



Llywodraeth Cymru  
Welsh Government

CYHOEDDIAD, DOGFENNU

# Llawdriniaeth breifat ar gyfer gordewdra a'r GIG yng Nghymru (WHC/2024/005)

Disgrifiad o rolau darparwyr y GIG yng Nghymru ar gyfer cleifion sydd wedi cael llawdriniaeth gordewdra yn y sector preifat yn y DU neu dramor.

Cyhoeddwyd gyntaf: 1 Chwefror 2024

Diweddarwyd ddiwethaf: 1 Chwefror 2024

Cafodd y ddogfen hon ei lawrlwytho o LLYW.CYMRU, efallai nad dyma'r fersiwn mwyaf diweddar.

Ewch i <https://www.llyw.cymru/llawdriniaeth-breifat-ar-gyfer-gordewdra-ar-gig-yng-nghymru-whc2024005-html> i weld y fersiwn ddiweddaraf.

Gwybodaeth am [hawlfraint](#).

# Cynnwys

## Manylion

### Private obesity surgery and the Welsh NHS

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# Manylion

## Statws:

Cydymffurfio.

## Categori:

Llywodraethiant.

## Teitl:

Llawdriniaeth breifat ar gyfer gordewdra a'r GIG yng Nghymru.

## Dyddiad dod i ben / adolygu:

Amherthnasol.

## I'w weithredu gan:

- Byrddau iechyd lleol.
- Gwasanaethau Gofal Sylfaenol.
- Gweithrediaeth y GIG.
- Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru.

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## Angen gweithredu erbyn:

Ar unwaith.

## Anfonir gan:

Yr Athro Chris Jones CBE (Llywodraeth Cymru / Gweithrediaeth y GIG)

## Cysylltiadau yn Llywodraeth Cymru:

- Yr Athro Chris Jones CBE (Llywodraeth Cymru)
- Dr Anna Kuczynska (Llywodraeth Cymru)

## Dogfennau amgaeedig:

Dim. (Dolenni wedi'u cynnwys yn y ddogfen) .

## Private obesity surgery and the Welsh NHS

In recent years, people are increasingly looking to the private sector for management of obesity including bariatric surgery. Successful private sector marketing, particularly from cheaper international providers, strongly appeals to the public. However, there are clear pressures impacting on NHS services due to complications (including death), litigation arising from complications and long term follow up requirements. Media coverage is widespread. It may also be exacerbating health inequalities because of 'queue-jumping'.

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This Welsh Health Circular clarifies the roles and responsibilities of Welsh NHS providers for patients living in Wales who have undergone bariatric surgical procedures in the private sector. This is based on existing policy documents and clinical guidance.

With respect to bariatric surgery, [the NHS Wales Prior Approval Policy](#) for specialist services states:

“ If a patient has self-funded their own referral or treatment in the private sector, the health board cannot be expected to fund ongoing treatment in the private sector. To ensure equity, all such referrals will be declined, and the clinician advised to refer the patient to local or commissioned NHS services. If however there is no local or locally commissioned service provision for the proposed treatment, the request for a referral to an external NHS consultant will be considered, based on the clinical information provided. The patient will be expected to receive all treatment with an NHS provider and should be added to the appropriate waiting list accordingly. ”

In respect of bariatric surgery, [NICE CG189 guidance on obesity](#) emphasises the importance of regular post-operative follow-up with a minimum of two years in bariatric specialist services.

The British Obesity and Metabolic Surgery Society (BOMSS) provides guidelines on all aspects of pre-, peri- and post-operative care. [BOMSS guidelines on perioperative and postoperative biochemical monitoring and micronutrient replacement for patients undergoing bariatric surgery](#) supports monitoring decisions regarding nutritional supplementation, however includes tests not normally available to primary care. [BOMSS post-bariatric surgery nutritional guidance for GPs](#) covers only the nutritional aspects of follow-up care for adults equal to or greater than 2 years post op.

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Therefore, based on current documentation and with respect to post-operative care of bariatric patients living in Wales, when a patient cannot or chooses not to complete their episode of care with their original or an alternative private provider:

1. Emergency or urgent care of private sector patients lies with the NHS in the event that the patient presents to the NHS services. For example, uncomplicated wound infection might present in general practice. More complex issues will be appropriately managed by NHS secondary care or specialist services.
2. If a post-op bariatric patient cannot, or chooses not to access private sector follow up, the GP may refer into secondary care, for specialist level 3/4 post-operative follow-up as per NICE guidance. Patients should be accepted onto waiting lists according to clinical priorities identified by the referrer and receiving health board. In line with NICE guidance and once identified as clinically fit for discharge, the patient will be discharged in accordance with the local pathways.

We recognise this has implications for existing services in both primary and secondary care and as such we are working together with health boards, expert partners both in Wales and across the UK.

**Efallai na fydd y ddogfen hon yn hollol hygyrch.**

Drllnwch ein [datganiad hygyrchedd](#) i gael rhagor o wybodaeth.

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