NHS South Yorkshire Integrated Care Board
Management Office
197 Eyre Street
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19th June 2025

Dear Colleague

**Using tirzepatide for management of overweight and obesity in primary care**

NICE approved the use of tirzepatide for overweight and obesity management for selected patients in December 2024 and agreed a 12 year phased implementation period. NHSE has recently confirmed the priority cohorts for the first three years. These are set out in the attached FAQ.

NHSE are planning some national media communications around the 23rd June to coincide with the date by which NICE expected pathways to be ready for primary care prescribing of tirzepatide.

We wanted to update you on the progress in commissioning primary care delivery of tirzepatide in South Yorkshire. Tirzepatide for weight management is currently traffic lighted RED and will stay red until we have developed the appropriate primary care pathways and have the required wrap around support in place. Engagement with key stakeholders is commencing on the possible primary care models and we are also considering the knock on impact on other services.

We are mindful of the huge pressure that high patient expectations are already placing on primary care and also aware that the majority of patients will be disappointed as they will not meet the initial priority cohorts.

I hope you find the FAQ useful. We will keep the IMOC Position Statement updated as progress is made.

Best wishes

Dr David Crichton

Chief Medical Officer

# Tirzepatide in Primary Care: Frequently asked questions

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|---|---|
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**This paper provides some information for General Practices in South Yorkshire on the implementation of the NICE technology appraisal TA1026 for the use of tirzepatide for overweight and obesity. The paper takes the form of Frequently Asked Questions (FAQ).**

**This document should be read in conjunction with the SY tirzepatide position statement.** Tirzepatide_SYICB__Position_Statement_May_2025_V2.pdf

The FAQ draws on information from the following documents:

- **NICE TA 1026 Tirzepatide for managing overweight and obesity**
  https://www.nice.org.uk/guidance/ta1026
- **NHSE Interim Commissioning Guidance**
  https://www.england.nhs.uk/publication/interim-commissioning-guidance-implementation-of-the-nice-technology-appraisal-ta1026-and-the-nice-funding-variation-for-tirzepatide-mounjaro-for-the-management-of-obesity/
- **NICE TA 1026 tools and resources**
  https://www.nice.org.uk/guidance/ta1026/resources
  Including:
  - Discussion aid for talking to patients
  - A practical guide to using medicines to manage overweight and obesity
  - Initial assessment before prescribing tirzepatide - checklist
  - Counselling before prescribing tirzepatide – checklist
  - Follow up and monitoring when prescribing tirzepatide – checklist

The FAQ will be placed on the Place Primary Care Share Points.

If you have any questions that you would like covering in future editions of this FAQ, please forward them to: syicb-sheffield.preventionteam@nhs.net

## Summary

A. NICE has approved the use of **tirzepatide for the management of obesity** in adults with a **BMI ≥ 35 and one weight related comorbidity**, for use in **primary care or specialist weight management services**. The NICE eligibility thresholds (based on cost effectiveness) are higher than those in the product's license. There is **no time limit** to how long tirzepatide is prescribed.

B. Nationally implementation will be **phased over 12 years**, prioritising those with the greatest clinical need. NICE and NHSE will review implementation after 3 years.

C. During the **first three years**:

   For **Primary Care prescribing**, prioritisation is based on the presence of the following **five qualifying comorbidities**, together with BMI:

   i. Type 2 diabetes mellitus
   ii. Hypertension
   iii. Atherosclerotic Cardiovascular Disease
   iv. Obstructive sleep apnoea
   v. Dyslipidaemia

   Cohort one **Year one**: **BMI ≥ 40 and 4 of the above comorbidities**

   Cohort two Year two: BMI ≥35 – <40 and 4 of the above comorbidities

   Cohort three Year three: BMI ≥ 40 and 3 of the above comorbidities

   **Specialist Weight Management Services** (SWMS) can prescribe for anyone with **BMI ≥ 35 and one comorbidity**. But ICBs can consider aligning their referral criteria for SWMS to the NHSE eligibility priority cohorts for primary care.

D. An estimated **115,000 people** in South Yorkshire may meet the NICE TA criteria, with around **2,200 in cohort one** (average of 13 per practice).

E. Patients prescribed tirzepatide **must** participate in the **'wraparound' care** required by the NICE TA and the MHRA product licence for tirzepatide. This focuses **on diet, nutrition and increasing physical activity.**

   NHSE is commissioning this nationally for people being prescribed tirzepatide through primary care.

F. SY IMOC has traffic lighted tirzepatide for weight management as **Red**, which means that it should **only be prescribed within specialist weight management services**.

G. NICE expected that tirzepatide would be available in primary care from June 23rd 2025. However, it will remain **RED** in South Yorkshire **until a commissioned primary care pathway has been introduced and wrap around support** is available.

H. South Yorkshire ICB is undertaking an **options appraisal** of the possible models for the prescribing of tirzepatide within primary care. The ICB will be working with the **key primary care stakeholders** to design the most effective solution.

I. NICE has produced a helpful guide that sets out the care **needed** for people using medicines to support weight management and also a **discussion guide** for talking to patients. https://www.nice.org.uk/guidance/ta1026/resources

J. Tirzepatide's use for weight management has been classified by the MHRA as a **Black Triangle medication**. **All suspected adverse events MUST be reported via the yellow card process - Yellow Card | Making medicines and medical devices safer**. Please also use the newly available **SNOMED CT** codes to record adverse events related to all weight loss medications

K. NHS England has provided a small amount of **funding** for the TA implementation. They have estimated that 872 patients in South Yorkshire fit within Cohort I and have allocated some funding for 70% of these patients. This only about a third of the number of people that clinical searches suggest may be in cohort one. The ICB is considering how to equitably deliver this service, within the financial and workforce challenges presented.

L. Patient demand is high, and **expectations will need to be managed over a prolonged period of time** given the 12 year roll out period and the small number of patients who will meet the eligibility criteria for the first 3 cohorts. Some patients currently receiving tirzepatide will never be eligible for it on the NHS under the current TA, given the higher NICE eligibility threshold than the products licence.

M. NHSE has produced some **patient information**. South Yorkshire ICB | Your Health | NICE's announcement on Tirzepatide (Mounjaro). Frequently asked questions for patients :: South Yorkshire I.C.B

N. Things the practice can be doing now:

- Use existing **local and nationally commissioned weight management** and associated **services**
- Offer **training on weight management to your staff**
- Consider how your MDT **can support people with weight management, healthy diet and increasing physical activity**
- Strengthening links between your practice/PCN and local groups, VCSE organisations and other community assets as part of the developing **integrated neighbourhood health model**
- **Use the new SNOMED codes to record any suspected adverse effects due to tirzepatide and report using the yellow card scheme**

## Frequently asked Questions

### 1. What is changing in the management of overweight and obesity as a result of recently published NICE TA1026 for tirzepatide for managing overweight and obesity?

On the 23rd December 2024 NICE published the technology appraisal TA1026, which recommended the **use of tirzepatide for managing overweight and obesity in both primary care and specialist weight management services in certain patient cohorts** (box one).[1]

**Box one: NICE recommendations for the use of tirzepatide for overweight and obesity**

Tirzepatide is recommended as an option for managing overweight and obesity, alongside a **reduced-calorie diet and increased physical activity** in **adults**, only if they have:

- an initial body mass index (**BMI) of at least 35 kg/m$^2$ AND**
- at least **1 weight-related comorbidity.**

Use a lower BMI threshold (usually reduced by 2.5 kg/m$^2$) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds.

If **less than 5% of the initial weight has been lost after 6 months** on the highest tolerated dose, decide **whether to continue treatment**, taking into account the benefits and risks of treatment for the person.

This is the first time that a GLP1 agonist type drug has been **approved for use in primary care** for weight management.

The TA does not impose any time limit on the duration of use of tirzepatide.

Tirzepatide is currently only licensed for use in **adults** (18 years and over). The box below covers the licensed indications.

Please note that the **NICE approved criteria for tirzepatide use in the NHS has higher thresholds than the product's licensed indications**. In addition to this, in order to manage demand on the NHS, NHSE has agreed a phased implementation (see Q5 below for these details).

[1] Overview | Tirzepatide for managing overweight and obesity | Guidance | NICE

As the NICE thresholds are higher than the licensed indications, some people currently purchasing tirzepatide privately will not be eligible for tirzepatide on the NHS.

**Box two: Tirzepatide licensed indications for overweight and obesity**
Source: https://www.medicines.org.uk/emc/product/15484/smpc

For weight management, including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity in adults with an initial Body Mass Index (BMI) of

• ≥ 30 kg/ $m^2$ (obesity) or

• ≥ 27 kg/$m^2$ to < 30 kg/$m^2$ (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, prediabetes, or type 2 diabetes mellitus).

## 2. How effective is tirzepatide in supporting weight loss?

Tirzepatide (Mounjaro, Eli Lilly) is a long-acting dual glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) receptor agonist administered by **subcutaneous injection weekly** with a pre-filled pen. Patients can **self-administer** the drug.

It is licensed for weight management as an **adjunct to a reduced-calorie diet and increased physical activity in adults** with specified initial body mass index (BMI).

A **clinical trial** looked at clinical-effectiveness evidence comparing tirzepatide alongside diet and exercise support with placebo alongside diet and exercise support. 72-week follow up for the full trial population (n=2,539).[1]

Evidence showed that in the full trial population:

Tirzepatide 15 mg was associated with a statistically significantly greater **reduction in body weight** from baseline compared with placebo (mean percentage change difference **-20.1%,** 95% confidence interval [CI] -21.2 to -19.0).[1]

A statistically significantly larger proportion of people on tirzepatide 15 mg lost 5% or more body weight from baseline (96.3%) compared with placebo (27.9%).[1]

Tirzepatide is **more effective than other weight management GLP-1 agonists for percentage weight loss**[2]:

- Liraglutide (Saxenda) 8% of body weight lost at 56 weeks
- Semaglutide (Wegovy) 14.8% of body weight lost at 68 weeks

[2] Pharmacotherapy of obesity: an update on the available medications and drugs under investigation - eClinicalMedicine

However:

a) Long term follow up studies have not yet been reported. NICE noted that it was uncertain how quickly the benefits associated with tirzepatide would be lost after stopping treatment. In their modelling they assumed **weight would be regained in 2 years after stopping**, in line with the evidence for semaglutide.[1]

b) NHSE's Interim Commissioning Guidance[3] notes that while the efficacy of Glucagon-like peptide-1 (GLP-1) receptor agonists and the novel Gastric inhibitory polypeptide/Glucagon-like peptide-1 (GIP/GLP-1) receptor agonist, tirzepatide (Mounjaro®), for weight management are well documented in clinical trials that there is a **need to establish whether outcomes achieved in trials align with real-world** patient experiences.

Tirzepatide's (Mounjaro®) use for weight management has been classified by the MHRA as a **Black Triangle medication**. **All suspected adverse events MUST be reported via the yellow card process - Yellow Card | Making medicines and medical devices safer**.

Please use the newly available SNOMED CT codes to record and report adverse events related to all weight loss medications. These are *Located under the Parent ID of 62014003 Adverse reaction caused by drug (disorder) (see page 10 of the NHSE Interim Commissioning Guidelines)*

Known tirzepatide side effects and cautions are detailed in the BNF.

## 3. How many people are likely to meet the Technology Appraisal's eligibility criteria? Is the implementation going to be phased?

NICE has estimated that nationally **3.4 million patients** would be eligible under the full recommendation. For South Yorkshire this equates to 88,220 patients.

However local data analysis estimates there are around **111,500 people in South Yorkshire** who would be eligible for treatment under the criteria of the NICE TA (26,000 Barnsley, 22,500 Doncaster, 22,000 Rotherham, 41,000 Sheffield). We are undertaking further scrutiny of this data.

NICE has approved a funding variation for a staged approach to implementation of the Technology Appraisal **over 12 years**. This will help to manage costs and demand on primary care and specialist weight management services.[4]

NHSE's Interim Commissioning guidelines [4] provides a framework for commissioners to implement the NICE Technology Appraisal (NICE TA1026) and NICE Funding

[3] NHS England » Interim commissioning guidance: implementation of the NICE technology appraisal TA1026 and the NICE funding variation for tirzepatide (Mounjaro®) for the management of obesity
[4] Implementation | Tirzepatide for managing overweight and obesity | Guidance | NICE

Variation for tirzepatide (Mounjaro®) during its first three years of delivery within the NHS.

NICE will conduct a **formal review** of the implementation of the NICE Funding Variation to be completed **within 3 years**. An independent evaluation of the implementation of tirzepatide (Mounjaro®) has also been commissioned by the National Institute for Health and Care Research (NIHR), through its Health Services Delivery Research (HSDR) Programme.[4]

The results of these reviews will influence the way that the TA is implemented from year four onwards.

## 4. Who can access tirzepatide for weight management on the NHS?

In line with the 12 year implementation period, **tirzepatide will not immediately be available to everyone who wishes to use it or who is eligible under the NICE TA**.

- Initially, tirzepatide will only be available on the NHS to those expected to **benefit the most**.[3]
- NICE asked NHS England to work with relevant clinical experts to consider both:
    - referral prioritisation in NHS specialist weight management services and
    - which patient cohorts should receive access in NHS primary care based services.

  In collaboration with representatives from partner organisations, NHS England developed a "**cohorting approach**" to identify the initial cohorts for access in primary care based services. NHS England engaged with ICBs, patient and public voices, healthcare professionals, charities and relevant organisations and Royal Colleges in line with its responsibilities under Section 13Q of the National Health Service Act related to public involvement.
- In addition, people who are eligible for tirzepatide will not be able to access tirzepatide until **an appropriate service has been put in place** (see question 7 regarding services in South Yorkshire)

## 5. Who are the priority eligible cohorts for the first three years (25/26 to 27/28)?

The NHSE commissioning guidance [4] sets out the eligibility criteria for the **first 3 years** of use of tirzepatide for weight management. Patients **must meet the criteria** outlined below:

- **Tirzepatide eligibility in NHS specialist weight management services**

- As per the **full eligible cohort** outlined in the NICE TA1026 (box one), where treatment is considered appropriate by a prescribing clinician.
- But ICBs have the option to **align access to specialist weight management services with the proposed cohorting approach** that will apply in primary care in order to ensure appropriate prioritisation of resources in line with population need.

- **Tirzepatide eligibility in Primary Care Settings**
  - Patient eligibility and NHSE funding for tirzepatide in primary care is in line with the priority **patient cohorts** set out by NHS England in table one.
  - Weight related **comorbidities are the main qualifier in clinical prioritisation, in association with BMI** to phase access.
  - The following **five qualifying comorbidities** are prioritised to ensure patients with the greatest clinical need can be assessed for medication suitability:
    - **Type 2 diabetes mellitus**
    - **Hypertension**
    - **Atherosclerotic Cardiovascular Disease**
    - **Obstructive sleep apnoea**
    - **Dyslipidaemia**

**Table one: Cohort Access Groups for Implementation in Primary Care**
**Source: NHSE Interim Commissioning Guidelines for TA 1026**

| | Estimated Cohort Duration | Cohorts | Cohort Access Groups | | Estimated numbers in SY (from Eclipse) | |
|---|---|---|---|---|---|---|
| | | | Comorbidities | BMI* | Total | Average per practice** |
| Year 1 (2025/26) | 12 months | Cohort I | ≥4 'qualifying' comorbidities | ≥ 40 | 2,224 | 13 |
| Year 2 (2026/27) | 9 months | Cohort II | ≥4 'qualifying' comorbidities | 35 – 39.9 | 2,368 | 14 |
| Year 2/3 (2026 and 2027/28) | 15 months | Cohort III | 3 'qualifying comorbidities | ≥ 40 | 6,678 | 39 |
| * Due to an increased risk of heath conditions at lower BMI thresholds use a lower BMI threshold (usually reduced by 2.5 kg/m$^2$) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds<br>** This is not adjusted for list size or disease register size | | | | | Total yr 1-3: 11,270 | 66 |

Table two defines the qualifying weight related co-morbidities.

Note: An FAQ published by NHSE after the Interim Commissioning Guidance further clarified some of the definitions.[5]

Eclipse estimates that there are **just over 2,200 people in SY who may meet the eligibility criteria for cohort one**, 2,370 in cohort two and nearly 6,700 in cohort three. This gives a total of just under 11,300 or on average 66 per practice.

**Table 2. Qualifying Comorbidities and Definitions for initial assessment**

| Qualifying Comorbidities | Definition for Initial Assessment (Interim Commissioning Guidance) | FAQ clarification |
|---|---|---|
| Atherosclerotic cardiovascular disease (ASCVD) | Established atherosclerotic CVD (ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure) | A patient could have all four diagnoses in the ASCVD definition. However, this would only qualify as one comorbidity for the purposes of the Funding Variation. |
| Hypertension | Established diagnosis of hypertension and requiring blood pressure lowering therapy | Also includes pts diagnosed with hypertension in line with NICE guideline [NG136] who choice not to take BP lowering medication. |
| Dyslipidaemia | Treated with lipid-lowering therapy,<br>OR<br>with low-density lipoprotein (LDL) ≥ 4.1 mmol/L,<br>OR high-density lipoprotein (HDL) <1.0 mmol/L for men or HDL<1.3 mmol/L for women,<br>Or fasting (where possible) triglycerides ≥1.7 mmol/L | Includes patients on lipid lowering therapy (statins) due to higher QRisk even if lipid levels not high at the start of treatment. |
| Obstructive Sleep Apnoea (OSA) | Established diagnosis of OSA (sleep clinic confirmation via sleep study) and treatment indicated i.e. meets criteria for continuous positive airway pressure (CPAP) or equivalent | |
| Type 2 diabetes mellitus | Established type 2 diabetes mellitus * | |

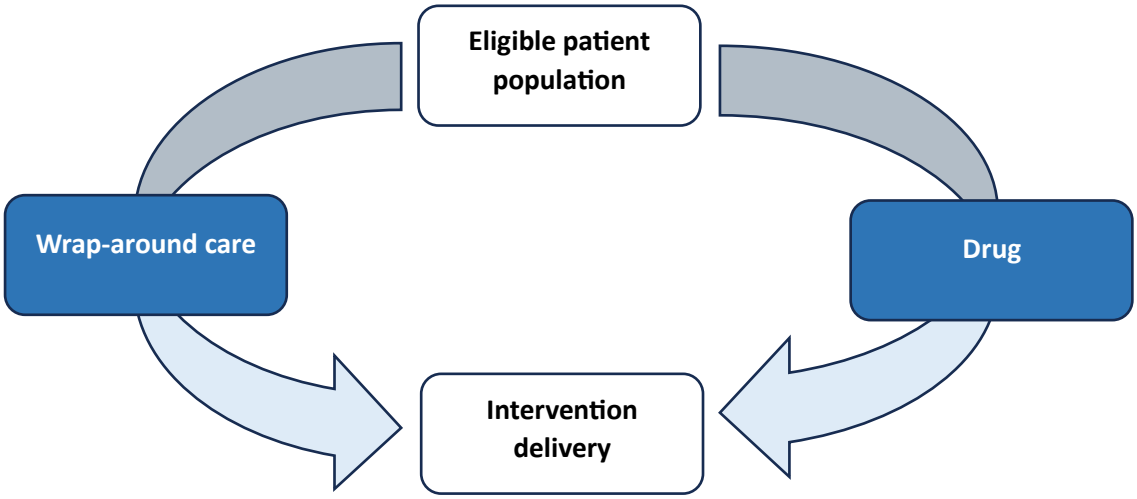
*People with type 2 diabetes can be prescribed tirzepatide (Mounjaro®) for obesity or for glycaemic management in type 2 diabetes if they meet the criteria set out in the recommendations in either:
a) NICE's technology appraisal guidance on tirzepatide (Mounjaro®) for managing overweight and obesity (NICE TA1026);
or
b) Tirzepatide (Mounjaro®) for treating type 2 diabetes (NICE TA924).

## 6. The NICE announcement mentions 'wraparound' care. What does this mean?

- Any patient prescribed tirzepatide **must** participate in the specifically designed **'wraparound' care** required by the NICE TA and the Medicines and Healthcare Products Regulatory Agency (MHRA) product licence for

[5] NHSE Question and Answer: ICB Webinar - NHS England Funding and Implementation Update for Tirzepatide (Mounjaro®) April 2025

tirzepatide.[3] This focuses **on diet, nutrition and increasing physical activity.**




- In the first year, the wrap around care will be delivered by the same provider as the **Diabetes Prevention Programme** with similar content and format. This is being commissioned nationally and the **number of patients that can access this will be capped**. The ICB needs to consider how we manage this restricted access, as we have more patients eligible than places available on the programme.
- During 25/26, NHS England will procure a specific service to deliver a 52 week programme of wrap around care to patients on tirzepatide. The intention is that this will be provided by April 2026 and be more intensive than the interim offer and include one to one support.
- Further details will be provided to primary care when available from NHSE and we are closer to the go live date in South Yorkshire.
- You may see some changes to the NDPP referral template, as this is being adapted to take referrals to both the NDPP and also the tirzepatide wrap around care. **Please do NOT refer to the wrap around support until we have the primary care prescribing pathway in place**.

## 7. How will tirzepatide be delivered in primary care in South Yorkshire?

South Yorkshire ICB is undertaking an options appraisal of the possible models for the prescribing of tirzepatide within primary care. The ICB will be working with the key primary care stakeholders to design the most effective solution.

NHSE have suggested four different possible models of delivery, which will influence the options appraisal (table three).

| Table three NHSE's Suggested Models of tirzepatide initiation and prescribing [4] | |
|---|---|
| **Model** | **Brief description of possible service** |
| a) Community/ Local-based delivery model | A hub based model, with a primary care provider delivering a service for a number of practices. This could include initial assessment and titration of the medication, with ongoing prescribing by the patient's practice once they are established on the medication.<br><br>Patient would access nationally commissioned wrap around support. |
| b. General Practice delivery model | Each primary care practice undertakes the initial assessment and initiation/titration of the medication and ongoing prescribing and reviews.<br><br>Patient would access nationally commissioned wrap around support. |
| c. Specialist Weight Management Service (SWMS) community outreach delivery model | Initial assessment and titration of medication +/- ongoing prescribing by a SWMS community outreach service.<br><br>Patient would access nationally commissioned wrap around support. |
| d. SWMS and General Practice shared care model | Initial assessment and titration of medication by SWMS followed by ongoing prescribing by the patient's primary care practice.<br><br>Patient would access nationally commissioned wrap around support. |

We are also starting to consider the potential knock on impacts on other services, such as diagnostics and specialist services for obstructive sleep apnoea, diabetes, eating disorders and mental health services.

## 8. How much support do people using tirzepatide for weight management need? Will the ICB be arranging training for primary care?

Clinical care should be delivered in line with the NICE TA1026 and the NICE "**Practical guide to using medicines to manage overweight and obesity**" [6]

A **thorough initial assessment** is needed, with a **shared decision making** discussion of the different options of weight management support, followed by monthly face to face appointments with a **suitably trained healthcare professional** during the titration phase of tirzepatide (Mounjaro®), with **structured medication reviews** incorporated in the management pathway for at least the **first 12 months**

[6] https://www.nice.org.uk/guidance/ta1026/resources/a-practical-guide-to-using-medicines-to-manage-overweight-and-obesity-15299628589

**of prescribing**.[3] Patients must also attend wrap around support as detailed above for a minimum of 9 months.

All **patient reviews** should take a **holistic approach**, monitoring physical outcomes such as weight loss and associated recording of BMI, comorbidity indicators, consideration of deprescribing, as well as potential adverse effects, including psychological impacts.[3]

As well as managing the patients weight loss, patients **comorbidities** will need careful management prior to starting tirzepatide, during its use and if the patient discontinues it. For example some drugs absorption may be affected by the impact of tirzepatide on gastric emptying (eg warfarin, oral contraceptives) and hypertension and diabetes medication may need adjusting as the person loses weight.

Due to the current **Black Triangle** status of tirzepatide (Mounjaro®), prescribing should be within the remit of its product license (and any additional local/national protocols) and **all** suspected adverse drug reactions must be reported via the yellow care scheme (The Black Triangle Scheme (▼ or ▼*) - GOV.UK).

NHSE and NICE have estimated the **clinical time and skill mix** needed at each point of the pathway. This will be taken into consideration in the codesign process.

**NICE have developed a number of tools and resources** to support implementation. The SY Medicines Optimisation team will be developing **local clinical guidelines** and will explore potential options as to how **training** can be delivered for primary care.

In the meantime a range of national e-learning resources on the management of overweight and obesity can be found on the NHS Learning hub: https://learninghub.nhs.uk/Catalogue/managementofobesityandoverweight

In line with NICE guideline NG246[7], the **correct and suitable equipment and facilities** for managing people living with overweight will need to be available

## 9. Can primary care in South Yorkshire prescribe tirzepatide now?

The South Yorkshire **Tirzepatide Position Statement**, is available under the guidance section South Yorkshire Integrated Medicines Optimisation Committee : South Yorkshire I.C.B.

SY IMOC has traffic lighted tirzepatide as **Red**, which means that it should **only be prescribed within specialist weight management services**. This is **until a commissioned primary care pathway has been introduced and wrap around support**, required to release the full benefits of tirzepatide, is available.

[7] Overview | Overweight and obesity management | Guidance | NICE

Once the commissioning of a primary care service in place across SY the position statement and traffic light status will be reviewed.

## 10. What funding is available to deliver this?

NHS England has estimated that 872 patients in South Yorkshire fit within Cohort I and have allocated some funding for 70% of these patients.

The funding is to cover:

- Medicines costs within specialist weight management services and primary care
- Management costs in primary care to support service delivery within primary care,

However, local analysis estimates that the patients eligible within cohort 1 in South Yorkshire is likely to be nearly 3 times higher than the NHS England estimate. Due to the significant impact on the primary care workforce, ICB financial resources and the limited number of places nationally commissioned for the wraparound offer, depending on uptake rates it may take longer to deliver the service to each cohort than NHSE anticipates.

The ICB is considering how to equitably deliver this service, within the financial and workforce challenges presented.

## 11. Where can patients access tirzepatide currently?

Access to specialist weight management services that currently prescribe tirzepatide (and GLP1-agonists) is limited in South Yorkshire;

- The Sheffield pilot service is now closed to new referrals. Patients currently receiving care from the service will continue to have the option of semaglutide, however their unit of care package is only for 2 years.
- The Rotherham service has been using liraglutide but is considering adding the option of tirzepatide. However, they have a 4-year waiting list.
- The Barnsley service is currently not prescribing for new patients
- The Doncaster service does not have any prescribing capacity.

As such, in some areas the only pathway to access tier 3 weight management and prescribing of weight loss medication (tirzepatide, liraglutide or semaglutide) on the NHS is via a Right To Choose provider. Noting however any patient referred must meet referral criteria locally agreed for their place tier 3 weight management service, see appendix for place referral criteria.

We are aiming to review the current weight management pathway including eligibility criteria to have a consistent service offer across South Yorkshire.

## 12. Managing patient's expectations is already difficult. Are there any patient information resources?

Patient demand is high, and expectations will need to be managed over a prolonged period of time given the 12 year roll out period.

As noted in question one, there will be many people purchasing GLP1 agonists privately who fall below the NICE threshold for eligibility and will never be eligible for tirzepatide on the NHS under the current TA.

Others may fulfil the TA criteria but not fit into the current NHSE priority cohort for prescribing in primary care and thus not eligible at this time for tirzepatide through primary care.

Tirzepatide is one of a range of options and following discussion with the patient, tirzepatide may not be the best choice for them.

To support clinicians in responding to requests from patients around access to tirzepatide, NHSE has produced some patient information. South Yorkshire ICB | Your Health | NICE's announcement on Tirzepatide (Mounjaro). Frequently asked questions for patients :: South Yorkshire I.C.B.

The NICE TA tool – Tirzepatide: A discussion aid for health care professionals and patients is also helpful

https://www.nice.org.uk/guidance/ta1026/resources/tirzepatide-a-discussion-aid-for-healthcare-professionals-and-patients-pdf-15363543421

## 13. What other weight management support can my patients access?

Each local authority has a support offer that patients can self-refer to for healthy lifestyle support.

- Sheffield (free) Sheffield - Morelife UK
- Rotherham (free) Rotherham Healthwave - Helping Boost Health and Wellness
- Barnsley Health Referral Scheme (cost involved for the individual) Weight Management Programme - Barnsley Premier Leisure
- Doncaster (free) 1:1 Coaching | Well Doncaster

A North East and Yorkshire summary of overweight and obesity management resources are available here: Overweight and obesity management resources.

It includes a handy flow chart to help clinicians identify which of the following services the patient may be eligible for.

Primary care can refer patients to the following services (providing the patient meets the eligibility criteria of the service):

- The **NHS Digital Weight Management Programme** supports adults living with obesity who also have a diagnosis of diabetes, hypertension or both, to manage their weight and improve their health.

  It is a 12-week online behavioural and lifestyle programme that people can access via a smartphone or computer with internet access. NHS England » The NHS Digital Weight Management Programme

- **Healthier You: NHS Diabetes Prevention Programme** is free to people at risk of Type 2 diabetes (people with non-diabetic hyperglycaemia or a history of gestational diabetes).

  It is a face-to-face service with 13 friendly and supportive group-based sessions over nine months with a trained Health Coach About The Programme | | Healthier You | Diabetes Prevention.

- **NHS Type 2 Diabetes Path to Remission Programme** is a low calorie treatment for people in South Yorkshire living with Type 2 diabetes who are above a healthy weight.

  This expert-developed 12-month programme has three phases. To start with a low calorie diet for 12 weeks (replacing all normal meals with a choice of soups, shakes and porridges totalling 8-900 calories per day). Then a gradual reintroduction of 'real food' meals over six weeks. Finally, ongoing support for the last 8 months to help you maintain or build on your weight loss South Yorkshire: NHS Type 2 Diabetes Path to Remission - Momenta Newcastle. Resources for referrers to the NHS Type 2 Diabetes Path to Remission Programme - Momenta Newcastle

**Enhanced service specification for weight management**

Practices signed up to the NHSE enhanced service specification for weight management are entitled to £11.50 per referral to the Digital Weight Management Programme, Local Authority funded Tier 2 services, Diabetes Prevention Programme, Pathways to Remission Programme and Tier 3 services.

NHS England » Enhanced service specification: weight management programme 2025/26

## 14. What else can my Practice be doing now?

- Ensure that you have the **right equipment** to be able to measure accurately the weight and BMI of people who are severely overweight and that you have large cuffs for blood pressure monitoring.

- Offer **training to your staff**:
    - On **how to talk to people about obesity**
        - Adult weight management: short conversations with patients - GOV.UK
        - Adult obesity: applying All Our Health - GOV.UK
        - NHSE elfh Hub
    - Referral criteria and process for **the nationally commissioned weight management programmes** (e.g. digital weight management, national prevention programme and pathway to remission for people with type two diabetes)
    - **Local community assets** that can support people to maintain healthy weight e.g. local health walks
    - Overview of **physical activity promotion training** for the health and care workforce: Health and care workforce - Yorkshire Sport Foundation
    - Additional e-learning on overweight and obesity care be found on the NHSE learning hub:

      https://learninghub.nhs.uk/Catalogue/managementofobesityandoverweight
    - General advice on losing weight can be found on the NHS Better Health Website. This includes a NHS weight loss plan and free to download app. Lose weight - Better Health - NHS

- Consider how members of your **multidisciplinary team can support people with weight management, healthy diet and increasing levels of physical activity** (e.g. health and wellbeing coaches, care coordinators and social prescribing link workers)

- Consider strengthening links between your practice/PCN and local groups, VCSE organisations and other community assets as part of the developing **integrated neighbourhood health model**.

- **Review/update clinical codes** so that you will be able to accurately find people in the priority cohorts e.g. whether have Obstructive sleep apnoea and on CPAP.

- Use the new **SNOMED codes** to record any **suspected adverse effects** due to tirzepatide and report using the **yellow card scheme**.

15. **Many patients are accessing treatment from private companies to access weight loss treatments, do I need to share information with these companies?**

Primary care should not be asked to make an assessment of suitability of prescribing weight loss medication for private providers. The private provider should undertake this assessment, retain any prescribing, and oversee any monitoring requirements. If private providers request supporting background medical information to enable them to undertake a full assessment and to consider suitability and safety of prescribing, there are varying ways with which the private providers can obtain this, via the GP practice or independently via patient accessible methods. Patient consent must be sought prior to sharing. Practices should have a robust policy or SOP to define how requests for information from private providers should be actioned, and in what circumstances patient safety risks indicate they must respond/contact the private prescriber.

When prescribing of tirzepatide has been initiated by a private provider, practices should add it to the patient's medication record as an 'external prescription', so that drug interactions and safety alerts will be triggered. If, when first added, there are any alerts for serious warnings or drug interactions, or any patient factors the GP practice is aware of that make treatment a risk to the patient, the practice has a responsibility to act on this. If the patient presents with what could be an adverse drug reaction to tirzepatide (▼), this should be reported via the yellow card scheme - Yellow Card | Making medicines and medical devices safer.

16. **What if I have concerns regarding a private provider?**

If the patient is receiving medication prescribed by a pharmacist, The General Pharmaceutical Council have issued FAQ around weight loss medications (Weight loss medications- FAQ | General Pharmaceutical Council) which include standards which pharmacy providers must follow. If you are concerned with treatment provided by a private pharmacy provider, this should be reported to the GPhC via an online form – Report a concern.

For concerns with all other prescribers, there is a function on the GMC website to report concerns about doctors or to signpost you to the relevant governing body: Raise a concern.

| **Eligibility Criteria for the SY Commissioned Tier 3 Specialist Weight Management Service** | | | |
|---|---|---|---|
| | Age | BMI | Exclusion |
| Barnsley | Over 18<br>Paediatric<br>Ante-natal | - BMI >30 with Type 2 diabetes<br>- BMI >35 with co-morbidities Hypertension, Sleep apnoea, Type 2 Diabetes, Cardiovascular Disease, Osteoarthritis, Dyslipidaemia<br>- BMI >40 without co-morbidities | - Patients with severe, unstable mental health conditions beyond primary care expertise, active eating disorders (e.g. binge eating disorder), recent suicide attempts (within the past year), or mental health concerns that would prevent engagement in a behavioural change program<br>- Those with less than 2 years post bariatric surgery |
| Doncaster | Over 18 | - BMI >35 with co-morbidities (e.g. Obstructive sleep apnoea, Type 2 Diabetes, high blood pressure);<br>- BMI >40 without comorbidites<br>- Must want bariatric surgery | - Pregnancy or Breastfeeding<br>- Uncontrolled Health Conditions: Including uncontrolled hypertension, heart conditions, or any medical condition preventing increased activity levels.<br>- Patients with severe, unstable mental health conditions beyond primary care expertise, active eating disorders (e.g. binge eating disorder), recent suicide attempts (within the past year), or mental health concerns that would prevent engagement in a behavioural change program. |
| Rotherham | Over 18 | - BMI>35 with co-morbidities (BMI>30 for Type-2 diabetes or newly diagnosed diabetes with Asian ethnicity consider at 2.5kg/m2 lower BMI levels)<br>- Over 18 Patient BMI>40<br>- Commitment: Patients must understand the requirements and demonstrate a commitment to actively participating in Tier 3.<br>- Participation: Patients should be able to engage fully with the program requirements.<br>- Tier 2 completion: Patients should have completed Tier 2 WM service, currently provided by the Rotherham Healthwave or have sustained 5% weight loss for a period of 6 months. | - Pregnancy or Breastfeeding<br>- Uncontrolled Health Conditions: Including uncontrolled hypertension, heart conditions, or any medical condition preventing increased activity levels<br>- Severe Mental Health Conditions: Patients with severe, unstable mental health conditions beyond primary care expertise, active eating disorders (e.g., binge eating disorder), recent suicide attempts (within the past year), or mental health concerns that would prevent engagement in a behavioural change programme.<br>- Post-Bariatric Surgery: Patients must be at least two years post-bariatric surgery before referral. |
| Sheffield | Over 18 | - BMI >35kg/m2 with T2DM or obesity related co morbidities,<br>- BMI >40kg/m2 without co morbidities<br>- Completed a Tier 2 weight management service within 12 months of their referral | - Pregnant or breastfeeding<br>- Medical condition preventing increased activity level<br>- Participants with unstable and severe mental illness beyond the expertise of primary care that prevents them engaging with this programme<br>- Patients with active or suspected eating disorders, including binge eating disorder.<br>- Patients who have made suicide attempts or patients who have made suicide attempts in the past year, or whose mental health is not stable enough to engage in a behaviour change programme<br>- It has been less than 2 years post bariatric surgery Only refer once stable:<br>- Alcohol or drug use (E.g. patient has received support and has been in recovery for 3 months) - Other conditions such as Hypothyroidism and Cushing's syndrome |