SHROPSHIRE & TELFORD
Local Medical Committee

Guidance on Tirzepatide for General Practice

In December 2024, NICE published Technology Appraisal Guidance TA1026 recommending that Tirzepatide be offered to patients for the management of overweight and obesity (where certain conditions are met). TA1026 places a legally binding responsibility on commissioners (e.g. the ICB) to provide funding to enable the recommendations to be followed by clinicians for their patients.

In Shropshire, funding was previously made available to provide the first eligible cohort of patients with Tirzepatide treatment. However, this funding has now been withdrawn, and the ICB has advised that the money has been "rolled into QOF". As it stands, there is no plan for them to commission a new, funded service.

This creates several issues:

- In BMA terms, providing Tirzepatide is, by definition, not a core general practice activity, because it was previously funded as an enhanced service.

- QOF has always been money for recording of activity and not provision of treatment or other processes. Therefore, the payments associated with QOF are relatively small. This change in expectation sets a dangerous precedent for underfunding.

- OB005 does not constitute, nor replace, a properly commissioned service.

The guidance and licensing for Tirzepatide state that it should be provided in the context of a wider suite of lifestyle advice and interventions (e.g. calorie reduction and increased physical activity) and not be given as a standalone treatment without wraparound care.

Several LMCs have modelled the cost of providing Tirzepatide with the appropriate clinical input and support, and it is clear that based on the QOF funding alone practices would be undertaking this work at a significant loss. The money per patient also falls far short of the circa £1200-2000 paid to Oviva.

We are currently awaiting guidance from GPCE regarding exception coding for the relevant QOF indicators. Referral to a Tier 2 weight management programme – NHS Digital Weight Management, NHS Diabetes Prevention, NHS T2DM Path to Remission, or a local equivalent – does meet the requirements for the domain OB004.

OB005 is more complicated. Referral to Oviva would not meet the criteria (for this indicator or for OB004) as this is a tier 3 service and not primary care. Personalised care adjustments could potentially be used as, due to the commissioning gap, no service is available. We will write to advise further when we have heard more from GPCE on this matter.

The current position of the LMC is that practices should not prescribe Tirzepatide for weight loss in place of a fully commissioned service, such as the one that was previously available. This work would be significantly underfunded and, as more patients become eligible for treatment in the coming years, it would be unsustainable in general practice.