

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160
Fax: 0064 3 364 4165
Ralph.Jasalle@cdhb.health.nz

7 December 2020

9(2)(a)

RE Official information request CDHB 10479

I refer to your email dated 12 November 2020 requesting the following information under the Official Information Act from Canterbury DHB regarding bariatric surgery. Specifically:

1. **The number of bariatric surgeries publicly funded by the CDHB in the last five years broken down by age, sex, ethnicity.**

Please refer to **Appendix 1.**

2. **The number of referrals for bariatric surgery in the past year (most recent year data available) broken down by age, sex, ethnicity**

Please refer to **Appendix 2.**

3. **How much funding was provided by the CDHB for bariatric surgery in the past 3 years. (I am looking to see if there has been an increase)**

Table one:

Bariatric funding	2017/18	2018/19	2019/20
CDHB	484,270	495,579	410,487
Total all five DHBs combined*	1,034,558	1,065,409	881,630

Note All five South Island DHBs pool their bariatric funding and the most in need patients throughout the South Island receive the surgery. However, this does mean the most 'in need patients' don't always reside in Canterbury DHB's catchment area.

4. **The number of people who are currently on the waiting list for surgery**

There are currently 11 people on the wait list for surgery from Canterbury.

5. An explanation of the way patients are chosen for bariatric surgery and the criteria for this surgery.

Bariatric Surgery in the South Island is provided through the South Island Bariatric Surgery Service programme which has a specified pathway: a GP referral is required for a Specialist assessment. The GP sends a referral to the surgical service at the local DHB. They will include all relevant medical information in the referral for the surgeon/specialist to consider.

The assessment is then scored against the National Prioritisation Scoring Tool. The National Prioritisation Scoring tool reviews the patients BMI alongside their co-morbidities, certain conditions are weighted higher than others, especially those likely to improve following bariatric surgery. The threshold for acceptance into the South Island Bariatric Surgery Service is reviewed annually and adjusted to ensure the volume of patients accepted into the service matches the funding available per year. If the patient's prioritisation score is at, or above threshold then the Specialist sends the referral and assessment documentation to the South Island Bariatric Surgery Service Multidisciplinary Selection Committee for review and confirmation of acceptance.

Bariatric referrals come through the Electronic Request Management System (ERMS). Information regarding the bariatric surgery pathway, selection process, assessment and acceptance or exclusion criteria is provided on the Community HealthPathways¹, please refer to **Appendix 3** and **Appendix 4**.

If the application is successful

- The patient will be offered a team assessment appointment with a surgeon, dietitian, psychologist, and exercise specialist.
- Surgery will be arranged with a surgical provider in Christchurch or Invercargill.

There is also an extensive amount of Information which is publicly available, and which can be found on the HealthInfo website. www.healthinfo.org.nz;

I trust this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



Ralph La Salle
Acting Executive Director
Planning, Funding & Decision Support

¹ HealthPathways

HealthPathways is designed and written for use during a clinical consultation. Each pathway provides clear and concise guidance for assessing and managing a patient with a particular symptom or condition. Pathways also include information about making requests to services in the local health system.

*Content is developed collaboratively by general practitioners, hospital clinicians, and a wide range of other health professionals. Each pathway is evidence-informed, but also reflects local reality, and aims to preserve clinical autonomy and patient choice. HealthPathways serves to reduce unwarranted variation and accelerate evidence into practice. **Note: This information is not publicly available.***

Appendix 1

Table one: Bariatric surgery discharges between 1/7/2015 and 30/6/2020 funded by the Canterbury DHB by age

Age*	*Number
18-29	9
30-33	10
34-36	11
37-39	11
40	5
41	5
42-43	14
44	5
45	7
46	10
47	11
48	9
49-50	13
51-53	15
54	7
55	7
56	8
57	6
58	7
59	7
60-62	10
63-72	12
Total	199

*Please note where numbers are <5 we have aggregated them into an age band under section 9(2)(a) of the Official Information Act to protect their privacy.

Table two: Bariatric surgery discharges between 1/7/2015 and 30/6/2020 funded by the Canterbury DHB by gender

Gender	Number
Female	150
Male	49
Total	199

Table three: Bariatric surgery discharges between 1/7/2015 and 30/6/2020 funded by the Canterbury DHB by ethnicity

Ethnicity	Number
European	146
Maori	36
Pacific	8
Asian / Middle Eastern / Latin American / African / Other*	9
Total	199

*Note: Because the numbers are so small (<5) in each of these ethnic groups we have combined them pursuant to section 9(2)(a) of the Official Information Act to protect their privacy.

Appendix 2

Table one: Bariatric referrals for period 1/7/2019 to 30/6/2020 by age

Age	Numbers*
19	<5
22	<5
23	<5
24	<5
25	5
26	5
27	6
28	6
29	9
30	9
31	10
32	10
33	<5
34	7
35	10
36	7
37	<5
38	6
39	<5
40	6
41	11
42	4
43	5
44	11
45	<5
46	14
47	12
48	6
49	9
50	8
51	7
52	8
53	10
54	<5
55	<5
56	6
57	7
58	7
59	7
60	<5
61	<5
62	<5
63	<5
64	<5
65	<5
66	<5
Total	281

Note: We are declining to provide numbers <5 under s9(2)(a) of the Act to protect the privacy of individual.

Table two: Bariatric referrals for period 1/7/2019 to 30/6/2020 by gender

Gender	Numbers
Female	215
Male	66
Total	281

Table three: Bariatric referrals for period 1/7/2019 to 30/6/2020 by ethnicity

Ethnicity	Numbers
European	201
Maori	59
Pacific	13
Asian / Middle Eastern / Latin American / African / Other*	8
Total	281

***Note:** Because of the small numbers of people in these ethnicities (<5) we have aggregated them under s9(2)(a) of the Act to protect their privacy.

Bariatric Surgery Requests


Request

Offer all referral options, even if the patient is eligible for DHB treatment, as per the [HDC Code](#).

HDC Code


Under the Health and Disability Commissioner's [Code of Health and Disability Services Consumers' Rights Regulation 1996](#) (Right 7), patients have the right to make an informed choice and give informed consent.

Christchurch Hospital Bariatric Specialist Clinic

1. Before making a referral to the Bariatric Specialist Clinic, follow the [Bariatric Surgery](#) pathway.
2. Send a request via:
 -  ERMS: General Surgery > Bariatric Surgery Referral, or
 - fax a referral to the Bariatric Specialist Clinic, (03) 364-0352.
3. For accurate triage, include:
 - Recent HbA1c, urinary protein, creatinine, lipids, LFT, and blood pressure results.
 - A completed [South Island Bariatric Surgery Referral Form](#). This form is an editable PDF and can be sent via ERMS by attaching the form or via fax along with a fax cover note.
4. Requests not following the pathway or not including the South Island Bariatric Surgery Referral Form will be returned to the referrer, requesting further information.

Private

Send a request via:

-  ERMS: General Surgery > Bariatric Surgery Referral, or
- Contact [the provider](#) directly.

Read the [disclaimer](#).

Bariatric Surgery

Background

[About South Island bariatric surgery services](#)

About South Island bariatric surgery services

Bariatric surgery is a South Island service with access provided at the same clinical and financial threshold across the South Island. It enables those with the highest need to access treatment on an equitable basis.¹

48 severely obese patients aged between 18 and 60 years are now eligible for publicly funded bariatric surgery annually in the South Island.

Funding is pooled across District Health Boards and focused on patients with the most severe co-morbidities who will most benefit from weight loss surgery. This pathway describes the patient journey from referral to post-operative care including local variations for each DHB.

Assessment

1. [Measure BMI](#).

Calculate BMI

Body mass index = kg/m^2 (weight divided by height squared)

Use the Ministry of Health's [healthy weight calculator](#).

- Less than 18.5 = underweight
 - Between 18.5 and 24.9 = healthy weight
 - Between 25 and 29.9 = slightly unhealthy weight (overweight)
 - Over 30 = very unhealthy weight (obese)
2. Check if the patient meets the current bariatric surgery assessment [inclusion criteria](#).
3. Check for [absolute exclusion criteria](#). These patients cannot be referred.

Absolute exclusion criteria

- Current smoker
- Active "non-trivial" malignancy
- Cirrhosis or portal hypertension
- Severe cardiac disability including IHD, cardiomyopathy.

- Respiratory disease – severe COPD or cor pulmonale
- Crohn's disease
- Non-dietary irreversible causes of obesity e.g., neurological (Prader-Willi syndrome)
- Uncontrolled psychiatric or neurological conditions e.g., psychosis, severe neurosis, personality disorder, addiction, or brain injury
- Severe eating disorder e.g., binge eating, anorexia nervosa, and bulimia

4. Check for [relative exclusion criteria](#).

Relative exclusion criteria

Patients with relative exclusion criteria can be referred with a detailed history but may be declined at any stage by the local assessing team (FSA), committee, or operating surgeon irrespective of prioritisation score.

Exclusion criteria:

- Anticipated high surgical risk for other reasons.
- Significant co-morbidities unlikely to be arrested or improved by surgery.
- Previous gastric surgery or abdominal irradiation.
- Limited life expectancy unrelated to obesity.
- Steroid dependency.
- Renal failure requiring dialysis. Must be a transplant candidate.
- Previous venous thromboembolic disease or bleeding disorder.

5. Consider any potentially reversible conditions that impact on life, as outlined in the [National Prioritisation Tool](#).

National Prioritisation Tool

Assess patient for potential reversibility of conditions that impact on life as follows:

Co-morbidities which score most highly on the tool must be present for the patient to qualify e.g., diabetes.

Morbidities relating to obesity (National Prioritisation Tool criteria)	Yes	No
Lifestyle limitation e.g., participation in family, or other activities, work (paid or voluntary), choice of clothes, self-esteem		
Hypertension – requires active treatment. Include latest blood pressure.		
Dyslipidaemia – requires active treatment		

Urology		
Gastrointestinal reflux – requires active treatment		
Arthritis (if relevant, select one only):		
• Mild arthritis		
• Arthritis with significant limitation		
Non-alcoholic steatohepatitis – requires an attached disturbed liver function test, liver fibrosis on FibroScan® (if available), alcohol intake of < 20 g/day (2 standard drinks), and laboratory confirmation the patient has not had hepatitis.		
Obstetric or gynaecological issues		
Renal (including hyperfiltration) (if relevant, select one only)		
• Microalbuminuria with minimally raised creatinine and urea, and normal blood pressure		
• Macroalbuminuria and/or raised creatinine and urea, elevated blood pressure		
Infertility		
Obstructive sleep apnoea – requires active treatment		
Diabetes (abnormal glucose tolerance test). Include date of onset in letter.		
Diabetes on insulin, diet, or oral medications. Include date of onset in letter.		

6. Assess [patient understanding about the surgery](#) and determine their level of motivation.

7. HbA1c, urinary protein, creatinine, lipids, and LFT are required with referral.

8. If the patient meets the criteria above:

- explain the referral process and provide [this patient information](#).
- check the patient understands and consents to access to their medical records by the SI Bariatric Surgery Service for assessment and audit purposes.
- arrange referral, preferably from general practitioner the patient is enrolled with. [These referral processes](#) are recommended to ensure patients are well managed in primary care pre-operatively, referred with all clinical information, and linked to primary care whether they proceed to surgery or not.

Management

Ensure the patient understands this is the only route to obtain publicly funded surgery and they may be declined at any step.

Step 1: Refer the patient to your local DHB service.

Step 2: Specialist assessment:

- The referral letter is scored against the [National Prioritisation Tool](#).
- An assessment in clinic is offered to eligible patients with the highest score.
- When seen in clinic, the prioritisation score is confirmed and usual assessment for surgery completed.
- If the patient wishes to proceed and scoring is sufficient, the specialist sends all referral and assessment documentation to the South Island Bariatric Surgery Service Multi Disciplinary Selection Committee for review.

Step 3: South Island Bariatric Surgery Service Multi Disciplinary Establishment Selection Committee [review](#).

South Island Bariatric Surgery Service Multi Disciplinary Establishment Selection Committee review

- The committee meets regularly during the year. The patient will be advised of the decision to accept or decline the referral after the meeting.
- You can re-refer patients not offered surgery for another specialist assessment if their condition changes or more information becomes available:
 - Look at any modifiable risk factors that may help the patient be reassessed e.g., smoking cessation.
 - Provide other advice about [weight loss](#) and [physical activity](#).

Step 4: Pre-surgical assessment appointment:

Patients who are selected for surgery from the committee review are offered a [multidisciplinary preoperative assessment](#) at the surgical DHB in Christchurch or Invercargill.

Step 5: [Optimisation](#) for surgery

Optimisation for surgery

- Many patients require intensive management of medical conditions, including diabetes and hypertension, before surgery. This is done in collaboration with the local DHB referring team.
- Some patients in optimal condition may still be declined after optimisation because of continuing high surgical risk.

- Patients may attend seminars or individual education sessions at each surgical site or remotely.

Follow-up

Follow-up care will vary by site of surgery, and for each patient, but will usually be:

- 4 times in the first year by the operating surgeon.
- After 1 year, discharge to general practice follow-up with advice to check B12, folate, iron stores, and vitamin D annually.
- Blood tests every 3 months for one year, then every 6 months.
- Supplements according to current guidelines e.g., [American Society of Metabolic and Bariatric Surgery \(ASMBS\)](#).

Complications

Look for signs of [bariatric surgery complications](#).

Request

- To request assessment for bariatric surgery for eligible patients, request review at the [Bariatric Specialist Clinic at the Department of General Surgery](#).
- For patients with complications of failure of previous bariatric surgery, or requiring follow-up, request [non-acute general surgery assessment](#).
- Your patient may wish to consider [private referral](#).

South Island Bariatric Surgery Service Referral Form

PLEASE COMPLETE ALL SECTIONS

This form is an editable PDF. Complete the form and send via ERMS by attaching the form, or fax to your local DHB with a fax cover note.

Patient Details				Referral Date			
First Name		Surname				NHI	
Date of Birth		Gender		Ethnicity		Eligible for NZ health care?	
Address						Telephone	
Email						Mobile	
Weight (kg)		BMI (kg/M ²)		HbA1c			
Referrer Details							
Referrer			Practice				
Address			Telephone		Fax		
Email							
Are you the patient's enrolled general practitioner?						Yes/No	
If no, is the enrolled general practitioner supportive of the referral?						Yes/No	
						(Answer must be <u>Yes</u>)	

Inclusion Criteria (must be <u>Yes</u>)		Yes	No
Age 18 to 60 years		<input type="checkbox"/>	<input type="checkbox"/>
BMI > 40		<input type="checkbox"/>	<input type="checkbox"/>
Absolute Exclusion Criteria (<u>must be No</u> – if uncertain request written advice)		Yes	No
Current smoker	Active "non trivial" malignancy	<input type="checkbox"/>	<input type="checkbox"/>
Cirrhosis or portal hypertension	Severe cardiac disability, incl IHD, cardiomyopathy	<input type="checkbox"/>	<input type="checkbox"/>

Respiratory disease – severe COPD or cor pulmonale	Crohn disease	<input type="checkbox"/>	<input type="checkbox"/>
Non-dietary irreversible causes of obesity e.g. neurological (Prada-Willi)	Uncontrolled psychiatric or neurological conditions e.g. psychosis, severe neurosis, personality disorder, addiction or brain injury	<input type="checkbox"/>	<input type="checkbox"/>
Severe eating disorder e.g. binge eating, anorexia nervosa, bulimia		<input type="checkbox"/>	<input type="checkbox"/>
Relative Exclusion Criteria (detail in referral letter)		Yes	No
Anticipated high surgical risk for other reasons		<input type="checkbox"/>	<input type="checkbox"/>
Significant comorbidities unlikely to be arrested or improved by surgery		<input type="checkbox"/>	<input type="checkbox"/>
Previous gastric surgery or abdominal irradiation		<input type="checkbox"/>	<input type="checkbox"/>
Limited life expectancy unrelated to obesity		<input type="checkbox"/>	<input type="checkbox"/>
Steroid dependency		<input type="checkbox"/>	<input type="checkbox"/>
Renal failure requiring dialysis. Must be a transplant candidate		<input type="checkbox"/>	<input type="checkbox"/>
Previous venous thrombo-embolic disease or bleeding disorder		<input type="checkbox"/>	<input type="checkbox"/>
Morbidities relating to obesity (National Prioritisation Tool criteria)		Yes	No
Lifestyle limitation e.g. participation in family, or other activities, work (paid or voluntary), choice of clothes, self-esteem		<input type="checkbox"/>	<input type="checkbox"/>
Hypertension- requires active treatment INCLUDE latest blood pressure		<input type="checkbox"/>	<input type="checkbox"/>
Dyslipidaemia – requires active treatment		<input type="checkbox"/>	<input type="checkbox"/>
Urology		<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal reflux – requires active treatment		<input type="checkbox"/>	<input type="checkbox"/>
Arthritis (if relevant, select one only):		<input type="checkbox"/>	<input type="checkbox"/>
Mild Arthritis		<input type="checkbox"/>	<input type="checkbox"/>
Arthritis with significant limitation		<input type="checkbox"/>	<input type="checkbox"/>
Non-alcoholic steatohepatitis – requires an attached disturbed liver function test, liver fibrosis on FibroScan® (if available), alcohol intake < 20g/day (2 standard drinks), and laboratory confirmation the patient has not had hepatitis		<input type="checkbox"/>	<input type="checkbox"/>

Obstetric/Gynaecological issues	<input type="checkbox"/>	<input type="checkbox"/>
Renal (including hyperfiltration) (if relevant, select one only)		
Microalbuminuria with minimally raised creatinine and urea, and normal blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Macroalbuminuria and/or raised creatinine and urea, elevated blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Infertility	<input type="checkbox"/>	<input type="checkbox"/>
Obstructive sleep apnoea – requires active treatment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (abnormal glucose tolerance test) <i>include date of onset in letter</i>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (Insulin), diet or oral medications <i>include date of onset in letter</i>	<input type="checkbox"/>	<input type="checkbox"/>

- My patient consents to and understands this referral is to a South Island Service and their health information will be available to the South Island Bariatric Surgery Service Multi Disciplinary Selection Committee for assessment and audit purposes. Every effort will be made to limit the use of identifiable information.
- Are HbA1c, urinary protein, creatinine, lipids, LFT and latest blood pressure results included? ☐