

## Local Enhanced Service Specification:

### Post Bariatric Surgery Bloods

<b>Service Specification No.</b>	
<b>Service</b>	Post Bariatric Surgery Service Bloods
<b>Commissioner Lead</b>	Lancashire and South Cumbria ICB
<b>Provider Lead</b>	General Practices in Lancashire and South Cumbria
<b>Period</b>	1 <sup>st</sup> May 2025 – 31 <sup>st</sup> March 2026
<b>Date of Review</b>	To be reviewed annually

<p><b>1. Population Needs and Background</b></p> <p>NHS Lancashire and South Cumbria ICB covers 196 GP Practices and has a total registered population of 1,853,016 (as of Jan 2024) patients.</p> <p>The scope of this specification will cover all 196 practices and registered patients along with temporary residents (where appropriate) that live within the geographical area of Lancashire and South Cumbria.</p> <p>The ambition of the commissioner is to secure the highest quality and most responsive services for local people that are clinically effective and safe but also importantly are consistent and equitable to the population that we serve.</p> <p>Obesity surgery, which is known to achieve rapid, significant and sustainable weight reduction, as well as reductions in co-morbidities and premature mortality, is commonly known as bariatric surgery. Patients need to be appropriately selected according to guidelines (NICE CG189) and must be willing and able to adapt to post-surgical capacity restriction and comply with follow-up support and monitoring to optimise surgical outcomes.</p> <p>Patients should be offered two years of support following surgery via the provider of the original procedure and then require ongoing monitoring that is often undertaken in General Practice. There are patients who have procedures privately and abroad who present to General Practice for monitoring. This service specification is for patients who have had 2 years of monitoring undertaken by a specialist service.</p> <p>The provision of secondary care bariatric service follow-up as per NICE Guidance CG189 is as follows:</p> <p>People who have had bariatric surgery are provided with a follow-up care package for a minimum of 2 years within the bariatric service. This should include:</p> <ul style="list-style-type: none"> <li>• monitoring nutritional intake (including protein and vitamins) and mineral deficiencies</li> <li>• monitoring for comorbidities</li> <li>• medication review</li> <li>• dietary and nutritional assessment, advice and support</li> </ul>
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- physical activity advice and support
- psychological support tailored to the individual
- information about professionally led or peer-support groups

## **2. Scope & Service Standards**

### **2.1 Aim**

The aim of the service is to offer a universal offer to patients in Lancashire and South Cumbria, setting out the services that General Practice are expected to deliver to their registered and temporary registered patients (where appropriate).

To standardise nutritional blood monitoring and clinical care for patients who have had bariatric surgery more than 2 years ago and completed their specialist follow up.

The practice to create a register of patients who have had bariatric surgery more than 2 years ago and completed specialist follow up, case finding searches to be provided.

The practice to recall the patients for an annual blood test for nutritional monitoring as per the [LSCMMG guidelines](#) offer appropriate follow up care.

### **2.2 Requirements**

Patients should be recalled annually for a blood test and nutritional assessment

GPs will usually be advised by the bariatric surgery service about which blood tests need to be done annually, however we would recommend following [local guidelines](#) by Lancashire and South Cumbria Medicines Management Group.

#### **2.2.1 Special consideration**

Pregnant women, following bariatric surgery, should undergo nutritional screening during each trimester. This should include ferritin, folate, vitamin B12, calcium, vitamin D, vitamin A. Patients should be referred to appropriate secondary care services during pregnancy and follow up in primary care postnatally.

### **2.3 Service Description/Care Pathway**

- Practice to collate a register of patients who have had bariatric surgery, searches to be provided to aid case finding
- Practice to recall patients annually for blood testing as per LSCMMG nutritional supplements post bariatric surgery guidelines
- Where abnormalities are identified in blood monitoring, patients to be clinically reviewed as appropriate and offered nutritional support or supplementation following LSCMMG prescribing guidelines
- Advice and guidance to be sought where clinical concerns cannot appropriately be managed in primary care or re-referral to specialist services as deemed necessary
- Annual recall to be agreed with the patient and information provided to support ongoing clinical care

## **2.4 Population covered**

NHS Lancashire and South Cumbria ICB covers 196 GP Practices and has a total registered population of 1,853,016 (as of Jan 2024) patients.

The scope of this specification will cover all 196 practices and their registered patients who are aged 18+, including temporary residents (where appropriate) that live within the geographical area of Lancashire and South Cumbria.

## **2.5 Any acceptance and exclusion criteria and thresholds**

### **Inclusion**

- Patients aged 18+
- Patients who have had 2 years of specialist follow up and been deemed suitable for primary care monitoring

### **Exclusion**

- Patients who present following private treatment or surgery abroad for initial monitoring in the first 2 years following surgery – these patients should be signposted to private providers for ongoing support for the initial 2 year period.

## **2.6 Interdependence with other services/providers**

- Tier 3 weight management services
- Acute and community trust dietetics dept

## **2.7 Applicable national standards (e.g. NICE)**

- Obesity: identification, assessment and management – NICE Clinical guideline [CG189] Published: 27 November 2014 Last updated: 26 July 2023

## **2.8 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**

## **2.9 Applicable local standards**

### **2.9.1 IT**

### **2.9.2 Data standards**

## **3. Applicable quality requirements and CQUIN goals**

None that are specific to this specification.

## **4. Location of Provider Premises**

Service delivery must be from the premises identified within the providers NHS Contract or where the service has been sub-contracted, the premises must be in suitable premises for delivery of the services set out in the specification.

## **5. Finance**

### **Finance**

Practices will be paid £45.00 per review undertaken and coded using the SNOMED codes that will be supplied.

The provider will need to submit monthly claims stating the number of reviews provided to patients under this specification.

### **Fraud Policy**

In the event of suspected fraud or other illegality being uncovered at any stage the ICB will implement the ICB Fraud Policy and will investigate.

Information supporting reported activity and monitoring information must be made available to the ICB or its representatives upon request. Failure to provide this information, or the provision of incomplete or inaccurate information, may result in suspension of payments or clawback, as well as further investigation by the ICB and its representatives.

## **6. Contract and Monitoring Arrangements**

The provider must supply the ICB with such information as it may reasonably request for the purposes of monitoring the provider's performance of its obligations under this service level agreement. This will include:

1. No of patients on a register who have had bariatric surgery more than 2 years ago and who have finished specialist follow up
2. No of patients reviewed each month as part of the annual recall system
3. No of patients referred back to secondary care as management cannot be undertaken in primary care

As a minimum, this will include a monthly return showing activity and activity should be recorded using the appropriate READ/SNOMED codes and an appropriate Data Quality Template will be supplied by the commissioner to support automated extraction, where possible.

All details regarding data quality and submission of data can be found in the supporting Technical Guidance Document.