

Clinical Senate Council Meeting

Thursday 18th May 2017

Final Recommendations

How best can weight loss and smoking cessation be encouraged through criteria for fitness for surgery and what is the evidence base for improved outcomes as a result?

Based on the papers reviewed in advance of the session and the evidence heard on the day, the South West Clinical Senate Council agreed that there is compelling evidence demonstrating both improved surgical and wider health outcomes as a result of stopping smoking, even for a short period of time.

Considerably less clear evidence was noted in the case of weight loss for surgical outcomes, particularly in relation to the amount of weight loss required and over what time period. The evidence that supports the wider overall health benefits of weight loss is uncontended

The following recommendations were made:

- **NHS bans delaying surgery until patients stop smoking or lose weight are not supported and risk widening health inequalities.**
- There is strong evidence and consensus that referral for surgery constitutes a key 'teachable moment' or 'health shock' to trigger smoking cessation or weight loss. Prompt access to interventional support, particularly smoking cessation services, must be available to take advantage of this opportunity to both optimise surgical outcomes and improve a patient's longer term health. (Earlier opportunities for dialogue and intervention across pathways and services must also be mapped out by health communities and taken advantage of.)
- Every effort should be made to negotiate beneficial changes with the patient in smoking and weight loss behaviours, which may include mutually agreed 'clock stop' arrangements to allow these risks to be addressed.
- Delay to surgery alignment to cost savings was not evidenced and was felt, at best, to delay rather than limit expenditure. Furthermore any suggestion of a link with cost reduction questions the NHS' motivation and is likely to be counterproductive to patient engagement.
- The Clinical Senate Council was clear that any interventions that delay surgery should be purely for the benefit of the patient with mutual agreement between patient and clinician.

1. Smoking Cessation

- A. Smokers should be regarded as 'tobacco dependent' with the offer of cessation support normalised into everyday healthcare practice.
- B. At the time of referral for surgery, there must be an offer of support for smoking cessation for at least 8 weeks pre-op. Uptake of this support, although strongly encouraged, should be voluntary. If patients have not successfully stopped smoking at the end of the 8 week period

their surgery should not be delayed but it is noted that even a few days of pre-surgical smoking cessation is clinically beneficial.

- C. Dedicated smoking cessation specialists need to be available in acute settings with on-site services to target the high numbers of smokers accessing healthcare (25% reported by PHE as opposed to 16% in the wider population).
- D. Acute trusts should carry out the NICE PH48 baseline assessment against its 16 recommendations in relation to smoking cessation intervention.
<https://www.nice.org.uk/guidance/ph48/resources/baseline-assessment-tool-69151933>

It is financially counterproductive not to invest in effective smoking cessation services. Smoking is still the biggest cause of preventable death in England. Smoking cessation can be regarded as the highest value intervention in the NHS in terms of its long term health benefits; preoperatively it reduces readmissions, length of stay and mortality rates. The 5 Year Forward View supports the development of smoking cessation initiatives and an updated tobacco control plan is due to be released.

It was considered that opportunities to target smokers using healthcare services are not currently being maximised. Both the NICE PH48 baseline assessment and preventing ill health CQUIN <https://www.england.nhs.uk/wp-content/.../12/prevention-cquin-supplmnt-guid.pdf> can support healthcare providers with this. The British Thoracic Society has also carried out costings on acute cessation services. Mandatory stop smoking training for all staff to include paediatric intervention offers to parents who smoke is encouraged.

2. Weight Loss

- A. All patients with a high BMI should be screened for 'Metabolic Syndrome' ⁽ⁱ⁾.
- B. BMI should not be used as an indicator to deny or delay surgery except in conditions where specific clinical benefit ensues ⁽ⁱⁱ⁾.
- C. PHE should undertake a comprehensive review of the evidence for:
 - improved surgical outcomes as a result of weight loss;
 - realistic weight loss expectations as a result of successful intervention services;
 - the availability and capacity of intervention services in the South West.

Whilst there is some evidence for greater risk of surgical site infections, greater anaesthetic difficulty and increased operation times in obese patients, 30-day mortality or long-term surgical success rates are not affected. Weight loss is not clearly connected to surgical outcomes.

Furthermore there is limited evidence around the success of weight loss interventions in the medium to long term with the amount lost too minimal to impact risk factors of surgery where the relative risk is low.

Symptom escalation, deterioration of the condition with higher eventual operative complication rates, length of stay and cost, or the development of complications of the condition are all increased

by surgical delay. It was considered that a 6 or 12 month delay to surgery can be a long time in terms of pain/discomfort for patients awaiting surgery but a short time for lifestyle change and weight loss.

Where Metabolic Syndrome is identified in addition to a high BMI there is higher clinical priority on weight loss advice and support for long-term illness prevention. The ‘teachable moment’ which referral for surgery produces should be fully exploited by the NHS with adequate service provision to respond to patients’ positive requests for assistance as well as information on, and assessment of risk.

Further research into the evidence for different weight loss interventions and the impact of weight loss on surgical outcomes is encouraged.

- i. ‘Metabolic syndrome’ is a cluster of conditions including increased blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol or triglyceride levels that occur together, increasing the risk of diabetes, heart disease and stroke.
- ii. It was noted that there may be some exceptions where weight loss prior to specific surgery such as in the cases of bariatric surgery or IVF is evidenced and technically important.

*Pre-reading, speaker slides and meeting notes are available at www.swsenate.nhs.uk