

[National Assembly for Wales](#)  
[Health and Social Care Committee](#)

[Inquiry into the availability of bariatric service](#)

Evidence from the Chair of the Wales National Obesity Forum – ABS  
21(revised)

Here is my response to the key issues–;

1) There is currently only 1 Level 3 service in the whole of Wales, located in Aneurin Bevan Health Board. It is poorly resourced and unsupported. It was established as part of the Welsh Assembly initiative 13 years ago. The outcome of the service is excellent. Repeated audits on the service have been published nationally and internationally over the years. The service receives referrals from all over Wales. There is no question therefore, that there is an urgent need for something similar in every Health Board.

The Level 4 service is located in Swansea. It is equally poorly resourced. It is centrally commissioned. There is a desperate need for expansion. They perform just under 70 bariatric surgeries a year, while there are 7,000 obese patients in Wales who require obesity surgery. In other words, they do 1%!

2) The criteria for bariatric surgery in Wales are inflexible and too rigid when compared with NICE guidelines.

3) Since the All Wales Obesity Pathway was published in 2010, there has been no genuine efforts made by any local Health Board to combat obesity. This will apply to all Levels – 1,2,3,4.

4) Despite the poorly resourced and unsupported Levels 3 and 4 within Wales, their results showed their effectiveness in tackling the problem within their limited resources. The more expansion we have, the more effective the services will be. There is numerous evidence that reducing obesity within a population results in significant improvement in the wellbeing and health of the nation. This will include a reduction in the obesity comorbidities and subsequent definite savings for the NHS.

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<sup>1</sup> Dr Nadim Haboubi requested a correction to this submission on 3 February 2014. The original written evidence submitted by Dr Haboubi incorrectly stated that only 0.1% of obese patients who require obesity surgery receive it. The corrected figure is 1%.

5) Naturally the current level of investment in surgical and non surgical services are far from satisfactory.

6) As stated above, there is only one Level 3 and one Level 4, while ideally there should be a Level 3 service in every Health Board which is preferably centrally commissioned. We think there should be two more Level 4 bariatric surgery services; one to cover north Wales and the two to cover south Wales, for example Swansea and Newport.

I hope this will be the focus for further discussion on the day.

Nadim