IMPROVING ACCESS TO BARIATRIC SURGERY: THE ROLE OF EDUCATION AND EMPOWERMENT

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Bariatric surgery is increasingly recognised as an effective way of managing Type 2 diabetes, yet there are significant barriers to its widespread use – despite NICE recommendations. **Rachel Batterham**, Professor of Obesity, Diabetes and Endocrinology and Head of the Centre for Obesity Research, UCL, and Clinical Research Fellow **Roxanna Zakeri** make the case for improving access to bariatric surgery and raising awareness of the complex nature of obesity through education and patient empowerment

Improved glycaemic control and lower use of diabetic medication after bariatric surgery could save the NHS £18.1m over four years. The average cost of a bariatric operation is £6,000, easily recoverable within two to three years after surgery. Economic analyses thus far have shown bariatric surgery is highly cost-effective in patients with diabetes and would remain cost-effective even if the procedure was twice as costly or if the intervention effect declines over time[1].

In view of the marked health benefits of bariatric surgery, NICE guidance states that an adult with BMI >40kg/m^2 or BMI >35kg/m^2 with an obesity-related comorbidity should be considered for referral for bariatric surgery[2]. For people with Type 2 diabetes, in light of the known effects of remission, guidance states that people with diabetes of less than 10 years' duration require expedited referral for surgical assessment. Those with BMI 30–34.9kg/m^2 may also be considered. The NICE guidelines are in agreement with the recent 2nd Diabetes Surgery Summit[3]. Prediction scores, such as the DiaBetter score, may help target surgery to those who will benefit the most[4].

Less than one per cent of people meeting the NICE criteria for bariatric surgery receive treatment, and changes to commissioning earlier this year risk further limiting patient access to care. More worryingly, the number of bariatric operations carried out in the UK has fallen by a third since 2011, from 8,794 to under 6,000 per year[5]. Within Europe, the UK ranks 13th out of 17 for rates of bariatric surgery, despite having the second most obese population[6].

The UK tiered system for weight management, as defined by the NHS England and Public Health England Working Group in 2013, combines wider public health measures with individual medical and surgical care. Tier 1 includes prevention initiatives, often at population level. Tier 2 describes lifestyle interventions within primary care, while Tiers 3 and 4 comprise specialist medical weight management services and bariatric surgery, respectively.

Barriers to accessing bariatric surgery

Commissioning

Bariatric surgery commissioning was devolved from NHS England to CCGs in April 2017 to streamline and standardise obesity care pathways across the UK. But these goals are not being met and patients are finding it harder to access Tiers 3 and 4. Greater awareness of the evidence supporting bariatric surgery health outcomes and the NHS weight management pathway is needed to assist GPs and commissioners to ensure that patients are able to access the right treatment at the right time.

> …those undergoing bariatric surgery, often accused of 'cheating'…

Stigma

Obesity discrimination, often described as the last form of acceptable prejudice, is prevalent. Public perceptions are continually reinforced by negative imagery in the news media; most articles about obesity come paired with photographs of obese individuals eating junk food, in sedentary acts, or dehumanised with only images of abdomens or lower bodies shown. This emphasis on individual responsibility for weight gain ignores the complex interaction of biological, environmental and genetic causes, and potentiates a blame culture that only serves to worsen the psychosocial issues that may drive disordered eating.

Reports of obesity stigma from healthcare professionals, employers, educators and even families confirm that bias against those suffering from obesity is commonplace. Objective measures of bias have shown that people with obesity are far less likely to be selected when applying for new jobs, rated lower for leadership potential and given lower starting salaries[7]. Stigma is also widespread against those undergoing bariatric surgery, often accused of 'cheating' or taking an 'easy' option at the expense of NHS funding.

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Meanwhile, routine surgeries are being withheld from people due to their BMI, often reported as cost-saving measures. Weight management treatments are not always being discussed with patients for fear of causing offence or, conversely, because of deep-seated belief that responsibility for being overweight lies with the patient. Patients are left feeling embarrassed, belittled, insulted and afraid, and consequently are far less likely to approach and engage with healthcare professionals to address weight concerns.

Overcoming the barriers: education and empowerment

Education is key

The complex multifactorial causes of obesity need to be communicated to dispel the prejudice that eating too much and exercising too little are the sole causes and reversing this pattern is the only solution. Obesity is a serious chronic medical condition and should be treated as such. Available treatment options should be publicised, alongside NICE best-practice guidance, including the advantages of bariatric surgery.

Eliminate weight bias and discrimination

Weight bias needs to be tackled at every level, targeting the public, media, healthcare professionals and policy makers. Lobbying for change, down to the language and imagery used in describing obesity-related issues is needed. Work needs to be done to remove health inequalities and shift dialogue from a position of blame to solution to ensure people with overweight and obesity are treated with dignity and respect.

Empowerment

People suffering from obesity face an uphill struggle with employment, relationships, mental and physical health. The Obesity Empowerment Network (OEN) is a non-profit, user-led advocacy organisation dedicated to providing them with a public voice. Its mission is to improve access to healthcare for individuals with obesity, to increase awareness that obesity is a chronic serious medical condition, to advocate for nationwide obesity prevention and treatment strategies, ▶

and fight to eliminate weight-bias and discrimination. OEN supports people to become patient advocates, equipping them with resources, skills and confidence to champion their right to better health and quality of life.

Engaging policymakers

Given the devolution of weight management commissioning to CCGs, focus should be placed on encouraging adherence to NICE guidance to ensure high-quality uniform services and equal access for patients across the UK[8].

> ...made to feel that they are not 'properly diabetic'.

Conclusion

Obesity and Type 2 diabetes are chronic conditions which, without intervention, progress to increase multi-organ morbidity and mortality. We need effective prevention and treatment, with combined or overlapping services that encourage early intervention. Bariatric surgery is the most effective treatment for obesity and Type 2 diabetes to date. Unfortunately, current evidence-based guidelines are not being adopted and weight bias and discrimination need to be tackled in all aspects of society to give people equal access to life-changing and life-saving treatment.

OBESITY EMPOWERMENT NETWORK UK

The Obesity Empowerment Network

Prof Batterham, Dr Jacqueline Doyle, Maggie Clinton (below) and Ken Clare founded the Obesity Empowment Network (OEN). Maggie explains why this new organisation is so necessary and gives the patient's perspective on obesity and bariatric surgery

There is clear evidence that obesity is a stigmatising condition in our society, even within some sectors of the NHS. Sadly the 'blame' culture is still alive and well, especially for individuals who have been diagnosed with Type 2 diabetes. Many obese individuals with Type 2 will tell you how they have been made to feel that they are not 'properly diabetic'. It is what is not said rather than what is directly said. The clinician who takes the time to acknowledge, just for a few seconds, that they understand how hard, physically and psychologically, life can be is a healing medicine in itself.

As a group, obesity sufferers have within our grasp the opportunity to influence policymaking at the highest level to demand removal of stigma and ensure that services are available for prevention, management and research. With the support of highly motivated professionals, a small group of individuals has come together to form the Obesity Empowerment Network UK (OEN UK). We are now live online and developing rapidly. Champions have been identified across the UK and will be leading lights to guide and give confidence to others to advocate for their rights in terms of service provision. The group is active politically by making a presence at parliamentary committee, debates and professional conferences. Now seeking recognition as a charitable organisation, the aim is to influence new and ongoing research.

We may be new but we are going to be a force not to be ignored. Patient power is the way forward.

https://oen.org.uk

PHOTO: OEN UK

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