

Service Specification Template – 2024/25

Service Name & Number	Universal Offer – Bariatric Surgery UO6BARIATRICFOLLOWUP
Population and / or geography to be served	The service shall be available to all patients registered with a GP Practice within the agreed Primary Care Network (PCN) to whom the commissioner is responsible for providing services to.
Service aims and desired outcomes	<p>The Provider shall record all activity using the Universal Offer clinical template.</p> <p>Aims and objectives of service</p> <ul style="list-style-type: none"> • To create and maintain a bariatric register • To provide dietary assessment and education for those on the register • To identify and support those with medical complications e.g. reactive hypoglycaemia, weight regain (for potential GLP-1 therapy) and nutritional deficiencies • Identify and refer back to secondary care any “surgical” complications early e.g. gastric band slippages or internal herniae • Support patients to a successful weight loss outcome after bariatric surgery • To identify (Screen for) and treat mental health needs and refer to IAPT, psychological or mental health services where appropriate • To allow for on-going audit of results
Service description and location(s) from which it will be delivered	<p>The provider shall build and maintain a bariatric register to ensure those individuals can be identified and health needs supported post discharge from tier 4 services surgery.</p> <p>The Provider shall provide an annual review for all patients who have previously undergone bariatric surgery. The review shall include:</p> <ul style="list-style-type: none"> • a medication review, • advise/prescribe supplements as per guidance • organize blood test monitoring (Gastric Bypass and Sleeve Gastrectomy only) • identify complications requiring referral or admission • signpost or refer patients to psychological services where this will support their outcomes • Provide advice and guidance on contraception—ideally pregnancy should be avoided for at least 12–18 months post-surgery. Counsel for increased rate of first trimester miscarriages • Support switch to pregnancy specific vitamin and mineral supplements and increase supplementation as per current recommendations. • Signpost women for specialized care periconception, antenatal and postnatal care for additional monitoring. Ensure procedure is documented on shared care record. Inform obstetric team of bariatric history. <p>Regular annual monitoring shall include; LFTs, FBC, HBA1c ferritin, folate, vitamin B12 (unless on injections), calcium, vitamin D, zinc, copper, vitamin A (duodenal switch and possibly bypass only). NB: Gastric band patients only require annual FBC, U&Es and LFTs, unless there are unexplained symptoms.</p> <p>The Provider shall consider risk of:</p>

	<ul style="list-style-type: none"> • Protein malnutrition Protein intake requirement after surgery is 60–80 g/d or 1.1–1.5 g/kg of ideal body weight (i.e., BMI = 25) and increases to 90–120 g/d after BPD/BPD-DS • Anaemia – iron, folate and vitamin B12 (remember other potential causes such as blood loss). • Calcium and vitamin D deficiency which may result in secondary hyperparathyroidism. • Vitamin A deficiency – suspect in patients with changes in night vision, especially if steatorrhoea or those who have had a duodenal switch. • Zinc, copper and selenium – unexplained anaemia, poor wound healing, hair loss, neutropenia, peripheral neuropathy and cardiomyopathy. • Thiamine deficiency – suspect in patients with poor intake, persistent <p>When Reviewing Regular Medications the provider shall consider that formulations may need adjusting to allow for changes in bio -availability post-surgery, especially after gastric bypass and duodenal switch procedures. Other considerations include the following:</p> <ol style="list-style-type: none"> 1. Review co -morbidity medications post-surgery, such as anti -hypertensives, diabetes medications, etc. Requirements are likely to fall with post -operative weight loss but may increase later if weight loss is not maintained. 2. Use diuretics with caution due to the increased risk of hypokalaemia. 3. Replace extended-release formulations with immediate release formulations. 4. Avoid NSAIDS, if no alternative use only with PPI. 5. Avoid bisphosphonates. 6. Consider pill size – patients may need liquid formulations or syrups in the short term in the immediate post - operative period. However, usual medication formulations should be tolerated by around 6-week post -op. 7. Monitor anticoagulants carefully. 8. Psychiatric medications may need increased or divided doses 9. Avoid effervescent medications for patients with gastric bands. <p>The service shall be delivered from the GP practice or branch surgery of the delivering GP practice or from another healthcare setting within the delivering Primary Care Network.</p>
Service Model	<p>The Provider shall look out for acute complications including epigastric or other abdominal pain associated with:</p> <ul style="list-style-type: none"> • Dysphagia • Vomiting • Reflux unresponsive to PPIs <p>Most patients with the above acute symptoms would require emergency admission to hospital. To ensure a timely referral is made, the British Obesity and Metabolic Surgery Society have produced the Primary care management of post-operative bariatric surgery patients' guidance chart that should be referred to when assessing patients.</p>
Tariff	£50 per completed annual review
Reporting and Payment	You are required by the ICB to use UO resources provided by the ML Data Quality Team to support the recording of patient data and reporting for the UO services.

	<p>A clinical template written by ML Data Quality Team (DQT) has been provided for recording patient data for services delivered as part of the Universal Offer (UO). The template has been validated by ICB clinical leads and built to ICB service specifications to support the UO service pathway. The clinical template will also help to demonstrate that the UO specified pathway has been used to deliver patient care.</p> <p>Using the clinical template will ensure the UO searches and claim reports (provided by the DQT) are populated correctly and submitted claims can be validated by the ICB against reports the ICB receive from the Data Quality Team. Where payment is made via RTP files, the report provided to the ICB will assist the ICB to validate the expected activity levels from the provider for that UO service.</p> <p>For EMIS practices the UO clinical templates are published centrally via Resource Publisher and will be maintained and updated by the DQT as and when required and will also reflect any Snomed code changes that may be required. Associated searches and reports will be updated where necessary and made available for use and practices will be notified of updates. For TPP S1 practices, the clinical templates are maintained and updated for you by your Data Quality Specialist.</p> <p>Various guidance documents to support using the resources provided by the ML DQT for the UO services are available from the GP365 website Universal Offer (sharepoint.com) or you can contact your Data Quality Specialist for any queries regarding use of the DQT resources or any training requirements related to use of the UO clinical templates or UO searches & reports.</p> <p>If the activity is not coded correctly, it will not be paid for.</p>
Review Date	January 2027
Termination Notice Period	3 years with a six-month notice period for termination. The service specification will be subject to regular review.
Applicable quality requirements and Accreditation Requirements	<p>Applicable national standards (e.g. NICE)</p> <ul style="list-style-type: none"> • Quality statement 6: Follow-up care after bariatric surgery Obesity: clinical assessment and management Quality standards NICE • Quality statement 7: Nutritional monitoring after discharge from the bariatric surgery service Obesity: clinical assessment and management Quality standards NICE <p>Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)</p> <ul style="list-style-type: none"> • https://bomss.org/healthcare-professionals/clinical-resources/ • British Obesity and Metabolic Surgery Society Guidelines on perioperative and postoperative biochemical monitoring and micronutrient replacement for patients undergoing bariatric surgery—2020 update <p>British Obesity Metabolic Surgery Society endorsed guidelines for psychological support pre- and post-bariatric surgery</p> <ul style="list-style-type: none"> • Psychological Perspectives on Obesity - Addressing Policy, Practice, and Research Priorities.pdf (bps.org.uk) • Pregnancy after bariatric surgery: Consensus recommendations for periconception, antenatal and postnatal care : https://onlinelibrary.wiley.com/doi/full/10.1111/obr.12927

- Care of Women with Obesity in Pregnancy
<https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.15386>
- Association for the Study of Obesity; position statement on weight stigma and discrimination
- [ASO Position Statement: Weight stigma and discrimination | The Association for the Study of Obesity](#)

Applicable local standards

Knowledge / competencies in complex post op management to mitigate risk of people only having access to non-specialist GP/ PCN nurses / ARRS dietitians / practitioners who may need further training.

<https://www.bda.uk.com/uploads/assets/4b1699c6-240a-4ed1-9dd0a349b38920e5/Dietitians-in-primary-care-a-guide-for-general-practice.pdf>

<https://www.scope-elearning.org/>