

# NEL obesity management clinical policy

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Implementing the 2026/27 QOF obesity indicators and tirzepatide prescribing in North East London primary care

# Key outcomes:

- Gain an understanding of the QOF obesity indicators OB004 and OB005.
- Gain an overview of the NEL Obesity Management Clinical Policy and how it supports consistent decision-making across practices, including eligibility criteria for tirzepatide prescribing in primary care.
- Identify available behavioural (wraparound) support
- Know how to access ongoing clinical support, including the regular specialist-led drop-in advisory sessions for primary care.

# Summary of NEL Obesity Management Clinical policy

- Eligibility criteria for tirzepatide and semaglutide
- Cautions and contraindications of GLP and GIP/GLP-1 receptor agonists
- Referral route for semaglutide
- Management of patients established on obesity management treatment via private providers
- Details of local and national weight management programmes


# Why obesity management is changing in 2026/27

The updated NEL ICB Obesity Management Clinical Policy setting out access to NICE-approved obesity management medicines is now available:

[NEL-Obesity-management-clinical-policy-V2.0.pdf](#)

The update reflects the new 2026/27 QOF obesity indicators (OB004 and OB005).

The update also reflects the NICE Funding Variation for tirzepatide (Mounjaro®).



## North East London Clinical Policy

Obesity Management 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 obesity management medications semaglutide (Wegovy®) and tirzepatide (Mounjaro®) on the NHS. It has been produced in line with NHS England interim commissioning guidance (April 2026) working alongside our clinical experts and obesity management services in North East London.

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

**Document control**

This is a live document and will be reviewed and updated in response to new or updated national guidance, including (as applicable) NHS England interim commissioning guidance and associated NICE funding variation for tirzepatide (TA1026), relevant NICE technology appraisals and NICE guideline NG246, and Quality and Outcomes Framework (QOF) guidance.

<b>This policy will impact on</b>	NHS North East London
<b>Version no</b>	2.0
<b>Document reference</b>	NEL/MO/DOC/2025-13
<b>Ratified by</b>	Via Chair's Action on behalf of North East London System Prescribing and Medicines Optimisation (SyPMO) Board
<b>Date ratified</b>	May 2026
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<b>Review due date</b>	February 2027
<b>Previous version history</b>	Version 1.0 ratified September 2025

# What is changing in obesity management in NEL in 2026/27

From 1 April 2026, the introduction of two QOF obesity indicators enables primary care access to Tirzepatide for obesity management. This supports consistent identification of adults living with obesity, using ethnicity-adjusted BMI thresholds, and referral to behavioural obesity management support.

Following publication of the 2026/27 QOF obesity indicators, the NEL specialist weight management services are no longer accepting new referrals for access to obesity management with tirzepatide prescribing.

# QOF obesity indicator: OB004

- **OB004 (5 points; threshold 10–30%)**
  - Record **BMI** for adults 18+ and apply **ethnicity-adjusted** obesity thresholds (BMI  $\geq 30$ , or  $\geq 27.5$  for specified ethnic groups) within the **preceding 12 months**.
  - Ensure **ethnicity coding** is up to date (needed to apply the correct threshold).
  - **Refer** eligible patients to a **weight management programme** within **90 days** of the BMI being recorded.
  - Check your clinical system has the right **codes** so BMI, ethnicity, and referral are captured for QOF extraction. Refer to the obesity [QOF business rules](#) for the SNOMED codes used for QOF extraction.

# Weight management programme: local & national signposting

Refer patients to a local Weight management programme (Tier 2) provider for obesity 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 Obesity 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 – Newham Council](#)
- Redbridge [Health & Wellbeing • Vision RCL](#)
- Tower Hamlets [Weight Loss Programmes | Tower Hamlets Connect](#)
- Waltham Forest [Home Page – Free Healthy Lifestyle Services | Waltham Forest](#)

There are other NHS-supported weight management programmes in NEL:

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

# QOF obesity indicator: OB005

- **OB005 (13 points; threshold 50–80%)**
  - Identify patients who meet **NICE TA1026 Funding Variation** eligibility (ethnicity-adjusted BMI + required **comorbidity** status for the relevant implementation year).
  - Document a **Shared Decision-Making (SDM)** discussion about obesity treatment options.
  - **Offer** NICE-approved obesity **pharmacotherapy (i.e. tirzepatide)** in primary care **and** refer/signpost to **behavioural wraparound support**, all within the **preceding 12 months**.
  - Ensure eligibility (BMI/ethnicity/comorbidities), SDM, offer of medicines (i.e. tirzepatide), and behavioural support referral are all **coded**. Refer to the obesity [QOF business rules](#) for the SNOMED codes used for QOF extraction.

# Treatment eligibility: NICE TA1026 and NHSE Funding variation

Eligibility for treatment with tirzepatide follows:

- [NICE TA1026](#) : *Tirzepatide is recommended in adults for weight loss, only if they have: an initial BMI of at least 35 kg/m<sup>2</sup> and at least 1 weight-related comorbidity.*
- [NICE Funding Variation for tirzepatide in primary care](#)

Funding variation year and cohort	Estimated cohort duration	Comorbidities	BMI*
Year 1 (Cohort 1)	12 months	≥4 qualifying comorbidities: hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus	≥40
Year 2 (Cohort 2)	9 months	≥4 qualifying comorbidities: hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus	35-39.9
Year 2/3 (Cohort 3)	15 months	3 qualifying comorbidities: hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus	≥40

\*For people from minority ethnic backgrounds (South Asian, Chinese, other Asian, Middle Eastern, Black African, African-Caribbean), lower BMI thresholds (reduced by 2.5 kg/m<sup>2</sup>) should be applied.

# Treatment eligibility

- Treatment with tirzepatide will not be clinically appropriate for all patients. Taking into account:
  - **patient preferences**
  - **treatment goals**
  - **capacity to engage with behavioural support**
  - **comorbidities**
  - **potential risks and benefits**
- The decision to initiate pharmacological treatment in primary care must be a shared decision.

Eligibility criteria													
Tirzepatide (Mounjaro®)													
Patients should only be considered for treatment with tirzepatide if they meet <b>all</b> the below eligibility criteria for the drug													
1. <b>Body Mass Index (BMI)</b> <a href="#">NHSE April 2026</a>	<p>≥35 kg/m<sup>2</sup></p> <p><i>*A lower BMI threshold should be used (usually reduced by 2.5 kg/m<sup>2</sup>) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic background</i></p>												
2. <b>Co-morbidities</b> <a href="#">NHSE April 2026</a>	<p>At least FOUR qualifying co-morbidities</p> <table border="1"> <thead> <tr> <th>Co-morbidities</th> <th>Definition</th> </tr> </thead> <tbody> <tr> <td>Atherosclerotic cardiovascular disease (ASCVD)</td> <td>Established atherosclerotic CVD (ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure)</td> </tr> <tr> <td>Hypertension</td> <td>Established diagnosis of hypertension <b>and</b> requiring blood pressure lowering therapy</td> </tr> <tr> <td>Dyslipidaemia</td> <td>Treated with lipid-lowering therapy, <b>or</b> with low-density lipoprotein (LDL) equal-to-or-greater than 4.1 mmol/L, <b>or</b> high-density lipoprotein (HDL) less than 1.0 mmol/L for men or less than 1.3mmol/L for women <b>or</b> fasting (where possible) triglycerides equal-to-or-greater-than 1.7 mmol/L</td> </tr> <tr> <td>Obstructive Sleep Apnoea (OSA)</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>Type 2 diabetes mellitus</td> <td>Established type 2 diabetes mellitus</td> </tr> </tbody> </table>	Co-morbidities	Definition	Atherosclerotic cardiovascular disease (ASCVD)	Established atherosclerotic CVD (ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure)	Hypertension	Established diagnosis of hypertension <b>and</b> requiring blood pressure lowering therapy	Dyslipidaemia	Treated with lipid-lowering therapy, <b>or</b> with low-density lipoprotein (LDL) equal-to-or-greater than 4.1 mmol/L, <b>or</b> high-density lipoprotein (HDL) less than 1.0 mmol/L for men or less than 1.3mmol/L for women <b>or</b> fasting (where possible) triglycerides equal-to-or-greater-than 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 continuous positive airway pressure (CPAP) or equivalent	Type 2 diabetes mellitus	Established type 2 diabetes mellitus
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Type 2 diabetes mellitus	Established type 2 diabetes mellitus												
3. <b>Face-to-face access</b>	Patient must be able to attend a face-to-face assessment appointment prior to initiating tirzepatide												
4. <b>Supportive management</b>	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												

# Behavioural support with tirzepatide

- The MHRA product licence for tirzepatide (Mounjaro®), as well as NICE guidance, requires that patients taking the medication receive behavioural support.
- Behavioural support is provided through the nationally funded and procured “The Healthier You: NHS Behavioural Support for Obesity Prescribing service”
- A behavioural support service aims to compliment, not replace clinical care

## APPENDIX 1

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

Please e-mail completed form to: [healthier.you@nhs.net](mailto: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 II, 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 35 kg/m<sup>2</sup>\*

\* Use a lower BMI threshold (reduced by 2.5 kg/m<sup>2</sup>) 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	

# Patient monitoring

- All patient reviews should take a holistic approach monitoring patient outcomes:
  - weight loss and associated recording of BMI
  - comorbidity indicators
  - adverse effects, including psychological impacts
- If at least 5% of initial body weight has not been lost after 6 months, at the highest tolerated dose, healthcare professionals should reassess the appropriateness of continuing treatment
- NICE has developed a [checklist](#) to support follow up and monitoring when prescribing tirzepatide

# Weekly specialist support

Weekly drop-in sessions for clinical queries and expertise with Dr Janine Makaronidis, Bart's Health Consultant in Diabetes and Obesity.

Drop-in timing: Tuesdays, 1–2pm, from 2 June.

Join weekly drop-in sessions here:

<https://teams.microsoft.com/meet/389887430921537?p=FFv5EGwcE1E12dTgLx>

# Overview of actions required to achieve QOF OB004 and OB005 indicators

Indicator	Who to include	Actions	Record / code	Time window	Threshold	Points
OB004	Adults 18+ with obesity (ethnicity-adjusted BMI): BMI $\geq 30$ , or BMI $\geq 27.5$ for specified ethnic groups; BMI in last 12 months.	Refer to weight management programme.	BMI (dated) Ethnicity Referral (dated)	Refer within 90 days of qualifying BMI	10–30%	5
OB005	Patients eligible per NICE TA1026 Funding Variation (ethnicity-adjusted BMI + qualifying comorbidities for the relevant year).	Record shared decision-making. Offer NICE-approved pharmacotherapy in primary care. Refer / signpost to behavioural support.	Eligibility: BMI + ethnicity + comorbidities Shared decision-making (coded) Offer of pharmacotherapy (coded) Behavioural support referral/signpost (coded)	All within last 12 months	50–80%	13

# Where to find the key resources

- Read the full policy here: [NEL-Obesity-management-clinical-policy-V2.0.pdf](#)
- Feedback email: [nelondonicb.prescribingqueries@nhs.net](mailto:nelondonicb.prescribingqueries@nhs.net)
- QOF obesity indicators and business rules:
  - [Quality and Outcomes Framework guidance for 2026/27](#)
  - [Quality and Outcomes Framework \(QOF\) business rules v51 2026 - NHS England Digital](#)
- Join weekly drop-in sessions here: <https://teams.microsoft.com/meet/389887430921537?p=FFv5EGwcE1E12dTgLx>
- A resource pack is in development, bringing together training, decision-making checklists, patient information, and resources to support safe monitoring, follow-up, and adverse event reporting.