Summary Observations

RCPI Obesity Clinical Advisory Group (June 2019)

Overweight and obesity are growing and pressing concerns for Irish Society, and the Irish Health System in 2019. The following points reflect strong consensus from The RCPI Clinical Advisory Group for Obesity.

They should be reflected in the activities of a broad range of agencies, clinical services, health system administrators & planners, and elected political representatives, operating within the Irish Health System.

At a societal level, progress made in the context of the built environment, in the education sector, and in legislation needs to be consolidated and developed, including introduction of the Sugar Tax in 2018.

At a Health Service level, the following points are now critical.

We consider primary (community) and secondary (hospital) care.

At **Primary Care** (Community Medicine), additional capacity is required, to bring the Irish Health System into line with more effective EU and Commonwealth Health Systems. Recent progress with The GP Contract is helpful. The CAG strongly supports the policy frameworks of **Healthy Ireland**, **Making Every Contact Count**, and particularly **Slaintecare**, all of which require to be energetically operationalised.

Slaintecare, which envisages building capacity in Primary Care, is critical.

Slaintecare will enable GPs, Community Nurses and Allied Health Professionals to have time for delivery of systematic brief interventions on overweight, delivered on electronic medical record systems, delivering more community based prevention, earlier diagnosis, and more cohesive, earlier management of overweight, all of which are essential.

People and children attending community health services can expect to have their weight checked, discussions initiated, and advice given regarding diet and exercise, with adequate opportunity to discuss weight of children, where necessary and appropriate. This activity within the health system is key to enabling and encouraging people make healthier choices and develop better eating and exercise habits. It is key to prevention, earlier diagnosis of overweight, and improved initial management.

At **Secondary and Tertiary Care** (Hospital Medicine), the RCPI CAG urgently calls for immediate building of capacity in Bariatric Surgery.

In 2019, bariatric surgery is only available in 2 of our 7 Hospital Groups in the context of Adult Bariatric Surgery. There is no capacity for child and adolescent bariatric surgery, or funded paediatric medical management of obesity. In 2018, the Irish Health System delivered as few as 12 (adult) bariatric surgeries per million of population per annum.

Better developed Health Systems in similarly affluent societies deliver in the order of 400-600 bariatric surgeries per million of population per annum. This is a grave deficiency in the Irish Health System in 2019.

While there is some capacity in the private sector, this is limited to a minority of adult individuals with Private Health Insurance. Even in such instances, it is usual for the individual concerned to still be exposed to substantial additional ‘top up’ costs, depending on their insurance plan, which act as an important barrier to their essential surgical treatment.

Further, serious inequality in access to essential surgical services, based on ability to pay, is clearly evident, and is unacceptable.

Given the personal suffering experienced by people who are obese, and the rapidly emerging health system and societal costs in treating an extensive and most distressing range of associated complications of overweight, building further capacity in Bariatric Surgery is both urgent and essential.

Costs of failing to do this are incalculable, and justify a close focus on expanding capacity in Bariatric Surgery, throughout the Health System, as an integral part of societal response to overweight.

The CAG has formulated detailed guidance for those Hospital Groups still without Bariatric Surgery Services, on the costs and establishment of Bariatric Surgery Units, and is ready to assist these Hospital Groups, as a matter of urgency.

* **Surgery is indicated at BMI of 40 or over, and for people with comorbidities\* BMI of 35 or over**
* Bariatric Surgery requires to be available to people in all Hospital Groups, based on medical need.
* Capacity requires to be urgently expanded to 200 cases per million within 3 years
* People attending hospital should have weight checked and discussed where useful and appropriate
* A funded national centre for paediatric and adolescent obesity requires to be established, including integrated paediatric medical management and surgical services for younger people with obesity

 \* Typical serious comorbidities include difficult to control Diabetes, progressive Heart Disease, serious Depression,

 or Complex Osteoarthritis.

The CAG is closely engaged with the relevant agencies within the HSE, the relevant Postgraduate Training Bodies, Voluntary Organisations, briefing public representatives, and remains available to the Oireachtas, and relevant Government Departments, to assist in this work.

(Insert RCPI url to Onesity CAG pages)