

Health Optimisation Period Exclusions Criteria v3

Exclusions apply to enable access to urgent care, but all patients must be offered access to smoking cessation and/or weight management concurrently regardless of urgency.

The following group/patients with the specified conditions would not be subject to this policy:

- The condition is immediately life-threatening
- Patients requiring emergency surgery or with a clinically urgent need where undue delay would cause clinical risk of harm
- Patients undergoing surgery for cancer;
- 2ww referral for suspicion of cancer;
- Patients under the age of 18 years
- Any procedures deemed as urgent by the surgical team
- The procedure needs to be performed within a strict timeframe as delay would result in it becoming ineffective
- Patients who despite having a BMI >30 have a waist circumference of:
 - Less than 94cm (37 inches) male
 - Less than 80cm (31.5 inches) female
- Referrals for interventions of a diagnostic or investigatory nature that do not require General Anaesthesia
- Patients previously completed Health Optimisation Period within the last six months
- Any surgical interventions that may be required as a result of pregnancy
- Frail Elderly
- Vulnerable patients who will need to be clinically assessed to ensure that, where they may be able to benefit from opportunities to improve lifestyle, that these are offered. (Please note that deferring elective interventions may be appropriate for some vulnerable patients based on clinical assessment of their ability to benefit from an opportunity to stop smoking/reduce their BMI/improve pre-operative fitness.) This includes patients with the following:
 - learning disabilities
 - significant cognitive impairment
 - severe mental illness**

**Adults with a serious mental illness are persons who currently or at any time during the past year, have a diagnosable mental, behavioural, or emotional disorder of sufficient duration that has resulted in functional impairment which substantially interferes with or limits one or more major life activities

Clinical discretion should be used at any time by the GP or secondary care clinician during the health optimisation pathway as to what is meant by urgent or non-routine. This could include, for example:

- If the patient has worsening, severe persistent pain not adequately relieved by an extended course of non-surgical management
- If there are any safety concerns about delaying referral (eg symptomatic gallstones)
- Significant functional impairment is defined as a loss or absence of an individual's capacity to meet personal, social or occupational demands

If there is an anticipated safety concern should the patient not be referred or delayed, and this outweighs any benefits from a period of improving health and reducing risk factors prior to any routine operation, then referral should be made using the relevant referral template.

However, if there is more certainty in the diagnosis and routine surgery would be the outcome, and there is some other reason that the patient would not benefit from a health optimisation period, then use IFR. If a clinician felt that there were exceptional circumstances, the patient may be referred through the Exceptional Cases process for consideration.

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