

Policy for Complex and Specialised Obesity Surgery

Reference Number:	COM/10
Version:	V2
Name of responsible Committee and date approved or recommended to Integrated Care Board:	Finance and Performance Committee
Date approved by the Integrated Care Board (if applicable):	June 2024
Next Review Date:	December 2026
Expiry Date:	June 2027
Name of author and title:	Public Health Warwickshire & ICB Medical Directorate
Name of reviewer and title:	Dr Mike Caley, Deputy Chief Medical Director
Department:	Medical Directorate

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
03.05.2024	V2	Adoption of NHS England's Evidence Based Interventions Guideline Wave 3 Integration of Level 3&4 services	Clinical Commissioning Policy Development Groups 17 October 2023 & 03 May 2024

Contents

1. Category: Threshold 3

2. Background 3

3. Indication 4

4. Eligibility Criteria 4

5. Guidance/References 5

6. Diagnostic and Procedure Codes 5

7. Equality and Quality Impact Assessment Tool..... 7

8. Equality Impact Assessment..... 16

1. Category: Threshold

Threshold procedures and therapies are those in which a clinical threshold has been set which needs to be met before funding will be made available for treatment.

Specialised Complex Obesity services, including bariatric surgery pre-assessment, perioperative management, postoperative and longer term follow up where it occurs within the specialised service will be funded by the NHS Coventry and Warwickshire Integrated Care Board (CWICB).

Tier 1 - 4 services will be commissioned and funded by CWICB. Population prevention / health promotion measures and strategies will be funded from local authority budgets.

Tier 3 and 4 services will only be commissioned as part of an integrated service for patients to allow seamless transfer between both tiers. Such a service will also be seamlessly coordinated with other allied speciality services to manage the significant comorbidity and complexity of bariatric patients within the same provider. This must include provision for the complete care of the most complex and unwell patients. Allied specialities must include, but not necessarily limited to, cardiology, respiratory medicine, gastroenterology, diabetes, endocrinology and critical care. This will support NICE guidelines CG189 on the transfer of patients for surgery and follow up care of bariatric surgery care after 2 years to tier 3 which includes annual monitoring of nutritional status and appropriate supplementation according to need following bariatric surgery.

2. Background

NICE guideline CG189 states that surgery for obesity is an option if specific criteria are met, balancing the risk of surgery with the long-term benefits of alleviating ill health caused by obesity.

Bariatric procedures aim to promote weight loss and improve other metabolic complications of obesity. There are a variety of minimally invasive surgical options to help weight loss (bariatric surgery) and improve health. These include Roux-en-Y gastric bypass, one anastomosis (mini) gastric bypass, vertical sleeve gastrectomy and adjustable gastric banding. The specific type of procedure should be decided as part of a shared decision making conversation between the patient and the surgeon, during which risks and possible outcomes are discussed.

Evidence shows that when commissioned as recommended, surgery is highly effective in causing weight loss, reduces the long-term impact of poor health and reduces the risk of premature death from obesity-related conditions. Despite this, the UK has one of the lowest rates of bariatric surgery in the developed world.

According to NICE guideline CG189 surgery for the treatment of obesity is recommended if specific criteria are met, relating to the patient's body mass index and the presence of obesity-related complications. This balances the risk of surgery with its potential positive long-term impact on the patient. When commissioned appropriately, obesity surgery is highly effective in promoting weight loss, and more importantly, reducing mortality and morbidity burden. It is also one of the most cost-effective treatments in the field of surgery. The penetrance of obesity surgery remains very low even though thousands of eligible patients stand to benefit from this life-saving intervention with the associated health benefits it provides.

Bariatric procedures aim to promote weight loss and improve other metabolic complications of obesity.

This policy establishes criteria for referral of a patient to a bariatric surgical centre for consideration of performing a bariatric surgical procedure.

3. Indication

Bariatric surgery is a treatment for appropriate, selected patients with severe and complex obesity that has not responded to all other non-invasive therapies.

4. Eligibility Criteria

- Patient is aged 18 years or over
- For patients with a BMI of 50 or more, surgery should be considered as a first-line treatment intervention.
- Patients with a BMI less than 50 should be referred for consideration of bariatric surgery if they meet the following criteria:
 - The patient has a BMI of 40 kg/m² or more, or between 35 kg/m² and 40 kg/m² with significant obesity-related complications likely to improve with weight loss (for example, type 2 diabetes, sleep apnoea or hypertension)
 - The patient has a BMI of 30 kg/m² or more with type 2 diabetes of less than 10 years duration. This BMI threshold should be reduced to 27.5 kg/m² if the patient is of Asian family origin.

All patients being considered for bariatric surgery must also meet ALL of the following criteria:

- Appropriate non-surgical measures have been tried but the patient has not achieved or maintained adequate, clinically beneficial weight loss

AND

- The patient has been receiving or will receive intensive management in a tier 3 service.

AND

- The patient is otherwise fit for anaesthesia and surgery

AND

- The patient commits to long-term follow-up

AND

- The patient and clinician have undertaken appropriate shared decision-making consultation regarding undergoing surgery including discussion of risks and benefits of surgical intervention.

After surgery, the host bariatric surgery unit should follow up with the patient for two years. Thereafter, responsibility for follow up should be handed over to either the integrated Tier 3 service, OR the patient's GP where there is a locally commissioned service, who should conduct yearly appointments. These appointments should include weight measurement and a request for nutritional blood tests. See British Obesity & Metabolic Surgery Society (BOMSS) guidance for more details.

For patients who DO NOT meet the eligibility criteria, the ICB will only consider funding the treatment if an Individual Funding Request (IFR) detailing the patient's clinical presentation is submitted to CWICB.

5. Guidance/References

<https://ebi.aomrc.org.uk/interventions/referral-for-bariatric-surgery/>

<https://www.nice.org.uk/guidance/cg189>

<https://www.england.nhs.uk/wp-content/uploads/2016/05/appndx-6-policy-sev-comp-obesity-pdf.pdf>

6. Diagnostic and Procedure Codes

Code script

Inpatient

```
WHEN LEFT(der.Spell_Dominant_Procedure,4) IN ( 'G281', 'G282', 'G283', 'G284', 'G285',  
'G301', 'G302', 'G303', 'G304', 'G321', 'G328', 'G329', 'G331', 'G338', 'G339')  
AND ( APCS.Der_Diagnosis_All LIKE '%E66[01289]%')  
AND APCS.Admission_Method NOT LIKE '2%'  
THEN '3F_Bariatric_Surgery'
```

Code Definitions

Procedure codes (OPCS)

G281 Partial gastrectomy and anastomosis of stomach to duodenum
G282 Partial gastrectomy and anastomosis of stomach to transposed jejunum
G283 Partial gastrectomy and anastomosis of stomach to jejunum NEC
G301 Gastroplasty NEC
G321 Bypass of stomach by anastomosis of stomach to transposed jejunum
G328 Other specified connection of stomach to transposed jejunum
G329 Unspecified connection of stomach to transposed jejunum
G331 Bypass of stomach by anastomosis of stomach to jejunum NEC
G338 Other specified other connection of stomach to jejunum
G339 Unspecified other connection of stomach to jejunum
G284 Sleeve gastrectomy and duodenal switch
G285 Sleeve gastrectomy NEC
G302 Partitioning of stomach NEC
G304 Partitioning of stomach using staples
G303 Partitioning of stomach using band

Diagnosis codes (ICD)

Inclusion

E660 Obesity due to excess calories
E661 Drug-induced obesity
E662 Extreme obesity with alveolar hypoventilation
E668 Other obesity
E669 Obesity, unspecified

There is no standard for BMI used as a diagnosis but often trusts will have local policies, e.g. >30 – 39 = E669, 40> = E668). Should be excluded as a secondary diagnosis.

Included in policy

E110 Type 2 diabetes mellitus – With coma
E111 Type 2 diabetes mellitus – With ketoacidosis
E112 Type 2 diabetes mellitus – With renal complications
E113 Type 2 diabetes mellitus – With ophthalmic complications
E114 Type 2 diabetes mellitus – With neurological complications
E115 Type 2 diabetes mellitus – With peripheral circulatory complications
E116 Type 2 diabetes mellitus – With other specified complications
E117 Type 2 diabetes mellitus – With multiple complications
E118 Type 2 diabetes mellitus – With unspecified complications
E119 Type 2 diabetes mellitus – Without complications
G473 Sleep apnoea
I10X Essential (primary) hypertension
I110 Hypertensive heart disease with (congestive) heart failure
I119 Hypertensive heart disease without (congestive) heart failure
I120 Hypertensive renal disease with renal failure
I129 Hypertensive renal disease without renal failure
I130 Hypertensive heart and renal disease with (congestive) heart failure
I131 Hypertensive heart and renal disease with renal failure
I132 Hypertensive heart and renal disease with both (congestive) heart failure and renal failure
I139 Hypertensive heart and renal disease, unspecified
I150 Renovascular hypertension
I151 Hypertension secondary to other renal disorders
I152 Hypertension secondary to endocrine disorders
I158 Other secondary hypertension
I159 Secondary hypertension, unspecified
All may be present as a secondary.

Additional Exclusions

apcs.der_diagnosis_all not like '%C[0-9][0-9]%' and
apcs.der_diagnosis_all not like '%D0%' and
apcs.der_diagnosis_all not like '%D3[789]%' and
apcs.der_diagnosis_all not like '%D4[012345678]%'

This code captures code in the ranges C00-C99, D00-D09 and D37-D48.

Age range: the codes use the following age ranges 0-18 for children and 19-120 for adults.

— Private Appointment Exclusion

AND apcs.Administrative_Category<>'02'

7. Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Quality and Equality Impact Assessment

Scheme Title:	Policy for Complex and Specialised Obesity Surgery		
Project Lead:	Lucy Dyde, IFR Team Manager	Senior Responsible Officer:	Dr Michael Caley, Deputy CMO
		Quality Sign Off:	P Trowell
Intended impact of scheme:	<p>To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB) where a patient is suffering from a medical condition, for which the ICB has commissioning responsibility.</p> <p>The policy for Complex and Specialised Obesity Surgery supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population, evidence of clinical and cost effectiveness and desired outcomes for patients it is intended for.</p>		
How will it be achieved:	Through the process detailed in this document.		

--	--

Name of person completing assessment:	Lucy Dyde
Position:	IFR Team Manager
Date of Assessment:	10 May 2024

Quality Review by:	P Trowell
Position:	Quality Lead Primary Care
Date of Review:	10/05/2024

High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome	✓			Policy to implement an integrated local approach in delivery of national evidenced based guidance, that will produce the best outcomes for those eligible patients.				

	Patient experience	✓			Policy to implement national evidenced based guidance allowing more localised access for patients to receive clinically appropriate treatment for obesity related diseases and conditions.				
	Patient safety	✓			Policy to implement national evidenced based guidance widens access for patients to receive clinically appropriate treatment for obesity related diseases and conditions. The provider will follow existing guidance on the policy/procedures to protect patients and maintain safety				
	Parity of esteem	✓			Policy to implement national evidenced based guidance widens access for patients to receive clinically appropriate treatment which includes access to mental health and physical health support within the Tier1-4 services for obesity related diseases and conditions.				
	Safeguarding children or adults	✓			Usual ICB and/or Provider Safeguarding policies and mechanisms will apply.				

NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life	✓			Policy to implement national evidenced based guidance widens access for patients to receive clinically appropriate treatment which will reduce the risk of obesity related diseases and conditions. Patients that are eligible for this clinical input should experience an improved quality of life as a result				
	Ensuring people have a positive experience of care	✓			Policy to implement national evidenced based guidance will ensure equity of an integrated service for patients to receive clinically appropriate treatment which will reduce the risk of obesity related diseases and conditions.				
	Preventing people from dying prematurely	✓			Policy to implement national evidenced based guidance widens local access for patients to receive clinically appropriate treatment which will reduce the risk of obesity related diseases and conditions and should reduce incidence of mortality as a result.				
	Helping people recover from episodes of ill health	✓			Policy to implement national evidenced based				

	or following injury				guidance widens access for patients to receive clinically appropriate treatment which will reduce the risk of obesity related diseases and conditions.				
	Treating and caring for people in a safe environment and protecting them from avoidable harm	✓			Policy to implement national evidenced based guidance widens local access for patients to receive clinically appropriate treatment in an environment that has measures to protect from avoidable harm and be undertaken in a safe environment.				
Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors	✓			Policy to implement national evidenced based guidance has an integrated care approach to ensure patients receive clinically appropriate treatment which will reduce the risk of obesity related diseases and conditions. The pathway focuses on clinical risk factors that may affect future health and potential long term conditions				
	Access to the highest quality urgent and emergency care	✓			Policy to implement national evidenced based guidance has an integrated care approach to ensure patients have				

					access to urgent and emergency care services which can direct patients, including those most complex and unwell patients, and their carers to the most appropriate service.				
	Convenient access for everyone			√	Policy to implement national evidenced based guidance has an integrated care approach to ensure patients are treated at Specialist NHS services. Within Coventry and Warwickshire this service is provided at University Hospitals Coventry and Warwickshire, however other specialist services are available nationally.				
	Ensuring that citizens are fully included in all aspects of service design and change			√	Policy to implement national evidenced based guidance where engagement has already been completed at a national level. Patients invited to participate in current providers National/Local staff satisfaction surveys				
	Patient Choice	√			This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available				

					under patient choice.				
	Patients are fully empowered in their own care	✓			Patients will be fully involved in their care planning through shared decision-making, personalised care, and support planning.				
	Wider primary care, provided at scale			✓	Policy to implement national evidenced based guidance has an integrated care approach to ensure patients are treated at Specialist NHS services. Within Coventry and Warwickshire this service is provided at University Hospitals Coventry and Warwickshire, however other NHS specialist services are available nationally.				
Access Could the proposal impact positively or negatively on any of the following:	Patient choice	✓			This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice at NHS specialist national services.				
	Access	✓			Policy to implement national evidenced based guidance has an integrated care approach to ensure patients are treated at NHS Specialist services. Within Coventry				

					and Warwickshire this service is provided at University Hospitals Coventry and Warwickshire however other NHS specialist services are available nationally.				
	Integration	✓			Policy to implement national evidenced based guidance has an integrated care approach to ensure patients are treated at NHS Specialist services. Within Coventry and Warwickshire this service is provided at University Hospitals Coventry and Warwickshire however other NHS specialist services are available nationally.				
Compliance with NHS Constitution	Quality of care and environment	✓			Policy to implement national evidenced based guidance has an integrated care approach to ensure patients are treated at NHS Specialist services. Within Coventry and Warwickshire this service is provided at University Hospitals Coventry and Warwickshire however other NHS specialist services are available nationally.				

	Nationally approved treatment/drugs	✓			Integrated approach to delivery of national evidenced based guidance of treatment and drugs.				
	Respect, consent and confidentiality	✓			All usual ICB and/or Provider respect, consent and confidentiality policies and mechanisms will apply.				
	Informed choice and involvement	✓			Patients will be fully involved in their care planning through shared decision-making, personalised care, and support planning.				
	Complain and redress	✓			Usual ICB and/or Provider compliment, complaint and redress policies and mechanisms will apply				

*Risk score definitions are provided in the next section.

8. Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?

To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB) where a patient is suffering from a medical condition, for which the ICB has commissioning responsibility.

The policy for Complex and Specialised Obesity Surgery supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.

Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.

Patients

Is a full Equality Analysis Required for this project?

Yes	Proceed to complete this form.	No	Explain why further equality analysis is not required.
------------	--------------------------------	----	--

If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.

Equality Analysis Form

1. Evidence used

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

<https://ebi.aomrc.org.uk/interventions/referral-for-bariatric-surgery/>
<https://www.nice.org.uk/guidance/cg189>
<https://www.england.nhs.uk/wp-content/uploads/2016/05/appndx-6-policy-sev-comp-obesity-pdf.pdf>

2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

Marriage and civil partnership: A person who is married or in a civil partnership.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

Sex: A man or a woman

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

Other disadvantaged groups:

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

3. Human Rights

FREDA Principles / Human Rights	Question	Response
<p>Fairness – Fair and equal access to services</p>	<p>How will this respect a person's entitlement to access this service?</p>	<p>To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB) where a patient is suffering from a medical condition, for which the ICB has commissioning responsibility.</p> <p>The policy for Complex and Specialised Obesity Surgery</p>

		supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.
Respect – right to have private and family life respected	How will the person’s right to respect for private and family life, confidentiality and consent be upheld?	The patient will not be contacted by the ICB. If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	This policy is applied to all patients of the NHS Coventry and Warwickshire Integrated Care Board where the clinician has identified that the patient is suffering from a medical condition, for which the ICB has commissioning responsibility.
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	All communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Individuals will have the opportunity to discuss their healthcare with the requesting clinician. If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Right to Life	Will or could it affect	No

	someone's right to life? How?	
Right to Liberty	Will or could someone be deprived of their liberty? How?	No

4. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
N/A	N/A	N/A

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us So we will):

N/A

5. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

N/A

6. How will you measure how the proposal impacts health inequalities?

e.g Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

Acute Contracting/Business Intelligence will monitor the activity and review as appropriate.

7. Is further work required to complete this assessment?

Please state what work is required and to what section. e.g additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g disability).

Work needed	Section	When	Dare completed
N/A	N/A	N/A	N/A

8. Sign off

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Signoff	Dr Michael Caley, Deputy CMO	10.05.2024
Which committee will be considering the findings and signing off the EA?	F&P	June 2024
Approved by the Policy Procedure and Strategy Assurance Group.		

Once complete, please send to the ICB's Governance Team