

Too Lean a Service?

Hospital Number _____

Pre-surgery and referral

Recommendations	Data collection tool	Response	Action required
All patients must have access to the full range of specialist professionals appropriate for their needs in line with NICE guidelines.	Q8a - Did the referral comply with NICE guidelines?	Yes <input type="radio"/> No <input type="radio"/>	
	Q9a - In your opinion was the referral of this patient appropriate?	Yes <input type="radio"/> No <input type="radio"/>	
	Q13a - Who assessed the patient prior to surgery?		
	Q13b - Do you think this was adequate and timely for the needs of the patient?	Yes <input type="radio"/> No <input type="radio"/>	
All patients considered for weight loss surgery should receive dietary assessment and education preferably prior to referral, but definitely prior to surgery.	Q14a - Is there documented evidence that the patient received dietetic assessment and education prior to surgery?	Yes <input type="radio"/> No <input type="radio"/>	
	Q14b - If yes when was this (answers may be multiple)?		
	Q14c - In your opinion was this adequate for the patient?	Yes <input type="radio"/> No <input type="radio"/>	
The outcome of all MDT discussions must be documented in the medical records. Where an MDT discussion has not taken place this must also be documented with reasons.	Q12a - Was the patient discussed at an MDT meeting prior to surgery?	Yes <input type="radio"/> No <input type="radio"/>	
	Q12b - If No was a reason for this documented?	Yes <input type="radio"/> No <input type="radio"/>	
	Q12d - Do you think this was adequate and timely for the needs of the patient?	Yes <input type="radio"/> No <input type="radio"/>	

<p>There should be a greater emphasis on psychological assessment and support and this should occur at an earlier stage in the care pathway for obese patients. Psychological screening tools are available and may be of value in identifying those patients requiring formal psychological intervention.</p> <p>All bariatric patients should have an assessment of the predicted difficulty of intubation recorded.</p> <p>All bariatric patients should attend a pre-assessment clinic, during which they should have access to a full range of health professionals appropriate to their needs, including where required pre-admission assessment by an anaesthetist.</p>	<p>Q15a - Is there documented evidence that the patient was offered psychological support prior to surgery?</p> <p>Q15b – If yes when was this (answers may be multiple)?</p> <p>Q15c - In your opinion was the psychological support the patient received adequate?</p> <p>Q21 - Was a predicted level of difficulty of intubation assessed and recorded pre-operatively?</p> <p>Q17a - Was the patient seen in a pre-assessment clinic?</p> <p>Q18a - Is it documented that the patient saw an anaesthetist prior to this admission?</p> <p>Q18b - If no, do you think they should have done?</p> <p>Q19a - How would you rate the pre-assessment for this patient?</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p>	
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The inpatient episode including surgery

Recommendations	Data collection tool	Response		Action required
<p>As for all elective surgery, a deferred two-stage consent process with sufficient time lapse should be utilised, and details of benefits and risks should be clearly described, and supported with written information. The consent process should not be undertaken in one stage on the day of operation for elective bariatric surgery.</p> <p>All patients nursed outside of critical care should be managed with a 'track and trigger' system.</p> <p>Given the potential for significant metabolic change (and its dietary dimension) after bariatric surgery, good quality care is supported if patients have clear post-operative dietary guidance and a timely and complete discharge summary, with full clinical detail and post discharge plan to ensure safe and seamless care. This must be provided to the GP as soon as possible following discharge, preferably within 24 hours.</p>	Q20a - Was a deferred two-stage consent form utilised?	Yes	No	
	Q20b - In your opinion is the information contained within the consent form appropriate for the procedure the patient was undergoing?	Yes	No	
	Q20c - If No what was missing?			
	Q33c - To what level ward was the patient sent post recovery?			
	Q35a - Was a track and trigger system used for this patient?	Yes	No	
	Q44a - Were the discharge drugs appropriate for this patient?	Yes	No	
	Q45a - Was the diabetic regime/management on discharge appropriate for this patient?	Yes	No	
	Q43b - How would rate the quality of the discharge summary for this patient?			
	Q46a - Was the diatetic regime/management on discharge appropriate for this patient?	Yes	No	

Follow-up

Recommendations	Data collection tool	Response		Action required
<p>Surgery and follow-up data on all patients undergoing bariatric surgery, in the NHS and independent sector, should be entered into the NBSR.</p> <p>A clear, continuous long-term follow-up plan must be made for every patient undergoing bariatric surgery. This must include appropriate levels of informed surgical, dietitian, GP and nursing input. An assessment for the requirement of physician and psychology/psychiatric input must be made and provided should the patient require it.</p>	Q50a - Was this patient entered into the National Bariatric Surgery Registry (NBSR)?	Yes	No	
	Q50b - If Yes has follow up data for this patient been entered into the NBSR?	Yes	No	
	<p>Q48a - In your opinion was the follow up in the first 6 months adequate for this patient?</p> <p>Q48b - If No please expand on your answer?</p>	Yes	No	