

[Inquiry into the availability of bariatric service](#)

Evidence from Cwm Taf University Health Board – ABS 16



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**Send via email to:**

[HSCCommittee@wales.gov.uk](mailto:HSCCommittee@wales.gov.uk)

For the attention of the Committee,

**RE: Health and Social Care Committee: Inquiry into the availability of bariatric services**

Thank you for allowing Cwm Taf University Health Board with the opportunity to comment on the inquiry into the availability of bariatric services.

The issue of obesity is increasingly having an adverse impact on the health of the whole population, is having significant impact of the use of existing health and social care services and is highlighting a number of gaps in current service provision. The contribution to the inquiry is based on the views of staff and the limited but intense involvement in accessing and coordinating healthcare for a small number of people living in the Cwm Taf catchment area. Although not specifically in answer to the questions raised for exploration within the inquiry, the points below provide added context in terms of the discussion:

- Treating individuals as early as possible as they become overweight / obese has significant 'spend-to-save' implications across Health Board services (such as cardiac, diabetic, mental health and orthopaedic services) so implementation of the All Wales Obesity Pathway needs to be given further impetus.
- The numbers of people who need bariatric services is unknown. Often, individuals become known to services following acute presentation and therefore needs are met reactively missing the opportunity for earlier intervention. Understanding the scope of the issue at a local level and likely service demands into the future would assist in future service planning.
- There is inequity locally and nationally in way that the needs of individuals are managed depending on a number of factors. Increased accessibility / development in the provision of tier 3 services could result in more effective and efficient use of resources. Cwm Taf patients are currently being referred to the Specialist Weight Management Clinic in Aneurin Bevan UHB due to lack of local provision.

- Local experience and the work of specialist clinicians working in this field such as Dr Vanessa Snowdon-Carr of the Weight Management & Bariatric Surgery service at Taunton & Musgrove NHS Foundation Trust (which is a recognised Centre of Excellence in this field) supports the view that psychological intervention is a fundamental component of any service intervention aimed at supporting people who require bariatric surgery to lose weight. There is currently a significant gap in terms of appropriate and accessible physiological assessment and intervention for this client group at Tiers 2, 3 and 4. Identifying trauma underlying a person's over-eating or the presence of Binge Eating Disorder and assessing and treating post surgical eating disorders such as Post Surgical Eating Avoidance Disorder are examples of how psychological therapy is imperative to providing a good service to this patient group.
- Where primary, community or secondary care services are required; transport is a significant issue for patients who are bariatric in terms of enabling timely access, private transport options can be limited in terms of vehicle capacity. The Welsh Ambulance Trust has limited resource in terms of the availability of ambulances and crews that are equipped to manage bariatric patients and are facing increasing demand. There is a balance between developing a sense of personal responsibility and the potential for a longer term benefit whilst enabling access to services which may be out of area and incur significant expenditure.
- In relation to hospitalisation, bariatric patients often require extensive additional resource which can result in substantial additional staffing and the temporary decommissioning of neighbouring beds to ensure the privacy and dignity of all concerned. As a result of the difficulties experienced in accommodating individuals who are bariatric with co-morbidities in the community (mainly related to attaining a suitable environment to reside in) hospital stays can be unnecessarily protracted thus compounding the situation for the individual receiving care and adversely affecting the patient flow
- There can be challenges within the hospital environment in ensuring the clinical environment the person is cared for is appropriate. The layout and design of the building coupled with complying with fire safety regulations can mean that the optimum care environment is not accessible to a patient who is bariatric.
- Should there be a poor outcome and the patient dies, there may also be challenges in relation to mortuary use which is further compounded in the community re the capacity of local undertakers and crematoriums to manage a large body with dignity and respect.
- Maintaining individuals who are bariatric at home including ensuring timely discharge from hospital is becoming increasingly challenging. For example, Local Authorities and Housing Associations may need to adapt their housing stock to enable access and the accommodation of large pieces for equipment, i.e. beds, chairs hoists etc. This presents a number of challenges in terms of maximising property occupancy and cost effectiveness. This issue extends to residential and nursing homes whereby the environment, equipment available and staffing ratios can impact upon their ability to accommodate a person who is bariatric.
- The availability of bariatric equipment in and out of hospital can present an issue in terms of ensuring both the patient and staff safety. Contentions can arise

whereby individuals may decline to purchase furniture/equipment that promotes their health and safety and therefore risk can be unmitigated.

- It is essential that future service commissioning and planning is fully integrated between Health Boards and Local Authorities.

Yours sincerely

**Robert Williams**

*P. a. Wenger*

**Board Secretary/ Director of Governance and Corporate Services**