Case Study

BUILDING A HEALTHY AUSTRALIA

NHMRC

Pathway: Public health and health system-level intervention

From acceptability to business as usual – Publicly funded Bariatric Surgery in QLD

Health service translation

- **2010** — Early scoping through citizens' juries provides foundation for service design
- **2014** — Cost-effectiveness and budget impact analyses completed
- **2015** — Pilot funding secured through government stakeholders
- **2016** — Bariatric Surgery Initiative pilot launches
- **2017** — Strong pilot outcomes result in ongoing service implementation
- **2021** — Over 300 patients per year benefitting from the service
- **current**

Stages

Discovery / Early policy development (1, 2) → **Development / Policy design** (3, 4) → **Registration / Policy interface phase** (5) → **Product life cycle / Implementation and scaling** (6, 7) → **Impact**

Pathway to impact

From 2010, research conducted by Professor Paul Scuffham examined whether bariatric surgery should be publicly funded and how access should be prioritised, given the resource-constrained system. Using citizens' juries and discrete choice experiments, this research showed that public support for funding depended on transparent criteria, fairness in access and prioritisation of those most likely to benefit, providing the policy foundation for later service design.

The policy design required the development of an economic case for action. Cost-effectiveness and budget impact analyses showed that publicly funded bariatric surgery could deliver major health gains and be affordable within Queensland's public health system. With input from international collaborators and strong engagement with Queensland Health, including presentations to the Queensland Clinical Senate, this work helped secure funding for the Bariatric Surgery Initiative pilot.

From 2017, Queensland Health funded the pilot Bariatric Surgery Initiative, effectively translating the proposed model into service establishment. This phase piloted the statewide model of care, including the central referral hub, the Bariatric Surgery Assessment and Prioritisation Tool (BAPT),[1] and a consistent pathway for publicly funded care to test the outcomes. A total of 212 patients underwent surgery between December 2017 and August 2020 and were followed for 12 months. The evaluation showed strong patient outcomes, high satisfaction, improved, clinician support, and cost-effectiveness with favourable budget implications for continuation.

Due to the significant positive outcomes, the pilot Bariatric Surgery Initiative was scaled into an ongoing statewide specialty service. The service is characterised by a central referral hub, BAPT-based prioritisation, and an integrated model linking referral, surgery and follow-up across sites.

The service now operates as business as usual, providing access to publicly funded bariatric surgery for approximately 300 people from across Queensland each year.

The principal impact of this work has been the establishment of publicly funded bariatric surgery as a routine statewide specialty service in Queensland. Direct impacts include improved patient outcomes, greater equity of access through the central referral hub, transparent priority setting through BAPT scoring, and evidence of cost-effectiveness and manageable budget impact that supported continuation beyond the pilot phase. It also made a substantial methodological contribution by advancing the combined use of citizens' juries and discrete choice experiments and helping establish citizens' juries as a recognised approach to public engagement in health policy in Australia and internationally.

Stakeholders

- Policymakers (Government)
- Clinician-researchers
- Funders
- Regulatory body
- Consumers and community
- Health services

1 Scuffham P et al. (2024). Prioritising patients for publicly funded bariatric surgery in Queensland, Australia. Int J Obes 48: 1748-1757. doi.org/10.1038/s41366-024-01615-2

Case Study

Pathway: Public health and health system-level intervention

From acceptability to business as usual – Publicly funded Bariatric Surgery in QLD

BUILDING A HEALTHY AUSTRALIA

NHMRC

Health service translation

2010	2014	2015	2016	2017	2021	current
	Early scoping through citizens' juries provides foundation for service design	Cost-effectiveness and budget impact analyses completed	Pilot funding secured through government stakeholders	Bariatric Surgery Initiative pilot launches	Strong pilot outcomes result in ongoing service implementation	Over 300 patients per year benefitting from the service

Stages

Discovery / Early policy development → **Development / Policy design** → **Registration / Policy interface phase** → **Product life cycle / Implementation and scaling** → **Impact**

Pathway to impact

1. Policy problem defined, including assessment of need within a resource-constrained system
2. Stakeholder and community consultations undertaken to inform principles for access, equity and prioritisation
3. Economic and implementation feasibility evaluated, including cost-effectiveness and system impact.
4. Engagement with policymakers and key stakeholders to convert the evidence into policy design and pilot funding.
5. Model of care translated, implemented and evaluated as a pilot state-wide service to assess outcomes, equity, acceptability and system impact.
6. Pilot translated to scaled implementation across the health system.
7. Core processes and infrastructure embedded into routine service delivery

Stakeholders

- Policymakers (Government)
- Clinician-researchers
- Funders
- Regulatory body
- Consumers and community
- Health services