gaps should also be considered[9].

The GP should only manage matters that are within their competence and should manage patients equitably regardless of where care has previously been received[1, 3, 4, 13]. Doctors should take responsibility for their prescribing and be prepared to explain and justify them[5, 12, 14]. Where a patient attends having received bariatric surgery and has no access to further post-operative specialist follow up consider what care you can provide (e.g. review post-operative wound, abdominal examination), what investigations are indicated and can be managed (e.g. FBC, U/E, LFT, CRP), what red-flags and safety net to share with the patient (e.g. severe abdominal pain, persistent vomiting, attending emergency department), and arranging a referral to local bariatric services[1, 3, 4, 13, 15]. The

GP may wish to provide clarification of advice in writing including a clarification of roles, responsibilities and expertise[1].

Summary:

- Follow GMC Guidance on Good Medical Practice in all your actions.
- Signpost patients considering non-NHS Bariatric Surgery to a good checklist so they may practice due diligence
- Provide GMS level care to patients attending post-op Bariatric surgery – assess within your competence, safety-net, and refer to specialist bariatric services.
- Refer to MDO guidance (MDU, MPS, MDDUS) to limit risk of medico legal exposure
- Consider BMA/GPC guidance on your GMS contract to ensure your practice is maintaining its viability – inadequately funded shared care and referrals to services with proformas specifically

Glossary of Abbreviations:

BMA – British Medical Association
GMC – General Medical Counsil
GPC (E) – General Practitioners Committee (England)
NICE – National Institute of Clinical Excellence
NHS – National Health Service
MDU – Medical Defense Union
MDDUS – Medical and Dental Defence Union of Scotland
MPS – Medical Protection Society
MDO – Medical Defence Organisation
GMS – General Medical Services
CQC – Care Quality Commission
FBC – Full Blood Count
U/E – Urea and Electrolytes
LFT – Liver Function Test
CRP – C Reactive Protein

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[1] https://www.medicalprotection.org/uk/articles/treatment-abroad-bariatric-surgery-and-gp-follow-up-care-uk

[2] https://www.nice.org.uk/guidance/cg189

[3] https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/general-practice-responsibility-in-responding-to-private-healthcare

[4] https://mdujournal.themdu.com/issue-archive/autumn-2022/monitoring-a-patient-after-bariatric-surgery-abroad

[5] https://suffolkandnortheastessex.icb.nhs.uk/about-us/our-policies/nhs-post-operative-support-for-self-funded-bariatric-surgery/

[6] https://www.nhs.uk/conditions/weight-loss-surgery/

[7] https://www.england.nhs.uk/wp-content/uploads/2016/05/devolved-services-ccg-guid-obesity.pdf

[8] https://www.england.nhs.uk/wp-content/uploads/2016/05/appndx-7-obesity-surgery-guid.pdf

[9] https://www.bma.org.uk/gpcontract

[10] https://www.england.nhs.uk/elective-care-transformation/best-practice-solutions/consultant-to-consultant-referrals/

[11] https://www.nhs.uk/using-the-nhs/healthcare-abroad/going-abroad-for-treatment/going-abroad-for-medical-treatment/

[12] https://www.nhs.uk/using-the-nhs/healthcare-abroad/going-abroad-for-treatment/treatment-abroad-checklist/

[13] https://www.mddus.com/resources/resource-library/risk-alerts/2022/june/patients-having-treatment-abroad

[14] https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices

[15] https://rms.cornwall.nhs.uk/content/RCGP-Top-Ten-Tips-Bariatric-Surgery-Leaflet-Nov-2014.pdf