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Fitness for Surgery – evidence base for better outcomes

South West Clinical Senate

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Drivers and consequences

- Better outcomes for patients
  - But what is the evidence base?
- What do we mean by ‘better outcomes’?
  - For the surgery/recovery or for their overall health?
- To ration services?
  - Is that a perception from the public or correct?
  - Is this a question of politics?
- What are the inequalities we need to be aware of?

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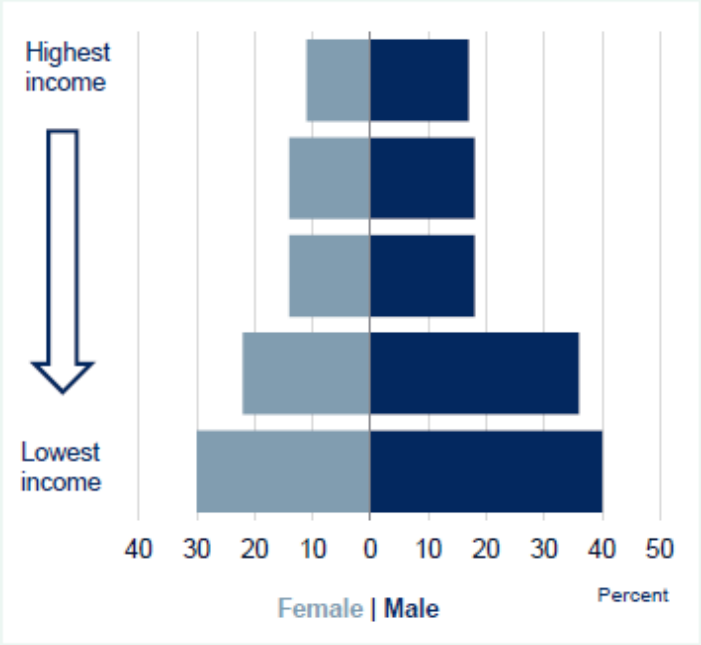
Smoking and inequalities

Smoking prevalence in adults

Health Survey for England (HSE), 2013

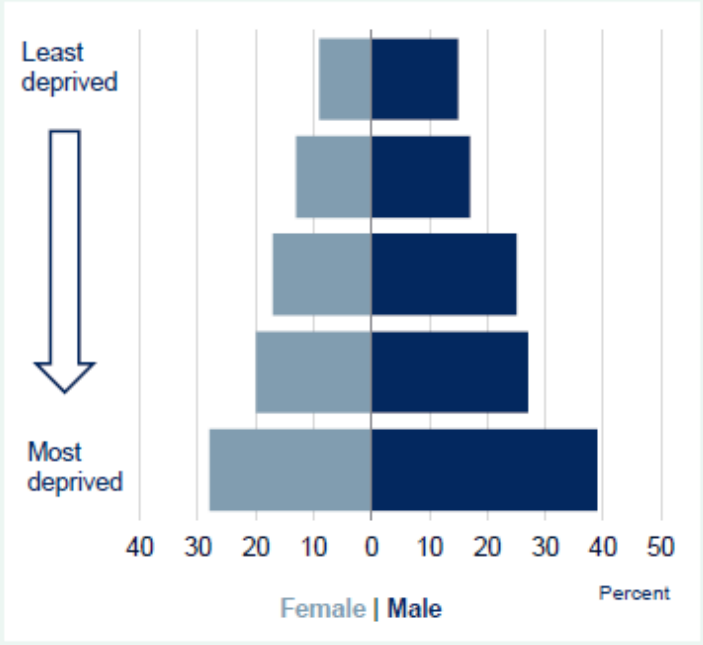
Smoking prevalence by income[1]

The proportion of current smokers in the lowest two income quintiles was double the proportion in the highest two income quintiles.



Smoking prevalence by level of deprivation[2]

Those living in the most deprived areas had the highest proportion of current smokers.



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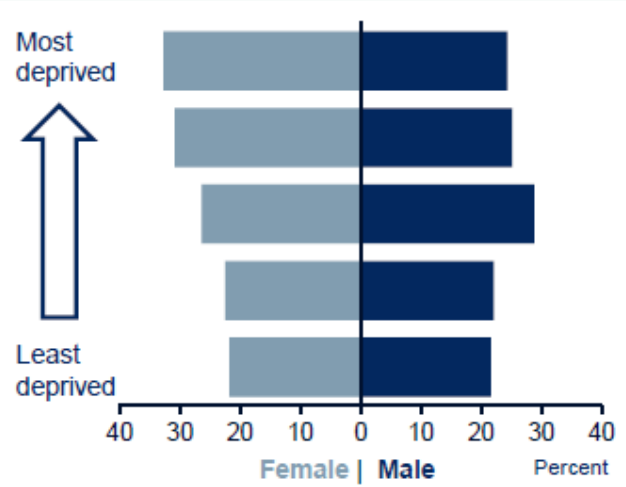
Obesity and inequalities

Adult obesity, Health Survey for England (HSE) 2014

Obesity prevalence by sex and level of deprivation[1]

For women, obesity prevalence increased with level of deprivation, from **22%** in the **least deprived** areas, to **33%** in the **most deprived** areas.

This relationship was not evident for men.



Obesity prevalence by region

Obesity prevalence varied by region, from **21%** of adults in **London**, to **31%** in the **North East.**

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Legal considerations – NHS Constitution

- Not refused access on unreasonable grounds
- Right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences
- Right to drugs and treatments that have been recommended by NICE if your doctor says they are clinically appropriate for you.

The above rights mean that refusing an NHS service altogether to a group of patients, based on lifestyle factors alone, is likely to be contrary to the NHS Constitution and thus illegal.

A period of delay for **'health optimisation**' is much more defensible under the NHS Constitution, since the patient will ultimately receive the service. It could still be vulnerable to legal challenge, especially in the case of obesity.

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Impact on health inequalities

- Higher rates of smoking and obesity in more deprived communities which already have poorer life expectancy
- Delays to treatment will potentially exacerbate inequalities in health
- Less articulate/educated more likely to lose heart at multiple barriers?
- Delays to treatment may impact on employability
- Causes are multi-factorial, including peer norms
- Will this impact on engagement?
- But will modifying the lifestyle factor improve overall health gain?