NHS
Rotherham
Clinical Commissioning Group

Rotherham Clinical Commissioning Group – Fitter, Better Sooner Policy

Version Control

Version	Date	Author	Changes
V1.0	May 2020	Janet Sinclair-Pinder	
V3	August 2021	Jacqui Tuffnell	To remove the section in relation to concurrently referring to Get Healthy Rotherham alongside elective referral

Contents

Appendices

1. Background

A growing number of CCGs have introduced active interventions to encourage and support patients to improve their general health prior to referral for routine surgery. Commonly referred to as 'health optimisation', these approaches typically offer patients who have a BMI ≥ 30, or who smoke, a referral to weight management or smoking cessation services for a six to twelve month period before being considered for referral for routine surgery.

Within Yorkshire and Humber, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG, NHS Vale of York CCG, NHS Greater Huddersfield CCG, NHS North Kirklees CCG, NHS East Riding of Yorkshire CCG and NHS Barnsley CCG are among those who have implemented health an equivalent pathway.

2. Strategic context

2.1 National context

The NHS Five Year Forward Plan[1] recognises that *'the NHS has a distinct role in secondary prevention. Proactive primary care is central to this, as is the more systematic use of evidence-based intervention strategies. We also need to make different investment decisions - for example, it makes little sense that the NHS is now spending more on bariatric surgery for obesity than on a national roll-out of intensive lifestyle intervention programmes that were first shown to cut obesity and prevent diabetes over a decade ago*.' It also notes that *'England has made significant strides in reducing smoking, but it still remains our number one killer. More than half of the inequality in life expectancy between social classes is now linked to higher smoking rates amongst poorer people.'*

The NHS Long Term Plan[2] restates the importance of the NHS moving from reactive care to a model embodying active population health management. It notes that '*every 24 hours, the NHS comes into contact with over a million people at moments in their lives that bring home the personal impact of ill health'*. It promotes '*practical action to do more to use these contacts as positive opportunities to help people improve their health*', thereby contributing to the ambition of five years extra healthy life expectancy by 2035.

2.2 Local context

NHS Rotherham CCG is committed to improving outcomes for patients and encouraging individuals to make healthier lifestyle choices. The CCG's commissioning plan[3] states the '*need to get serious about prevention and improve*

[1] NHS Five Year Forward View, NHS England, 2014, p.10-11

[2] NHS Long Term Plan, NHS England, 2019, p.34

[3] Commissioning Plan 2018-20, NHS Rotherham Clinical Commissioning Group, 2018, p.22

healthy life expectancy to reduce health inequalities and avoid spend on wholly avoidable illness. … We need to manage demand by supporting people to be healthy.'

Key to the CCG's approach to improving health and wellbeing is to support individuals to move from '*dependence to independence'*. The aim is to proactively manage health and care before someone needs to have hospital treatment or experiences problems in their life, in a way that is right for them, whether this is through providing information and advice, or through more active management. Every interaction between a patient and a health professional should be viewed as an opportunity to prevent future ill health.

Health and care resources in Rotherham are limited and increasingly coming under pressure as a result of many factors including an aging population. The CCG has a duty to ensure that the resources available are used in the most efficient and effective way possible, to maximise the health benefit for the people of Rotherham.

2. The case for change

The NHS Long Term Plan notes that global obesity rates have tripled since 1975, and that the UK ranks among the worst in Europe. Obesity and poor diet are linked with type 2 diabetes, high blood pressure, high cholesterol and increased risk of respiratory, musculoskeletal and liver diseases. Obese people are also at increased risk of certain cancers, including being three times more likely to develop colon cancer. Nearly two-thirds of adults in England are overweight or obese. In 2016/17, 617,000 admissions to NHS hospitals recorded obesity as a primary or secondary diagnosis. The proportion of adults in Rotherham who are classed as obese or overweight is 62.7% which is similar to the England average at 62.0%.[4]

Obesity increases risks associated with surgery. For example:

- a nearly 12-fold increased risk of a post-operative complication after elective breast procedures;
- a five-fold increased risk of surgical site infection (SSI);
- an increased risk of SSI as much as 60% when undergoing major abdominal surgery and up to 45% when undergoing elective colon and rectal surgery;
- an increased risk of bleeding and infections after abdominal hysterectomy;
- a higher incidence of peri-operative deep venous thrombosis and pulmonary embolism;
- an increased risk of complication after elective lumbar spine surgery

[3] https://fingertips.phe.org.uk/profile/health-profiles/data#page/3/gid/1938132701/pat/6/par/E12000003/ati/102/are/E08000018/iid/93088/age/168/sex/4
[4] https://fingertips.phe.org.uk/profile/health-profiles/data#page/3/gid/1938132701/pat/6/par/E12000003/ati/102/are/E08000018/iid/93088/age/168/sex/4

Medical triggers, for example a doctor telling a patient to lose weight, have been shown to promote long-term behaviour change. Studies show that people who had medical reasons for weight loss also had better initial weight losses and maintenance. Medical triggers were also associated with less regain over two years of follow-up. These findings suggest that the period following a medical trigger may be an opportune time to initiate weight loss to optimise both initial and long-term weight loss outcomes.[5,6]

Tobacco smoking remains the single biggest cause of preventable illness and premature death in England. It is also the largest single cause of inequalities in health and accounts for about half of the difference in life expectancy between the lowest and highest income groups. Deaths caused by smoking are two to three times higher in low income than in wealthier groups. Smokers see their GP over a third more often than non-smokers, and smoking is linked to nearly half a million hospital admissions each year.[7]

Smoking causes a range of diseases including cancer, cardiovascular disease and respiratory diseases. It causes many other debilitating conditions such as age-related macular degeneration, gastric ulcers, impotence and osteoporosis. Further it can cause complications in pregnancy and is also associated with lower survival rates, delayed wound healing, increased infections, prolonged hospital stays and repeated readmissions after surgery.

Smoking prevalence amongst adults is significantly higher in Rotherham (18.9%) compared with the Yorkshire and Humber region (16.7%) and England as a whole (14.4%).[8]

A systematic review recently found that smoking cessation programmes prior to hospitalised surgery overall had a success rate of 55%.[9] Mata-analysis across 13 studies showed that there was a statistically significant reduction in the risk of total complications in former smokers compared with current smokers, with an average 22% of former smokers experiencing an event compared with 32% for current smokers.[10]

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[5] Gorin AA, Phelan S, Hill JO, Wing RR. Medical triggers are associated with better short-and long-term weight loss outcomes. Prev Med: 39(3), 612-6. Prev Med. 2004 Sep;39(3):612-6

[6] Lim M, Paper for Clinical Policies Development Group, NHS Great Yarmouth and Waveney CCG, 2017

[7] https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england

[8] https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/par/E12000003/ati/102/are/E08000018

[9] Cropley, M., Theadom, A., Pravettoni, G. & Webb, G. The effectiveness of smoking cessation interventions prior to surgery: A Systematic Review. Nicotine & Tobacco Research, 2008:10, 407-12

[10] Mills, Edward et al. Smoking Cessation Reduces Postoperative Complications: A Systematic Review and Meta-analysis. The American Journal of Medicine, 2011. Volume 124, Issue 2, 144 - 154.e8

The Royal College of Anaesthetists (RCoA) has recently launched a public campaign called 'Fitter Better Sooner' to encourage patients to improve their health and activity levels to "recover from surgery more quickly and with fewer complications".[11] 'Fitter Better Sooner' is endorsed by the Royal College of General Practitioners and the Royal College of Surgeons. The proposed pathway in Rotherham aligns with RCoA's public message.

4. The Aims of the Policy

To Pro-actively encouraging individuals to get fitter as part of the normal pathway towards a referral for routine surgery could positively encourage and embed lifestyle changes and improve the outcomes after surgery.

The high-level objectives for this intervention are to:

- reduce the prevalence rates for obesity, hypertension, respiratory disease, pre-diabetes and diabetes within Rotherham;
- overall improve the health and wellbeing of our population;
- reduce the post-operative complications and improve patient safety;
- facilitate shared decision making;

5. The Model

The eligibility criteria for routine surgery as set out in the CCG's commissioning for outcomes policy[12] still applies. The approach builds in a 'get fit' step along the pathway towards a referral for elective surgery, which may include smoking cessation and weight management, and any other lifestyle health improvements agreed with the patient.

The pathway requires patients who smoke and/or have a BMI of 30 or over to complete the 'get fit' step prior to being considered for referral for surgery, except in the following circumstances:

- urgent referral for suspicion of cancer;
- patients undergoing surgery for cancer;
- patients with severe mental illness, learning disabilities or significant cognitive impairment;
- referrals for interventions of a diagnostic nature, e.g. endoscopy;
- patients with a BMI of 30 or greater but who have a waist measurement less than 94cm in males or 80cm in females;

[11] https://www.rcoa.ac.uk/fitterbettersooner

[12] http://www.rotherhamccg.nhs.uk/South%20Yorkshire%20and%20Bassetlaw%20Commissioning%20for%20Outcomes%20Policy%20v21%20FINAL%2001.05.19.pdf

- frail elderly (as a guide, three or more of the following: unintentional weight loss, self-reported exhaustion, weakness (grip strength), slow walking speed, low physical activity);
- children under 18;
- referrals for any urgent procedure;
- referrals for a procedure which needs to be performed within a strict timeframe as delay would result in it becoming ineffective.

Patients who do not fall into the exceptions outlined above are required to take steps to improve their health through smoking cessation and/or weight management and will be offered support through an appropriate service. Once the patient has quit smoking for a sustained period (a minimum of four weeks) and/or reached their weight target (BMI<30 or at least 10% reduction in weight), then their referral for surgery will be made (if still required) in line with the eligibility criteria set out in the CCG's Commissioning for Outcomes Policy. The current commissioning policy for hip and knee replacement states that these procedures are not routinely commissioned for patients with a BMI of 35 or above. It is proposed that this threshold in commissioning policy will not apply to patients in Rotherham so that only this pathway would apply.

Patients who do not successfully achieve their 'get fit' goal or fail to engage will be reassessed after a proposed backstop period of six months and would be referred to surgery at that point (if still required). For clarity, patients who reach their goal before the end of the backstop, or 'get fit' period, will be considered for referral straight away.

The duration of the 'get fit' step needs to be a reasonable period in which to attempt a sustainable lifestyle modification. Smoking cessation interventions typically last for 12 weeks and are deemed successful if the patient is smoke-free when followed-up four weeks later. A six-month period would allow a patient to attempt two full attempts of 12 weeks each.

In the case of obesity, it is important to ensure that the period is not too short that a patient attempts to lose weight too fast. A male of average 1.75m height with a BMI of 40kg/m^2 would weigh 122.5kg but would weigh 30.6kg less if he reduced his BMI to 30. Similarly, a female of average 1.61m height with a BMI of 40 would weigh 103.7kg and would weigh 25.9kg less if she reduced to a BMI of 30. NHS Choices recommends that patients lose weight at a rate of 0.5 to 1kg per week, so a six-month period would also be reasonable in this instance.

Weight management programmes typically run for 12 weeks. If a male with a BMI of 40 lost 12kg in 12 weeks, then this would be a 10% reduction in weight and might be considered a relative success. Therefore, a pathway consistent with accepted advice

and practice would also accept a 10% reduction in weight even though this might mean that the patient was still above BMI 30.[13]

The pathway only applies to the following specialties, where there is a clear clinical case to link smoking status and BMI to outcomes:

- General surgery
- Colorectal
- ENT
- Gynaecology
- Neurosurgery
- Plastic surgery
- Trauma and orthopaedics (including MSK)
- Urology

The following procedures are excluded from the pathway on the basis that they would be considered urgent and a delay may pose a clinical risk:

- Cholecystectomy (see Commissioning for Outcomes Policy)
- Surgery for arterial disease
- Hernias that are at high risk of obstruction (See Commissioning for Outcomes Policy)
- 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. (See Commissioning for Outcomes Policy)
- Nerve compression where delay will compromise potential functional recovery of nerve (See Commissioning for Outcomes Policy
- 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)

[13] Lim M, Paper for Clinical Policies Development Group, NHS Great Yarmouth and Waveney CCG, 2017

- Lower limb ulceration

6. Making a referral for elective surgery under the Policy

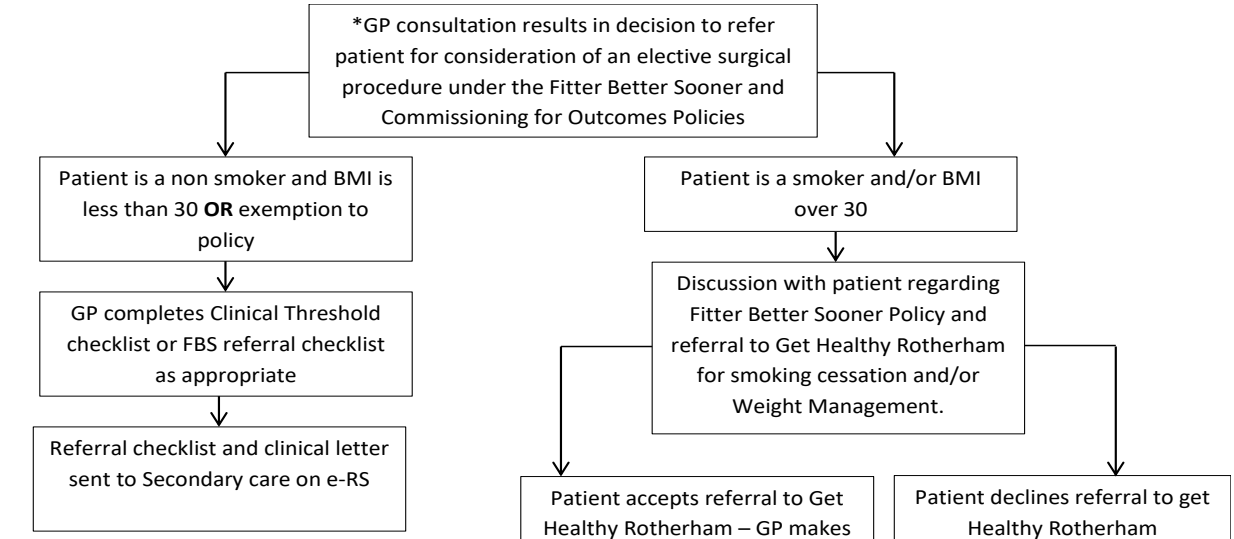
Where a patient is being referred for an elective procedure to any of the specialities listed above, and to which this policy applies, clinicians are required to complete the FBS/Clinical Threshold referral checklist (see Appendix 1 and 2) and attach the document to the referral. (The referral checklists are available electronically on GP systems) Referrals without a completed checklist will be returned to the referral source indicating the reason for rejection. The provider will confirm that the electronic checklist is present and that the patient meets the threshold, criteria. The referral checklist will be included within the patient notes / filed for future compliance audit. A patient information leaflet regarding Fitter Better Sooner is available on GP Systems and can be seen at Appendix 3

A referral should only proceed to treatment if the patient meets the threshold or specific criteria and a completed and compliant referral checklist is in place.

A Frequently Asked Questions (FAQ) Document for Referrers can be seen at Appendix 4 and on GP systems. A FAQ for secondary care clinicians can be seen at Appendix 5.

In addition to the exclusions listed above, in some circumstances, GPs, Consultants or NHS clinicians may consider an individual has exceptional clinical circumstances and may benefit from a treatment in circumstances where the patient has not gone through smoking cessation or weight management for the required period. In these circumstances, if there are exceptional circumstances a referral must be made through an Individual Funding Request (IFR) by the clinician. This request will then be considered, approved or rejected by an independent panel.

The referral process is illustrated below:



The Provider will reject any non-urgent referral not made through the ESAS for the following specialities:

- General surgery
- Colorectal
- ENT
- Gynaecology
- Neurosurgery
- Plastic surgery
- Trauma and orthopaedics (including MSK)
- Urology

The following procedures are excluded from the Fitter Better Sooner pathway on the basis that they would be considered urgent and a delay may pose a clinical risk:

- Cholecystectomy (see Commissioning for Outcomes Policy)
- Surgery for arterial disease
- Hernias that are at high risk of obstruction (see Commissioning for Outcomes Policy)
- 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

7. Making a referral to Get Healthy Rotherham

Patient will be referred to Get Healthy Rotherham for Weight Management Advice and/or smoking cessation advice. Referrals will be made using the electronic referral form on GP

systems. Information regarding Get Healthy Rotherham is available for both patients and referrers on GP Systems and can be seen at the following Links.

Get Healthy Rotherham Patient Leaflet

Get Healthy Rotherham Referrer Information

6. Impact assessments

6.1 Quality impact assessment

A quality impact assessment has been completed. This identified positive impacts on clinical effectiveness and patient safety. It also identified both positive and negative impacts on patient experience; the negative impact relates to the possibility that some patients may feel unhappy that they have to go through the 'get fit' step before being referred for surgery.

6.2 Equality impact assessment

An equality impact assessment tool has been completed. Both positive and negative impacts have been identified regarding the protected characteristic of age, as this proposal would only apply to adults.

- Positive impact: Individuals will benefit from more pro-active encouragement to stop smoking and reduce weight.
- Negative impact: Individuals may feel that they are being disadvantaged because they have to undergo the programme before being referred for elective surgery.

6.3 Data protection impact assessment

A data protection impact assessment screening tool has been completed. No impact was identified and therefore a full DPIA is not required.

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A data protection impact assessment screening tool has been completed. No impact was identified and therefore a full DPIA is not required.

NHS Rotherham CCG - Elective Surgery Referral Form (Adults over 18)

NHS Rotherham CCG does NOT routinely commission an elective intervention for patients who have a BMI of 30 or above or patients who are recorded as a current smoker. (please see exceptions at Appendix 1)

Referrals will only be accepted for patients in the above group if they have taken part in a Health Improvement Programme and have stopped smoking, reduced their BMI below 30 or both.

Patients who decline the Health Improvement Programme or have not engaged with the programme can only be referred after the 6 month opportunity to take part has lapsed.

All other cases need to be referred for consideration by the Individual Funding Request panel (IFR), with evidence about clinical exceptionality.

NB: Please use the appropriate Clinical Threshold checklist for those conditions that have a Clinical Threshold

Please complete this form and attach to the Clinical referral letter.

Referral Date:	
Specialty:	**Sub Specialty** (*if appropriate)*:

Patient Details		**GP Details**	
Forename:		**Referring GP:**	
Surname:		**Registered GP:**	
Date of Birth:		**Practice:**	
NHS No:			
Gender: **Ethnicity:**			
Hosp No (if known)**:**			
Address:		**Telephone:**	
		Fax:	
		Practice code:	
Home Tel No: **Work Tel No:** **Mobile Tel No:**			

Please tick the appropriate options below:

Option 1	Non Smoker & BMI under 30 BMI	☐
Option 2	BMI of 30 and above and/or active smoker WITH clinical exceptions **Drop down boxes to include**: - diagnostics (e.g. endoscopy) - severe mental illness/learning disability/significant cognitive impairment - Frail elderly (as a guide, three or more of the following: unintentional weight loss, self-reported	☐ ☐

	exhaustion, weakness (grip strength), slow walking speed, low physical activity) - Urgent referral - Time critical procedure	
Option 3	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	☐
Option 4	Patients who have declined either smoking cessation or weight management (ensure that the 6 month health improvement opportunity period has been completed and provide the evidence below) BMI: Smoking: Start and end date of health improvement: ○ Start (referral date) ○ End Any other clinically relevant comments:	☐
Option 5	Patient has engaged with Weight Management and BMI now below 30	☐
Option 6	Patient has completed 8 week smoking cessation health improvement period CO evidence to confirm quit?	☐ Yes ☐ Yes
Option 7	Approved by IFR Panel (attach IFR Approval)	☐ Yes

NB: The Surgeon and Anaesthetist retain ultimate responsibility for the decision to proceed with Surgery. Any previous approval will be considered void if it is the clinical judgement of the Surgeon and Anaesthetist that surgery will not be in the patient's best interest.

GP: ……. **Practice:** …….

Date: ……..

This form must be completed when the referring clinician refers a patient for a condition that is likely to result in an elective procedure being undertaken.

Appendix 2 – example of Clinical Threshold checklists incorporating FBS

Patient Name: Address: Date of Birth: NHS Number Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Common Hand Conditions – Ganglions

Instructions for use:
Please refer to the policy for full details, complete the checklist and file for future audit compliance.

The CCG will only fund correction of Ganglion(s) when the following criteria are met:

In ordinary circumstances, referral should not be considered unless the patient meets **one** of the following criteria.*	Delete as appropriate	
Painful seed ganglia** that persist or recur after puncture/aspiration **OR**	Yes	No
Mucoid cysts that are disturbing nail growth or have a tendency to discharge (risk of septic arthritis in distal inter-phalangeal joint) **OR**	Yes	No
Wrist ganglia associated with neurological deficit, restricted hand function or severe pain	Yes	No
If the diagnosis is in doubt	Yes	No

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to The Individual funding request policy for further information*

*** A seed ganglia is a fluid filled swelling that appears at the base of the finger on the palm side.*

FITTER BETTER SOONER APPLIES TO THIS PROCEDURE – Please see policy for full details

Option 1	Non Smoker & BMI under 30 BMI	☐
Option 2	BMI of 30 and above and/or active smoker WITH clinical exceptions **Drop down boxes to include**: - diagnostics (e.g. endoscopy) - severe mental illness/learning disability/significant cognitive impairment - Frail elderly (as a guide, three or more of the following: unintentional weight loss, self-reported exhaustion, weakness (grip strength), slow walking speed, low physical activity) - Urgent referral - Time critical procedure	☐ ☐

Option 3	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	☐
Option 4	Patients who have declined either smoking cessation or weight management (ensure that the 6 month health improvement opportunity period has been completed and provide the evidence below BMI: Smoking: Start and end date of health improvement: ○ Start (referral date) ○ End Any other clinically relevant comments:	☐
Option 5	Patient has engaged with Weight Management and BMI now below 30	☐
Option 6	Patient has completed 8 week smoking cessation health improvement period CO evidence to confirm quit?	☐ Yes ☐ Yes
Option 7	Approved by IFR Panel (attach IFR Approval)	☐ Yes

Appendix 3

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Fitter, Better, Sooner

Helping You to Get Ready for Your Operation

People who smoke or are obese can take longer to recover after surgery and are more likely to experience complications.

By getting fitter before an operation, you can reduce the risk of a range of problems such as blood clots, wound infections and breathing problems.

If you are a smoker, then we will ask you to quit before being referred to hospital for your operation. Your GP will arrange for you to receive free support to help you stop smoking.

If you have a BMI (body mass index) of 30 or more, then we will ask you to lose weight before being referred to hospital for your operation. Your GP will arrange for you to receive free support to help you lose weight.

How long will I need to have stopped smoking for?

You will need to have stopped smoking for a full four weeks before your GP will refer you to hospital for your operation.

How much weight will I need to lose?

Your GP will ask you to lose enough weight to bring your BMI (body mass index) down below 30, or lose 10% of your weight.

It is important to lose weight gradually and not to go on a crash diet, so you will be offered help to set yourself realistic goals.

More information about how to calculate your BMI can be found on the NHS website: https://www.nhs.uk/live-well/

So, I've successfully stopped smoking or lost weight – what happens now?

Now it is time to go back to your GP. Your GP will check that surgery is still likely to be the best treatment for you and refer you on to the hospital.

What if I can't do it?

Your GP will expect you to keep trying to quit smoking or lose weight for up to six months. If after that time you have still not managed to achieve your goal then your GP will refer you to the hospital for your operation anyway, if there is still a clinical need.

Whilst you are trying to quit or lose weight, if you feel that your health is getting worse then please go back to your doctor without delay for advice.

Does this apply to everyone?

It applies to all tobacco smokers and anyone who is obese. Being obese means having a BMI of 30 or above. It does not apply to people who only smoke e-cigarettes.

It also only applies to people who need a routine operation. It does not apply to anyone who needs an urgent or emergency operation, or any treatment for cancer. Other exclusions include:

- patients with a severe mental illness, learning disabilities or significant cognitive impairment;
- patients being referred for a diagnostic test, e.g. an endoscopy;
- non-smoking patients with a BMI of 30 or more but who have a waist measurement of less than 94cm in males or 80cm in females. Some athletes and sports people, for example, have a high BMI due to muscular bulk but are not overweight;
- frail elderly patients;
- children under 18.

If one of these exclusions applies to you, then you will still be offered advice on healthy lifestyles, but your referral to hospital will progress as normal.

If you don't meet these exclusions but your doctor still feels that it is important to refer you to hospital before you try to lose weight or quit smoking, then you may be considered through the Individual Funding Request procedure. Your doctor will apply on your behalf.

How do I find out more information?

The Royal College of Anaesthetists has lots of helpful information on its website to help you prepare for your operation: https://www.rcoa.ac.uk/fitterbettersooner

For advice, tips and tools to help you improve your health and wellbeing, follow this link to the NHS website: https://www.nhs.uk/live-well/

Your doctor will probably put you in touch with **Get Healthy Rotherham**, who provide lots of support and advice in your local area. You can find out what's on offer and contact them directly through their website: https://www.gethealthyrotherham.co.uk/

For more information on health services in Rotherham, please visit http://www.rotherhamccg.nhs.uk/

Appendix 4

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Fitter, Better, Sooner

Helping patients to prepare for their operation

FAQs for Clinicians

1. What is Rotherham's Fitter, Better, Sooner pathway?

Rotherham's *Fitter, Better, Sooner* pathway aims to improve a patient's fitness prior to being referred for routine elective surgery.

The pathway is aimed at individuals who smoke and / or are obese. Obesity is defined as having a BMI of 30kg/m^2 or more. For the purposes of this pathway, smoking relates to tobacco and not e-cigarettes.

The approach adds a 'get fit' step along the normal pathway towards a surgical referral, which may include attending smoking cessation or weight management programmes, and any other lifestyle health improvements agreed with the patient. The referral for elective surgery is made once the patient has successfully achieved specific goals.

The specific goals are:

- Smokers will be expected to set a quit date and remain smoke-free for four weeks.
- Patients with a BMI => 30 will be expected to lose enough weight to bring their BMI below 30 or reduce their weight by 10%.

If a patient does not achieve their specific goals, or they fail to engage, then their referral for surgery will be made after a period of six months has elapsed.

Rotherham's *Fitter, Better, Sooner* pathway echoes the advice from the national Fitter, Better, Sooner campaign run by the Royal College of Anaesthetists and endorsed by the Royal College of General Practitioners and the Royal College of Surgeons. The national message is "fitter patients who are able to improve their health and activity levels recover from surgery more quickly and with fewer complications" (https://www.rcoa.ac.uk/fitterbettersooner).

2. Is the Better, Fitter, Sooner pathway mandatory?

Yes - All patients registered with a Rotherham GP who smoke or have a BMI=>30 must be entered onto Rotherham's Fitter, better, Sooner pathway before being referred for routine elective surgery **unless** they meet certain exception criteria (see below).

3. What are the exceptions?

The pathway **does not** apply to:

- Patients who neither smoke nor are obese (i.e. BMI<30).
- Patients who do smoke and/or have a BMI=>30 but meet one of the following criteria:
    - Urgent referral for suspicion of cancer
    - Patients undergoing surgery for cancer

- Patients with severe mental illness, learning disabilities or significant cognitive impairment
- Referrals for interventions of a diagnostic nature, e.g. endoscopy
- Patients with a BMI of 30 or greater but who have a waist measurement less than 94cm in males or 80cm in females
- Frail elderly (as a guide, three or more of the following: unintentional weight loss, self-reported exhaustion, weakness (grip strength), slow walking speed, low physical activity)
- Children under 18
- Referral for any urgent procedure
- Referral for a procedure which needs to be performed within a strict timeframe as delay would result in it becoming ineffective

In these circumstances, the referral should be made without delay. All referrals should meet existing CCG commissioning policies.

Should a clinician feel that a patient should be excepted due to any other exceptional circumstances then the CCG's IRF process should be followed.

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

A referral for an opinion or further diagnostics can be made straight away. The referring clinician should:

a. Talk to the patient about the Fitter, Better, Sooner pathway (and give the patient leaflet) and explain that they would need to go through the 'get fit' step if surgery is recommended as a result of their hospital consultation. (Unless the exceptions apply.)
b. Where the surgeon recommends surgery, but does not meet the FBS criteria then the hospital will discharge the patient back to the GP for the 'get fit' and will not automatically list the patient for surgery.

5. How recent does a BMI measurement or smoking status need to be?

A BMI measurement is valid if it has been taken within the last three months. However, if a patient has a BMI of 30 or above, then a new measurement should be taken to confirm that the Fitter, Better, Sooner pathway still applies to them.

Smoking status should be current at the time of referral.

6. What happens if a patient's BMI increases after referral?

Once referred, the patient should continue on their journey even if they have gained weight between the referral and the appointment.

7. What happens with consultant to consultant referrals?

If a 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 with surgery, it should only proceed if the exclusions apply. Otherwise the patient should be discharged back to their GP for the" get fit" step.

8. What happens if a patient's health status changes during the six-month 'get fit' step?

Patients should be advised to contact their GP if their health declines during the Fitter, Better, Sooner period. Please use clinical discretion at all times.

9. How does the Fitter, Better, Sooner pathway link to the CCG's commissioning policies?

The FBS pathway does not change the CCG's current commissioning policy. It does not change any individual's eligibility for any clinical procedure or service.

Fitter, Better, Sooner adds a 'get fit' step before a referral, but it does not change the nature of the referral. The step does, however, create a delay before the referral to give patients an opportunity to improve their fitness before their operation. The 'get fit' step finishes when the patient has achieved their goal (i.e. lost weight or stopped smoking) or six months have elapsed, whichever is earlier.

The Commissioning for outcomes policy in respect of hip and keen replacement surgery has been amended to reflect the FBS policy. The cut off BMI for surgery has been reduced to 30. If the patient does not achieve weight loss to a BMI of 30 or under, then the surgical referral can go ahead when the patient has completed the "get fit" programme or 6 months has elapsed. The patient however should be advised that if they have an elevated BMI they might not meet pre-assessment criteria.

10. What support is there for people who smoke or are obese?

A range of services to support individuals with lifestyle improvements is available through Get Healthy Rotherham.

Get Healthy Rotherham provides face to face smoking cessation and weight management programmes as well as digital lifestyle support for stopping smoking losing weight, getting more active and drinking less alcohol.

Further information for referrers is available by following this link:
https://www.gethealthyrotherham.co.uk/for-referrers

11. What happens if a patient is already enrolled on a weight management or smoking cessation course?

If a patient has a BMI of 30 or above, then a new measurement should be taken to confirm that the Fitter, Better, Sooner pathway still applies to them.

If a patient has already commenced a smoking cessation course prior to referral then they must still have stopped smoking for at least 4 weeks (e.g. if a patient has successfully stopped smoking for 2

weeks then they cannot be referred until they have continued to abstain from smoking for a further 2 weeks)

12. When does the clock start?

The 6 month clock starts when either the patient is referred for surgery by their GP, or when the surgeon sees that patient following referral for an opinion/diagnostics and decides that surgery is appropriate.

NHS
Rotherham
Clinical Commissioning Group

Fitter, Better, Sooner (FBS) – FAQs for Secondary Care Clinicians (Please see policy for full details)

What is Rotherham's FBS pathway?

(*NB – during the COVID-19 Pandemic, patients will be referred to Get Healthy Rotherham CONCURRENTLY to the referral to the Surgical Specialty. The position will be reviewed regularly with a view to the policy being implemented fully when the situation improves)

Rotherham's FBS pathway aims to improve a patient's fitness prior to being referred for routine elective surgery.
The pathway is aimed at individuals who smoke and / or are obese. For the purposes of this pathway, smoking relates to tobacco and not e-cigarettes.
The approach adds a 'get fit' step along the normal pathway towards a surgical referral, which may include attending smoking cessation or weight management programmes, and any other lifestyle health improvements agreed with the patient. *The referral for elective surgery is made once the patient has successfully achieved specific goals.

Is the Better, Fitter, Sooner pathway mandatory?

Yes - All patients registered with a Rotherham GP who smoke or have a BMI of 30 or above must be entered onto Rotherham's FBS pathway before being referred for routine elective surgery unless they meet certain exception criteria (see below).

What are the exceptions?

The pathway does not apply to:
Patients who neither smoke nor are obese (i.e. BMI<30).
Patients who do smoke and/or have a BMI of 30 or above but meet one of the following criteria:

- Urgent referral for suspicion of cancer
- Patients undergoing surgery for cancer
- Patients with severe mental illness, learning disabilities or significant cognitive impairment
- Referrals for interventions of a diagnostic nature, e.g. endoscopy
- Patients with a BMI of 30 or greater but who have a waist measurement less than 94cm in males or 80cm in females
- Frail elderly (as a guide, three or more of the following: unintentional weight loss, self-reported exhaustion, weakness (grip strength), slow walking speed, low physical activity)
- Children under 18
- Referral for any urgent procedure
- Referral for a procedure which needs to be performed within a strict timeframe as delay would result in it becoming ineffective

In these circumstances, the referral should be made without delay. All referrals should meet existing CCG commissioning policies.
Should a clinician feel that a patient should be excepted due to any other exceptional circumstances then the CCG's IFR process should be followed.

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

Where a patient has been referred for an opinion or diagnostic uncertainty, and where surgery is recommended, the secondary care clinician should not list the patient for surgery (unless they meet the exception criteria above) if the pt has a BMI of 30 or above and/or smoke. The patient should be referred back to the GP to undergo the "get fit" step.

How recent does a BMI measurement or smoking status need to be?
A BMI measurement is valid if it has been taken within the last 3 months. However, if a patient has a BMI of 30 or above, then a new measurement should be taken to confirm that the FBS pathway still applies to them.
Smoking status should be current at the time of referral.

What happens if a patient's BMI increases after referral?
Once referred, the patient should continue on their journey even if they have gained weight between the referral and the appointment.

What happens with consultant to consultant referrals?
If a 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 with surgery, it should only proceed if the exclusions apply. Otherwise the patient should be discharged back to their GP for the" get fit" step.

How does the FBS pathway link to the CCG's commissioning policies?
The FBS pathway does not change the CCG's current commissioning policy. It does not change any individual's eligibility for any clinical procedure or service.
Fitter, Better, Sooner adds a 'get fit' step before a referral, but it does not change the nature of the referral. The step does, however, create a delay before the referral to give patients an opportunity to improve their fitness before their operation. The 'get fit' step finishes when the patient has achieved their goal (i.e. lost weight or stopped smoking) or six months have elapsed, whichever is earlier.
The Commissioning for outcomes policy in respect of hip and keen replacement surgery has been amended to reflect the FBS policy. The cut off BMI for surgery has been reduced to 30. If the patient does not achieve weight loss to a BMI of 30 or under, then the surgical referral can go ahead when the patient has completed the "get fit" programme or 6 months has elapsed. The GP should however advise that patients with elevated BMIs might not meet pre-assessment criteria.

When does the clock start?
The 6 month clock starts when either the patient is referred for surgery by their GP, or when the surgeon sees that patient following referral for an opinion/diagnostics and decides that surgery is appropriate.