

# A Qualitative Primary Market Research Study on the Economic Investment of Scaling Up Bariatric Surgery Capacity Within the NHS



Baker-Knight, J<sup>1</sup>, Morgan C<sup>2</sup>, Li Y<sup>2</sup>, Vuillemin R<sup>2</sup>

1. Novo Nordisk, Copenhagen Denmark; 2. IQVIA, London UK

## BACKGROUND

- Bariatric surgery (BaS) is an effective treatment option for patients with obesity, but it is a treatment intervention that requires a significant investment in staff and infrastructure resources.
- The 2021 Health Survey for England estimated 25.9% of the adult population in England had obesity with this increasing from 14.9% in 1993 and increasing from the previous year by 0.7%.
- Despite the population of patients with obesity increasing, it was estimated that only 0.4% of the eligible population\* in the UK can receive BaS on an annual basis due to strict suitability criteria and/or prolonged wait times (*IQVIA UK landscape assessment report – 2022*).
- The practical limitations associated with scaling up BaS capacity to cover a greater proportion of the eligible population of patients with obesity in the context of this population increasing should be understood by the healthcare system.

## OVERALL OBJECTIVE



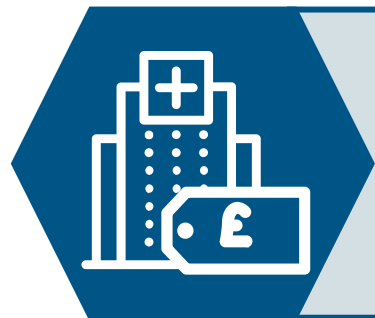
Produce the insights needed for an economic model that estimates the investment required to scale up BaS

## METHODS

- 45-minute qualitative interviews were held by IQVIA with 5 relevant Key Decision-Makers (KDMs) working in the context of BaS decision-making in the NHS during February 2023
- Respondents were included in the study if they had experience in the setup or management of a new bariatric surgery/clinic or expansion of a current surgery/clinic within NHS England
- Topics discussed were around infrastructure costs and resource utilisation for BaS

## RESULTS

New BaS clinic set-up or expansion requires multiple resources; and building costs and personnel salaries are anticipated to be the most expensive:



Building costs are increased if there is a need to build an ICU and/or building the site from scratch



Specialised staff are required for BaS, therefore they need compensating accordingly due to their expertise in the area

**Expansion of BaS capacity within current infrastructure is anticipated to be faster and cheaper than a new clinical site, with approval and funding likely quicker to achieve.** Capital costs are dependent on many factors (e.g. geography/ capacity) but maintenance costs and salary requirements are dependent on the size of the facility. Therefore, maintenance costs are unaffected by expanding vs setting up new, however upfront capital costs are much lower for the former.

*The costs are probably much more operational than they would be around anything that required heavy capital expenditures*

*[Maintenance costs are] shared because we often deliver this in a facility that's doing lots of other things. So that cost is not that high. But if you're setting up a new bariatric facility then the cost would be quite high. You're paying for all of it*

**Economic incentives for staff and BaS clinics/facilities could drive additional capacity in the current system with 10-20% investment leading to 10% capacity increase.** With economic incentives more staff could be insourced and/or hired full time for BaS. Increased capacity cannot be demanded from a clinic or from staff who are not seeing an increase in funding / salary.

*Staff [need to be] remunerated in a totally different way. Not getting a nurse to do 7 cases when she knows she can do 3 and get paid the same. Why should she work harder?*

*If it became a top priority for the NHS and the NHS was funding it appropriately, I'm pretty sure that we could increase our capacity relatively easily by about 10-15%... it would need to be funded – the tariff would probably have to ensure that it's compensating the trust appropriately*

**It is understood that expanding BaS is currently a low priority within the NHS and becoming a top priority is unlikely due to the precedence of emergency or cancer services.** KDMs are also reticent to prioritise BaS due to the strain on other services the NHS are providing and the availability of other options to treat obesity.

*The problem is prioritisation of bariatric surgery, so this is not seen as important... At the moment, bariatric surgery has been pushed out. There are no lists available for our surgeons from a list every day, they're now getting a list every week*

*I cannot see it becoming a top priority in the current landscape that we're in when we're thinking about cancer-based surgeries and other surgeries that have massively taken a hit. ... the NHS would have to say we're prioritising bariatric surgery over cancer surgery and I don't see that as a viable narrative for them at this stage, especially when you think about other options that exist for obesity*

**Without additional funding, current capacity of BaS is considered at a maximum due to limited resources and patient backlog resulting from the COVID-19 pandemic.** Creating a clinic or ward dedicated to BaS could increase capacity, but limited resources within the NHS more broadly and the requirements of other services render this unlikely.

*We are pretty much at total capacity. We couldn't do more... it's related to what capacity we have in terms of recovery and wards and staff being sent to do other things*

*[Current capacity] was reduced dramatically during COVID and during the winter backlog. So we've actually outsourced a lot of our bariatric surgery. In house we're doing probably 50-100 surgeries roughly [per year], whereas previously we were doing a lot more... around 200-300*

## CONCLUSIONS

- The **understood lack of prioritisation** for BaS in the NHS currently due to the perceived burden it would impose on other services is a significant barrier for expansion
- This research highlights that the foremost objective should be to expand BaS capacity without requiring additional staff / infrastructure:
  - **Staff and clinic economic incentives** would motivate additional capacity as personnel would then be more likely to spend more time in BaS
  - **Expanding a current BaS clinic** as this is unlikely to require additional infrastructure.
  - **Diffusion of the patient backlog** due to the COVID-19 pandemic which will take time but remove some of the pressure on BaS clinics