Individual Prior Approval

Criteria for referral to Specialist Obesity Services- including assessment for bariatric surgery

Submit completed form via MECCG Central Referral Service- central.referral@nhs.net or fax 0300 123 0772

Patient NHS Number :	Name of GP :
Patient Name, Address & Date of Birth :	GP Practice Code & Address :
Patient wishes to be referred to: (tick one) Luton and Dunstable University Hospital NHS Trust ☐	Homerton Hospital University Foundation NHS Trust ☐

Only fully completed forms will be accepted for consideration by the CCG. If the answer to any of these questions is "**NO", a full exceptional circumstances form will need to be completed**. This may be obtained from www.midessexccg.nhs.uk/about-us/ccg-board-meetings/board-papers/doc_download/1314-exceptional-cases-funding-proforma

	Yes	No
1. Patient is 18 years or older	☐	☐
2. Patient has had a BMI > 40 for at least 5 years **OR** Patient has had a BMI >35 for at least 5 years with at least one of the following co-morbidities: (please tick those which apply) ☐ Type 2 diabetes ☐ Hypertension ☐ Cardiovascular disease ☐ Osteoarthritis ☐ Dyslipidaemia ☐ Sleep apnoea ☐ Other, please specify:	☐ BMI > 40 OR ☐ BMI > 35 with comorbidities What is the current BMI?	

Patient has provided evidence of attendance, engagement and full participation in a weight management programme
Engagement can be judged by attendance records and achievement of pre-set individualised targets (for example steady and sustained weight loss of 5-10%, or maintaining constant weight whilst stopping smoking).
All criteria below to be met.

3. Patient has completed a Tier 2 weight management course within the last 12 months-provide details of course(s) attended- if not one of those listed provide name of course and confirm meets criteria specified. My Weight Matters (delivered by ACE) ☐ **Date completed**: Slimming World ☐ **Date completed**: Weight Watchers, ☐ **Date completed:** **Other: Name of course: Date completed:** Confirmation that this course included ALL of the following: ☐ Multi-component course i.e. diet, physical activity and behaviour change ☐ Focused on life-long lifestyle change ☐ Course lasted at least 3 months ☐ Sessions were held weekly or fortnightly ☐ Each session included a weigh-in ☐ Specific dietary targets were set, agreed and monitored ☐ Discussions taken around reducing sedentary behaviour and physical activities that can be easily incorporated into everyday life for the long term ☐ Used a variety of behaviour-change methods	☐ Yes	☐ No

4. Patient has kept a minimum 12 month weight management diary which has been reviewed by a healthcare professional at least every 3 months, demonstrating engagement Date weight management diary started……. Date weight management diary completed…….	☐ Yes	☐ No
5. Patient is a non-smoker- with a CO reading of 6COppm or 1.59%COHb or less. N.B. patient must remain a non-smoker. Enter reading at time of application_____	☐ Yes (non-smoker)	☐ No (smoker)
6. Patient has already undergone management of any other underlying social circumstances or clinical conditions that may affect weight management. Please confirm all that apply (tick): ☐ No other conditions applicable ☐ Hormone problems e.g. underactive thyroid, cushing's, polysystic ovarian syndrome, etc ☐ Substance misuse ☐ Sleep deprivation issues Epworth score ☐ (should be ≤ 10): ☐ Depression PHQ9 score ☐ (should be < 17): ☐ Excessive alcohol consumption -specify current units per week: ☐ ☐ Any social circumstances: Please provide details: I confirm that I have addressed all relevant social or clinical conditions.	☐ Yes	☐ No

GP Signature: **Date of Application:**

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