For the South West Clinical Senate
18 May 2017

Royal College of Surgeons
ADVANCING SURGICAL CARE

RCS statement on fitness for surgery

The Royal College of Surgeons (RCS) is clear that NHS surgical treatment should be based solely on clinical guidance and conversations between patients and their clinicians. Guidance from the National Institute for Health and Care Excellence (NICE) on joint surgery states that *"patient-specific factors (including age, sex, smoking, obesity, and co-morbidities) should not be barriers to referral for joint surgery".*[1] Blanket bans on surgery based on weight and smoking status do not best serve patient care. There is also no clear clinical evidence that denying or significantly delaying access to NHS treatment helps patients to lose weight or stop smoking. All patients have individual circumstances and clinical needs and should not therefore be subject to arbitrary barriers to treatment.

The RCS is extremely concerned by the growing number of CCGs introducing policies that restrict overweight patients and smokers the access to elective surgery, in contravention of clinical guidance. This could affect a large number of patients, as NHS Digital estimates that 27% of the English population is obese with a BMI of 30 or higher.[2] The RCS is very supportive of clinicians encouraging patients to voluntarily stop smoking or lose weight before and/or after surgery for general health and better surgical outcomes. We would also support any attempts by Local Authorities to expand weight loss and smoking cessation programmes. However, delaying access to surgery may worsen an individual's health problems. There is evidence that prolonging the wait for total hip replacement in patients with severe pain and reduced mobility results in poorer outcomes from surgery, as outlined in the NICE guidance for osteoarthritis. Surgery may also be required to help someone lose weight if they are unable to move or exercise due to immobility or pain.

The Chair of NICE, Professor David Haslam, also recently reiterated their position:
"NICE osteoarthritis guidelines make it absolutely clear that decisions should be based on discussion between patients, clinicians, surgeons… issues like smoking, obesity, so on, should not be barriers to referral. So we've been really, really clear about this… some of these restrictions are brought in, in an almost punitive way. People are overweight or, ought not to be, so therefore it's their fault… It's highly unlikely that any local organisation would be able to reach a judgement better than NICE."[3]

NHS England RightCare has also written to every CCG to discourage them from rationing surgery based on smoking and BMI levels. It states: *"There is strong evidence that hip and knee replacements are extremely cost-effective interventions when warranted by clinical need and patient preference."*[4] Furthermore, in separate correspondence, an NHS England regional director told CCGs that they were required to request agreement *"at regional level"* before implementing restrictive policies in future.

Given the clear intervention from NHS England, we strongly encourage the South West Clinical Senate to produce recommendations to ensure that CCGs provide treatment based only on clinical guidance and conversations between patients and their clinicians.

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[1] NICE, *Clinical Guideline CG177*
[2] NHS Digital, *Health Survey for England 2015*, 14 December 2016
[3] BBC Radio 4, *Inside Health*, 14 February 2017
[4] Health Service Journal, *NHS England warns CCGs over 'arbitrary rationing',* 10 March 2017