

Last updated 21/09/21

## 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](mailto: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 :
<b>Patient wishes to be referred to: (tick one)</b> Luton and Dunstable University Hospital NHS Trust <input type="checkbox"/>	Homerton Hospital University Foundation NHS Trust <input type="checkbox"/>

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](http://www.midessexccg.nhs.uk/about-us/ccg-board-meetings/board-papers/doc_download/1314-exceptional-cases-funding-proforma)

1. Patient is 18 years or older	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Patient has had a BMI > 40 for at least 5 years <b>OR</b> Patient has had a BMI >35 for at least 5 years with at least one of the following comorbidities: (please tick those which apply) <input type="checkbox"/> Type 2 diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Dyslipidaemia <input type="checkbox"/> Sleep apnoea <input type="checkbox"/> Other, please specify:	OR <input type="checkbox"/> BMI > 40 <input type="checkbox"/> 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). <p style="text-align: center;"><b>All criteria below to be met.</b></p>		
2. 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.  MyWeightMatters (delivered by Provide) <input type="checkbox"/> Date completed:  Healthier You NHS National Diabetes Prevention Programme (delivered by Reed Wellbeing) <input type="checkbox"/> Date completed:  NHS Digital Weight Management Programme <input type="checkbox"/> Date completed:  Freshwell Low Carbohydrate Programme (delivered by Colne Valley PCN) <input type="checkbox"/> Date completed:  Slimming World <input type="checkbox"/> Date completed:  Weight Watchers <input type="checkbox"/> Date completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>Other: Name of course: _____ Date completed: _____</p> <p>Confirmation that this course included ALL of the following:</p> <p><input type="checkbox"/> Multi-component course i.e. diet, physical activity and behaviour change</p> <p><input type="checkbox"/> Focused on life-long lifestyle change</p> <p><input type="checkbox"/> Course lasted at least 3 months</p> <p><input type="checkbox"/> Sessions were held weekly or fortnightly</p> <p><input type="checkbox"/> Each session included a weigh-in</p> <p><input type="checkbox"/> Specific dietary targets were set, agreed and monitored</p> <p><input type="checkbox"/> Discussions taken around reducing sedentary behaviour and physical activities that can be easily incorporated into everyday life for the long term</p> <p><input type="checkbox"/> Used a variety of behaviour-change methods</p>		
<p>3. Patient has completed a Tier 3 weight management programme <b>OR</b> has kept a minimum 12 month weight management diary which has been reviewed by a healthcare professional at least every 3 months, demonstrating engagement</p> <p>Name of Tier 3 Weight Management Programme.....</p> <p>Date started.....</p> <p>Date completed.....</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>4. Patient is a non-smoker- N.B. patient must remain a non-smoker.</p>	<p><input type="checkbox"/> Yes (non-smoker)</p>	<p><input type="checkbox"/> No (smoker)</p>
<p>5. Patient has already undergone management of any other underlying social circumstances or clinical conditions that may affect weight management.</p> <p>Please confirm all that apply (tick):</p> <p><input type="checkbox"/> No other conditions applicable</p> <p><input type="checkbox"/> Hormone problems e.g. underactive thyroid, cushing's, polycystic ovarian syndrome, etc</p> <p><input type="checkbox"/> Substance misuse</p> <p><input type="checkbox"/> Sleep deprivation issues Epworth score <input type="checkbox"/> (should be ≤ 10):</p> <p><input type="checkbox"/> Depression PHQ9 score <input type="checkbox"/> (should be &lt; 17):</p> <p><input type="checkbox"/> Excessive alcohol consumption -specify current units per week: <input type="checkbox"/></p> <p><input type="checkbox"/> Any social circumstances: Please provide details:</p> <p>I confirm that I have address all relevant social or clinical conditions.</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>

GP Signature:

Date of Application:

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**CCG Use Only:**

<b>Meets criteria: Application forwarded for appointment booking</b>	<input type="checkbox"/>	<b>Date.....</b>
<b>Does not meet criteria. Letter sent to GP</b>	<input type="checkbox"/>	<b>Date.....</b>
<b>Further information required. Letter sent to GP</b>	<input type="checkbox"/>	<b>Date.....</b>
<b>Referral submitted to Clinical Review Group (CRG)</b>	<input type="checkbox"/>	<b>CRG Date.....</b>