NHS Surrey Heartlands Locally Commissioned Services (LCS) Service Specification

Title	Tirzepatide for Weight Loss Locally Commissioned Service (LCS)
Service Reference	SHLCS-A20-2025-WM LCS
Nature of Service	Weight Management
Commissioning Lead	NHS Surrey Heartlands Integrated Care Board (ICB) Dukes Court, Duke St, Woking GU21 5BH
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Provider lead	NHS Surrey Heartlands ICB, GP Practices
Start date – specification valid from	30th June 2025
End date – specification valid until	30th June 2026
Specification interim review date	31st March 2026

Governance & Version Control		
Version	**Date**	**Details**
2.0	26/06/25	FINAL with chairs agreement PCCC

1. Population Needs

NHS England has published Interim commissioning guidance for the implementation of NICE TA1026 and NICE funding variation for Tirzepatide (Mounjaro®) prescribing which describes management during the first three years of delivery within the NHS for weight management. The document details eligible patient cohorts, prioritisation strategy and phased implementation of Tirzepatide across specialist weight management services and primary care settings.

1.1 National/local context and evidence base

Obesity is a growing public health concern in England, with 29% of adults living with obesity (BMI ≥30 kg/m²), and 64% living with overweight or obesity (Health Survey for England, 2022). The prevalence of obesity continues to rise, driven by multiple factors such as diet, sedentary lifestyles, socioeconomic inequalities and genetic predispositions. Obesity significantly increases the risk of developing several chronic conditions, including type 2 diabetes, cardiovascular disease, certain cancers, and musculoskeletal disorders (Fruh et al 2017), as well as being associated with reduced quality of life and increased mortality rates.

National Context

According to the Better Health campaign launched by the UK government (Better Health Campaign), losing just 5-10% of your weight can have positive health benefits, including a

reduced risk of type 2 diabetes, heart disease, and some cancers. The campaign also highlights six key health risks that can be reduced if excess weight is lost, including decreased risk of common cancers (colon, liver, pancreas, kidney), lowered risk of increased blood pressure, reduced risk of heart disease, less risk of developing diabetes, less strain from chronic back and joint pain, and decreased risk of being hospitalized or becoming seriously ill with COVID-19.

Pharmacotherapy represents a transformative addition to the obesity management landscape. 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 and forms the basis for current NICE recommendations, there are important considerations which need to be taken into account in real world implementation in the NHS in England. Tirzepatide (Mounjaro®) is recommended by NICE for use in primary care settings and specialist weight management services.

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.

For the following ethnicities a lower BMI threshold (usually reduced by 2.5 kg/m^2) should be used: people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds.

Local context

This locally commissioned service is intended to allow implementation of NICE TA1026: Tirzepatide for managing overweight and obesity within primary care.

A key consideration is access and delivery within primary care as a new setting of care. Further, given the impact on NHS resources, eligibility will need to be phased in across the entire eligible patient population. This means that a protocol for prioritising who gets initial access to treatment is needed.

There is a 12-year funding variation agreed for the implementation of NICE TA1026 in primary care. The 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 published end of March 2025, outlines NHS England's approach to implementing Tirzepatide (Mounjaro®) into the weight management pathway. Full guidance will be issued after an evaluation by NICE of the initial 3-year rollout.

The NICE Funding Variation recommends the identification of an eligible cohort of 220,000 (in England) individuals over the first three years as part of a phased introduction for delivering Tirzepatide (Mounjaro®). The total eligible population, as outlined in the NICE TA (Technology appraisal) NICE TA1026, should have access within the maximum period of 12 years, based on cohort prioritization led by clinical need. Below, and Appendix C, outlines the cohorts for the initial

3 years of implementation, from 2025 – 2028. Under this approach patient eligibility will increase in stages to ~220,000 patients across England over the first three years.

This service is **only applicable to cohort 1 patients** as defined by NHS E in line with the NICE Funding Variation within the interim commissioning guidance

2. Outcomes

NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.1 Aims & Objectives of service

- Support practices in inviting eligible patients in line with NICE TA1026 and the national funding variation to consider Tirzepatide for weight management. Ardens searches will be provided to identify and invite eligible patients in accordance with the NHSE prioritisation schedule, starting with cohort 1
- Allow equitable access to Tirzepatide for the eligible priority groups identified in the national funding variation
- Audit outcomes and key measurables to allow for assessment on the efficacy and benefits realisation of Tirzepatide.
- Support the roll out of Tirzepatide by upskilling primary care workforce on the medical management of obesity.
- Develop and utilise an ICB wide standard operating procedure on initiating and managing patients using Tirzepatide for weight loss.

2.2 Scope

The service will be available to all patients registered with a GP within the Surrey Heartlands ICB area who **meet the criteria as defined within cohort 1** by NHS E in line with the NICE Funding Variation within the interim commissioning guidance.

To be eligible to provide this Locally Commissioned Service the practice must be providing the full range of support including pharmacotherapy for overweight management and obesity.

Patients may continue taking Tirzepatide, prescribed for diabetes but will only be covered by this LCS and receive funding if they meet the qualifying funding variation criteria defined (table 1 and 2).

Patients using Tirzepatide bought privately may be able to access the medication through an NHS prescription only if they meet the qualifying criteria and are able to provide a letter with their initiation BMI from their private provider to the GP.

3. Care Delivery Pathway

3.1 Service description/care pathway

Please note there are separate pathways for patients who are new to Tirzepatide (3.2) and those who are already on Tirzepatide for diabetes or via private prescription (3.3 & 3.4). Those already on Tirzepatide must still meet the NHSE cohort criteria to be treated under this LCS (see Table 3).

General information

Tirzepatide is administered via pre-filled pens. The medication is injected under the skin, typically in the abdomen, thigh, or upper arm. The recommended starting dose is 2.5 mg, with gradual increases of 2.5mg at a minimum interval of 4 weeks until the target dose is reached. The target dose is the highest tolerated dose, which is often 15mg for most individuals. Dose escalation and de-escalation should be carefully monitored.

Please note that **wraparound care is a mandatory part of this LCS (see 3.5)** as recommended by NICE TA1026 and stated in the commissioning document, Interim commissioning guidance. Patients must have secured a place on the wraparound care to access Tirzepatide (Mounjaro®) on this LCS. If they disengage with the wraparound care, pharmacological treatment needs to be reviewed with the patient and no further dose titration undertaken. The wraparound care for this LCS is a national programme and called Behavioural Support for Obesity Prescribing (BSOP).

Training and Clinical Lead

The practice must nominate a clinical lead who has overall responsibility for ensuring the clinical requirements of this specification are met, and that all clinicians delivering direct patient care are suitably trained. It is the responsibility of clinical leads to stay informed and up to date with the latest guidelines and prescribing recommendations for weight management treatments, including Tirzepatide (Mounjaro®).

ICB training webinars will be made available in collaboration with our local Specialist Weight Management Services and backfill to attend or view a webinar for a Clinical Lead and Nurse will be provided.

Resources specific to the prescribing and delivery of Mounarjo® are available from the provider: https://uk.lilly.com/metabolic/hcp/obesity/mounjaro/resources

Identification of and invitation to Priority Cohorts

Practices to invite eligible and suitable patients that fulfil the **cohort 1 criteria** as defined within NHS E interim commissioning guidance using the national Ardens searches (Appendix B).

Practices to have a nominated clinical lead responsible for the quality assurance of the service and that all those participating in this pathway are appropriately qualified and trained to do so.

Practices to call/text eligible patients to invite patients for an initial F2F appointment including prearranged blood test (FBC, U&E's, LFT, TFT, Lipids and HbA1C)

3.2 Patients new to Tirzepatide (Mounjaro®)

For the management of patients in primary care, monthly appointments with a suitably trained healthcare professional should be conducted during the titration phase of Tirzepatide (Mounjaro®), with structured drug dose reviews incorporated in the management pathway for at least the first 12 months of prescribing. At least 3 appointments (Initial, 6 month check and 12 month) should be Face 2 Face. For other appointments, telephone consultation may be preferred by clinician or patient. All patient reviews should take a holistic approach, monitoring physical outcomes such as weight loss and associated recording of BMI (at appropriate check points e.g. initial, 6 month and discharge), concomitant comorbidities, consideration of medication doses for relevant other conditions such as diabetes and hypertension, as well as potential adverse effects.

Initial Assessment Appointment

The initial assessment for Tirzepatide (Mounjaro®) prescribing in primary care should be performed face to face (30mins) by an appropriately trained healthcare professional (most likely a GP).

Further information on the initial assessment can be found in the NICE 'Practical guide to using medicines to manage overweight and obesity' and the 'Initial assessment checklist' within TA1026 for a list of actions or assessments that may be needed. A 'Counselling before starting medication' checklist is also available (**Appendix A**).

It is important that the decision to start Tirzepatide (Mounjaro®), is part of a Shared decision-making discussion and includes discussion of alternative treatment options (i.e. bariatric surgery). Please refer to the NICE discussion aid for healthcare professionals and patients

It is recommended this assessment should include:

- Measurement of a Baseline BMI and waist circumstances
- Screen for: Contraindications (e.g. pregnancy) and check eligibility against Funding Variation Cohort Eligibility.
- Assess suitability for proposed treatment.
- Review of recent blood test results
- Discuss expected outcomes, side effects (noting acute pancreatitis; covered in the NICE discussion aid above; and the importance of yellow card reporting see next point), dose titration and if effective likely need for lifelong maintenance therapy.
- Due to the current Black Triangle status of Tirzepatide, commissioners and prescribers are required to exercise extra caution to ensure the drug is appropriate and safe for each patient; prioritising comprehensive clinical evaluation and ongoing monitoring throughout the course of treatment. Healthcare professionals, the public, and pharmaceutical companies must report all suspected adverse drug reactions via the Yellow Card Scheme.

- Discussion with patient that there may be a need to adjust their treatments for conditions such as Diabetes and hypertension due to weight loss.
- Refer to the wraparound service mandated for this pathway (BSOP)
- Advise on side effects and how to self-manage milder symptoms Tirzepatide | Drugs | BNF | NICE
- Discussion around potential drug interactions Summary of Product Characteristics

If patient suitable, fully informed and consents to treatment, send referral to BSOP (wrap around care). Prescribing of Tirzepatide **must not take place** unless the patient has a place on the wrap around care programme.

Drug Initiation Appointment

Once a place has been confirmed on the wraparound services, a further appointment with a prescriber is recommended to commence treatment, including training on self-administration of the medication, prescription of a sharps box etc.

In line with the Summary of Product Characteristics the starting dose of Tirzepatide (Mounjaro®), is 2.5mg once weekly. After 4 weeks, the dose should be increased to 5mg once weekly. As tolerated, dose increases can be made in 2.5mg increments after a minimum of 4 weeks on the current dose. This can be increased until to either the maximum tolerated dose or a maximum of 15mg once weekly.

Monitoring and Titration appointments

Monthly appointments with a suitably trained healthcare professional should be conducted during the **titration phase** of Tirzepatide (Mounjaro®), with structured medication reviews incorporated in the management pathway for at least the first 12 months of prescribing. There should be a face-to-face review at 6 months and 12 months. The number of appointments will vary due to individualised need and most patients will require seven monitoring and titration appointments in the first year of their treatment pathway. The 6-month appointment should be Face to Face with a suitably trained clinician to continue the dose titration and measure BMI and BP.

Please see NICE TA1026 “Follow up and monitoring checklist” which details actions or assessments that may be needed during dose titration and once on a stable dose. Link provided in **Appendix A**.

12 Month Face to Face Appointment

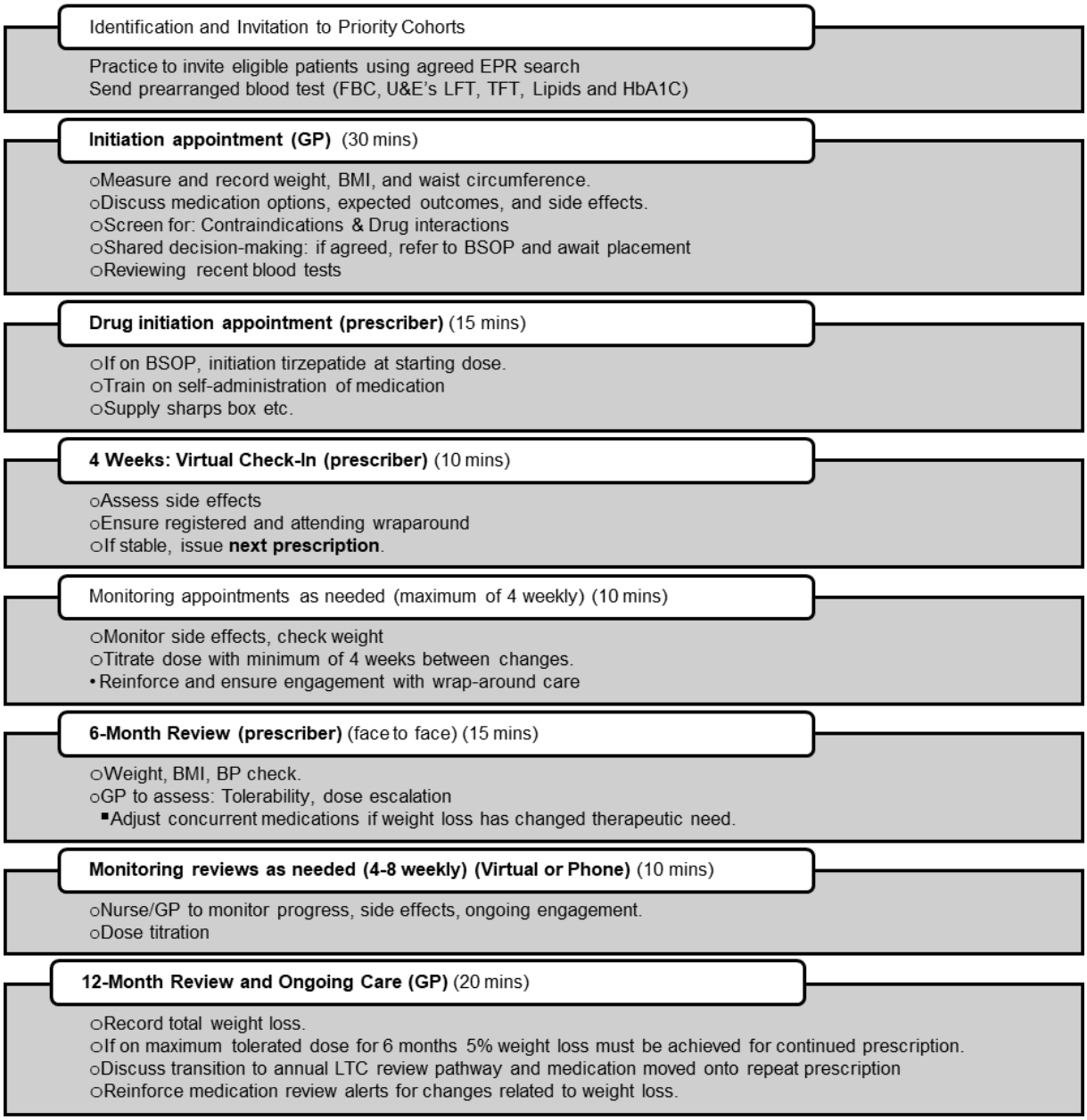
After 12 months the patient will need to be maintained (potentially for life) on a maintenance dose. Patients with concomitant comorbidities may need medication review as weight loss is achieved (e.g. dose adjustment of antihypertensives).

As per NICE recommendation, if 5% weight loss is not achieved after 6 months on maximum tolerated dose, alternative therapies need to be discussed. It is anticipated that dose adjustment for treatment for conditions such as diabetes and hypertension will need to be considered at the check in appointments as weight loss is achieved.

At the 12-month review (F2F) with a GP the minimum should be considered.

- Measurement of BMI
- Medication moved to repeat prescriptions if on maximum tolerated dose
- Dose adjustment and management of co-morbidities if required (e.g. antihypertensives)
- Reinforce need to continue with lifestyle changes to ensure weight loss is sustained.
- Patient discharged from locally commissioned service and annual reviews to occur as per other co-existing comorbidities

Diagram 1: Flow showing key appointments for Tirzepatide (Mounjaro®) treatment **note:** timings included in the flow diagram are an indication only



*BSOP Behavioural support for Obesity Management- NHS England wrap around care service provision.

3.3 Patients ALREADY on Tirzepatide (Mounjaro®) for Diabetes Management

It is anticipated there will be a proportion of patients in the initial prioritisation cohorts that are already on Tirzepatide (Mounjaro®) for the management of Type 2 DM. For these patients it is recommended an initial appointment for 20 mins is made with the GP/Prescriber. This appointment will ensure an opportunity to discuss if patient wishes to move onto the weight loss pathway and if so to assess if they are already on a maximum tolerated dose or if there is scope to titrate further. Those patients already on the maximum tolerated dose do not fall under this LCS (see table 3 below).

All patient transferring to this LCS will need to engage with the BSOP (wraparound care offer) from NHS England.

Further monitoring appointments will need to be at the discretion of the Clinician based on the need for dose up titration etc.

3.4 Patients ALREADY on Tirzepatide (Mounjaro®) from a private prescription

It is recognized many patients are receiving Tirzepatide (Mounjaro®) privately. If their pretreatment weight and comorbidities categorizes them in the priority cohort, they can move onto this LCS pathway. Patients will be required to produce a letter of support with documentation of their pre-treatment weight from the private prescriber.

For these patients it is recommended an initial appointment for 20 mins is made with the GP/Prescriber. This appointment will ensure an opportunity to discuss if patient wishes to move onto the weight loss pathway and dose titration. The BSOP (wraparound) service must be offered to these patients.

Patients already on the maximum or maximally tolerated dose are not eligible to be treated on this LCS but can have their prescription moved to the NHS as long as they fit the cohort criteria (see table 3 below).

Further monitoring appointments will need to be at the discretion of the Clinician based on the need for dose up titration etc.

3.5 Wraparound care provision and access

For the delivery of the NICE Funding Variation in England all patients must engage with the provided wraparound support which incorporates nutritional, dietetic and behavioural advice. This is a mandatory requirement to access treatment. NHS England will be providing this program with a designated number of places per ICB. The programme is called Behavioural support for obesity prescribing (BSOP).

To allow for rapid mobilisation of services the existing NHS England will use existing contracts and providers of the DPP (Diabetes prevention programme), ensuring efficient and equitable care delivery. This will be available to all ICBs from 23rd June 2025, which will be accessible from primary care settings utilising the existing referral system for DPP. The BSOP programme has been designed specifically for Tirzepatide in weight management and is separate from DPP. This will be exclusively for use by the identified priority cohort, for each ICB. As with the DPP,

there are three delivery models: face-to-face group sessions, remote digital groups, and fully digital delivery. This allows for patient choice.

Please note that should patients not wish to, or fail to engage with the wraparound services they will no longer be eligible for treatment under this LCS, and prescription should be stopped. Providers of the wraparound care will be responsible for informing GP's if a patient does not engage with the programme.

4. Population

4.1 Population covered.

The service is available to patients who are registered with a GP in Surrey Heartlands ICB and fall within **cohort 1** of the funding variation criteria based on NHSE priority cohorts.

Table 3: Patient eligibility for treatment under this LCS

Meets NHSE cohort criteria	No GLP-1 inhibitor	Eligible for LCS on-boarding
	Tirzepatide (Mounjaro®), (diabetes indication) not maximum or maximally tolerated dose	Eligible for LCS on-boarding
	Tirzepatide (Mounjaro®), (diabetes indication) maximum or maximally tolerated dose	Not eligible for LCS. Continue prescribing on GMS / diabetes LCS
	Other GLP-1 inhibitor	Eligible for LCS on-boarding
	Private Tirzepatide (Mounjaro®), – maximum or maximally tolerated dose	Not eligible for LCS Eligible for continued NHS prescribing (GMS)
	Private Tirzepatide (Mounjaro®), – not maximum or maximally tolerated dose	Eligible for LCS on-boarding

Practices should note that patients on Tirzepatide for a diabetes indication who do not meet the cohort eligibility criteria for an obesity indication must **not** have dose increases beyond those that achieve HbA1c reduction

4.2 Any acceptance criteria and 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

4.3 Exclusion criteria and thresholds

People younger than 18
Patients outside of priority cohort 1
Patients who do not have the conditions explicitly referred to in the 'inclusions' criteria.

5. Interdependance with other service providers

5.1 Interdependence with other services/providers.

All LCSs, as they are list-based services, are offered to individual practices in the first instance.

To ensure locally commissioned services (LCSs) are accessible to as many patients as possible,

- Practices may choose to put buddying arrangements in place, in agreement with another practice (or practices) where it is appropriate to do so.
- Practices may choose to deliver services at PCN level (with the agreement of the other practices in the PCN). In each case, the practice delivering the service (or the lead practice if PCN based) should claim for the service delivered. Practices may also subcontract locally commissioned services (LCSs) to GP federations, but this will require prior approval from the commissioner.

Practices providing this service may also sign up to the weight management DES 25/26 where practices can claim payment for individual referrals to any weight management service – Link provided in **Appendix A**

6. Home Visiting and provision of service outside of practice premises

6.1 Home visiting services

This Locally Commissioned Service should be provided to all eligible patients as defines within the service specification. This includes any registered patients who are considered to be housebound and requiring treatment.

The provider will receive the agreed LCS payment under the scheme and in addition, can claim the sum for attending a patient's home to provide treatment.

The "housebound payment" is in recognition of the additional resources required to deliver to this cohort of patients. Claims should be made via the quarterly claim form corresponding to the date range within which the original activity is delivered under the scheme.

7. Training and validation

7.1 Specification Specific

Training will be provided for two nominated clinicians per practice to attend a locally run 2 hour webinar. The aim will be to allow the nominated clinical leads to familiarise themselves with Tirzepatide (Mounjaro®), the outlined recommended protocols and other treatment options to support shared decision making and develop a peer network.

7.2 Training requirements

All staff involved in the implementation of the LCS should complete an annual appraisal. This must be relevant to their scope of work and should ensure they have the required competencies and continued professional development to achieve revalidation where appropriate.

7.3 Surrey Training Hub

The Surrey Training Hub will support training requirements for Locally Commissioned Services by providing, commissioning or sign-posting relevant education and training resources. syheartlandsicb.surreytraininghub@nhs.net

8. National Standard (e.g., NICE)

8.1 NICE

Practices should adhere to the following guidance,

- Tirzepatide for managing overweight and obesity: Technology appraisal TA1026
- Overweight and obesity management: NICE guideline NG246

8.2 Chaperoning, privacy, and dignity

- CQC guidance: Chaperones
- GMC guidance: Intimate examinations and chaperones

9. Guidance issued by Competent Body (e.g., Royal College)

9.1 Applicable standards set out in Guidance and/or issued by a competent body.

- Interim Commissioning Guidance
- Interim comissioning guidance: implementation of the NICE technology appraisal TA1026 and the NICE funding variation for Tirzepatide (Mounjaro) for the management of obesity

10. Audit and post payment verification

NHS Surrey Heartlands ICB as lead commissioner, has responsibility to ensure all services provide value for money and deliver safe quality care. The lead commissioner may request evidence to ensure payments made to providers under this agreement are in line with the contractual requirements outlined in the specification and valid as per the claim criteria and time frames specified.

The commissioner may request at any time, evidence to support any claims made or details of any sub-contracting arrangement, details must be provided within the requested timescale.

Where possible the lead commissioner will use tools available to validate expenditure and activity using available existing data i.e. audits and returns by providers and will aim to prevent repeat requests.

11. Templates & Coding

11.1 Ardens

Practices are recommended to use the Ardens data entry templates provided in both EMIS and SystmOne.

Ardens also have a suite of protocols to assist where inaccurate coding is used, and these will be detailed in the support article.

The following resources have been developed nationally to help streamline identification, assessment, prescribing, and monitoring in line with NHS England guidance. These tools have been carefully developed to align with national priorities and to reduce the burden on practice teams, helping ensure a safe and effective rollout of the new pathway. (**see Appendix B for details).**

- Ardens clinical templates
- Ardens clinical reports
- Ardens manager dashboard
- Support articles
- SNOMED CT coding (see below)

11.2 Recording and reporting of implementation and access

A GP IT data entry templates have been published including pages for eligibility assessment, medication initiation, medication review and wraparound support, this provides a structured approach for capturing essential data within current GP IT systems (EMIS and SystmOne) (appendix B). Aggregated data will be requested by NHS England from ICBs in a standardised format, at four points in the first year of implementation, to inform on the prescribing of Tirzepatide in primary care settings and the management of patients. Data collection timeframes are:

- Activity to end September 2025
- Activity to end December 2025
- Activity to end February 2026
- Complete 2025/26 activity

NICE will conduct a formal review of the implementation of the NICE Funding Variation to be completed within 3 years from the date of final guidance publication.

11.3 SNOMED Codes

Codes used are limited to those described in this specification and/or supporting documents (e.g. SNOMED codes excel doc as referred).

Table 4: SNOMED CT Code guide for NHS obesity medication pathway: Located under the Parent ID of NHS obesity medication pathway

Terminology Name	Code Type	SNOMED CT ID (SCTID)
Referral to NHS obesity medication wraparound support pathway	Procedure	2386201000000107
NHS obesity medication pathway started	Situation	2386231000000101
NHS obesity medication pathway declined	Situation	2386241000000105
Unsuitable for NHS obesity medication pathway	Finding	2386221000000103
Review of anti-obesity drug therapy	Regime/Therapy	2386251000000108
NHS obesity medication wraparound support pathway completed	Situation	2386261000000106
Adverse reaction to GLP-1 Disorder		2385961000000109
Adverse reaction to GIP * Disorder		2385971000000102
Adverse reaction to Tirzepatide Disorder		2385981000000100

12 Payment information

12.1 Payment

Table 5: Payments for GP practices

Tirzepatide for Weight Loss Locally Commissioned Service (LCS) **SHLCS-A20-2025** Weight Management	Engagement, including training, running search, call and recall (A)	Once per practice	**£360.87**
	Initiation appointment GP (B)	Per Patient Once per Annum	**£66.20**
	Payment for pathway completion – either at 12 months or earlier if patient disengagement (C)	Per Patient Once per Annum	**£112.86**

House bound home visits	The provider will receive the agreed LCS payment under the scheme and in addition, can claim the sum for attending a patient's home to provide treatment.	Per Appt	**£15.28**

12.2 Payment information

Practices must submit claims and data submissions via the agreed NHS Surrey Heartlands ICB quarterly payment claim form.

- No patient identifiable information is submitted.
- Codes used are limited to those described in this specification.
- No additional codes or data not specified in this LCS to be submitted.
- Practices must ensure that activity data is accurate before submission.
- Submissions must be made promptly to ensure timely payment. Where submissions pertaining to activity during any given quarter are not made before the end of the subsequent quarter,
    - practices may be asked to give a reasonable explanation and provide supporting evidence for the claim.
    - Practices must have systems in place to ensure that claims data is accurate.

For the avoidance of doubt, the payment of fee C from above table is payable for any patient who has entered this part of the pathway and engaged with the wraparound support service, regardless of how many appointments actually take place. The fee becomes payable when the patient leaves the pathway (or practice).

12.3 Late or inaccurate claims

Where a practice is aware of any delay or inaccuracy in claims, it should notify the Primary Care Contracts Team without undue delay.

- Past overpayments will be recovered over a reasonable timeframe in agreement with the practice.
- Past underpayments (which must be supported by appropriate evidence) where claims are delayed by less than 6 months or fall within the same financial year (April-March), will be honoured. Delayed claims falling outside this timeframe will be managed on a discretionary basis.

13. Quality

13.1 Applicable national standards

The Provider is responsible for ensuring that,

- **Premises** used are registered with the Care Quality Commission (CQC) and the service is provided in a suitable setting.
- **Equipment** meets all criteria set out in national and local guidance and is maintained in line with manufacturer's guidance.
- **Training** meets all relevant criteria set out in national and local guidance.
- **Serious Incidents** within this service are reported to NHS Surrey Heartlands ICB
- **Infection Control Guidance** is adhered to.
- **Privacy and Dignity Guidance** are adhered to.
- **Health and Safety** standards are met.
- **Information Governance Standards** are met.
- **Safeguarding Adults, Children and Looked After Children Guidance** is adhered to including statutory training.
- **Mental Capacity Act** - the Mental Capacity Act 2005 (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

13.2 Applicable Quality Requirements

Patients must be monitored in line with the agreed discharge agreement and as outlined in this specification. Appointments should be provided within a reasonable timeframe, but in any case, within two weeks.

14. Service will be provided in / areas to be covered

14.1 Providers premises

GP practice as stated in the GMS contract or an appropriate venue.

15. Safety

15.1 Infection control

Practices must ensure that latest national infection control and prevention guidance is adhered to. Please follow current national guidance which includes, but not limited to the following:

- **Health and Social Care Act 2008: code of practice on the prevention and control of infections** – Department of health and Social Care https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance
- **NHSE National IPC manual:** NHS England » National infection prevention and control manual (NIPCM) for England
- **National Standards of Healthcare Cleanliness 2021 -** https://www.england.nhs.uk/wp-content/uploads/2021/04/B0271-national-standards-of-healthcare-cleanliness-2021.pdf
- **Healthcare associated infections- Prevention and Control in Primary and Community Care** – National Institute for Health and Care Excellence (NICE) [CG139] https://www.nice.org.uk/guidance/cg139
- **Infection Prevention and Control Quality Standards** – NICE [QS61] https://www.nice.org.uk/guidance/qs61
- https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-49-consent-minor-surgery-gp-surgeries
- **NHSE Education framework:** https://www.england.nhs.uk/publication/education-framework-for-the-infection-prevention-and-control-practitioner-ipc-workforce/:

For context: Criteria 1.4 of the Health & Social Care Act has a requirement for IPC leads in Primary Care to be educated to "Introduction level" , details on how this can be achieved can be found below:

For IPC leads in Primary Care settings, the NHSE education framework level required would be at Introduction level. For information, the Introduction level in the framework can be met by the individual undertaking Skills for Health Level 1 & 2; which Surrey Training Hub have agreed to fund for all IPC leads https://www.surreytraininghub.co.uk/infection-prevention-control-lead-training

15.2 Safeguarding

Practices must have appropriate Safeguarding Policies, Procedures and Governance arrangements in place which comply and reflect the principles of the Pan Surrey Safeguarding Procedures and adhere to all Safeguarding and Looked After Children related legislation. In addition.

Practices must meet all regulatory safeguarding requirements (including CQC Regulation 13) and those as specified within the NHS Surrey Heartlands ICB - Clinical, Quality and Safeguarding Policies https://www.surreyheartlands.org/policies-and-processes

15.3 Medicines

Practices should be familiar with and comply with local guidance.

All prescribing decisions regarding what drug should be used for what condition and treatment guidelines are all uploaded to: https://surreyccg.res-systems.net/PAD once approved by the Area Prescribing Committee (APC).

A Surrey Heartlands joint formulary has been launched in May 2025 and we expect all prescribers to comply with the joint formulary Homepage - surrey.res.services

15.4 Equipment

- The handling of consumables and associated activities (e.g., procurement, storage, prescribing, decontamination, and disposal of consumables) must be safe and in line with current legislation, licensing requirements, good practice, and any national guidelines.
- Equipment must meet all criteria set out in national and local guidance and be maintained in line with manufacturer's guidance.

The Provider will purchase its own equipment to enable it to deliver the Service.

- This includes replacing equipment that has reached the end of its lifespan;
- It is the Provider's responsibility to calibrate and arrange for serving of the device in line with the manufacturer's guidance;
- It is the Provider's responsibility to purchase all consumables such as replacement cuffs and batteries, these costs are included within the service price;
- It is the Provider's responsibility to monitor the life span of the device and to purchase a new device as required. The service price will be inclusive of equipment/consumables costs.

16. Collaboration, Buddying & Sub-contracting Arrangements

In the first instance practices can sign up as an individual practice to perform the LCS activity.

Should a practice be unable to offer this LCS to its registered patients, it has the alternative to deliver the activity collaboratively via its Primary Care Network (PCN), adhering to the LCS criteria and activity, contingent upon approval from the ICB.

Additionally, if a practice is unable to provide the LCS to its registered patients, it may buddy with a GP practice outside of its PCN, adhering to the LCS criteria and activity, contingent upon approval from the ICB

In cases where the practice cannot deliver the LCS to its registered patients, whether through the PCN or a Buddy GP, it retains the option to subcontract the service, all subcontracts require ICB approval.

Please ensure that all onward referring has the necessary patient consent recorded in the medical records.

Where services are provided outside individual practices (with the exception of sub-contracting) the practice providing collaboration/buddy arrangement to other practices' patients are able to claim the agreed buddy fee. This is in recognition that the collaborating/buddying practice is required to complete all follow up requirements and informing the registered GP of all treatment provided.

Practices delivering activity directly, seeking to collaborate within their Primary Care Network (PCN), buddy with a GP Practice outside of their PCN or enter into sub-contracting arrangements must have completed the current NHS Data Security & Protection Toolkit, achieving a 'standards met' status as a minimum. https://www.dsptoolkit.nhs.uk/

17. Termination

Unless otherwise notified, this Locally Commissioned Service terminates on 30th June 2026. Practices should note that it is intended to publish a revised LCS to include cohorts 2 and 3 to commence on 1st July 2026.

The service may be terminated by either NHS Surrey Heartlands or the Practice through the service of three months' notice.

Where the practice serves notice, it must continue the 'follow-up and completion' part of the pathway to completion for any individual patient who has already entered that part of the pathway. No alternative provision will be made available by NHS Surrey Heartlands.

NHS Surrey Heartlands may require the practice to suspend the provision of the service immediately if it has reasonable grounds for believing that patient health or safety is at risk because of continuing provision of this service.

The LCS may be subject to review by NHS Surrey Heartlands at any time during the term of the service.

Breaches and terminations will be managed in accordance with the NHS Standard Contract.

APPENDIX A – Resources

Enhanced Service Specification - Weight Management 2025/26
https://www.england.nhs.uk/wp-content/uploads/2025/03/enhanced-service-specification-weight-management-2025-26.pdf

Mounarjo® provider resources
https://uk.lilly.com/metabolic/hcp/obesity/mounjaro/resources

NICE Technology Appraisal TA1026

- Tirzepatide for managing overweight and obesity
  https://www.nice.org.uk/guidance/ta1026
- Practical guide to using medicines to manage overweight and obesity
  https://www.nice.org.uk/guidance/ta1026/resources/a-practical-guide-to-using-medicines-to-manage-overweight-and-obesity-15299628589/chapter/Overview
- Checklist: Initial assessment before prescribing Tirzepatide
  https://www.nice.org.uk/guidance/ta1026/resources/initial-assessment-before-prescribing-tirzepatide-checklist-msword-15299629885
- Checklist: Counselling before prescribing Tirzepatide
  https://www.nice.org.uk/guidance/ta1026/resources/counselling-before-prescribing-tirzepatide-checklist-msword-15299629886
- Checklist: Follow up and monitoring when prescribing Tirzepatide
  https://www.nice.org.uk/guidance/ta1026/resources/follow-up-and-monitoring-when-prescribing-tirzepatide-checklist-msword-15299629887

NICE Guideline NG246 - Overweight and obesity management
https://www.nice.org.uk/guidance/ng246

NICE CKS Prescribing information of Tirzepatide for weight loss (Clinical Knowledge Summaries)
https://cks.nice.org.uk/topics/obesity/prescribing-information/tirzepatide/

EMC Summary of Product Characteristics, Patient Leaflet (PIL) and User Manual for Mounjaro® KwikPen 15mg solution for injection in pre-filled pen
https://www.medicines.org.uk/emc/product/15486/smpc

BNF Tirzepatide Indications and dose
https://bnf.nice.org.uk/drugs/tirzepatide/#indications-and-dose

Yellow Care Scheme

- Guidance for healthcare professions, patients and the public
  https://www.gov.uk/guidance/the-yellow-card-scheme-guidance-for-healthcare-professionals
- Reporting site
  https://yellowcard.mhra.gov.uk/

General Pharmaceutical Council (GPhC) guidance
https://assets.pharmacyregulation.org/files/2024-09/Draft-guidance-for-registered-pharmacies-providing-pharmacy-services-at-a-distance-September-2024.pdf

Appendix B: Ardens searches

The following resources have been published to help streamline identification, assessment, prescribing, and monitoring in line with NHS England guidance. These tools have been carefully developed to align with national priorities and to reduce the burden on practice teams, helping ensure a safe and effective rollout of the new pathway.

Ardens Clinical Templates
Including pages for eligibility assessment, medication initiation, medication review and wraparound support.

How to access:

- **EMIS Web:** Search for 'NHS Obesity Medication Pathway' or go to Clinical Templates > Social & Lifestyle
- **SystmOne:** Search for 'NHS Obesity Medication Pathway' or go to Autoconsultations > Ardens General

Ardens Clinical Reports
Available for patient cohort identification based on BMI and comorbidities, along with activity reports to support monitoring and oversight.

How to access:

- **EMIS Web:** Go to Population Reporting > Ardens Searches > 5.30 Contracts - National (Misc) > Obesity Medication Pathway
- **SystmOne**: Go to Clinical Reporting > Contracts | 2025 26 | NHSE | Obesity Medication Pathway

Ardens Manager Dashboard
A dedicated dashboard is available via Ardens Manager for practices and organisations subscribed to national content under the Contracts module. This dashboard provides a visual overview of patient identification, uptake of the obesity medication pathway, and pathway activity over time.

Please login to Ardens Manager and action the task to join the 'NHS Obesity Medication Pathway' dashboard. Data will appear on the dashboard from the 24th June.

Support
The following support articles have been created to guide you through accessing the resources in more detail:

- **Ardens EMIS Web Support Article** **NHS Obesity Medication Pathway - Ardens EMIS : Ardens EMIS Web**
- **Ardens SystmOne Support Article** **NHS Obesity Medication Pathway - Ardens SystmOne : Ardens**

If you have any questions, feedback, or need any help, please don't hesitate to contact support@ardens.org.uk.

Appendix C: Funding Variation Cohorts

Table 1: Cohort access groups for implementation in primary care settings

Funding Variation Year*	Estimated Cohort Duration	Cohorts	Cohort Access Groups	
			Comorbidities	BMI**
Year 1 (2025/26)	12 Months	Cohort I	≥4 'qualifying' comorbidities hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus	≥40
Year 2 (2026/27)	9 Months	Cohort II	≥4 'qualifying' comorbidities hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus	∅ 35 – 39.9
Year 2/3 (2026 and 2027/28)	15 Months	Cohort III	3 'qualifying' comorbidities hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus	≥40

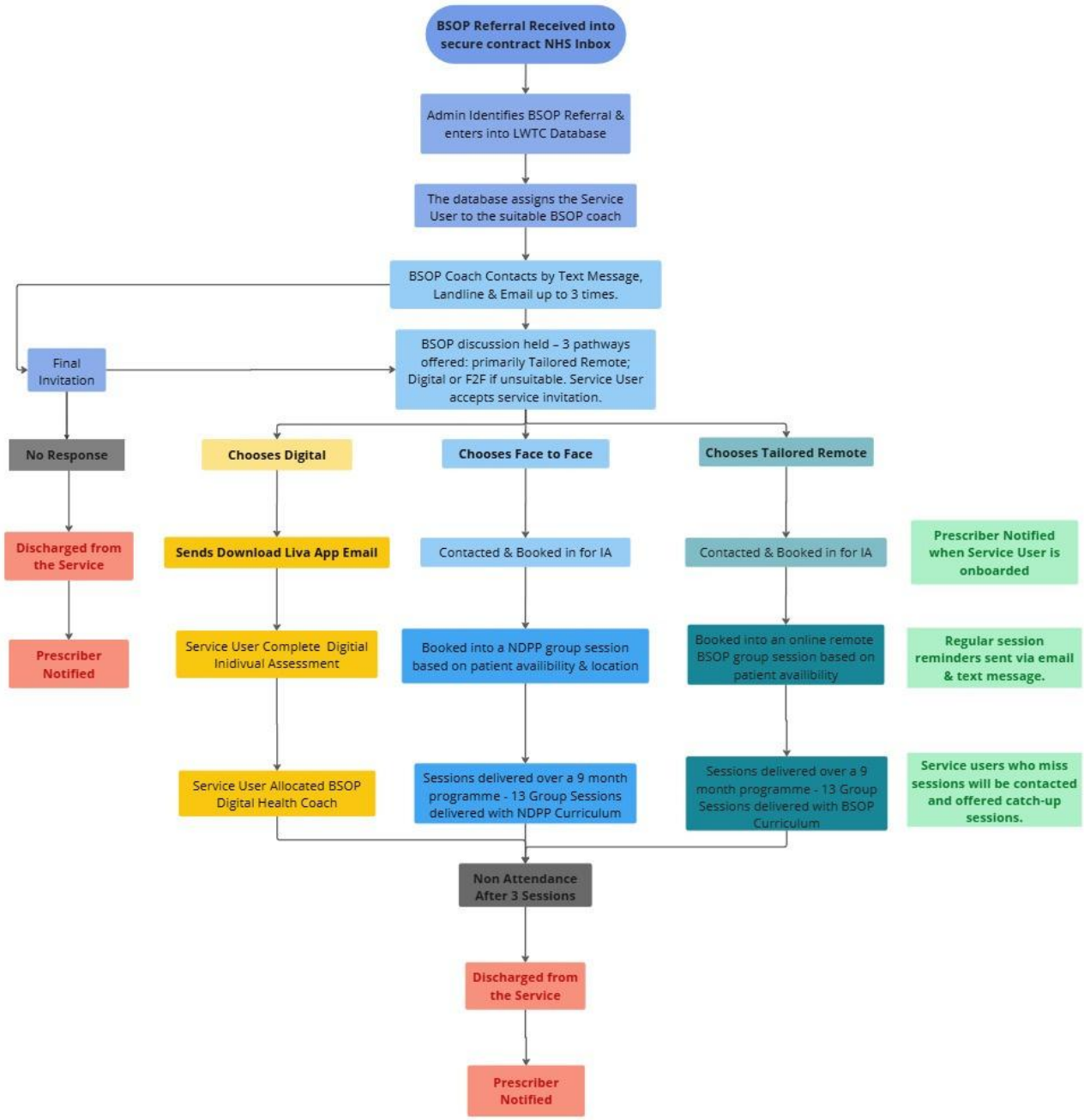
* Funding Variation year refers to the financial year.
** Use a lower BMI threshold (usually reduced by 2.5 kg/m^2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds.

Table 2: Qualifying comorbidities and definitions for initial assessment

Qualifying comorbidities	Definition
Atherosclerotic CVD	Established atherosclerotic CVD (IHD, cerebrovascular disease, peripheral vascular disease, heart failure)
Hypertension	Established diagnosis of hypertension **and** requiring BP lowering therapy
Dyslipidaemia	Treated with lipid lowering therapy **or with LDL** ≥4.1mmol/L or HDL <1.0mmol/L for men or HDL <1.3mmol/L for women, or fasting TG ≥1.7mmol/L
Obstructive sleep apnoea (OSA)	Established diagnosis of OSA (sleep clinic confirmation via sleep study) **and** treatment indicated i.e. meets criteria for CPAP or equivalent
T2DM	Established T2DM

Appendix D: Referral Pathway & Form

Living Well Taking Control BSOP Referral Pathway



Healthier You: NHS Behavioural Support – Tirzepatide (Mounjaro®) For Weight Management

Please e-mail completed form to: hex.bsop.south@nhs.net

Patient Referral Criteria

The patient has been referred for behavioural support in line with the NHS England Funding Variation for Cohort I, as outlined in the NHS England Interim Commissioning Guidance.

Tirzepatide (Mounjaro®) is licenced for use in weight management in conjunction with wrap around support, which incorporates nutritional and dietetic advice as a minimum and access to behavioural change components, as a mandatory requirement to access treatment.

Declaration of Patient Eligibility

Confirmation that the patient has been referred for Behavioural Support in line with the NHS England Funding Variation via a Primary Care Pathway following prescribing of Tirzepatide (Mounjaro®) for weight management purposes:

- 4 weight related comorbidities (Atherosclerotic cardiovascular disease, hypertension, dyslipidaemia, obstructive sleep aponea, type 2 diabetes) and;
- An initial body mass index (BMI) of at least 40 kg/m2*

** Use a lower BMI threshold (reduced by 2.5 kg/m2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds*

Confirm □

Patient Details			
Title		**Telephone Number**	
First Name		**Mobile Number**	
Surname		**Patient's Preferred Language**	
Address		**Does the patient speak English?**	
		Date of Birth	
		Ethnicity	
		Gender	
Postcode		**Is the patient on the Serious Mental Illness Register?**	
NHS Number		**Is the patient on the Learning Disabilities Register?**	
E-mail Address			
Does the patient have a visual impairment?			
Does the patient have a hearing impairment?			
What is the patient's preferred method of contact?			

Referral Details	
Planned start date for prescribing of Tirzepatide (Mounjaro®)	
Referral date for Behavioural Support	

Point of Access Details	
Referrer's Name	
Referrer's Organisation	
Referrer's Address	
Referrer's Contact Details (E-mail/Phone)	

Patient's GP Details			
GP Surgery Name		**GP Surgery ODS Code**	
GP Surgery Address			

By completing this form, the referrer confirms that the patient understands that:

1. Their information is being shared with Living Well Taking Control
2. Information from Living Well Taking Control will be shared back to their registered General Practice and Prescribing Organisation in a secure manner.
3. Their data will be treated as confidential and held, shared, and disposed of in line with all legal requirements (including the Data Protection Act 2018) and NHS Guidance (including Caldicott Guidelines)
4. They are committing to 9 months of Behavioural Support with Living Well Taking Control from the point of prescribing:
    a. This referral will cover the Behavioural Support of the NHS Primary Care Obesity Medication Pathway.
    b. The Clinical Support of the NHS Primary Care Obesity Medication Pathway will be provided by their prescribing provider. Monthly appointments with a suitably trained healthcare professional should be conducted during the titration phase of Tirzepatide (Mounjaro®), with structured medication reviews incorporated in the management pathway for at least the first 12 months of prescribing.
5. If the patient does not engage with the behavioural support, providers are required to inform the relevant healthcare professionals. This should prompt a clinically led discussion with the patient about the appropriateness of continuing treatment by the prescriber.
6. If a patient has lost less than 5% of their initial weight after 6 months on the highest tolerated dose, the risks of treatment are likely to outweigh any benefits. Take into account how well the patient engaged with the lifestyle measures previously and their willingness to engage on this occasion.

By completing this form the referrer acknowledges:

7. Where a patient is identified as being likely to benefit from specialist or intensive psychological or psychiatric support, a referral to the appropriate service should be made. Referral to the NHS Behavioural Support in line with the prescribing of Tirzepatide (Mounjaro®) does not replace that need.
8. Where a patient is identified as being likely to benefit from specialist or nuance dietetics support, a referral to the appropriate service should be made. Referral to the NHS Behavioural Support in line with the prescribing of Tirzepatide (Mounjaro®) does not replace that need.

Referral to the NHS Behavioural Support for Obesity Prescribing does not replace the use of other clinical pathways were considered appropriate by the referring health care professional.