**LAS Bariatric Care Update 2016/17**

* The Bariatric Working Group (BWG) was established to review and analyse the available information on bariatric patients and develop scope for potential improvement within LAS bariatric services.
* The BWG comprised representation from all relevant departments within the LAS as well as patient forum members.
* Data for LAS bariatric patient journeys and care was found to be limited, with no robust process for data capture and review. From the data that was available it was evident that it could not be used to generate statistically significant findings, infer causality or establish any demographical information.
* Bariatric data from PHE was collected and collated in conjunction with LAS data to strengthen it and then used to create growth modelling for London.
* The existing data capture is not specific for bariatric care as there is no widespread consensus on the definition of a ‘bariatric patient’. The definitions that exist were also found to be inappropriate for the pre-hospital environment (e.g. solely using BMI and ignoring factors such as mobility and shape of patient).
* The BWG formulated an LAS specific definition of what constitutes a ‘bariatric patient’; giving due consideration to a much wider range of relevant factors to the environment in which our frontline staff work:

*“Where the patient exceeds the safe working load and/or dimensions of standard LAS equipment used in normal day to day treatment, and/or where the weight, size, shape of the patient, in conjunction with the environment is such that non-standard equipment/treatment(s) may be required to provide access to/egress of the patient to a suitable treatment facility.”*

* The medical directorate representative also produced a clinical paper for bariatric care that was disseminated to LAS clinical education and manual handling groups.
* An audit of the existing LAS system for bariatric transport was conducted, finding on every spot inspection that there were no bariatric vehicles available to send should the need have arisen. There were either no trained staff available to use the existing PTS bariatric vehicles, or the contracted bariatric service providers (e.g. St John Ambulance) were busy attending regular frontline calls on behalf of the LAS and would be delayed in their arrival.
* The BWG travelled to other ambulance service NHS Trusts to discuss elements of best practice and assess the possibility of adopting elements of their operating models, where appropriate. Specialist equipment was also showcased by the receiving Trusts.
* The BWG gathered multiple specialist providers of bariatric equipment and held an equipment trial day at Cody Road, where the group members could ask questions and trial bariatric equipment.
* The working group then reached a consensus on equipment, vehicles, operating models, locations, staffing, training and data capture. Recommendations were then compiled into a briefing document for submission to the A&E Operations Board (please see below):
* To source the agreed equipment listed in the board paper.
* To source three specialist bariatric vehicles that can also dual-purpose as a category 4 infectious disease vehicle in the event of an outbreak. Assistance from Fleet and Logistics is currently being sought for creating a specifications sheet and business case for the vehicles.
* The vehicles would be placed at three separate, geographically disperse locations.
* Several scenarios have been set out by the BWG regarding staffing which are discussed in the board paper. The agreed skill level for the staff is that of first person on scene (FPOS) with enhanced manual handling training and blue light capability.
* Further training for frontline staff regarding bariatric clinical care and manual handling skills.
* Development of a process to accurately capture bariatric patient journeys.
* Operational risks were also identified in this paper and actions are being taken to mitigate these.
* The BWG, in conjunction with the manual handling group and clinical education, have included a manual handling module into CSR 2017.1 that incorporates information specifically related to bariatric patient care. This CSR is available to all frontline staff.
* The A&E Operations Board has approved the board paper.
* Central Operations Directorate worked with finance and fleet to calculate costs for the various recommendations (equipment, fleet, staffing, etc.).
* These costs formed part of a bariatric service provision options paper that was submitted to ELT for approval.
* Work is on-going with business intelligence to develop an accurate system of data capture and modelling.
* The BWG is transforming into an implementation group; taking the recommendations that have been approved and finding methods to implement them into frontline practice, as well as actively managing the identified risks and working with existing resources to improve service delivery to our patients.
* A communication strategy is being developed to keep staff informed of the on-going developments in LAS bariatric care and request feedback from them regarding their experiences of bariatric service provision.

**A&E Operations Board Recommendation Paper**

