

Clinical Policy

Access to Weight Management Services and Weight Management Medicines for Adults ≥ 18 years

Criteria Based Access

This clinical policy outlines North East London's (NEL) criteria for access to National Institute of Health and Care Excellence (NICE) approved weight management medications semaglutide (Wegovy®) and tirzepatide (Mounjaro®) on the NHS. It has been produced in line with NHS England interim commissioning guidance (March 2025) working alongside our clinical experts and weight management services in North East London.

This policy does not apply to those eligible for semaglutide and tirzepatide under the relevant NICE technological appraisals for type 2 diabetes.

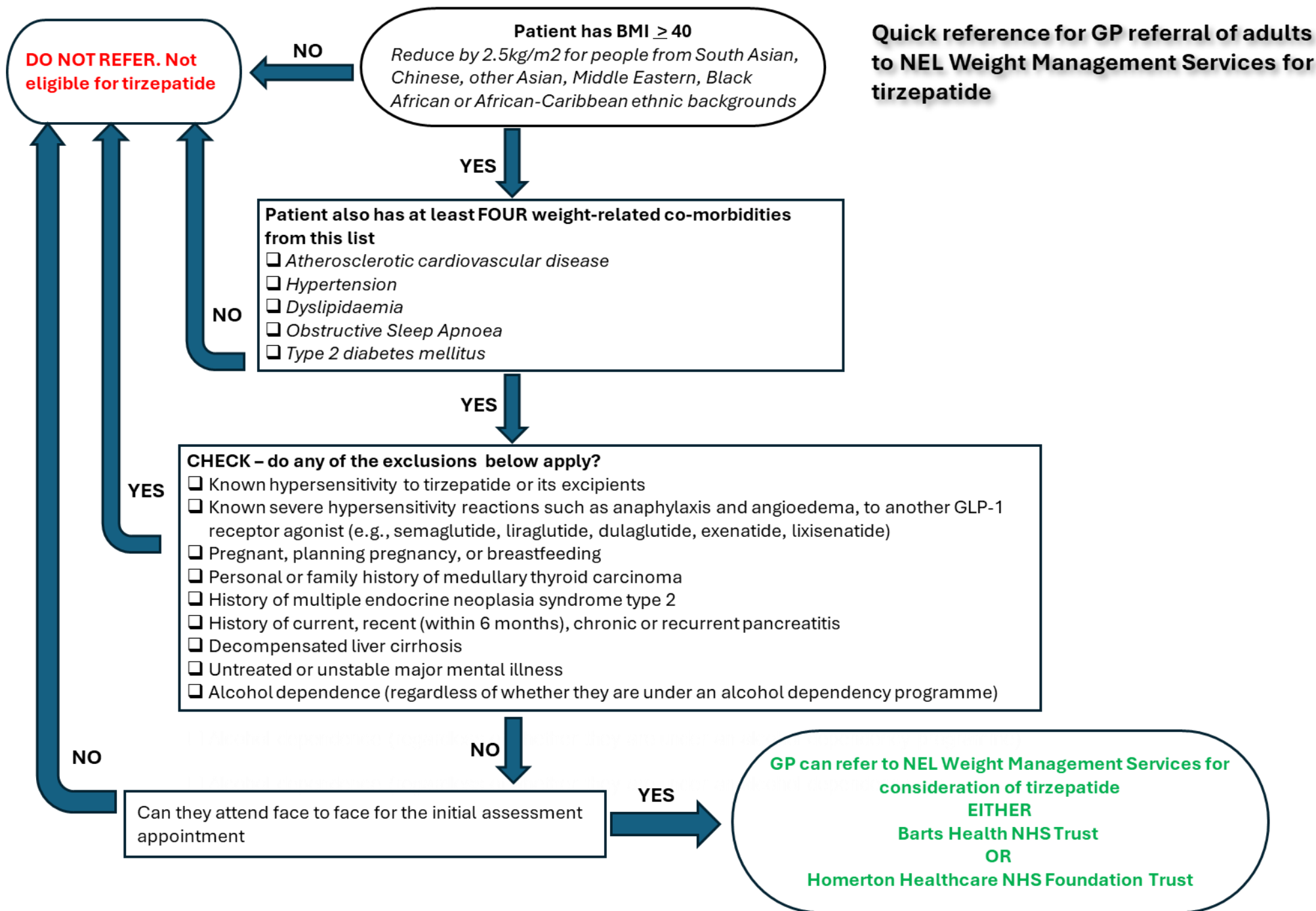
This is a live document and will be updated as needed to reflect new recommendations from NHS England.

Document control

This policy will impact on	NHS North East London
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Contents

Quick reference guide for GP referral of adults to NEL weight management services for tirzepatide (Mounjaro®)	3
General principles	4
Background	4
Principles for prescribing semaglutide and tirzepatide for weight management in North East London	5
Eligibility criteria	5
Exclusions	6
Referral route for tirzepatide	7
Patients who do not meet the eligibility criteria for tirzepatide may be considered for referral to a Right to Choose providers with a qualifying NHS contract for alternative support which may include other weight management medication.....	7
Referral route for semaglutide	7
Medicines management.....	7
Approval process via Blueteq®	8
Reviewing and stopping prescribing.....	8
Behavioural support (wraparound care)	8
Patients who do not meet eligibility criteria for medication.....	8
Patients established on weight management treatment via a private provider prior to publication of this clinical policy	9
Patients established on weight management treatment under the NHS prior to publication of this clinical policy	9
APPENDIX 1 – Tirzepatide referral guide for GPs in North East London	10
APPENDIX 2.....	12
Healthier You: NHS behavioural support – tirzepatide (Mounjaro®) for weight management.....	12



**THIS IS A CRITERIA BASED ACCESS POLICY
TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW**

THIS POLICY RELATES TO ALL ADULT PATIENTS

General principles

Treatment should only be given in line with these general principles

1. All weight management services providing access to weight management medicines on the NHS to patients registered with a GP in North East London will need to comply with the eligibility and referral criteria for medicines as set out in this policy.
2. Clinicians should assess the patients against the criteria within this policy prior to referral. Referring patients who do not meet these criteria to services not only incurs significant costs but also inappropriately raises the patient's expectation of treatment.
3. Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment.
4. To be able to accept referrals, the service should be part of a full clinical Multi-Disciplinary Team (MDT) to ensure patients are fully triaged, counselled and assessed as part of the pathway for weight management.
5. Patients must be advised that being accepted into the weight management service will not mean that they automatically lead to a weight management medicine being prescribed.
6. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to advance equity of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Background

NHS England has published an Interim Commissioning Guidance (March 2025), which details eligible patient cohorts, prioritisation strategy and phased implementation of tirzepatide across specialist weight management services and primary care settings. This policy underpins the guidance from NHS England and has been developed with input from clinical experts and weight management services in North East London. This policy will be updated in response to any new recommendations and commissioning guidance from NHS England.

[NHSE Interim commissioning guidance: implementation of the NICE technology appraisal TA1026 and the NICE funding variation for tirzepatide \(Mounjaro®\) for the management of obesity](#)

NHS North East London has established weight management services in NEL. GPs can refer eligible patients to these services. From October 2025, initiation of weight management medicines and ongoing monitoring and prescribing will be made available through specialist weight management services in NEL on behalf of primary care, for people who are eligible in line with the criteria in this policy. Access to treatment would be based on clinical prioritisation, with treatment initially being made available to those at the highest risk of obesity-related health conditions.

Principles for prescribing semaglutide and tirzepatide for weight management in North East London

- **Equity of access:** People who are living with obesity who are eligible for weight loss medications in line with this North East London clinical policy should have equitable access to these medicines.
- **Proactive care:** Weight management services will identify people living with obesity who are eligible for medication in line with this policy.
- **Financial stewardship:** We have a duty to live within our financial means, so prescribing and service costs must be managed within allocated budgets.

Eligibility criteria

Semaglutide (Wegovy®) Patients should only be referred for treatment with semaglutide if they meet all the below eligibility criteria for the specific drug	
1. Body Mass Index (BMI) NICE TA875	<ul style="list-style-type: none"> • $\geq 35 \text{ kg/m}^2$ or • $30.0 - 34.9 \text{ kg/m}^2$ and meet the criteria for referral to specialist overweight and obesity management services, where: <ul style="list-style-type: none"> ○ the underlying causes of overweight or obesity need to be assessed ○ person has complex disease states or needs that cannot be managed adequately in behavioural overweight & obesity management services (e.g. the extra support needs of people with learning disabilities) ○ less intensive management has been unsuccessful ○ specialist interventions (such as a very-low-calorie diet) ○ surgery or certain medicines being considered <p>[section 1.11.13 of NICE guideline NG246: Overweight and obesity management]</p> <p><i>*A lower BMI threshold should be used (usually reduced by 2.5 kg/m^2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic background</i></p>
2. Co-morbidities NICE TA875	At least ONE weight-related co-morbidity <ul style="list-style-type: none"> • Hypertension • Dyslipidaemia • Obstructive sleep apnoea • Cardiovascular disease
3. Additional NEL locally agreed criteria for phase 1 weight management pilot only (consultant to weight management consultant referral)	At least ONE of the below: <ul style="list-style-type: none"> • Active malignancy and need for urgent weight loss for planned therapy e.g. radiotherapy or surgery • Urgent weight loss needed for organ transplant • Idiopathic intracranial hypertension (IIH), needing frequent lumbar punctures and/or visual compromise • Undergoing planned time-sensitive surgery for life-limiting conditions, where a high BMI is the main barrier to surgery. • Obesity hypoventilation syndrome (OHS) <p>Note: this list of criteria does not apply to other patients outside of the NEL weight management phase 1 pilot</p>
4. Clinical setting	Semaglutide must be prescribed within a specialist weight management service providing multidisciplinary management of overweight or obesity (including but not limited to tiers 3 and 4)

5. Supportive management	Patient must agree to a sustained programme of lifestyle interventions, including reduced-calorie diet and increased physical activity advice and management
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Tirzepatide (Mounjaro®) Patients should only be referred for treatment with tirzepatide if they meet all the below eligibility criteria for the drug													
1. Body Mass Index (BMI) NHSE March 2025	$\geq 40 \text{ kg/m}^2$ <i>*A lower BMI threshold should be used (usually reduced by 2.5 kg/m^2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic background</i>												
2. Co-morbidities NHSE March 2025	At least FOUR qualifying co-morbidities <table border="1"> <thead> <tr> <th>Co-morbidities</th><th>Definition</th></tr> </thead> <tbody> <tr> <td><i>Atherosclerotic cardiovascular disease (ASCVD)</i></td><td>Established atherosclerotic CVD (ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure)</td></tr> <tr> <td><i>Hypertension</i></td><td>Established diagnosis of hypertension and requiring blood pressure lowering therapy</td></tr> <tr> <td><i>Dyslipidaemia</i></td><td>Treated with lipid-lowering therapy, or with low-density lipoprotein (LDL) equal-to-or-greater than 4.1 mmol/L, or high-density lipoprotein (HDL) less than 1.0 mmol/L for men or less than 1.3 mmol/L for women or fasting (where possible) triglycerides equal-to-or-greater than 1.7 mmol/L</td></tr> <tr> <td><i>Obstructive Sleep Apnoea (OSA)</i></td><td>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</td></tr> <tr> <td><i>Type 2 diabetes mellitus</i></td><td>Established type 2 diabetes mellitus</td></tr> </tbody> </table>	Co-morbidities	Definition	<i>Atherosclerotic cardiovascular disease (ASCVD)</i>	Established atherosclerotic CVD (ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure)	<i>Hypertension</i>	Established diagnosis of hypertension and requiring blood pressure lowering therapy	<i>Dyslipidaemia</i>	Treated with lipid-lowering therapy, or with low-density lipoprotein (LDL) equal-to-or-greater than 4.1 mmol/L , or high-density lipoprotein (HDL) less than 1.0 mmol/L for men or less than 1.3 mmol/L for women or fasting (where possible) triglycerides equal-to-or-greater than 1.7 mmol/L	<i>Obstructive Sleep Apnoea (OSA)</i>	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	<i>Type 2 diabetes mellitus</i>	Established type 2 diabetes mellitus
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3. Face-to-face access	Patient must be able to attend a face-to-face assessment appointment with a weight management specialist prior to initiating tirzepatide												
4. Supportive management	Patient must agree to engage with wraparound care (nutritional and dietetic advice, physical activity guidance and behavioural change) for at least 9 months from tirzepatide prescribing												

Exclusions

Patients should **not** be referred if any of the following apply:

- Known hypersensitivity to semaglutide or tirzepatide or their excipients.
- Known severe hypersensitivity reactions such as anaphylaxis and angioedema, to another GLP-1 receptor agonist (e.g., liraglutide, dulaglutide, exenatide, lixisenatide)
- Pregnant, planning pregnancy, or breastfeeding
- Personal or family history of medullary thyroid carcinoma (MTC)
- History of multiple endocrine neoplasia syndrome type 2 (MEN2)
- History of current, recent (within 6 months), chronic or recurrent pancreatitis
- Decompensated liver cirrhosis
- Untreated or unstable major mental illness
- Alcohol dependence (regardless of whether they are under an alcohol dependency programme)

Note that the following conditions are not absolute contraindications to semaglutide or tirzepatide and the benefits and risks of treatment should be assessed on a case-by-case basis:

- Severe gastrointestinal disease (including severe gastroparesis)
- End-stage renal disease ($\text{eGFR} < 15 \text{ mL/min/1.73 m}^2$) or receiving dialysis

- Proliferative diabetic retinopathy or diabetic macular oedema
- Substance misuse

Referral route for tirzepatide

GPs can refer patients who meet the above criteria for treatment with tirzepatide to the local weight management services from October 2025. The local weight management services will be provided by Barts Health NHS Trust and Homerton Healthcare NHS Foundation Trust on behalf of primary care. Please see [appendix 1](#) for the referral guide for GPs for tirzepatide.

Patient factors for GPs to consider:

- Patients would be required to have at least one face to face appointment with a weight management specialist prior to initiating treatment with tirzepatide. The GP should consider transport arrangements when referring housebound patients.
- Patients are to be made aware that tirzepatide is administered as a subcutaneous injection and therefore patients who decline injectable medicines are not suitable for referral.
- All patients (or their carer) will receive training for ongoing self-administration, with the expectation that they will be self-administering a weekly injection. Referral for district nursing should only be considered in exceptional circumstances (e.g. learning disability and unable to self-administer or without a suitable carer).

GPs should make patients aware of the importance of engaging with both the clinical treatment and the wider support offer (behavioural support for obesity prevention, also known as wraparound care) prior to making a referral to the weight management service. The actual referral to the behavioural support service will be made by the weight management service for eligible patients.

Patients who do not meet the eligibility criteria for tirzepatide may be considered for referral to a Right to Choose providers with a qualifying NHS contract for alternative support which may include other weight management medication.

Referral route for semaglutide

GPs can refer patients who meet the above criteria for treatment to the weight management services under Right to Choose.

Currently, NEL specialist weight management services are only able to accept referrals for semaglutide via a Consultant to Consultant referral.

Patient factors to consider:

- Patients are to be made aware that semaglutide is administered as a subcutaneous injection and therefore patients who decline injectable medicines are not suitable for this treatment.
- All patients (or their carer) will receive training for ongoing self-administration, with the expectation that they will be self-administering a weekly injection. Referral for district nursing should only be considered in exceptional circumstances (e.g. learning disability and unable to self-administer or without a suitable carer).

Medicines management

All initiation, ongoing prescribing and monitoring of semaglutide and tirzepatide would be via the weight management services. Primary care prescribers should not initiate medications for weight management.

Prescribing must be in line with the eligibility criteria as set out by this policy and in accordance with all relevant regulations. The weight management service shall ensure the safe and legal storage, dispensing, disposal of medicines and prescriptions, including sharps collection where applicable if supplying medicines. The weight management service should make themselves aware of local arrangements for collection/disposal of clinical waste (i.e. sharps). They should then

inform patients about how to use sharps boxes, the availability of collection and disposal services and where to go for further assistance, as part of providing person centred care.

All costs of medicines should be in line with those expected of NHS Trusts or in line with nationally agreed pricing such as the current Drug Tariff.

Approval process via Blueteq®

The use of Blueteq® helps to ensure prescribing is in accordance with the above eligibility criteria and supports clinical governance. An initiating Blueteq® form must be submitted to NEL ICB by the weight management service prior to the initiation of semaglutide or tirzepatide. For patients receiving ongoing treatment, a continuation Blueteq® form must be completed and submitted at the agreed review period.

Reviewing and stopping prescribing

Semaglutide

- Consider stopping semaglutide if less than 5% of the initial weight has been lost after 6 months of treatment.
- Semaglutide should be prescribed for a maximum of 2 years.

Tirzepatide

- 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.
- The decision to continue short or long term prescribing should be made on a case-by-case basis by an appropriately trained healthcare professional, in consultation with the patient.
- Tirzepatide does not have a set “stopping rule” or maximum treatment period.

Behavioural support (wraparound care)

Behavioural support aims to drive sustainable lifestyle changes through structured interventions (e.g. diet and exercise). The weight management service must ensure patients eligible for tirzepatide or semaglutide are enrolled onto a behavioural support programme, either a nationally commissioned service, or equivalent.

Patients who do not meet eligibility criteria for medication

GPs may wish to refer patients who do not meet existing eligibility criteria for medication, to a local Tier 2 provider for weight management support. Tier 2 services are offered by each local authority in NEL and can be accessed here:

- Barking and Dagenham – support offered via the NHS Digital Weight Management Programme [NHS England » Information for healthcare professionals](#)
- City and Hackney [Healthier Together Hackney – GP Website](#)
- Havering [Live Healthier Havering – Everyone Active](#)
- Newham [Weight Management Programme in Newham | Xyla Services](#)
- Redbridge [Health & Wellbeing • Vision RCL](#)
- Tower Hamlets [Weight Action Programme \(WAP\) by Queen Mary University of London](#)
- Waltham Forest [Home Page – Free Healthy Lifestyle Services | Waltham Forest](#)

There are other NHS-supported weight loss programmes in NEL which GPs may want to consider referring patients to:

- [NHS Diabetes Prevention Programme \(NDPP\)](#)
- [NHS Type 2 Diabetes Path to Remission](#)
- [Digital Weight Management Programme](#)

Patients established on weight management treatment via a private provider prior to publication of this clinical policy

Patients who were initiated on treatment by a private provider prior to the implementation of this clinical policy:

- Those who **do** meet the current eligibility criteria for medication, can be referred for consideration of treatment continuation by the locally commissioned NHS weight management services.
- Those who **do not** meet the current eligibility criteria for medication should not be referred. They should remain with their current private provider under their existing arrangements for treatment.

Patients established on weight management treatment under the NHS prior to publication of this clinical policy

Primary care prescribers should not initiate any new patients on weight management medications.

All patients who were initiated on treatment under the NHS (e.g. via their GP or NHS specialist team), prior to the implementation of this clinical policy, should be reviewed by their current prescriber to check if they meet the current eligibility criteria for medication.

- Those who **do** meet the current eligibility criteria for medication can continue treatment by their current prescriber.
- Those who **do not** meet the current eligibility criteria for medication, should be clinically reviewed, taking into account the benefits and risks of continuing or stopping treatment.
- **All patients continuing on tirzepatide treatment for weight management:**
 - Should have a review after 6 months on the highest tolerated dose to ensure treatment efficacy.
 - Treatment should be stopped if only **less than 5%** of the initial weight has been lost after 6 months on the highest tolerated dose. See section on [reviewing and stopping prescribing](#).
- It is a condition of their treatment that patients should receive behavioural support. It is the responsibility of the current prescriber to ensure that this is in place and that patients are engaging with this support. See [appendix 2](#) for referral form to the nationally commissioned service. Prescribers can contact the NEL Pharmacy and Medicines Optimisation Team for advice on referring patients.

APPENDIX 1 – Tirzepatide referral guide for GPs in North East London

Tirzepatide (Mounjaro®) for weight loss: Primary Care Service

Summary

GPs can refer patients who meet the eligibility criteria for treatment with tirzepatide to the local weight management services from October 2025. Barts Health Weight Management Service and Homerton Bariatric Surgery Service will be providing the service on behalf of primary care. Until NEL ICB is in a position to directly commission primary care-led management, the specialist services will initiate, maintain ongoing prescribing and monitoring, and ensure patients have access to a behavioural support programme.

Eligibility

Under the current agreement, and in accordance with NHS England interim clinical commissioning guidance, eligibility for tirzepatide in 2025/26 is restricted to:

Those with a body mass index (BMI) $\geq 40 \text{ kg/m}^2$

AND

4 or more qualifying co-morbidities:

- Cardiovascular disease
- Hypertension
- Dyslipidaemia
- Obstructive sleep apnoea
- Type 2 diabetes mellitus

**A lower BMI threshold should be used (usually reduced by 2.5 kg/m^2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic background*

Practices may identify eligible patients, and we are also working with the Clinical Effectiveness Group (CEG) to develop an alert so that eligible patients can be identified and offered referral during annual reviews. A search will be made available for practices who want to use it, but we are not requesting that this is undertaken. It is estimated that the number of eligible patients per practice will be small in the first 12 months.

Patients must also be able to attend an initial face-to-face assessment with the Barts Health and/or Homerton Bariatric Surgery Services.

Qualifying Co-morbidities

Co-morbidities	Definition
<i>Atherosclerotic cardiovascular disease (ASCVD)</i>	Established atherosclerotic CVD (ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure)
<i>Hypertension</i>	Established diagnosis of hypertension and requiring blood pressure lowering therapy
<i>Dyslipidaemia</i>	Treated with lipid-lowering therapy, or with low-density lipoprotein (LDL) equal-to-or-greater than 4.1 mmol/L , or high-density lipoprotein (HDL) less than 1.0 mmol/L for men or less than 1.3 mmol/L for women or fasting (where possible) triglycerides equal-to-or-greater-than 1.7 mmol/L
<i>Obstructive Sleep Apnoea (OSA)</i>	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
<i>Type 2 diabetes mellitus</i>	Established type 2 diabetes mellitus

How to refer

Referrals should be made via eRS to the Barts Health Weight Management Service or Homerton Bariatric Surgery Service via Advice & Referral. Patients who also want to be considered for bariatric surgery as a treatment option can be referred to Homerton Bariatric Surgery Service for their initial face to face assessment. Referrals will be triaged by a clinician before the patient is offered an appointment.

There is no referral form, but it is essential that the referral includes:

- BMI (from the last 3 months)
- Eligible co-morbidities
- Any history of significant mental health problems and eating disorders

Patients must be willing to engage with behavioural support, which will include diet, activity and behaviour change for at least 9 months from prescribing prior to and during treatment.

Contraindications

Confirm that patient **does not** have any of the below (exclusion criteria):

- Known hypersensitivity to tirzepatide or its excipients
- Known severe hypersensitivity reactions such as anaphylaxis and angioedema, to another GLP-1 receptor agonist (e.g., semaglutide, liraglutide, dulaglutide, exenatide, lixisenatide)
- Pregnant, planning pregnancy, or breastfeeding
- Personal or family history of medullary thyroid carcinoma (MTC)
- History of multiple endocrine neoplasia syndrome type 2 (MEN2)
- History of current, recent (within 6 months), chronic or recurrent pancreatitis
- Decompensated liver cirrhosis
- Untreated or unstable major mental illness
- Alcohol dependence (regardless of whether they are under an alcohol dependency programme)

Note that the following conditions are not absolute contraindications to tirzepatide and the benefits and risks of treatment should be assessed on a case-by-case basis:

- Severe gastrointestinal disease (including severe gastroparesis)
- End-stage renal disease (eGFR < 15 mL/min/1.73 m²) or receiving dialysis
- Proliferative diabetic retinopathy or diabetic macular oedema
- Substance misuse

Clinical Prioritisation

Patients will be treated based on current **clinical priority**, which will be assessed based on existing cohorts and referrals received on a monthly basis via MDT meetings.

What Happens Next?

Referrals received will be triaged by the service. Patients will be offered behavioural support, either via the weight management services or referral to the national (NHSE commissioned) service.

APPENDIX 2

Healthier You: NHS behavioural support – tirzepatide (Mounjaro®) for weight management

Please e-mail completed form to: healthier.you@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 apnoea, 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	
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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 Thrive Tribe Ltd.
2. Information from Thrive Tribe Ltd 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 Thrive Tribe Ltd. 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.