

SOUTH WEST LONDON (SWL) SERVICE SPECIFICATION

Borough Team	GP with South West London
Service Title	Tirzepatide implementation
Description of Type of Service	Local Enhanced Service
Version	FINAL 10th June 2025
Date of Issue	11th June 2025
Service Start Date	23rd June 2025
Service End Date	22nd June 2026
Next Annual Review Date	22nd April 2026 (N.B. The Commissioner reserves the right to review this service at any time if there is a change in nationally commissioned services that impact on the delivery of this service.)
Use of terms	For the avoidance of doubt, within this tirzepatide specification, 'Practice(s)' shall have the meaning of 'Contractor(s)'

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1. **Background** (*including Context (National & Local), Reasons for Commissioning, Aims and Defined Outcomes*)

1.1. **Scope**

General practice will be commissioned to prepare for initiation and management of tirzepatide (Mounjaro®) in primary care for patients who meet the eligibility criterion according to the NHSE interim commissioning guidance, published in March 2025, to support implementation of the NICE Technology Appraisal (TA1026), *Tirzepatide for managing overweight and obesity* published on 23rd December 2024.

Tirzepatide is a long-acting GIP (glucose-dependent insulintropic polypeptide) receptor and GLP-1 (glucagon-like peptide-1) receptor agonist that increases insulin sensitivity and secretion, suppresses glucagon secretion, and slows gastric emptying.

NICE TA1026 was followed by the NHSE Funding Variation, and on 27th March 2025, interim commissioning guidance was issued. This guidance defined the eligible patient cohorts, prioritisation strategy, and phased implementation of tirzepatide across Specialist Weight Management Services (SWMS) and primary care settings.

The phased implementation approach is to help the NHS manage anticipated demand on existing healthcare services and resources. As a result, tirzepatide will not be immediately available to all individuals who are eligible or interested in using it. Initially, access will be limited to those patients who are expected to benefit the most, based on defined eligibility criteria and prioritised cohorts from NHS England.

To address the challenge that obesity is often a chronic relapsing condition, tirzepatide has been licenced for long term use, unlike the 2-year limit placed on existing GLP-1 medications (semaglutide (Wegovy®) and liraglutide (Saxenda®) that are only permitted for use within SWMS.

1.2. **National Context**

Obesity remains a major and growing public health concern in England, with 29% of adults living with obesity, and 64% living with overweight or obesity. This rising prevalence is 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. It is also associated with reduced quality of life and increased mortality. (England, 2025).

The economic impact is substantial, with obesity related conditions costing the NHS approximately £11.4 billion annually- a figure projected to increase with rising obesity rates and related comorbidities (Sattar, 2024).

Despite public health initiatives and lifestyle interventions to address the rising prevalence of obesity and associated comorbidities, progress has been slow. For many adults, obesity is a chronic, relapsing condition, and while dietary changes, physical activity, and behavioural therapy play a role, achieving and maintaining substantial long term weight loss can be a significant challenge.

Nevertheless, any period of weight reduction, for people living with overweight or obesity brings meaningful health benefits, including improved metabolic health, reduced cardiovascular risk, and enhanced quality of life.

The SURMOUNT 1-4 trials demonstrated that tirzepatide led to significant and superior weight loss (between 12.8% - 15.7% body weight vs 3.2% of placebo group in trials 1 and 2) compared to placebo in individuals with obesity or overweight. In SURMOUNT 4, participants who continued tirzepatide for an additional 52 weeks, after an initial 36 weeks of tirzepatide treatment, lost over 21% of their body weight on average.

The trials also showed improvements in cardiometabolic risk factors and a reduction in total body fat mass. The most common adverse events were gastrointestinal, primarily mild to moderate in severity.

1.3. Local Context

Practices who signed up to the Enhanced Service Weight Management have committed to maintaining a Practice Obesity Register which has helped to identify that 59% of the SWL adult population (with a recorded BMI) are either overweight or obese. Obesity is linked to those living within low-income households, and this is consistent with the increased prevalence seen in areas of higher deprivation within SWL.

Population by BMI Category

BMI Category	Number of Patients	%
Not Known	536,770	36%
Obese	232,355	16%
Overweight	326,180	22%
Normal	348,994	24%
Underweight	35,128	2%
Total	1,479,427	100%

Table taken from SWL ICB dashboard – numbers accurate as of September 2024

General practice has been initiating GLP-1s for the treatment of type 2 diabetes TA924, but until now, the prescribing of GLP-1 medications for weight loss have been restricted to SWMSs. St Georges' University Hospital (SGUH) is the only ICB commissioned SWMS in SWL and can prescribe Semaglutide for managing overweight and obesity (TA875 Published 8th March 2023) and Liraglutide for managing overweight and obesity (TA664 9th December 2020) and tirzepatide from March 2025.

NICE has recommended tirzepatide as suitable for prescribing both within SWMS and primary care with no restriction on duration i.e. no 'stopping rule'. However, due to the current Black Triangle status of tirzepatide (Mounjaro®), commissioners and prescribers are required to exercise extra caution and adhere to rigorous protocols to ensure the drug is appropriate and safe for each patient, prioritising comprehensive clinical evaluation and ongoing monitoring throughout the course of treatment. There are strict eligibility criteria limiting prescribing within the NHS in line with the interim commissioning guidance (see appendix, table 3) which is applicable across all care settings within SWL.

A nationally delivered, comprehensive wraparound care model is essential to support eligible patients in achieving sustained behaviour change (see appendix, table 5). This support will be made available to all patients prescribed tirzepatide in primary care.

To ensure effective implementation, primary care clinicians will require training on the available support services, referral pathways, and the importance of adhering to defined eligibility cohorts. Training will also cover clinical assessment, prescribing, the accurate use of SNOMED codes to enable robust monitoring and reporting on the treatment's

effectiveness and safety. Additionally, clinicians will be supported in delivering holistic and clinical management, including access to specialist advice and guidance where needed.

1.4. Aim

This specification aims to ensure the provision of high-quality clinical care to patients who are eligible for tirzepatide; this includes:

Practice preparedness

- Training to ensure clinicians have adequate knowledge to confidently prescribe, initiate and manage safely whilst maintaining a person-centred approach
- Utilisation of the NHSE list of SNOMED codes for recording (held under the parent code 'NHS obesity medication pathway') to outcome patient contacts and work done
- Develop a practice protocol (SOP) so that all staff understand the practice delivery model
- Case find eligible patients using searches provided by the ICB to ensure equity of access
- Processes are in place to ensure the smooth referral of patients for nationally procured wraparound care for behaviour change support
- Support practices to undertake review at 6 months and take part in an annual audit to help identify prescribing activity, patient outcomes and medication efficacy.

Clinically relevant

- Improve the pathway to enable more patients to access weight loss medications in primary care, rather than SWMS, if clinically appropriate and in line with NHSE interim commissioning guidance eligibility criteria – see table 1 appendix A
- Utilitise 'advice and guidance' services offered by SWMS as needed to support patient care and improve the patient pathway
- Ensure safe prescribing, initiation and monitoring of tirzepatide by attending the ICB provided training and working in line with prescribing and monitoring guidance – see appendix, table 6
- Ensure patient centred care is at the heart of patient management by:
 - Ensuring patients who are eligible are involved in the decision-making about their medication and understand the management and care plan.
 - Ensuring patients understand their treatment in terms of drug interactions, *impact on other co-morbidities, side effects, and when to escalate potential complications, the diet and lifestyle improvements they will need to make and to provide continuing patient education.
 - Ensuring all patients have appropriate lifestyle and behaviour change support by referring to the NHS wrap around service (see appendix, table 3)
 - Identifying patients with specific needs such as SMI or learning difficulties to reduce the risks of treatment failure and offer usual additional support to these patients.

2. Service Commencement and mobilisation

This service commences on the 23rd June 2025.

3. Service Termination Provisions

- 3.1. This specification is subject to general termination provisions in the Enhanced Service Framework Agreement and is additionally subject to the specific termination provisions set out below.
- 3.2. This service shall terminate on 22nd June 2026 unless:
 - This specification is extended by mutual agreement of the Practice and Commissioner.
 - Practice delivery of this specification is terminated early by mutual agreement of the parties; or

- Practice delivery of this specification is terminated earlier due to a material breach of the terms of this specification by either party.

4. Service Requirements

To enable patients who meet the NHS criteria - tirzepatide for managing overweight and obesity (see appendix – table 3) - to be offered, initiated and managed in general practice, which includes referral to the NHS wraparound care service.

4.1. Patients Eligible for this Service

Prescribe and initiate tirzepatide for consenting eligible patients:
See prescribing and monitoring support documents in appendix, table 6. Typically, initiation will include:

- Have a discussion with the patient prior to initiation of GLP1/GIP, that results in shared decision making, so that the patient understands commitment required from the outset.
- Conduct a full risk assessment prior to commencing GLP-1/GIP therapy (guidance – appendix, table 6)
- Counselling and education should include indications, adherence, side effects, possible complications, frequency and site of injection and diet and lifestyle modifications. Patients taking tirzepatide will be able to access support from the New Medicines Scheme (NMS) provided by pharmacies. This service is not available on a domiciliary basis.
- Refer patient to the NHS national wrap around service.

5. Recording, Data Collection & Monitoring Requirements:

5.1. Regularly review each patient after initiation:

- Hold a monthly review for at least the first 6 months to check compliance, tolerance and titrate dose and use this as an opportunity to reinforce counselling discussions and confirm engagement with the national wraparound service.
- At seven months or at the point the patient has been on the highest tolerated dose for 6 months, the review should include a weight check to assess benefit of continuing treatment. If at least 5% of initial body weight has not been lost after 6 months at highest tolerated dose, consider stopping treatment. if any specific factors or uncertain about next step then may wish to seek A&G from SWMS
- The criteria for initiating and the continuing use of GLP1 injectable therapies is outlined by NICE guidance (NG28 - Type 2 diabetes in adults: management) – see appendix, table 6
- Details of the components and monitoring arrangements of each of the three outcomes are described in the table overleaf.
- Appropriate SNOMED codes provided by the ICB should be used to evidence practice actions which will be used to determine payment

6. Support and Specialist Advice and Guidance

- 6.1. If guidance is required, the GP can access specialist advice from secondary care via:
- eRS 'Advice & Guidance'
 - Referral to Secondary Care where the patient needs to be seen by a specialist and fulfils the referral criteria.
 - Additional guidance will be available on TEAMNET.
 - The ICB Medicines Optimisation team – please contact your local medicines optimisation link or Claudette Allerdyce at SWL ICB swl.medicines@swlondon.nhs.uk

6.2. Identification of new patients eligible for tirzepatide in Primary care:

New patients suitable for initiation and monitoring in primary care can be identified by the practice. GP practices are requested to run an EMIS (or equivalent clinical system) search (attached) that will identify eligible patients. Identified patients should be contacted and informed of their eligibility and invited for a discussion.

6.3. **Working with Specialist Weight Management Services:**

If a primary care clinician identifies a patient who would be more suitably managed within the SWMS, a referral can be made. A referral form is available to guide the referrer to include the necessary information. The hospital clinician will then review the patient record to assess suitability for SWMS.

Identification in Secondary Care SWMS: SWMS clinician will identify patients suitable for general practice management (those aligned with the NHSE eligible cohort) and provide advice for ongoing care.

7. Quality

Utilising snomed codes as advised in appendix - Table 2.

8. Payment Arrangements incl. claims and submitted data

See appendix – Table 1

9. Specific Service Training Requirements

Each GP Practice will be required to:

- Send at least one clinical representative who will be responsible for the prescribing, initiating and monitoring of tirzepatide, to training sessions provided by the ICB. The training will take no longer than 2 hours and will be available to attend as both in person and virtual.
- Ensure that health care professionals within their practice who are involved in the care of patients prescribed tirzepatide have the up-to-date knowledge and skills required to safely manage patients.

All health care professionals responsible for delivering the service should be trained in the following:

- Patient centred approach to weight management
- Language matters – use of appropriate language

- Mode of action and side-effects of tirzepatide
- Management of side-effects of tirzepatide
- Drug interactions with tirzepatide
- Contraindications and cautions
- Monitoring requirements.
- Dosing, using approved protocols.
- Patient education.
- Record keeping.
- Requirement for continuing professional development.
- Impact on co-morbidities including need for potential deprescribing

Providers are required to implement the following as part of the service:

- Development and maintenance of a register of patients on tirzepatide which should be kept up to date, with use of applicable Snomed codes.
- Call and recall mechanisms to ensure that systematic call and recall of patients on this register are in place.
- Any health professionals involved in the care of patients under this LES should be appropriately trained.
- Practice proforma on how to manage patients who have side effects (can be provided once centrally as part of training).
- Complete tirzepatide specific template on their clinical system
- Monitor and maintain records of performance of the service in line with the usual practice internal clinical governance framework. This may include an audit of outcomes (number of patients managed by the service, drop-out rates, number of patients who decline to take up the service, weight loss achievement. Also monitor incidents, significant events and/or near misses, issues reported via Make a Difference (MKaD) and Learning from Patient Safety Events (LFPSE) alert system.

10. Non-Standard GP Equipment Requirements

- 10.1 There are no non-standard GP equipment requirements applicable to this service specification.

11. Specific Service Premises Requirements

- 11.1 There are no specific service premises requirements applicable to this service specification.

12. Appendix

Table 1 – Payment

	Payment	Description	Payment activation
Practice preparedness	<p>£350 (one off payment)</p> <p>This payment will be as well as the payments below.</p>	<p>At least one clinician from each practice who will be responsible for the prescribing, initiation and monitoring of tirzepatide will attend the ICB provided tirzepatide training. The training will take no longer than 2 hours and will be available to attend as both in person and virtual.</p> <p>The Practice will run the case finding search and contact the identified eligible patients, inviting them to have a discussion regarding uptake of tirzepatide.</p>	<p>Report number of eligible patients within your practice at the time of accepting contract – by running search provided</p> <p>Attendance at the ICB training session – via a register of attendees (no submission required).</p> <p>Training will be offered in June/July 2025 and payment will be made in August 2025.</p> <p>Training will be offered again in May/June 2026 for those practices who do not have patients within cohort one.</p> <p>Payments for will occur June 2026.</p>
<p>Tirzepatide initiation and Monitoring.</p> <p>Wrap around care</p>	<p>£550 (one off payment) to practices with up to and including 5 eligible patients</p> <p>£1150 (one off payment) for a practice with between 6 – 10 eligible patients</p> <p>£1350 (one off payment) for a practice with 11 or more eligible patients</p>	<p>A practice will need to contact all their eligible patients, discuss the offer and initiate tirzepatide in patients who consent and are suitable. Use the correct SNOMED code dependant on whether the patient is 'started', 'inappropriate' or if they 'declined'.</p> <p>Guidelines outline 1-month reviews and titration to max tolerated dose over the first 6 months of therapy. A weight measurement needs recording at the <i>6-months of highest tolerated dose</i> milestone. Using the 'review' SNOMED code to outcome.</p> <p>All patients initiated onto tirzepatide need to be referred to the wraparound support and coded appropriately.</p>	<p>Use of template on clinical system.</p> <p>SNOMED code for all eligible patients within a practice for either:</p> <p>'started', 'inappropriate' or 'declined' and subsequent 'review' code at each review and at the point of the <i>6 months of highest tolerated dose</i> milestone.</p> <p>Plus, coded for wrap around care referral</p> <p>The submission of the audit report for February 2026 will trigger the claim and payment will be made in March/April 2026</p>

Total practice payment amounts

Total maximum a practice of up to (and including) 5 eligible patients will receive is £900

Total maximum a practice of 6 - 10 eligible patients will receive is £1500

Total maximum a practice of more than 10 eligible patients will receive is £1700

Payments will be administered by the SWL ICB Primary Care contracts team

Table 2 – Mandatory SNOMED codes

Code	Code type	Terminology name
SNOMED – 2386231000000101	Situation	National Health Service obesity medication pathway started
SNOMED – 2386241000000105	Situation	National Health Service obesity medication pathway declined
SNOMED – 2386221000000103	Finding	Unsuitable for National Health Service obesity medication pathway
SNOMED – 386201000000107	Procedure	Referral to National Health Service obesity medication wraparound support pathway
SNOMED - 2386251000000108	Regime/therapy	Review of anti-obesity drug therapy
SNOMED - 2385981000000100	Disorder	Adverse reaction to tirzepatide

Practices are expected to partake in reporting and auditing requirements, including the use of the NHSE template (available on your clinical system imminently) during patient consultations and reports extracted from EMIS

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

If a practice has the ‘weight protect’ module on the Eclipse system, the reporting may be done centrally with the practices permission.

Implementation will be based on NHS England's priority cohorts and in accordance with the timelines set out in the interim commissioning guidelines they are developing to support prioritisation. This document once finalised will be published on the NICE website

Table 3 – Eligibility criteria

FV Year	Estimated cohort duration	Cohorts	Comorbidities	BMI	Est SWL population
Year 1	12 months	I	≥ 4	≥ 40	602
Year 2	~9 months	II	≥ 4	35 – 39.9	887
Year 2/3	15 months	III	3	≥ 40	2807

Table 4 - Eligible comorbidities

Atherosclerotic Cardiovascular disease (ASCVD)

Established Atherosclerotic CVD (Ischaemic heart disease, cerebrovascular disease, peripheral vascular disease and heart failure)

Hypertension

Established diagnosis of hypertension and requiring blood pressure lowering therapy

Dyslipidaemia

Treated with lipid-lowering therapy, or with low-density lipoprotein (LDL) ≥4.1 mmol/L, or high-density lipoprotein (HDL) <1.0 mmol/L for men or HDL <1.3 mmol/L for women, or fasting (where possible) triglycerides ≥1.7 mmol/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

Type 2 diabetes

Established type 2 diabetes (see additional information regarding type 2 diabetes)

Table 5 - Proposed wrap around care – can be accessed either in person or virtually.

The WAC will be provided by both face to face or digital/remote delivery models

A 9-month programme has been proposed in 3 phases:

Phase 1 - Pharmacotherapy (12 weeks)

Initiation of tirzepatide, with individualised behavioural and psychoeducational support with content aimed at enhancing **understanding of GLP-1/GIP RA** impact. Syllabus content addresses and support initial **psychological adaptation behavioural changes** and integration with activity and nutritional/dietary counselling.

Phase 2 – Weight Management (6 weeks)







Support with diet and activity advise to achieve appropriate calorie intake and nutritional balance through behavioural change support. Syllabus content is focused on management of weight loss plateaus and setbacks, development of **coping strategies and changes in lifestyle**.

Phase 3 – Weight Maintenance

Individualised ongoing **support to maintain weight loss** or achieve further controlled weight reduction. Syllabus content is focused on sustainable lifestyle management integration while incorporating **relapse prevention techniques** to mitigate setbacks and support ongoing progress.

Practices can refer a patient to this programme using the updated NDPP referral form from 23rd June 2025

Table 6 - Useful documents and links

Document	Link	Document insert
British National Formulary (BNF)	https://bnf.nice.org.uk/drugs/tirzepatide/	
NICE CKS – Prescribing information	https://cks.nice.org.uk/topics/obesity/prescribing-information/tirzepatide/	
SWL Medicines Optimisation tirzepatide information sheet	SWL Tirzepatide information sheet v1.0	 Tirzepatide-informati on-sheet-v1.0.pdf
SWL Tirzepatide Position Statement	https://swlimo.southwestlondon.icb.nhs.uk/wp-content/uploads/Tirzepatide-position-statement-v.3.0-Working-Draft-Agreed-in-Principle-IMOC-Mar-2025.pdf	 Tirzepatide-position-statement-v.3.pdf
SWL Type 2 diabetes mellitus (T2DM) prescribing guidelines for use in adults in South West London	https://swlimo.southwestlondon.icb.nhs.uk/clinical-guidance/6-endocrine-system/diabetes/type-2-diabetes/	 Type-2-diabetes-mell itus-guidelines-updat
SWL Public facing webpage for tirzepatide	https://www.southwestlondon.icb.nhs.uk/weight-loss-meds/	
NHS Interim Commissioning Guidance	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	 NHS Interim commissioning guida
NICE TA 1026 Tirzepatide for managing overweight and obesity	1 Recommendations Tirzepatide for managing overweight and obesity Guidance NICE	 NICE TA1026 tirzepatide-for-manag
NICE NG246 Overweight and obesity management	https://www.nice.org.uk/guidance/ng246/resources/overweight-and-obesity-management-pdf-66143959958725	 NICE NG246 overweight-and-obes
NICE Tirzepatide local formulary information	https://www.nice.org.uk/guidance/ta1026/resources/tirzepatide-local-formulary-information-pdf-17647359110341	
NICE Tools and Resources section	https://www.nice.org.uk/guidance/TA1026/resources	