healthwatch
York

Changes to Services: Understanding people's experience of thresholds for elective surgery in York

May 2019

healthwatch York

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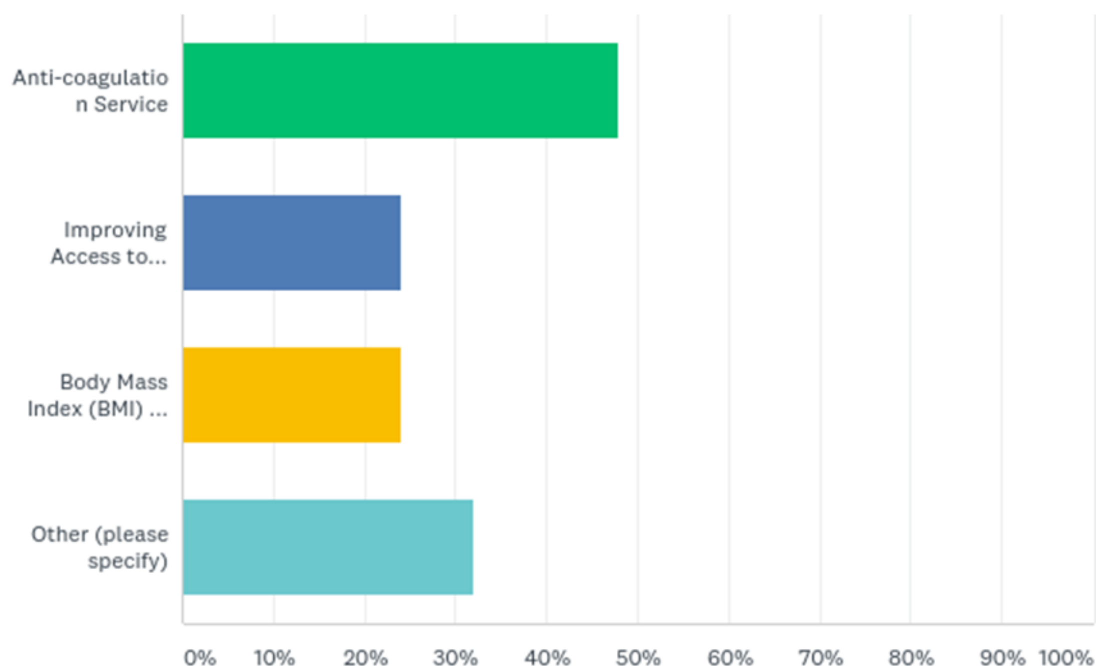
Changes to Services

Why is Healthwatch York looking at changes to thresholds for elective surgery?

In 2018, Healthwatch released a work plan survey to identify issues that people wanted us to look at. Feedback from this survey confirmed that changes to York health services were a key public concern over a number of different areas.

To find out more about what the public thought, Healthwatch York created a changes to services survey which ran from October 2018 to January 2019. This survey was available online and at events that Healthwatch York attended. The survey asked for public feedback on a number of areas outlined as a concern from the work plan survey. A breakdown of survey responses can be seen below. People were able to comment on more than one concern.

Question: Which service would you like to tell us about?



ANSWER CHOICES	RESPONSES	
Anti-coagulation Service	48.00%	12
Improving Access to Psychological Therapies (IAPT)	24.00%	6
Body Mass Index (BMI) and Smoking Thresholds for Elective Surgery	24.00%	6
Other (please specify)	32.00%	8
Total Respondents: 25		

Healthwatch advertised the changes to services survey within the York Press in December 2018[1].

In addition to the surveys, Healthwatch York continued to gather feedback via the online feedback centre on the Healthwatch York

[1] Wliiers, D (2018) Healthwatch York wants to know how changes to services have affected you. York Press. Available at: https://www.yorkpress.co.uk/news/17280912.healthwatch-york-wants-to-know-how-changes-to-services-have-affected-you/

website, by email, letter, and phone or in person when people contacted us about their concerns.

In light of the feedback provided, Healthwatch York have focused on two of these areas for which we received the most responses and have produced two small reports to summarise the findings.

These two areas of interest include:

- Changes to thresholds for elective surgery regarding body mass index (BMI) and smoking.
- Changes to the anticoagulation service, moving from York Hospital to GP surgeries.

This report focuses on changes to BMI and smoking thresholds within elective surgery in York.

Summary of findings

Overall, 12 people talked to us about the direct experience the changes in policy had had on their lives for either themselves or somebody they cared for. All reported negatively on the new thresholds and the various effects it had had on their quality of life, health or well-being.

Themes identified included:

- Coping with pain and struggling to be active
- Financial and emotional distress
- Confusing messages from healthcare providers
- Lack of quality information and support

This report is not a representative portrayal of the experiences of all people affected, only an analysis of what was contributed by members of the public within the small project described. These findings are a subset of a larger project on changes to services. However, the voices and stories fed back to us were able to highlight some key issues within some individual’s experiences.

All the people who spoke to us were concerned with BMI thresholds rather than smoking. Therefore, this report further explores the changes in relation to the BMI threshold. This report may be of interest to those experiencing the impact of those changes and aims to highlight areas that need addressing by services and providers going forwards.

Healthwatch were also interested in comments left on the York Press website and the case study provided to the Health Housing and Adult

Social Care Policy and Scrutiny Committee meeting in 2018, as further platforms members of the public used to voice their concerns. These are available in appendix 3 and 4.

The local picture: What changes have taken place?

Since January 2017 NHS Vale of York Clinical Commissioning Group (VoYCCG) has required that adult smokers quit and people over a certain weight reduce their BMI (Body Mass Index) by a specific amount before being referred for surgery. Individuals will still receive a referral for a consultant opinion. However, they may have their referral for surgery delayed for six months and one year respectively, before they are put on a waiting list for most kinds of elective (i.e. non-urgent) surgery under local or general anaesthetic.

The current policy

- Anyone that has a BMI (Body Mass Index) of 30 or above and men with a waist circumference of more than 94 cm (37 inches), or women with a waist circumference of more than 80 cm (31.5 inches) is required to reduce their weight by 10% or their BMI to below 30 prior to be putting on the waiting list.
- When patients with a BMI of more than 30 have waited for a year from the time they were first advised to lose weight their referral can go ahead again whether they have lost weight or not.
- If patients are current smokers they must stop smoking for two months or wait six months before surgery. When smokers have

waited six months from the time they were first advised to stop their referral can go ahead whether they have stopped or not.

Previously, from October 2013 onwards, VoYCCG operated a 'soft' policy. This meant that patients being considered for surgery and who smoke were asked to consider stopping or sign a waiver form acknowledging the risks of continuing to smoke. In the UK, several CCGs had already introduced voluntary or mandatory policies regarding access to specific surgical treatments for smokers and overweight patients. However, VoYCCG was one of the earliest CCGs to apply its mandatory policy to all types of elective surgery with specific exceptions.

Exceptions to the policy

VoYCCG outlined to us the list of exclusion criteria for optimising outcomes from all elective surgery. These are listed below. Exclusions apply to enable access to urgent care, but all patients should be offered access to smoking cessation and/or weight management regardless of urgency.

Exclusions include:

All patients requiring emergency surgery or with a clinically urgent need where a delay would cause clinical risk:

- Cholecystectomy
- Surgery for arterial disease
- Anal fissure
- Hernias that are at high risk of obstruction
- Anal fistula surgery

- Revision hip surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, recurrent dislocations, impending peri-prosthetic fracture, and gross implant loosening or implant migration.
- Revision knee surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, impending peri-prosthetic fracture, gross implant loosening/migration, severe ligamentous instability.
- Primary hip or knee surgery which is clinically urgent because there is rapidly progressive or severe bone loss that would render reconstruction more complex.
- Nerve compression where delay will compromise potential functional recovery of nerve.
- Surgery to foot/ankle in patients with diabetes or other neuropathies that will reduce risk of ulceration/infection or severe deformity.
- Orthopaedic procedures for chronic infection.
- Acute knee injuries that may benefit from early surgical intervention (complex ligamentous injuries, repairable bucket handle meniscal tears, ACL tears that are suitable for repair).
- Lower limb ulceration

Referrals for interventions of a diagnostic nature:

- Gastroscopy
- Colonoscopy
- Nasopharyngolaryngoscopy
- Laparoscopy
- Hysteroscopy
- Cystoscopy

Patients with advanced or severe neurological symptoms of Carpal Tunnel Syndrome such as constant pins and needles, numbness, muscle wasting and prominent pain AND that are significantly affecting activities of daily living

Patients who despite having a BMI >30 have a waist circumference of:

- Less than 94cm (37 inches) male
- Less than 80cm (31.5 inches) female
- Children under 18 years of age

Patients receiving surgery for the treatment of cancer or the suspicion of cancer

Any surgical interventions that may be required as a result of pregnancy

Patients with tinnitus

Patients requiring cataracts surgery

Vulnerable patients who will need to be clinically assessed to ensure that, where they may be able to benefit from opportunities to improve lifestyle, that these are offered. Deferring elective interventions may be appropriate for some vulnerable patients based on clinical assessment of their ability to benefit from an opportunity to stop smoking/reduce their BMI/improve pre-operative fitness. This includes patients with the following:

- learning disabilities
- significant cognitive impairment
- severe mental illness**

**Adults with a severe mental illness are persons who currently or at any time during the past year, have a diagnosable mental, behavioural, or emotional disorder of sufficient duration that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

IFR requests

Aside from exclusion criteria, an individual funding request (IFR) can be made by the clinician treating you if they believe that because your clinical circumstances are exceptional, you may receive benefit from a treatment or service that isn't routinely offered by the NHS.

What does the clinical evidence say?

There is clinical evidence to suggest that obesity and smoking can lead to greater complications in and following surgery[2]. There is also significant evidence to suggest that quitting smoking before surgery leads to reduced surgical complications. However, the evidence does not support mandatory policies as the best way to support people to make these changes. Additionally, compared to smoking, the evidence to support a reduction in BMI prior to surgery is less certain and complicated[3]. As such, the policies do not reflect national clinical guidance i.e. from the National Institute for Health and care Excellence (NICE) or the Royal College of Surgeons (RCS). Blanket approaches are not supported by clinical evidence as they can distress patients, prolonging pain or immobility which could be alleviated by surgery[4].

[2] Pillutla, V. Maslen, H. and Savulescu, J (2018) Rationing elective surgery for smokers and obese patients: responsibility or prognosis? BMC Med Ethics 19:28

[3] Womack, J (2016) Reviewing the evidence for restricting elective surgery for obese patients. Public Health England.

[4] RCS Policy Unit (2016) Smokers and overweight patients: Soft targets for NHS savings? Royal College of Surgeons: Advancing Surgical Care.

Local and national controversy

VoYCCG's new criteria for access to elective surgery has attracted controversy locally and nationally.

The changes to the Health Optimisation Policy were developed from The Prevention and Better Health strategy[5] which aimed to shift the way health care resources are valued and enable patients to become more active in shaping their own health outcomes.

VoYCCG has reported that obese patients and those who smoked were more likely to experience issues such as; infection at the surgical site, poor wound healing, blood clots in limbs or lungs, breathing problems or issues with the functioning of the new joint. They feel the policy will enable patients to use the opportunity to improve their health. It will provide a key time for GPs to be able to explain the importance of losing weight or stopping smoking, offer supporting services, and in some cases the process may reduce patient's symptoms preventing their need for surgery. VoYCCG state that there is no blanket policy and people who do not wish to access the support services or fail to meet the criteria will not be refused their elective procedure.

The York Press published various articles between November 2016 and January 2019 in response to the policy changes. The estimated cost of obesity to the NHS for the Vale of York CCG was reported as £46.6

[5] Vale of York CCG (2016) The Prevention and Better Health Strategy. Available at: https://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/1-september-2016/item-7.1-prevention-and-better-health-strategy.pdf

million in 2015[6]. VoYCCG report having to make difficult decisions whilst facing a multi-million pound deficit.

In November 2016, when the change to policy first emerged, the City's MP's raised their concerns over the decisions to ration surgery feeling it did not address the root of the problem[7]. They felt that, due to the smoking cessation and health check funding which had been cut by the local authority earlier in the spring, the same people were being put at risk twice. It was also suggested that clinicians may be breaching their professional duty of care through going along with these restrictions.

In January 2017, the City of York Council wrote to VoYCCG with their concerns about the policy affecting people from the most deprived communities. The concern about the policy increasing health inequalities in York led to the City of York Council to object to the policy.

In October 2018, the York Press[8] reported on results from a Freedom of Information request showing that over 100 people a month in the Vale of York region are told they face delays for surgery if they are obese, or if they smoke. Figures showed savings to be around £2.7 million in 2017/18. Professor Neil Mortensen, Vice President of the Royal College of Surgeons has argued, however, that the restrictions will likely end up

[6] Vale of York CCG (2016) Optimising outcomes from all elective surgery: Commissioning statement. Available at: https://www.valeofyorkccg.nhs.uk/rss/data/uploads/procedures-not-routinely-commissioned/optimising-outcomes/new-logo/01-optimising-outcomes-from-all-elective-surgery-commissioning-statement-v12-23.01.17.pdf

[7] Liprott, K (2016) York operation refusal for obese patients and smokers. The York Press. Available at: https://www.yorkpress.co.uk/news/14932081.york-operation-refusal-for-obese-patients-and-smokers/

[8] The York Press (2018) NHS should help patients lose weight or give up smoking, not deny them treatment. Available at: https://www.yorkpress.co.uk/news/17009419.nhs-should-help-patients-lose-weight-or-give-up-smoking-not-deny-them-treatment/

costing the NHS more due to prolonging the need for pain medication and physiotherapy.

The Health, Housing and Adult Social Care Policy and Scrutiny Committee meeting 2018

In December 2018, a report was presented by VoYCCG which looked into the impact that the Health Optimisation Policy had had since it started in February 2017 in regards to the BMI threshold. This report was presented at the scrutiny committee meeting[9]. The meeting began with a case study from an individual who had experienced negative effect of the policy (see appendix 3).
VoYCCG said that due to limited finances, difficult decisions had to be made in which services to fund and which to not. They also hoped that this policy would create more time for important conversations between people and their GPs around weight loss and healthy lifestyle change. The CCG reported that the policy had saved 2.2 million during its first year. During the meeting, key concerns with the policy were discussed.

Key points raised at the scrutiny meeting

How do we know if it’s cost effective?

The reported savings of 2.2 million were based upon the amount of money saved from delaying surgeries that would otherwise have taken place since February 2017. It is unclear, however, what the longer term

[9] City of York Council (2018) Health, Housing & Adult Social Care Policy & Scrutiny Committee 12 December 2018. Available at: https://www.youtube.com/watch?v=4NzL61dKBIk&feature=youtu.be&t=02m58s

effects of this will be and whether it will save money further down the line.
How effective the policy is will depend, in part, on how effective weight loss programmes have been and how well people have been able to engage in these. Some individuals will have been able to pay privately for surgery. The potential growth of the private sector in relation to this was a key area of concern.

How will the GPs provide the right support?

There is a new key role for GPs in supporting and enabling patients to lose weight and stop smoking. However, there are issues around this becoming an extra burden on primary care where many argue GP surgeries are already stretched to their capacity.
GPs currently struggle to get time out of practice to learn about their new importance in this process and ways they can support patients to lose weight. GPs also have difficulty keeping up-to-date with all the different opportunities in the community which could support individuals. It is likely, therefore, that not everyone will receive good quality input and support from their GP despite this being the key moment in the patient's pathway of support.

How will health inequalities be avoided?

Vulnerable individuals and those with greater disadvantages either financial, or due to life circumstances or other health problems may have greater barriers to engaging in this process. There is limited pro-active forms of support available for individuals who may need more than

signposting from their GP to become connected and engaged with a weight loss programme. There is clear opportunity for partnership working between third sector and primary care, although there appears limited evidence of this taking place so far.

Following a year, people are able to get in touch with their GP, or anytime in between if they reach the target weight or stop smoking. However, it was suggested that a more pro-active approach was needed to stop some people falling through the gap and to support people to understand the steps to surgery.

Key themes from people's experiences

Overall, 12 people talked to us about the direct experience the changes in policy had had on their lives for either themselves or somebody they cared for

Coping with pain and struggling to be active

"I am trying to reduce my BMI but find it difficult to be active enough due to pain."
"Condemned to living with chronic pain."

Nine out of the twelve people spoke specifically about the pain they experienced. They highlighted the major difficulties in managing pain in their day to day lives and feeling that they had little to no support. They described how they felt the pain prevented them from exercising and being able to walk even short distances. Some people described needing to take high levels of medication to manage the pain. For some people this was complicated by other medical conditions which prevented them being able to use the most effective pain killers or being able to tolerate physiotherapy.
One person described how their joint had further deteriorated and had impacted negatively on other joints whilst they had been waiting for surgery.

Financial and emotional distress

"If they can't have the op, it affects their work."

Two individuals spoke about being out of work and off sick for increasing amounts of time whilst waiting to get access to their needed surgery causing emotional and financial distress. People talked about having carer responsibilities which added further challenges. Family members of those being refused surgery also spoke about their distress in not knowing how to best support those affected.
All responses described emotional challenges of being refused surgery.

"My life is in limbo."

People said they felt the changes were unfair and discriminatory. People felt that the restrictions were unable to respond to or understand individuals' lives. This left people feeling upset, angry and unsure where to turn.

Confusing messages from healthcare providers

"The criteria which the Vale of York CCG uses is very misleading…"

People shared views about the BMI threshold feeling arbitrary, especially when they were only marginally above the cut off. Some people explained that they have previously had surgery when they had been at the same weight which had been successful and so they found it difficult to understand the new restrictions.

One person spoke about prior to needing surgery, they had lost a significant amount of weight, including attending a gym prescription programme. Despite this weight loss, when they later required surgery, due to their BMI still being over the threshold, the surgery was to be delayed.

Some people talked about not being told about the impact of their BMI on whether they could have surgery, despite frequent appointments and discussions with healthcare providers, until very late on. In one case this had involved various referrals and discussions at the hospital about whether surgery would be the best option. It was only when surgeons had decided it would be the best option, that the individuals BMI was considered and they found they could not have the surgery.

Two people reported that their records were not always up to date and instances where they felt their BMI and smoking status had been incorrectly recorded.

One person suggested that they had been denied surgery a few times. Six of the responses gave examples of individuals being involved with multiple providers, receiving letters, opinions and different types of input. Sometimes this was seeing multiple GPs as well as providers with different opinions. This highlights how the information being received by patients may not be clear or easy to understand, leaving patients confused and with a reduced sense of control over the situation.

Lack of quality information and support

"When I contacted my local GP service for support, I was informed nothing was available."

Two people said that they had had no support or information given to them around losing weight. Only one person spoke about weight management services they had sourced independently. Other responses did not suggest whether they had been provided with information or were engaging with any weight loss support programme.
People talked about letters they had received from VoYCCG and felt it focused on the system and not on the patient which had been unhelpful.

Some people stated that it had been difficult to access support from their GP. Some stated that support had not always been available in the area. One person reported following diet plans they had found themselves until they had managed to get further support from a dietitian. The dietitian was able to alter and approve the diet plan that had been found by the patient, but after one follow up appointment, they were discharged due to their being nothing further they could advise.
People's comments suggested they often felt alone and unsupported with the problem of trying to lose weight.

Other views from the public

In addition to the reports of those directly affected by the policy, other people fed back to Healthwatch, through the surveys, a mixture of positive and negative view points.

Some people felt that these changes could save the NHS money and save lives. They felt that having people fitter before surgery would reduce pressure on the NHS. Some felt that recovery times would be longer for the patient with a high BMI so patients would benefit from losing weight.

Commonly, people commented on understanding the importance of encouraging people to lose weight and stop smoking before the surgery due to the overall negative impact obesity and smoking on people's health. However, many felt that the changes in policy would have a much greater impact on disadvantaged people and were worried that the policy would increase unequal access.

"Losing weight before surgery can have significant benefits, so it's a good thing to encourage. But in some circumstances the person is unlikely to lose more weight without surgery. I have seen people fight decisions through the Individual Funding Request process. Unfortunately though, this compounds disadvantage for those least able to argue their case. This reinforces health inequalities."

People expressed views that services to support people in the process of losing weight before surgery, or more generally were inadequate. One

person stated that pain levels affected people's quality of life and made them feel low and therefore, felt that the pain clinic should help everyone. Another felt that a dietician's assistance would be useful for people waiting for surgery. The view that more education was needed in schools around nutrition and food and more help for those wanting to stop smoking was also expressed.

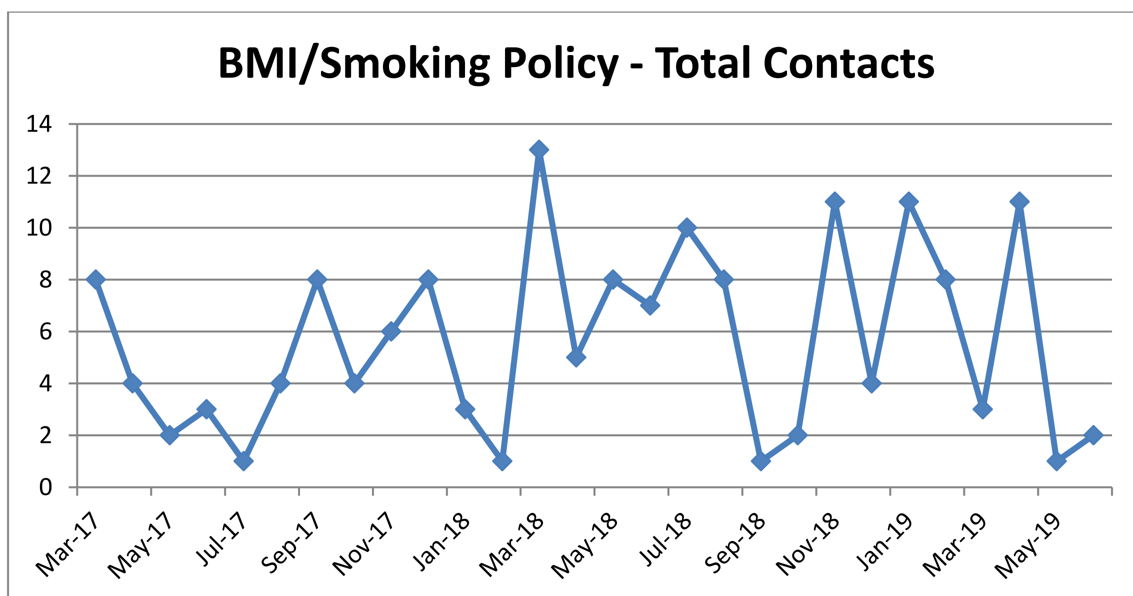
A letter written to York Press[10], supported the health chief's weight loss policy, but only providing that patients are provided with the right dietary advice that is proven to work long term for those following it. The letter suggested the 'Eat less and exercise more' and/or 'Calories in calories out' advice is proven to be flawed as well as discouraging for patients. The letter proposed the view that focusing on a diet that includes real fats, such as butter, cheese and olive oil, along with fresh non-starchy vegetables and meat whilst avoiding grains and starchy vegetables is helping many patients reduce their BMI. Clearly, seeking dietary information and advice can often be confusing and conflicting for individuals as different sources suggest different diet plans or perspectives.

[10] Benson, F (2018) Letter: I support health chiefs' weight loss policy. York Press. Available at: https://www.yorkpress.co.uk/news/17367768.letter-i-support-health-chiefs-weight-loss-policy/

Comments from NHS VoYCCG

VoYCCG stated that they had received 159 contacts through their Patient Relations team for BMI related enquires since the policy was implemented. Contacts appear to be continuing although they do not appear to follow a particular pattern. This may be due to people not being aware of the issue until it affects them. VoYCCG acknowledged that there are patients who are unhappy with the changes to BMI thresholds and patients left confused by the language and processes. They have worked with individuals who have submitted complaints and been able to provide information and clarify the process. They highlighted links on their website in regards to support for losing weight as well as seeking potential IFR.

The graph below represents the number contacts to the VoYCCG Patient Relations Team regarding the changes to elective surgery thresholds from March 2017 to Jun 2019.



VoYCCG felt that after discussion, some people acknowledged that although they didn't like having to wait for surgery/or try to lose weight, they understood the rationale. They appreciated that people need to take efforts to be responsible for their health to protect the NHS long term.

The Healthy Weight, Healthy Lives Strategy in York

Since January 2017, when the health optimisation policy came into effect, some work has taken place to improve support for individuals. The Heath and Well Being Board established a Healthy Weight Steering Group made up of NHS workers (e.g. GPs and nurses), NHS commissioners such as the CCG, voluntary sector, council, Mental Health Trust representatives and lay representation.

This group met for the first time in April 2018 and started looking into the gaps in existing weight management services as well as the current challenges faced by those who work in services to provide support to individuals. A key area for improvement was the creation of a tiered weight management services with a referral pathway that is clear for healthcare workers. The steering group report that a complete pathway from tier 1 to tier 4 has been developed (see appendix 2). Numbers of those who can be accepted are still low but improvement has been made on no access when the group started the work.

The group plan to engage with more deprived communities to understand what support people need to lose weight and maintain a

healthy weight. They are also looking to develop a sport and physical activity strategy for the city in collaboration with North Yorkshire Sport.

The Healthy Weight, Healthy Lives strategy[11] that the steering group follow states that the causes of obesity are complex and that healthy weight is affected by many factors which can be physical, environmental, social and emotional. It recognises that different age groups need different support to help them achieve a healthy weight. Deprived communities are more likely to have higher rates of obesity as there are greater barriers to accessing affordable healthy food as well as fewer opportunities to be physically active and there is evidence of this in York.

Healthwatch York comments

Healthwatch York are keen for there to be a strong commitment from NHS commissioners and the council to work with other community services and find new ways to tackle obesity in York.
We support enabling health professionals to educate individuals on the risks of obesity and smoking on surgical outcomes and provide the support needed for individuals to make lifestyle changes which improve their health as well as the pressures on the healthcare service.

However, as the Healthy Weight, Healthy Lives strategy clearly highlights, managing weight loss is a difficult and complicated process. People experiencing the effects of the policy have talked about the complicated barriers and challenges this can involve. They highlight the

[11] City of York Council (2018) Healthy Weight, Healthy Lives Strategy

emotional, circumstantial and physical factors on top of the difficulties in accessing the right support from health services at the right time.

Healthwatch York believes that support for those whose surgery is delayed should be available, person-centred, pro-active and able to understand the difficulties faced by those confronted with needing to lose weight whilst awaiting surgery. Information from the outset, provided by the GPs, needs to be clear and supportive. It would be interesting to see, if the money saved from delaying surgery was put into measures to support people to lose weight in this manner, whether the policy could be more effective both in terms of patient outcomes and cost over time.

In order to understand the best way to support people to lose weight, more work with the public and those facing the particular challenges needs to take place. We call for the on-going co-production of weight management services.

Whilst Healthwatch York understands the difficulties of the financial situation and the decisions faced by VoYCCG, it seems ever more important that the right data is collected to know what impact the changes in policy are having. With the NHS Long Term Plan looking into sustainability of the NHS in the future we need policy changes that support system wide savings, preventing ill health and reducing inequalities.

In addition to knowing the savings made by delaying surgery, more information is needed on whether this policy will be effective over the longer term. This might include looking further into the costs of any:

- Increased or ongoing care needs due to a longer time of being less mobile or in increased pain.
- Increased or ongoing prescription pain medication to control symptoms.
- Increased or ongoing physiotherapy or equipment needs.
- Additional hospital admissions or GP visits due to falls, reduced mobility or increased pain.
- Further injury to joints due to the delay in surgery.

More information is also needed to find out if there are more potential savings being made through the policy potentially decreasing length of hospital bed stays post-surgery, or reducing the amount of people needing surgery across the public and private sectors.

In light of the feedback we received we are also interested in the cost of this policy on the individuals involved. This includes:

- If people had to spend larger amounts of time out of work.
- If there have been increased pressures on families/carers to provide care that have had health costs or financial cost.
- The amount of individuals who may have chosen to seek treatment privately.

Although we understand that surgery is not always the answer for many people, there needs to be information about the costs of this policy both to individuals and the health and social care system as a whole.

Recommendations

Recommendation	Recommended to
Consider ways to gather needed information/data to know if the policy is effective in saving money and improving patient outcomes in the areas outlined in this report.	VoYCCG
Work in co-production with members of the public and to understand how to support people who have difficulty engaging with weight loss activity. Consider what programmes work best for people with specific conditions or barriers.	VoYCCG
Create accessible and clear pathways of support, considering what pro-active steps can be taken to prevent individuals falling through the gaps and for the more disadvantaged individuals to engage with support programmes and services.	VoYCCG

Appendices

Appendix 1 - Support information and useful contacts

The Council Health Trainer Service

For general advice and support on healthy weight or to receive a health check, people can contact the council health trainer service.

Phone: 01904 553377

Email: yorwellbeing@york.gov.uk

Health Wise

If you know you are above a healthy weight and you would like to seek support to address this, you can contact Health Wise to see you are suitable for one of their weight management programmes.

Phone: 01904 403917

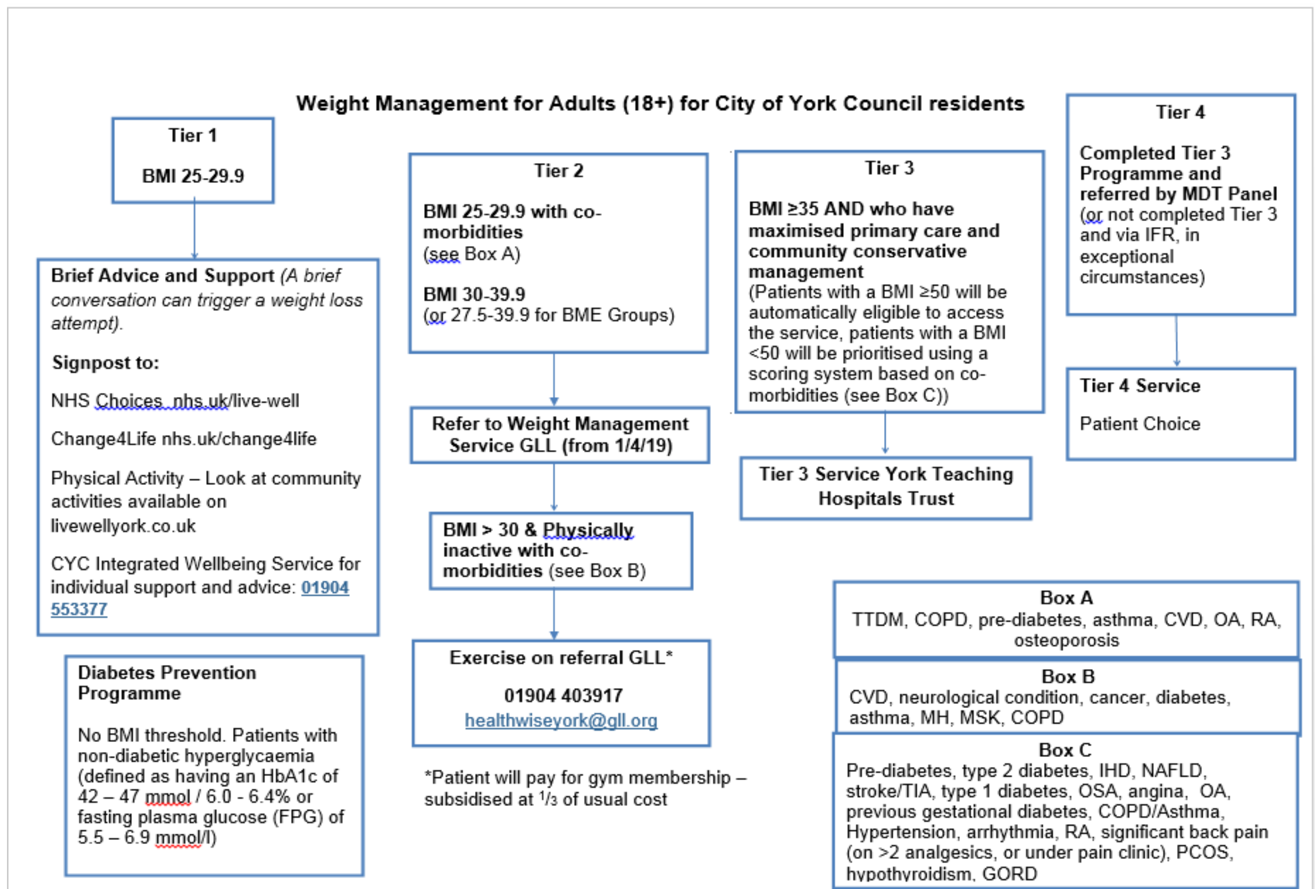
Email: healthwiseyork@gll.org

Speak to your GP

If you know you have a body mass index over 35 and you have already tried community weight management programmes, you can speak to your GP about getting a referral to what's called **tier 3 programmes**.

The flow chart below outlines the pathway for adult weight management for City of York Council residents (appendix 2).

Appendix 2 – Pathway for adult weight management for City of York Council residents



Appendix 3 – Case study read out at The Health, Housing and Adult Social Care Policy and Scrutiny Committee meeting 2018.

"I am 67, and live with osteoarthritis in my knees, hands, wrists, hips and shoulder. Since 2013 I have lost 5 ½ stone. In 2015 and 2016 I had both knees replaced without question and with beneficial effects on my health and weight.

During 2017 pain started in my left hip and worsened rapidly. I had many meetings with GPs and consultants, and at no time was the "Health Optimisation policy" mentioned. I never had the "Time Zero" discussion or any of the supporting measures detailed in the CCG paper. I was only told I could not have the operation when I was actually in the pre-operative consultation at Clifton Park in early February. By then I was in severe pain, could only walk a few metres at a time with a stick, and was on high levels of morphine patch for the pain. My wife had just been given a breast cancer diagnosis.

The CCG policy meant that the hospital ignored all this, as well as my previous weight loss, and told me that I would either have to lose a lot more weight or wait for a year for surgery. By this time my physical condition meant rapid weight loss would have been impossible and dangerous. This and the accompanying mental stress meant I had to get the operation done privately. This cost us £11500, largely financed through loans. What if I had not been able to do this?

In my journey through the system, I have met uniform hostility to this policy from clinicians of all types and seniority. They recognise it for what it is, a money saving exercise without any clinical merit, which stops them providing appropriate treatment at the right time, and leaves hundreds of patients in pain for up to a year longer than they need to be.

It's also unfair- if I lived in Harrogate, none of this would apply.
So it was instructive to read the CCG's paper. It is poorly written and unclear, but some things are obvious.
One is that the CCG has saved £2.2 million, and another is that beyond "some anecdotal evidence", they have not tried to assess any actual improvement in the overall health of their patients or what the impact has been on those denied surgery. .
Chair, this is clearly a rationing measure dressed up in clinical clothes. It discriminates against overweight people and probably the less active elderly as well. The Council should use the invitation to talks from the CCG to get it stopped in the. Oh, and I'd like my £11500 back, please."

Appendix 4 – Public comments in response to York Press articles

Following the York Press articles on the changes to policy comments made by the public provided a mixture of positive and negative views on the changes.

Healthwatch York were interested in comments left by those who had commented about direct experience with the policy. Some examples of these are listed below.

"I am one of those who has been refused hip replacement surgery by the Vale of York CCG until I loose "some" weight, (no specific figure, nor timescale mentioned) what is not taken into account by the group is the fact that my hip problem is due in most part, to the fact that I've played semi-pro sport (football and Rugby) for nearly 50 years, having received on previous occasions (via the NHS) both ankle and knee replacements

(hence the weight gain) these sweeping and invariably false generalisations / observations / demonization regarding unfit / unhealthy "obese" people (especially those of us now in our mid to late sixties) needs to stop forthwith." (24th Oct 2018)

"My wife is the same. It has now stopped her from swimming which she loved. And yes she still lost weight for a year but they still will not operate. It's effected both knees now and can give way any time. She will soon need a hip operation and knees done. How is that saving money?" (6th Feb 2018)

"Now...Take another view, I've played top class sport (football and rugby) for over 50 years, I've had more than my fair share of breaks, soft tissue and / or ligament damage culminating with an ankle replacement, knee replacements and now awaiting hip replacement surgery. I too am in a similar situation to the lady in question, yes I'm a 'big un' (over 6' with a 30 + BMI). Not too dissimilar, in fact, regarding shape and size as some of the England forwards last Saturday, (and they didn't do too bad). I'm far from match fit, and will probably never play a contact sport ever again, nor do I consume the 5 to 6,000 calories a day I used to when playing, plus my greatest asset has been that my GP is / was a former 'Rugga bugga' alas he too has to follow the guidelines regards referrals. But spare a thought please, these people on so called assessment panels make no allowances whatsoever for past endeavours whether it be sport or labour intensive hard physical work which too, will no doubt prove to have been a contributory factor in numerous other cases. THAT IS WRONG, as is the whole system for calculating BMI." (6th Feb 2018)

“I too was in the sad position requiring knee replacement. Some people just do not get it. Some weight issues are not caused by lifestyle choices but are genetic or medical. How can she exercise when in pain, unless you have had this type of pain you cannot understand. And as for don tramp - I played football rugby cricket table tennis and squash well into my fifties, and still needed a knee replacement. But he and some others no doubt would say that playing sport is my fault, my choice, and should not qualify for knee replacement. Once I got my knee replacement done I lost three stones in weight and have not looked back.” (6th Feb 2018)

Acknowledgements

Healthwatch York greatly thank all those who took the time to contact us, fill in our surveys, give us their feedback and tell us their stories about changes to services in York.

We would also like to thank the VoYCCG Patient Relations Team for working with us to explore these issues and sharing their insight and knowledge gained in the efforts to improve patients' experiences.

healthwatch York

Contact us:

Post: Freepost RTEG-BLES-RRYJ
Healthwatch York
15 Priory Street
York YO1 6ET

Phone: 01904 621133

E mail: healthwatch@yorkcvs.org.uk

Twitter: @healthwatchyork

Facebook: Like us on Facebook

Web: www.healthwatchyork.co.uk

York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York. York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

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