



# Advisory Board: Bariatric Psychology in T4 surgery services

## BACKGROUND

A 2-day face-to-face advisory board was held involving 18 Psychologists, Psychotherapists and Mental Health Practitioners working in Tier 4 Bariatric Surgery Services across England. The meeting was facilitated by Johnson and Johnson Medtech on 8th-9th May 2025.

## AGENDA

Session 1	Current state of bariatric psychology
Session 2	Pre-operative assessment and screening
Session 3	Pre-operative pathways
Session 4	Post operative pathways
Session 5	Business Planning
Session 6	Shared hub development

## MEETING OBJECTIVES:

1. Achieve internal agreement on the roles and responsibilities of psychologists working in bariatric surgery services.
2. Achieve agreement on practical recommendations for a pre-surgery bariatric psychology pathway, clarifying the purpose and function of pre-surgery psychological assessments to develop efficient and equitable assessment protocols
3. Identify ways in which the community of Tier 4 psychologists would like to stay connected, share resources and have central point of contact for advice on different topics related to their clinical practice.

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### 1. CURRENT STATE OF BARIATRIC PSYCHOLOGY

- Access to psychological support is inconsistent and waiting lists are variable
- Large discrepancy between the funding for psychology posts and the ratio of psychologists to patients within individual services.
- Psychologists often acting as safety nets for surgical teams anxious to operate on patients with mental health concerns
- Clinically agreed consensus or guidelines will help empower Psychologists working in MDTs and support the development of business cases for psychology resource

### 2. PRE-OPERATIVE ASSESSMENT AND SCREENING

- Most psychologists focus more on pre-operative assessments despite there being limited evidence linking psychological factors highlighted during the assessment being used to predict post-surgical weight loss outcomes
- There is a lack of consistency in the screening materials used and unity is needed to enhance efficiency and credibility
- Any screening tools should not be completely rigid, allowing variation where required, however key themes and “flags” should be consistent
- The objective of screening should not be viewed as a tool to screen out patients but rather a tool to identify those patients that need more detailed psychological assessment and/or support

### 3. PRE-OPERATIVE PATHWAYS

- There is variation in pre-operative pathways in terms of how psychology input is delivered i.e. 1:1 sessions vs groups, the content being delivered, patient selection and timing of intervention
- Mental health is dynamic and assessments can be outdated due to long surgical waiting lists
- The psychology pathway should be used to make recommendations and signpost to other therapies whilst also increasing Tier 4 efficiencies and streamlining current processes
- There was agreement for the integration of digital health solutions/Apps to streamline processes and provide patient education including patient lived experience

### 4. POST-OPERATIVE PATHWAYS

- Limited routine involvement of psychology post-surgery exists, despite BOMSS guidelines recommending follow-ups at 6-9 months
- Psychological involvement is important post-surgery and more resources should be implemented into this part of the pathway with focus on patients’ psychological adjustments, body image, and overall quality of life post-surgery
- Time should be taken to identify patients early who would benefit from psychology support
- There may be value in combining pre-op and post-op resources, including the screening questionnaire, and having the option of referral back to the MDT if required

### 5. BUSINESS PLANNING

- Clear job descriptions and core competencies should be developed for Psychologists with clearly defined roles for all bands (7-8c) and appropriate supervision provided at all levels
- A guideline for the recruitment of Psychologists is required ensuring it is based on core competencies and psychological informed clinicians are part of the interviewing board
- There is the need for competitive retention strategies, including appropriate banding, professional development, education and networking

### 6. SHARED HUB DEVELOPMENT

- It was unanimously agreed that a shared hub would be useful and there was willingness for this to be a priority workstream due to the importance of collaborative working
- The shared hub should contain materials for training, screening, assessment and interventions; a research directory; Bariatric Psychologist directory; Business Case Templates; Job Descriptions; Competency Framework; and Grant information
- Consideration needs to be made into who will be responsible for maintaining and reviewing the content in the hub

### MEETING CLOSURE AND NEXT STEPS

- It was agreed that there should be prioritised working groups set up to start to expand on the recommendations made during the meeting and action some of the key points raised.
- Key working groups include: 1] Standardisation of a Psychology Screening Tool; 2] Development of a Shared Hub; 3] Dissemination of consensus statements regarding the overarching principles to a wider psychology audience and all bariatric units; 4] Development of Job Descriptions by Grade and Optimal Psychology Service Structure