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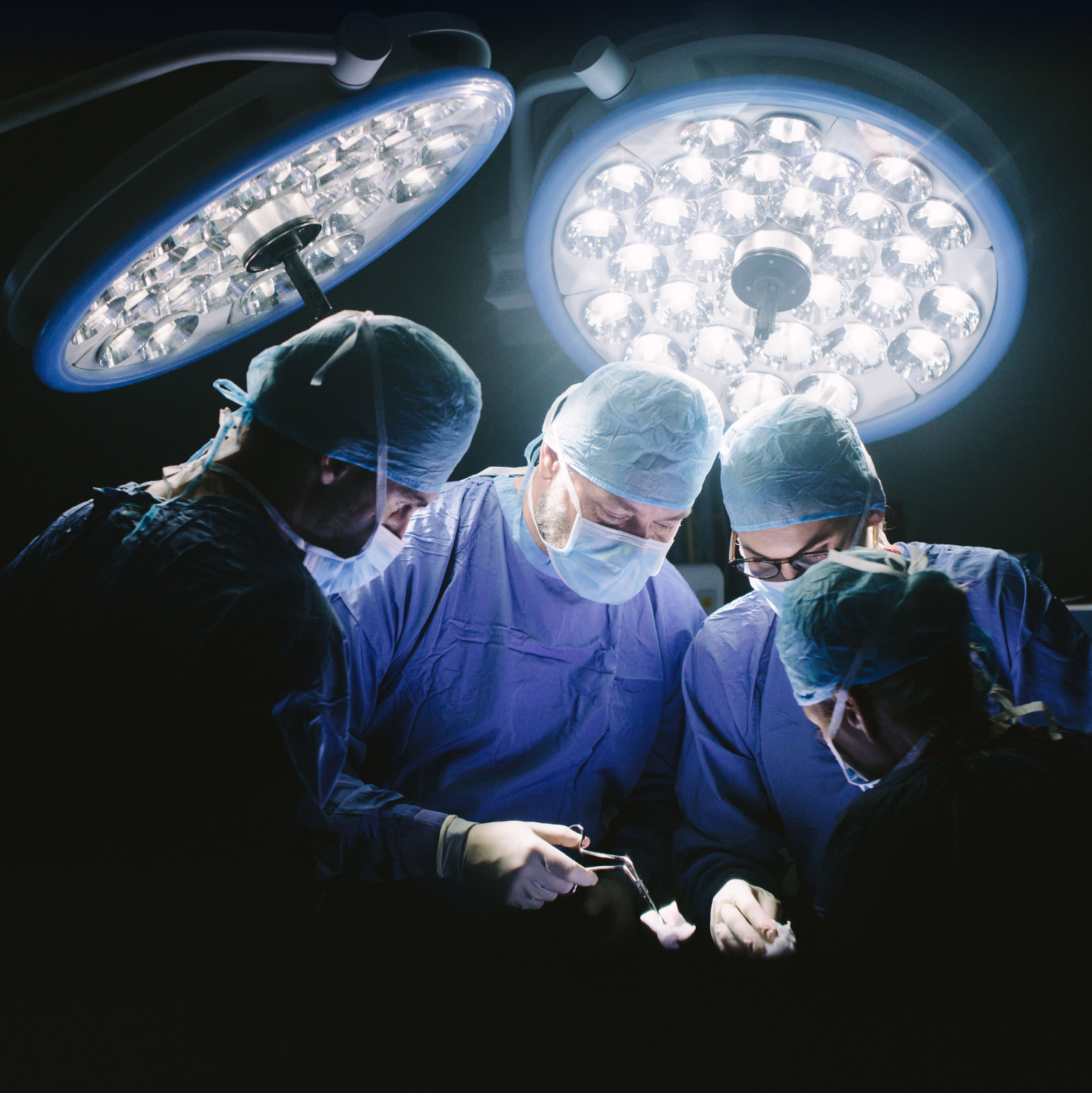
INTEGRATION, COLLABORATION AND INNOVATION: ESTABLISHING A WHOLE SYSTEMS APPROACH TO PATIENT CARE IN THE AGE OF COVID-19



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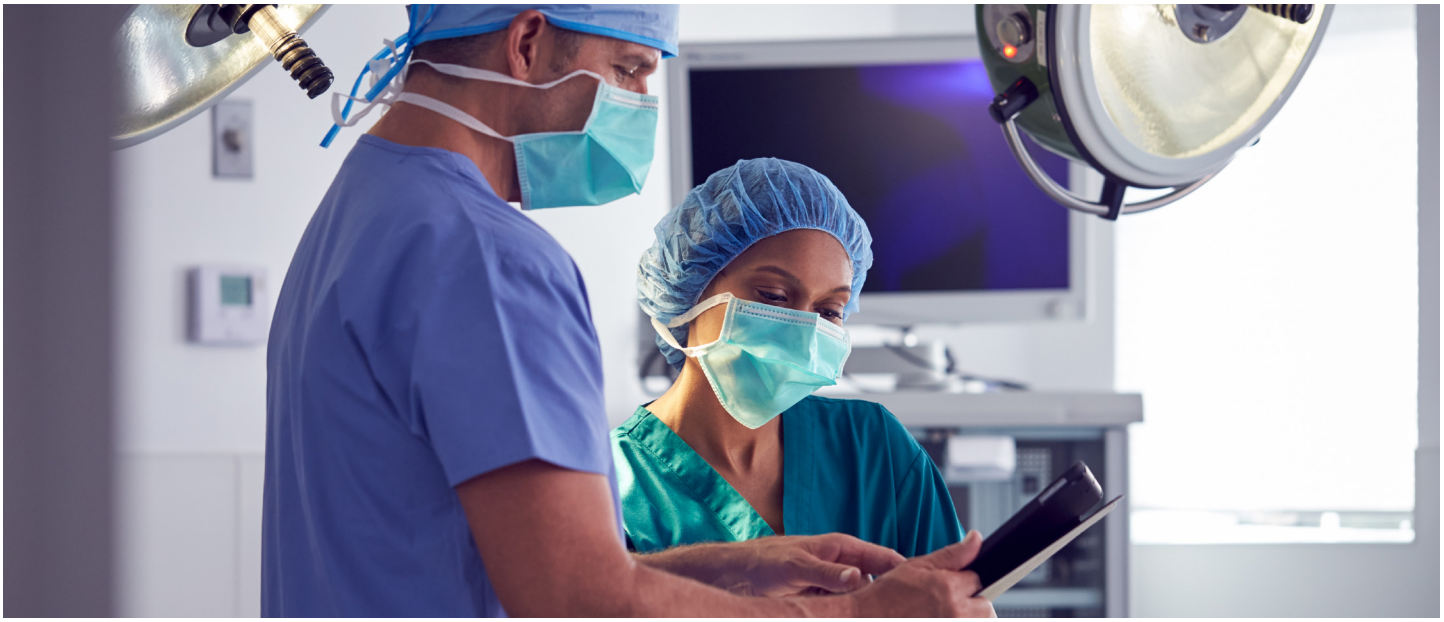
INTRODUCTION

The provision of healthcare in the UK currently stands at a critical juncture, with the COVID-19 pandemic having tested every aspect of the country's healthcare infrastructure and policy makers now examining proposals that would bring about the most significant overhaul of the NHS in a decade. The policy decisions taken in the months ahead will shape the delivery of patient care long into the future.

The national COVID-19 crisis has forced the UK's healthcare system – along with many other organisations and facets of the economy – to adapt, innovate and re-think established systems and ways of working in order to enable essential continuity of care. It was this adaptation and change in mindset, coupled with the urgent need for increased capacity, that helped to successfully deliver the ground-breaking collaborative partnership between the NHS and independent providers in March 2020 – an essential component of the UK's response to the pandemic. The partnership made vital additional capacity available to an over-burdened NHS, ensuring that essential care was maintained to the greatest extent possible in the most challenging of circumstances.



Not only did the partnership provide access to vital expertise and facilities at a time of desperate need, it also expanded horizons and demonstrated the value that independent providers can contribute to the delivery of healthcare in the UK. As we mark the first anniversary of the pandemic, there has never been a timelier moment to examine how these partnerships can evolve and support the delivery of outstanding patient care long into the future.

Within this context of extraordinary change and opportunity to take full advantage of the learnings from the past 12 months, this White Paper sets out Transform Hospital Group's perspectives on how the public and independent sectors can build on the shared experiences of the last year to create a truly collaborative and integrated health and social care model – drawing on the strengths of all providers, embracing innovation and ultimately delivering the best possible patient care, free at the point of use, wherever and whenever it is needed.

THE COVID-19 CRISIS: A CATALYST FOR RENEWED COLLABORATION

The COVID-19 pandemic has brought about the most challenging moment for the provision of healthcare in the UK since the creation of the National Health Service in 1948. The virus has tested every aspect of the UK's healthcare infrastructure, pushing the delivery of essential care to its limits. Meanwhile, many non-essential elective procedures have been put on hold, creating an extensive backlog of NHS patients that continues to grow day by day.

At the time of writing, nearly ten million patients are on waiting lists for non-urgent surgical procedures across the UK, up from four million before the outset of the pandemic[1]. This backlog will take years to address, impacting the mental and physical health of those waiting for potentially life-changing procedures, representing both a significant operational and financial burden to the NHS. The backlog of patients on waiting-lists will only continue to rise as the focus of the NHS remains on its response to COVID-19 and roll-out of the vaccine programme.

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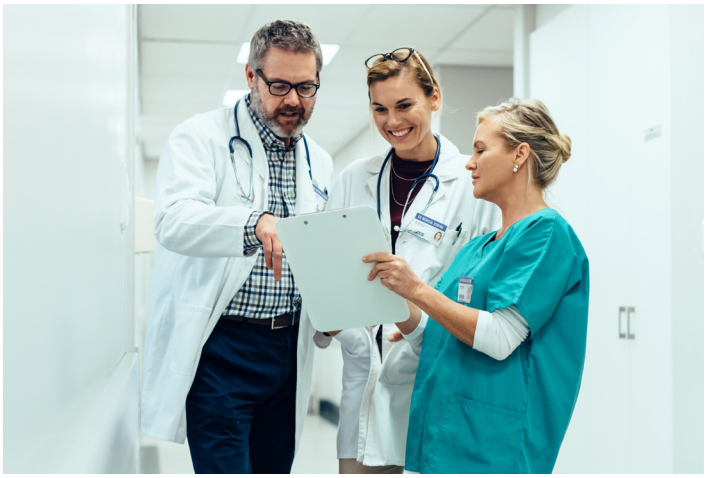

However, it is a testament to the determination of policy makers, NHS leaders and the broader healthcare profession that essential procedures have continued throughout the pandemic. One of the primary factors which made the continuity of essential care possible was the national contract between independent providers and the NHS – a partnership which opened up the expertise, facilities and innovative nature of private providers to the NHS.

As well as providing vital capacity assistance to the NHS in its hour of need, the partnership also broke down barriers between the independent and public sectors, unlocking the potential to embrace innovations and a collaborative-minded spirit. This was most prominently demonstrated by the adoption of virtual appointments by the NHS, which has now become a central element in the delivery and continuity of care.

Despite this leap forward, it is clear that further action must be taken to instil the values that the independent sector can contribute to UK public healthcare in a permanent manner, rather than rely on a series of short-term contracts to do so. A truly integrated approach to the delivery of care would also lead to the increased adoption of innovation and efficiencies, to the benefit of patients across the country.

The impact on the delivery of non-urgent care over the past 12 months has also created huge disruption: many patients have not received treatment for an array of conditions and the situation will remain as such in the years ahead. It is challenging to envisage how these patients can be treated without the integration of the expertise and facilities from outside the NHS. Indeed, this is a point which has been recognised by the NHS' Increasing Capacity Framework – a new procurement framework worth up to £10bn, from which NHS organisations will purchase additional capacity for up to four years[2].

The publication of this paper comes at a time when policy makers in the UK are examining proposals to overhaul NHS decision-making structures. The UK Government has set out plans that seek to bring about a less bureaucratic, more innovative healthcare system which delivers on the needs of individual populations at 'place level'.

The proposed reforms – published in a recent White Paper – *Integration and Innovation: working together to improve health and social care for all*[3] – are split into two primary structural changes. First, the Government will seek to regain autonomy over key public health decisions that affect the whole of the UK, reversing the relinquishment of this power to NHS England in the Health and Social Care Act of 2012. The second is a step change in approach to localised decision-making structures, where the previous Clinical Commissioning Groups (CCGs) system is set to be replaced with the Integrated Care Systems (ICS) model, which seeks to directly address the needs of populations at place level, drawing on the insight of stakeholders across local government and the third sector in particular.

The coincidence of these major reforms with the immediate learnings from the COVID-19 pandemic presents a crossroad for the way that healthcare is delivered in the UK, and an opportunity exists to bring about an effectively integrated model, drawing on the strengths of all stakeholders in order to address the health needs of the UK population.

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[1] **The Lancet -** Too long to wait: the impact of COVID-19 on elective surgery

[2] **NHS England -** NHS Increasing Capacity Framework

[3] **Department of Health and Social Care -** Integration and Innovation: working together to improve health and social care for all

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CASE STUDY:
TRANSFORM HOSPITAL GROUP SUPPORTING THE NHS AT A TIME OF NATIONAL CRISIS

During the height of the pandemic, Transform Hospital Group was proud to be one of the many independent sector providers to play a part in the ground-breaking partnership with the NHS. Both of the company's hospitals – Burcot Hall Hospital (BHH) in Bromsgrove and The Pines in Manchester – were repurposed in a matter of days so that they were ready to accept NHS patients in order to maintain the continuity of essential care.

Within just two weeks, BHH's nursing and ancillary support team had received additional training from their NHS colleagues, to support the delivery of care to frail, elderly and end of life patients. As the partnership evolved and the needs of local NHS trusts changed, Transform Hospital Group's facilities became 'cold sites' for the delivery of essential care, offering vital COVID-free pathways to patients, the majority of whom were undergoing cancer treatment. As part of the ongoing partnership with the NHS, over 2000 procedures have been carried out at THG's facilities to date since the start of the pandemic, and the company continues to support the country's response.

A stand-out factor to the overall success of the partnership was the collaborative mindset adopted by all involved, which enabled the adaptation to new work processes, a focus on fast-paced consolidation of learning and a cultural change which was evident both within Transform Hospital Group's workforce and our colleagues in the NHS.


The Pines Hospital, Manchester

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TOWARDS A 'WHOLE SYSTEMS' APPROACH TO THE DELIVERY OF HEALTHCARE

As the initial pressures directly caused by the pandemic begin to ease, it is increasingly evident that COVID-19 has presented the potential for substantial lasting implications to the way in which healthcare is delivered across the UK. This is absolutely true as regards the collaborative experiences gained from the partnership between the NHS and independent providers.

It is clear that substantial value can be added beyond the healthcare sector itself through the active participation of local partners, local government and local third sector organisations. These elements are essential to the delivery of a cohesive decision-making ecosystem, which is agile and delivers for patients at place level. This approach requires a long-term strategic vision that reframes historic thinking around collaborative partnerships within the NHS in order to harness the potential contributions of all parties which can support the delivery of care – whether they be third sector organisations, local government or independent providers – in a well-balanced and efficient system that works in the interests of patients and clinicians alike.

For all the recent discourse surrounding a "whole systems" approach to the delivery of healthcare, an adoption of a new mode of operating will require looking beyond existing structures, and including stakeholders from across the entire healthcare sector, recognising that a range of parties must play a part and contribute their insights and experience to the delivery of the best possible and most cost-effective patient care.

Achieving a truly collaborative and integrated system – which the Government has set out to do through its reform programme – must draw on this insight and experience in a cohesive manner. It is therefore important that all parties are free and able to contribute their expertise in the interests of delivering outstanding patient outcomes – including the independent sector.

Given the independent sector's role in the delivery of care during the pandemic – and the necessity for its integration as the country recovers – it is now incumbent upon policy makers to consider all parties in the healthcare sector as components of one holistic system, rather than siloed entities. This will stand to substantially benefit local populations and deliver on the multifaceted healthcare needs of the country in an adaptable, transparent and cost-effective manner, as the NHS addresses an unprecedented backlog of patients.

It is now incumbent upon policy makers to consider all parties in the healthcare sector as components of one holistic system, rather than siloed entities.

Indeed, adopting such an approach to make the best use of the best care provider available – public or independent – would be supported by recent survey data which found that NHS patients are agnostic about the identity of the provider that delivers their care, so long as it is timely, high quality and free at the point of use. Since 2013, around 99 percent of patients to have used the independent sector would be 'extremely likely' or 'likely' to recommend independent providers compared with a national NHS average of around 96 per cent[4].

In addition to patient satisfaction, further analysis has shown that – even before the increased role of private providers during the pandemic – the independent sector had a crucial role to play in the delivery of high-quality patient outcomes. This is largely due to the efficiencies that the independent sector can contribute to when integrated into the delivery of care at place level. Indeed, NHS Confederation data has demonstrated this point, displaying that where 95 percent of outpatients were treated by independent sector organisations, their treatment was completed within an average of 12.8 weeks. This sits in comparison to a national average of 16.7 weeks. Furthermore, 95 percent of inpatients treated by independent sector organisations were treated within 15.9 weeks, with the national average sitting at 24.6 weeks[5].

Based on this evidence, it is clear that a whole systems approach and the increased efficiency, adaptability and quality of care it can deliver would benefit both patients and clinicians alike across the country. It is for this reason that policy makers should appropriately engage the independent sector in its considerations of a more collaborative healthcare system, which are currently taking place through the phased introduction of Integrated Care Systems.

[4] **Independent Healthcare Providers Network** – Independent Sector Healthcare

[5] **NHS Confederation** – Independent sector providers caring for NHS patients

NHS REFORM PROPOSALS: AN OPPORTUNITY TO EMBRACE COLLABORATION

The Government's recent White Paper on the proposed reforms to the healthcare decision-making structures in the UK has provided a basis for a substantial level of public, parliamentary and sector discussion on the future of the delivery of healthcare.

The three fundamental changes which have been proposed by the Government are:

- a greater level of ministerial oversight and control over NHS England – effectively relinquishing the power that the organisation was granted in the Health and Social Care Act 2012;
- an attempt to reduce bureaucracy through the abolition of competition rules and changes to the contract tendering process; and
- replacing the existing Clinical Commissioning Group system with the nation-wide rollout of Integrated Care Systems.

Ministerial oversight

A key element of the Government's proposals is the "enhanced powers of direction for the government" over NHS England. The White Paper states that this move will support "collaboration, information sharing and aligned responsibility and accountability".

Somewhat inevitably, this move has led to some facets of public discourse to point to a "power grab" by government Ministers, but for the purposes of accountability – which must be a crucial element of any public body – transferring decisions-making powers to elected officials should be welcomed by both the public and the healthcare sector.

As highlighted in the Government's White Paper, these reforms will enable Ministers to make decisions in the health interest of the population of the whole country, notably seeking to address nation-wide health problems such as the obesity crisis. To that end, the White Paper notes that the Government will be able to introduce important preventative measures in an attempt to tackle the issue. However, as outlined later in this paper, the new powers should be used to instigate a holistic solution to nation-wide health issues, addressing prevailing scientific data in order to bring about impactful and lasting solutions.

Procurement

One of the headline reforms of the 2012 Health and Social Care Act was the legislation that required CCGs to put all contracts out to tender. The ambition of this legislation was to ensure that the health service was as competitive and innovative as possible in order to deliver the best possible outcomes for patient care.
Although the intentions of this reform were well placed, the reality of the tendering process was such that it was rigid, burdensome and protracted, leading to substantial administrative costs. The Government's recent White Paper therefore calls for a reduction in "needless bureaucracy" with a view to making decision-making and collaboration across the system.

The new provider selection regime, the White Paper states, aims to enable "collective decision-making recognising that competition is not the only way of driving service improvement, reduce bureaucracy on commissioners and providers alike, and eliminate the need for competitive tendering where it adds limited or no value."

This is a welcome move if it does indeed achieve what it sets out to do, which is to eliminate cumbersome tendering process for contracts, but ensuring the competition remains where it can drive innovation and ultimately improve the delivery of patient care.

Although this intention is a positive one, in practice, there may be a risk that innovative providers are unduly 'locked out' from procurement processes that are designed to ensure efficiencies. Despite the constraints of the current tendering system, it has succeeded in ensuring that unfairness or cronyism do not play a part of the healthcare system, and a removal of the contract tendering process may result in contracts being awarded without sufficient oversight, or that there is a compromise in transparency and accountability standards.

Aside from setting out their intentions relating to procurement, the Government has left it unspecified how and by what oversight body this new regime will be enforced. Getting this right will be absolutely fundamental with regards to driving vital innovation within the healthcare service, both as we address the backlog of patients caused by the pandemic and beyond, and ensuring public trust in the independent sector's important and positive role in delivering NHS services.

INTEGRATED CARE SYSTEMS

Transform Hospital Group has long called for greater decision-making powers to be devolved to local level in the NHS. The proposal for the national rollout of the ICS model in replacement of the existing CCG structure is therefore a positive step towards a more collaborative, partnership-led decision-making structure – which at its core stands to serve the specific requirements of communities at place level.

The proposals set out a roadmap for the complete integration of ICSs by the end of 2021 – a move that will further devolve commissioning activity to a local level in order to "remove barriers to integration across health bodies … help deliver better care and outcomes for patients through collaboration, and to join up national leadership more formally"; and, importantly, to deliver on "a renewed ambition for how we can support greater collaboration between partners in health and care systems to help accelerate progress in meeting our most critical health and care challenges"[6].

The acknowledgment of the need for a more collaborative and localised decision-making structure is a positive development. It presents a compelling and timely opportunity from which to cement the learnings gained from the pandemic.

Although the proposals are a promising start and an opportunity to instigate a partnership-led approach, there is a current lack of clarity relating to true extent to which it will foster collaboration, and particularly regarding the capacity in which independent providers will be able to contribute to the delivery of services under the anticipated structure for ICSs.

The current proposals suggest that ICSs will be comprised of two leadership boards. The first is an ICS NHS Body, which will be take on the commissioning functions of CCGs and some of those of NHS England within its boundaries and be responsible for developing a plan to address the health needs of the system and setting out the strategic direction of the system, as well as communicating capital and revenue spending for NHS bodies within the system. The second is an ICS Health and Care Partnership, which will be comprised of a wider group of organisations including local government, representatives from the third sector and representatives from the independent sector. Each Partnership will be responsible for "promoting partnership arrangements, and developing a plan to address the health, social care and public health needs of their system."

There is however little detail provided in the White Paper as to how the membership of these boards will be selected, and how this will ensure there is a wide representation from across the healthcare sector. The current proposals suggest that "local areas can appoint members and delegate functions" to ICS Health and Care Partnerships, but further detail relating to this point will be key as the legislation progresses through Parliament.

Indeed, the need for the holistic integration of healthcare services sits at the heart of the issue with the newly proposed ICS model. For all the promise of greater collaboration within the new model, unless it integrates all stakeholders in the healthcare sector in an appropriate and meaningful manner, an essential element of the healthcare landscape will be lacking from the transformation agenda. This means that the present proposals may risk falling short in bringing about a "whole systems" approach that will enable patients to access the very best facilities, clinical expertise, technology and innovations in healthcare, wherever they live.

This is also evident in the proposition for provider collaboratives as highlighted in NHS England's ICS consultation document[7], whereby all NHS provider trusts will be expected to participate in joined up systems at place, regional or indeed national level. Again, this is positive in the context of the further localisation of services, but Transform Hospital Group believes that such provider collaboratives should be approached in a holistic manner and include representation from the independent sector – on an independent and non-commercial basis – thus enabling the expertise and experience from outside the NHS to contribute to strategic planning at place level. The structure that such representation may take is for further discussion, but could – for example – take the form of a strategic advisory board made up of independent sector partners represented within the relevant geographic region.

Furthermore, each of the principles highlighted in NHS England's consultation document that provide rationale for provider collaboratives would benefit from the engagement of both commercially minded individuals and the independent sector. This would help to support the ambition to deliver better workforce planning and more effective use of resources. There is little doubt that the current proposals stand to benefit local populations – particularly if they bring about greater integration of local councils, authorities and the third sector into the NHS infrastructure – but there is clearly a further role for the independent sector to play, highlighted by the COVID-19 pandemic.

As the Government's proposals are interrogated in the months ahead, it will be important to clarify a number of areas in addition to those already highlighted above, including establishing a clear definition of the meaning and geographical boundaries of what constitutes 'place level'.

ICSs should therefore be given sufficient guidance as to how to make best use of the independent sector from the NHSE leadership, such that the opportunities for greater integration into planning benefits the local population, contributes to driving efficiencies and optimises value for taxpayers.

The capacity and expertise of the independent sector can play a pivotal role in the NHS' recovery from the pandemic, holding the ability to provide essential services in order to address the backlog of patients requiring elective care – which is likely to be felt across the NHS long into the future. As such, it would follow that independent sector representatives should be included in the operational structure of ICSs, in appropriate forums.

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[6] **NHS England –** Integrating Care: the next steps to building strong and effective integrated care systems across England

[7] **iBid**

CASE STUDY:
LEVERAGING LOCAL CENTRES OF EXCELLENCE TO THE NHS AT PLACE-LEVEL

Given the scope of the proposed reforms and the scale of the current challenge facing the NHS, it will be important to draw on the experience, expertise and facilities available across all healthcare providers in order to deliver the best possible patient care. This will not only stand to continually drive improvements in quality of care and patient outcomes, but also lead to cost efficiencies, whilst delivering a bespoke healthcare service to meet the requirements of individual populations at a local level.

As the country emerges from the pandemic, it will be important for NHS Trusts and ICSs to identify and draw on the strengths of healthcare providers which operate within their localities, utilising geographic centres of excellence that exist to support the treatment of specific conditions.

An example of such a centre of excellence is BHH, which is a leading facility providing healthcare services in the West Midlands. Operated by THG, one of BHH's specialisms is the provision of weight management services, and the hospital now serves as the UK's largest surgical weight management facility. As such, it serves as an asset that can be utilised by the NHS to address bariatric surgery needs in the West Midlands.

BHH operates two dedicated laparoscopic theatres, specifically focussing on the provision of weight loss surgery. In the current context of the COVID-19 pandemic, BHH is routinely undertaking around 100 weight loss procedures each month. Prior to the outset of the pandemic, that figure stood at roughly 150 procedures. This stands in counterpoint to the number of surgical weight management procedures delivered by University Hospitals Birmingham NHS Foundation Trust, where the most recent available figures suggest that a total of 49 surgical weight loss procedures were performed throughout the entirety of 2014[8].

BHH is just one example of a centre of excellence which stands deliver substantial benefits to a local population. Independent providers operate specialist facilities across the country, and if utilised by local NHS Trusts and ICSs, they stand to benefit local populations.

Burcot Hall Hospital, Bromsgrove

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Integrating services: a cost-efficient solution

Although the efficiencies of the independent sector are well documented, there is a common misperception that a deeper level of partnership between the NHS and independent providers would drive up costs at the expense of the taxpayer. On the contrary, the greater integration of the independent sector in the provision of healthcare within the UK would carry a number of economic benefits – both in the immediate term and as we emerge into the post-pandemic environment.

One such benefit relates to economic efficiencies gained through greater public-independent sector collaboration: poor health and long waiting times for 'non-essential' operations have a hugely consequential burden both on the physical and mental health of every patient, which in turn affects every aspect of their life, including their productivity at work. Recent research carried out by Britain's Healthiest Workplace demonstrates that organisations that prioritise their employees' mental and physical health can save up to 10.6 days of productive time per employee, compared to their less healthy counterparts[9]. Indeed, a high disease burden holds substantially adverse implications on a country's productivity, growth and, ultimately, economic development – all aspects which will be paramount as the UK seeks to address the damaging economic implications of the COVID-19 pandemic[10].

The greater integration of the independent sector in the provision of healthcare within the UK would carry a number of economic benefits – both in the immediate term and as we emerge into the post-pandemic environment.

In addition to the benefits to individual health, increasing the engagement of the independent sector could result in savings for the NHS in the long-term, thanks to the timely treatment interventions made possible by public-independent partnership. This point is demonstrated effectively when examining the role that the early use of weight management solutions can play in saving long-term costs, as has been evidenced by numerous academic studies. One such study found that the cost to the health service were significantly higher for those suffering with comorbidities linked with obesity such as type 2 diabetes and heart disease, reaching as high as £1366 per year[11]. An additional study carried out in the US found there to be a cumulative saving of $6,000,000 per 1,000 patients over a five-year period when comparing patients who had undergone bariatric procedures to those that had not[12]. Similar savings would likely apply across the healthcare sector when it comes to early intervention. This has been found to be particularly true when assessing the costs incurred by mental health conditions, where early detection and treatment could save the NHS up to £50m per year[13].

The economic benefits of the further utilisation of public-private partnerships in the health sector in the UK should not be overlooked. The independent sector can play a central role in the delivery of healthcare as the country emerges from the pandemic and long into the future, to drive cost-efficiencies and benefit the overall quality of care.

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[8] **University Hospitals Birmingham NHS Foundation Trust** – FOI 3298 Bariatrics

[9] **Mercer** – Mind the Productivity Gap

[10] **LSE** – The impact of poor health on factor productivity: an empirical investigation

FOSTERING AN INTEGRATED AND WHOLE SYSTEMS APPROACH TO HEALTHCARE IN THE UK

Building on the observations and analysis set out in this paper, Transform Hospital Group has developed a 10-point plan for greater and more productive integration between the NHS and independent sector providers in the months ahead, which we believe stands to benefit patients and clinicians alike as the UK's healthcare system seeks to emerge stronger and more resilient from the COVID-19 crisis.

1. The capacity and expertise of the independent sector stands to play a pivotal role in the NHS' recovery from the pandemic, holding the ability to provide essential services in order to address the backlog of patients requiring elective care – which is likely to be felt across the NHS for a number of years. It is for this reason that representatives of the independent sector should be included in the operational structure of ICSs, in appropriate forums.

2. The Government and NHS England must clarify how members of ICS Health and Care Partnerships will be appointed, and set in legislation that they must include representatives from local government, local third sector organisations and local independent providers.

3. Within the scope of the NHS reforms, Provider Collaboratives should be approached in a holistic manner and include representation from the independent sector thus enabling the well-documented expertise and experience from outside the NHS to contribute to strategic planning at place level. The structure that such representation may take is for further discussion (acknowledging, for example, the need to rule out any 'conflict of interest' and ensure transparency), but may take the form of a strategic advisory board made up of independent sector partners represented within the relevant geographic region.

4. The Government must provide a clear definition of what constitutes 'place level' areas, specifying in particular the geographical locations they will cover. Each ICS should carry out an audit of providers operating within their geographical boundaries, identifying the services they can offer, the cost at which this service can be carried out and how these services can be used to directly address the health requirements of populations at place level. This 'pool' of providers should then be utilised in order to address the specific and nuanced health needs of individual populations.

5. A central body must be introduced with the fundamental purpose of ensuring that care is uniform across all ICSs, addressing the current risk that the quality of patient care could differ across the country, creating a detrimental 'postcode lottery'.

6. Replacing CCGs with ICSs must impose as minimal an administrative burden as possible and the process must not distract from the pressing need to address the substantial backlog of patients caused by the pandemic. The Government should therefore establish a Transition Committee, comprised of individuals from across the health sector with the sole intention of ensuring a smooth transition under which the current system can continue to remain agile and harness innovations, in the interest of the continuity of patient care.

7. Any new powers granted to the Secretary of State must exist to bring about holistic solutions to address nation-wide health crises, such as the obesity epidemic. The proposed enhanced government oversight must allow elected officials to make decisive, efficient and informed decisions in the interests of the population as a whole.

8. The updated procurement regime must include a clear and strict enforcement mechanism in order to ensure that the tendering system continues to provide agile and innovative services for patients in a manner which is transparent and accountable. As the procurement process is instilled, and where possible and appropriate, the NHS should draw on the commercial experience of representatives from the independent sector in order to ensure that cost efficiencies and innovations sit at the heart of NHS commissioning.

9. Accountability must continue to sit at the heart of any reform in the healthcare system, with policy makers ensuring that services are transparent and accountable to patients and healthcare stakeholders within the community they serve. This applies equally to all providers operating within the "whole systems" environment.

10. Data-sharing between public and independent sector providers remains a significant barrier to the integration of health and social care services and the achievement of a "whole systems" operating model. The Government must urgently set out a roadmap highlighting how it intends to address this issue in a secure and comprehensive manner.

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[11] **National Institute for Health Research -** Costs and outcomes of increasing access to bariatric surgery for obesity: cohort study and cost- effectiveness analysis using electronic health records.

[12] **Sampalis, Liberman, Auger, Christou –** The impact of weight reduction surgery on health-care costs in morbidly obese patients

[13] **National Health Executive –** Early intervention could save NHS millions in mental health costs