Written Answers

Sarah Wollaston Chair, Health Committee

To ask the Secretary of State for Health, what account will be taken of NICE’s clinical guidelines on levels of patient access in setting the budgets devolved by NHS England to clinical commissioning groups for obesity surgery from April 2016.

George FreemanThe Parliamentary Under-Secretary of State for Business, Innovation and Skills, The Parliamentary Under-Secretary of State for Health

NHS England would expect commissioners to take account of this guidance when commissioning services.

Any transfer of budget from NHS England to devolved areas will be on the basis of existing contractual activity.

Before the transfer of services, NHS England will complete a data capture exercise, working with providers through the specialised commissioning hubs, to collect the current activity level. This will provide the basis for the transfer of the budget. Governance sign off will then be agreed at NHS England Board level.

Sarah Wollaston Chair, Health Committee

To ask the Secretary of State for Health, when NHS England's Clinical Reference Group for Severe and Complex Obesity will publish its proposed template for clinical commissioning groups on access to obesity surgery pathways and follow-up treatment.

George FreemanThe Parliamentary Under-Secretary of State for Business, Innovation and Skills, The Parliamentary Under-Secretary of State for Health

The template is in development and the draft will be shared in January 2016.

Sarah Wollaston Chair, Health Committee

To ask the Secretary of State for Health, what assessment he has made of the potential effect on patient outcomes of the planned transfer of obesity surgery commissioning responsibilities to clinical commissioning groups from April 2016.

George FreemanThe Parliamentary Under-Secretary of State for Business, Innovation and Skills, The Parliamentary Under-Secretary of State for Health

We do not expect obesity outcomes to be affected, as the change will primarily be in regard to commissioning responsibilities. However, we believe the transfer should support better integration between Tier 3 and Tier 4 services (which include obesity services) which in turn should improve patient pathways.