

# Policy for Prescribing of Tirzepatide in Obesity

Reference Number:	MO/19
Version:	V1.0
Name of responsible Committee and date approved or recommended to Integrated Care Board:	Finance and Performance Committee 12/11/2025
Date approved by the Integrated Care Board (if applicable):	12/11/2025
Next Review Date:	12/11/2026
Expiry Date:	12/05/2027
Name of author and title:	Natasha Jacques Lead Medicines Optimisation Pharmacist
Name of reviewer and title:	Lucy Dyde, IFR Team Manager Jackie Kerby, Transformation Manager, Planned Care Jas Sagoo, Lead Medicines Optimisation Pharmacist Ian Taylor, GP Partner Engleton House Surgery
Department:	Medical Directorate

## VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
	1.0		

			Weight management injectables project team Policy Development Group-recommended for adoption 18/08/2025 Quality Team-no significant concerns 23/10/25 Policy Advisory Group-approved 16/10/25

**Contents**

1. Category: Prior Approval ..... 3

2. Background ..... 3

3. Indication ..... 3

4. Eligibility Criteria/ Commissioning position ..... 4

    Other Requirements ..... 5

    Initiation ..... 6

    Review ..... 6

5. Guidance/References ..... 7

## 1. Category: Prior Approval

This commissioning policy has been produced in order to provide and ensure equity, consistency and clarity relating to the prescribing of tirzepatide for obesity within Coventry & Warwickshire Integrated Care System.

Prior approval from the Integrated Care Board (ICB) will be required before any treatment proceeds, unless an alternative contract arrangement has been agreed with the ICB that does not necessitate the requirement of prior approval before treatment.

## 2. Background

- 2.1 Published December 2024, [NICE TA1026](#)<sup>1</sup> sets out clear guidance for the use of tirzepatide in the management of overweight and obesity. It is a dual GIP/GLP-1 receptor agonist and is recommended alongside a reduced calorie diet and increased physical activity in adults who meet the eligibility criteria.
- 2.2 NICE recommend the drug is for use in primary care settings and specialist weight management services (SWMS).
- 2.3 NICE estimates over 3.4 million of the national adult patient population would be eligible for the weight loss drug from 24<sup>th</sup> March 2025 based on the stated eligibility criteria.
- 2.4 NHS England (NHSE) anticipated that patient demand would result in 20% of all primary care appointments being required to deliver the drug to patients. An NHSE funding variation request submitted to NICE, on behalf all NHS providers and ICBs, requested a phased implementation over 12-years combined with prioritisation of patients by clinical need, BMI and comorbidities. The funding variation was accepted.
- 2.5 [NHS England Interim commissioning guidance](#)<sup>2</sup> sets out a framework for commissioners to implement the NICE TA1026 and NICE funding variation. The commissioning model for CW is Model 1: Community / Local-based Primary Care Delivery. This delivery model is not consultant led.
- 2.6 Tirzepatide is also prescribed to reduce blood glucose levels in people with Type 2 diabetes in line with NICE TA924<sup>3</sup>. This policy does not apply to the use of tirzepatide for management of glycaemic control in type 2 diabetes.

## 3. Indication

- 3.1 Tirzepatide is an option for managing overweight and obesity alongside a reduced calorie diet and increased physical activity only if they have<sup>1</sup>:
  - a body mass index (BMI) of at least 35kg/m<sup>2</sup> (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) **and**
  - at least one weight-related comorbidity.

#### 4. Eligibility Criteria/ Commissioning position

- 4.1 The NHSE guidance sets out the approach of **priority** patient cohorts for the initial 3 years of implementation, 2025-2028.
- 4.2 Patient eligibility will increase in stages, after the first 3 years. Patient eligibility criteria for 25/26 (cohort 1) are listed below
- ✓ BMI  $\geq$  40 or,
  - ✓ BMI  $\geq$ 37.5 for patients from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds) and;
  - ✓  $\geq$ 4 qualifying comorbidities from the list below

Qualifying Comorbidities	Definition
Atherosclerotic cardiovascular disease (ASCVD)	Established ASCVD (ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure)
Hypertension	Established diagnosis of hypertension AND requiring blood pressure therapy
Dyslipidaemia	Treated with lipid lowering therapy OR with low density lipoprotein (LDL) $\geq$ 4.1mmol/l, or high density lipoprotein (HDL) $<$ 1.0mmol/l for men or $<$ 1.3mmol/l for women OR fasting (where possible) triglycerides $\geq$ 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 Continuous Positive Airways Pressure (CPAP) or equivalent
Type 2 diabetes	Established Type 2 diabetes

- 4.3 Following patients meeting the eligibility criteria in 4.2, the ICB will apply the following further patient prioritisation criteria:
- 4.3.1 are a CWICB patient on the Specialist Weight Management Service (SWMS) waiting list or have been accessing SWMS services for less than 9months **and** living in the most deprived areas (starting with Index of Multiple Deprivation 1 (IMD1) and then moving upwards).
- 4.3.2 are a CWICB patient meeting criteria 4.2 living in the most deprived areas (starting with Index of Multiple Deprivation 1 (IMD1) and then moving upwards).
- 4.3.3 CWICB's patient criteria will further strengthen prioritisation of patients, in line with national evidence of higher prevalence of obesity and BMI by areas of deprivation and in [tackling health inequalities \(core 20plus5\)](#).

- 4.4 Patients already accessing the drug for diabetes and require a higher dose of tirzepatide will be eligible for this service, if meeting the above criteria in 4.2 and 4.3.
- 4.5 Current self-funders who have obtained private treatment or through clinical trials and are now seeking an NHS prescription, will only be eligible if they currently meet the cohort eligibility criteria described above.
- 4.6 Tirzepatide for obesity can only be prescribed via the Coventry & Warwickshire ICB commissioned Primary Care Weight Management Service .
- 4.7 A summary of the Coventry & Warwickshire approach to implementing NICE TA is in the table below.

<b>Eligibility</b>	<b>Criteria</b>
Cohort 1 (2025/26)	BMI $\geq$ 40 (or $\geq$ 37.5 for South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds) <b>AND</b> At least 4 qualifying comorbidities:
Qualifying Comorbidities	ASCVD, Hypertension, Dyslipidaemia, OSA, Type 2 Diabetes
Prioritisation	Patients meeting the above criteria AND: 1. On SWMS waiting list or in service <9months <b>and</b> living in IMD1+areas (moving upwards) 2. Not on SWMS, living in IMD1+ areas (moving upwards)
Notes	Self-funders must meet full eligibility criteria Prescribing of tirzepatide for obesity is only via CWICB commissioned services

CWICB have applied NHSE's funding mandate and patient eligibility criteria and a local criteria in recognition of resource availability, addressing health inequalities and sustainable access.

## Other Requirements

- 4.8 TA1026 stipulates patients accessing tirzepatide should be alongside a reduced calorie controlled diet and increased physical activity. A national behavioural support for obesity prescribing programme (BSOP) has been commissioned for patients accessing the drug through primary care, over a minimum time frame of 9 months from point of prescribing.
- 4.9 To support effective and sustainable weight loss tirzepatide will only be offered to eligible patients that commit to the engagement and completion of the BSOP programme in its entirety. This is a mandatory requirement.

## Initiation

- 4.10 The initiation and ongoing prescribing of tirzepatide for obesity will only be available via the CWICB commissioned Primary Care Weight Management Service by clinicians who are trained in prescribing and the ongoing management/clinical assessment of patients when using tirzepatide for obesity.
- 4.11 Prior approval as per agreed process (e.g. Blueteq), will be required from the CWICB before any treatment proceeds, unless an alternative contract arrangement has been agreed with the ICB.
- 4.12 For patients who **DO NOT** meet the eligibility criteria, CWICB will only consider funding the treatment if an Individual Funding Request (IFR) detailing the patient's clinical presentation is submitted to the ICB.

## Review

- 4.13 Patients will be required to attend monthly patient assessment reviews during the titration phase of Tirzepatide, with structured medication reviews incorporated into the management pathway for at least the first 12 months of prescribing. This will include a 6-month and 12-month review requiring approval via Blueteq.
- 4.14 A 6 month review with the responsible clinician at the end of the initial trial period and tirzepatide discontinued if any of the following apply;
- If less than 5% of the initial weight has not been lost after 6months on the highest tolerated dose
  - Patient has not attended scheduled clinical assessments/medication reviews with the Primary Care Weight Management Service on 2 or more separate occasions
  - Patient has not engaged/participated fully in the BSOP programme (3 or more separate occasions)
  - Continued treatment is not clinically appropriate e.g. planning pregnancy
- 4.15 It is the responsibility of responsible clinician or nominated person within the service to inform the patient's Primary Care clinician if tirzepatide is to be discontinued at any time and document on the prior approval form.
- 4.16 The outcome of the 6month and 12month review will be submitted via the prior approval form.
- 4.17 Reviews will continue at specified time periods, where the option of reducing the dose or discontinuing tirzepatide should be discussed, using shared decision making once the patient has achieved their personalised weight target. If the decision is made to stop then it is suggested this is done over a number of months reducing the dose in line with local/national guidance.
- 4.18 The outcome of all reviews will be communicated to the patient's Primary Care clinician.

4.19 CWICB will monitor uptake for people eligible in Cohort 1 by IMD quintile, weight loss and other biomedical outcomes.

## 5. Guidance/References

- 1.NICE TA1026 Tirzepatide for managing overweight and obesity. Published 23<sup>rd</sup> December 2025. [NICE TA1026](#) (accessed 13/06/2025)
- 2.NHS England. Interim Commissioning guidance: Implementation of the NICE Technology Appraisal TA1026 and the NICE funding variation for tirzepatide for the management of obesity. [PRN01879-interim-commissioning-guidance.pdf](#) (accessed 29/07/2025)
- 3.NICE TA924. Tirzepatide for treating type 2 diabetes. Published 23<sup>rd</sup> October 2023. [NICE TA924](#) (accessed 30/07/2025)

## Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

**Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.**

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

### Quality Impact Assessment –Quality and Equality Impact Assessment

<b>Scheme Title:</b>	Tirzepatide for obesity		
<b>Service Type:</b>	New Service		
<b>Project Lead:</b>	Jackie Kerby	<b>Senior Responsible Officer:</b>	Richard Rawlinson
<b>Intended impact of scheme:</b>	<p>To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility to access tirzepatide for the treatment of obesity.</p> <p>The ICB will collect data on the impact relating to weight, BMI, Blood Pressure, hours of employment, confirmation that patient meets the NHSE cohort 1 eligibility criteria, if the patient has a severe mental health condition, learning disability or autism and if the patient is currently accessing or is on the waiting list for the Specialist Weight Management Services.</p>		
<b>How will it be achieved:</b>	<p>Through the delivery of tirzepatide via the CWICB Primary Care Weight Management Service offering tirzepatide to those patients clinically most at need, as defined by the NHSE interim commissioning guidance, overlaid by patients that have already been waiting to access specialist weight management services and prioritising those patients living in the most deprived areas of Coventry &amp; Warwickshire.</p>		

<b>Name of person completing assessment:</b>	Natasha Jacques
<b>Position:</b>	Lead Medicines Optimisation Pharmacist
<b>Date of Assessment:</b>	20/07/2025

<b>Quality Review by:</b>	QIA panel members
<b>Date of Review:</b>	23/10/2025

### High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
<b>Duty of Quality</b> Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome	✓			Policy supports improved clinical outcomes by enabling access to tirzepatide for patients with obesity and multiple comorbidities, in line with NICE TA1026. By prioritising patients with the highest clinical need, the policy aims to maximise health gains and reduce the burden of obesity-related disease such as reduced cardiovascular disease across Coventry and Warwickshire.				

	Patient experience	✓			<p>The policy is expected to positively impact patient experience by offering access to tirzepatide through a local, primary care-based weight management service, which are more convenient and familiar than specialist or hospital settings. It prioritises patients based on clinical need and by deprivation, commencing with IMD 1 and moving upwards, helping those who may have previously faced barriers to care. Patients will be supported through the nationally commissioned behavioural support programme (BSOP), which promotes engagement, education, and empowerment. The use of shared decision-making and personalised care planning further enhances the patient experience.</p>				
	Patient safety	✓			<p>Prescribing is restricted to trained clinicians within commissioned services, and a prior approval process is in place to ensure appropriate use. These safeguards collectively aim to minimise inappropriate</p>				

					prescribing, monitor for adverse effects, and support patients throughout their treatment journey, thereby reducing the risk of harm.				
	Parity of esteem	✓			<p>Policy supports parity of esteem by recognising obesity as a serious long-term condition that requires structured, evidence-based treatment. By commissioning tirzepatide through the primary care service and embedding behavioural support, the policy promotes a holistic, person-centred approach to care.</p> <p>It also ensures that individuals with obesity and associated mental health conditions are not excluded, provided they meet the clinical criteria and can engage with the support programme.</p>				
	Safeguarding children or adults			✓	<p>Maintenance of current safeguarding arrangements as per ICB Local Authority and/or Provider safeguarding policies and procedures. A systemwide approach to care with a collaborative, integrated approach, will enable learning from incidents to be shared across the</p>				

					system.				
<b>NHS Outcomes Framework</b> Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life	✓			The policy is expected to significantly enhance quality of life for eligible patients by supporting sustainable weight loss and reducing the burden of obesity-related comorbidities such as Type 2 diabetes, cardiovascular disease, and obstructive sleep apnoea. By embedding behavioural support and prioritising patients by deprivation commencing by IMD 1 and moving upwards, the policy also addresses broader determinants of health, such as mental wellbeing, mobility, and social inclusion. Improved health outcomes can lead to increased independence, reduced healthcare utilisation, and better overall quality of life.				
	Ensuring people have a positive experience of care	✓			The policy ensures equitable access to tirzepatide by prioritising patients based on clinical need, comorbidities, and socioeconomic deprivation, with adjusted BMI thresholds for certain ethnic groups. Care is delivered through				

					<p>accessible, community-based services rather than hospitals. Community locations will be equitable in access across C&amp;W, with anticipated increased number of sites in our most deprived areas in line with national evidence and local authority Joint Strategic Needs Assessment (JSNA). This programme will be supported by a mandatory Behavioural Support for Obesity Prescribing (BSOP) programme. This programme, available both online and in person, promotes education, motivation, and long-term lifestyle change. The policy also emphasises shared decision-making, empowering patients to actively participate in their treatment plans.</p>				
	Preventing people from dying prematurely	✓			<p>Policy prioritises patient with multiple obesity related comorbidities such as atherosclerotic cardiovascular disease and hypertension. These conditions are strongly associated with an increased risk of premature death and by offering tirzepatide to patients with these</p>				

					conditions the policy directly addresses the root causes of early mortality.				
	Helping people recover from episodes of ill health or following injury	✓			Policy is targeted at patients with a high BMI and multiple comorbidities. It is known that these conditions often complicate recovery from acute illness or injury.				
	Treating and caring for people in a safe environment and protecting them from avoidable harm	✓			Policy ensures patients are treated in a safe environment and protected from avoidable harm by implementing robust clinical safeguards. Prescribing is restricted to trained clinicians within commissioned services, supported by a mandatory behavioural support programme (BSOP) and a structured patient clinical assessment/medication review process. Ongoing monitoring and shared decision-making promote safe, personalised care. These measures collectively uphold patient safety and minimise risk throughout the treatment pathway.				
<b>Patient services</b> Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors	✓			Policy aligns with a modern model of integrated care by targeting patients with obesity who also present with multiple long-term				

					conditions such as Type 2 diabetes, cardiovascular disease, and obstructive sleep apnoea. It promotes coordinated care through the primary care-based weight management service, supported by trained clinicians and a structured behavioural support programme (BSOP). This integrated approach ensures that clinical risk factors are addressed holistically, with personalised treatment plans, regular reviews, and shared decision-making, ultimately improving outcomes across physical and mental health domains.				
	Access to the highest quality urgent and emergency care			✓	Not applicable				
	Convenient access for everyone	✓			Policy enhances convenient access by delivering treatment through local primary care-based weight management service rather than hospital settings. This approach brings care closer to patients, particularly those in deprived areas (core20), and reduces travel and logistical				

					<p>barriers. Community locations will be equitable in access across C&amp;W, with anticipated increased number of sites in our most deprived areas in line with national evidence and local authority JSNAs.</p> <p>The inclusion of both online and face-to-face options for the Behavioural Support for Obesity Prescribing (BSOP) programme ensures flexibility, allowing patients to engage in a way that suits their lifestyle, mobility, and personal circumstances</p>				
	Ensuring that citizens are fully included in all aspects of service design and change			✓	<p>Policy does not currently detail specific public engagement activities, it is underpinned by principles of equity, transparency, and inclusion. The policy prioritises patients based on clinical need and deprivation, reflecting population health data and addressing known inequalities, in line with national evidence of obesity and core20+5.</p>				
	Patient Choice	✓			<p>Policy supports patient choice by offering treatment through accessible primary care-</p>				

					based services and enabling patients to engage with care in a way that suits their needs. The inclusion of both online and face-to-face options for the Behavioural Support for Obesity Prescribing (BSOP) programme allows flexibility and personalisation. Additionally, the policy promotes shared decision-making, empowering patients to make informed choices about their treatment, goals, and continuation of therapy based on individual progress and preferences.				
	Patients are fully empowered in their own care	✓			Policy empowers patients by embedding shared decision-making throughout the care pathway. Patients are supported to make informed choices about their treatment, including understanding the benefits, risks, and expectations of tirzepatide. The policy requires engagement with the Behavioural Support for Obesity Prescribing (BSOP) programme, which promotes education, self-				

					management, and long-term behaviour change. Regular reviews and personalised weight targets further ensure that care is tailored to individual goals, enabling patients to take an active role in managing their health.				
	Wider primary care, provided at scale	✓			Policy supports wider primary care at scale by embedding prescribing and monitoring responsibilities within the primary care weight management service. This decentralised model reduces pressure on specialist services and enables more equitable access across Coventry & Warwickshire.				
<b>Access</b> Could the proposal impact positively or negatively on any of the following:	Patient choice	✓			Policy promotes patient choice by offering the treatment through primary care-based service, supporting equity in access to care locally and making care more accessible, and less reliant on specialist settings. Patients can choose between online and face-to-face formats for the Behavioural Support for Obesity Prescribing (BSOP) programme, allowing flexibility to suit individual				

					preferences and circumstances. The policy also supports informed decision-making, enabling patients to actively participate in their care planning and treatment continuation based on personal goals and outcomes.				
	Access	✓			Policy enhances access by delivering treatment through the primary care-based weight management service, enabling equity of access to care in the community prioritising by areas of our most deprived (core20), and less reliant on specialist settings. It prioritises patients based on clinical need and deprivation commencing by IMD1+ and upwards, ensuring that those facing the greatest barriers to healthcare are reached first. The inclusion of flexible engagement options such as online and face-to-face formats for the Behavioural Support for Obesity Prescribing (BSOP) programme further supports accessibility for diverse patient groups, including those with disabilities, caring				

					responsibilities, or limited mobility.				
	Integration	✓			Policy supports integration by embedding prescribing and monitoring within the primary care weight management service, rather than relying solely on specialist settings. It promotes collaboration across clinical teams, including GPs, weight management specialists, and behavioural support providers, ensuring a joined-up approach to managing obesity and its associated long-term conditions. This integrated model enables consistent care pathways, improves continuity, and supports system-wide learning and safeguarding through shared protocols and data monitoring.				
<b>Compliance with NHS Constitution</b>	Quality of care and environment	✓			Policy upholds the NHS Constitution's principles of high-quality care by ensuring treatment is delivered in safe, accessible, and patient-centred environments. Prescribing is limited to trained clinicians within commissioned the primary care weight management service, promoting consistency and safety.				

					The policy embeds regular clinical reviews, shared decision-making, and behavioural support to ensure care is effective, personalised, and responsive. By prioritising patients with the greatest clinical need and addressing health inequalities, the policy also supports a fair and inclusive care environment.				
	Nationally approved treatment/drugs	✓			Policy ensures compliance with national standards by aligning with NICE Technology Appraisal TA1026, which recommends tirzepatide for managing overweight and obesity in adults. The policy reflects NHS England's interim commissioning guidance and incorporates the phased implementation and prioritisation criteria agreed nationally. By embedding these nationally approved recommendations into local commissioning and prescribing pathways, the policy ensures consistency, clinical safety, and equitable access to evidence-based treatment across Coventry and				

					Warwickshire.				
	Respect, consent and confidentiality	✓			<p>Policy upholds NHS standards for respect, consent, and confidentiality by ensuring that all patient interactions are conducted in a confidential, clear, and respectful manner. Patients are fully informed about the treatment, including its benefits, risks, and alternatives, and are supported to make decisions that align with their personal values. Consent is obtained before treatment begins, and patients retain the right to withdraw at any time. The policy also ensures that personal information is handled in accordance with UK GDPR and the Data Protection Act 2018, safeguarding patient privacy throughout the care pathway.</p>				
	Informed choice and involvement	✓			<p>Policy promotes informed choice and patient involvement by ensuring individuals are fully educated about their treatment options, including the benefits, risks, and expectations of tirzepatide. Patients are supported to make decisions that align with</p>				

					their personal goals through shared decision-making and personalised care planning. The policy also requires engagement with the Behavioural Support for Obesity Prescribing (BSOP) programme, which empowers patients with knowledge and tools to actively participate in their health journey.				
	Complain and redress			✓	Policy does not detail a specific complaints process; it is expected to operate within the existing NHS Coventry and Warwickshire ICB complaints framework.				

\*Risk score definitions are provided in the next section.

## Equality Impact Assessment

### Project / Policy Details

#### What is the aim of the project / policy?

To provide a fair, equitable, and transparent process for patients within NHS Coventry and Warwickshire ICB to access tirzepatide for the treatment of obesity, in line with NICE TA1026 and NHSE interim commissioning guidance.

A summary and link to this policy will be made available on the public facing website relating to obesity management in Coventry & Warwickshire. Direct communication will be made to each GP practice highlighting the contents of this policy.

#### Who will be affected by this work? e.g., staff, patients, service users, partner organisations etc.

Patients with obesity who meet the eligibility criteria,  
Healthcare professionals involved in prescribing and monitoring tirzepatide,  
Primary care Weight Management Service  
Specialist Weight Management Service (SWMS)  
Primary Care

#### Is a full Equality Analysis Required for this project?

<b>Yes</b>	Proceed to complete this form.		Explain why further equality analysis is not required.
------------	--------------------------------	--	--

If no, explain below why further equality analysis is not required. For example, the decision concerned

may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.

## Equality Analysis Form

### 1. Evidence used

**What evidence have you identified and considered?** This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

- NICE Technology Appraisal TA1026
- NHS England Interim Commissioning Guidance (March 2025)
- Clinical expert input from the Weight Management Injectables Project Team
- Coventry Health and Wellbeing Strategy 2023-2026, Coventry City Council
- Warwickshire Joint Strategic Needs Assessment 2024
- NHSE England Digital Health Survey for England 2022, part 2

### 2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

**Age:** A person belonging to a particular age (e.g., 32 year olds) or a range of ages (e.g., 18-30 year olds)

Tirzepatide is indicated for adults with obesity, and the policy is aligned with NICE TA1026, which applies to adults only. Therefore, individuals under 18 are excluded from access under this policy. This exclusion is clinically justified, as the safety and efficacy of tirzepatide in children and adolescents have not been established. However, this may be perceived as a limitation for

younger individuals with severe obesity who might otherwise benefit from intervention.

The policy does not discriminate within the adult population based on age, and prioritisation is based on clinical need, comorbidities, and deprivation.

Safeguarding and consent procedures will follow standard NHS protocols, ensuring that older adults and those with cognitive impairments are supported appropriately.

**Disability:** A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

People with disabilities, including those with physical, sensory, cognitive, or mental health conditions, may face additional barriers in accessing weight management services. These could include difficulties attending appointments, engaging with behavioural support programmes (BSOP), or adhering to lifestyle interventions due to mobility, communication, or cognitive challenges.

The policy requires engagement with the BSOP programme as a condition for access to tirzepatide. This could disadvantage individuals with certain disabilities unless reasonable adjustments are made. However, the BSOP is available on line or has face to face options, which should offer more accessible and flexible support.

To mitigate potential inequalities, the Primary Care Weight Management Service and BSOP programme providers should ensure that reasonable adjustments are made in line with the Equality Act 2010, including accessible communication formats, flexible appointment scheduling, and tailored support for those with learning disabilities or mental health conditions. The BSOP programme is nationally commissioned by NHS England and not by CWICB.

**Gender reassignment (including transgender):** Where a person has proposed, started or completed a process to change his or her sex.

The policy does not contain any language or criteria that would exclude individuals undergoing or having undergone gender reassignment from accessing tirzepatide, provided they meet the clinical eligibility criteria. However, it is important to ensure that transgender individuals are

treated with dignity and respect throughout the care pathway.

There may be specific considerations for trans men and non-binary people who could become pregnant, as tirzepatide is contraindicated in pregnancy. This requires sensitive and inclusive communication from clinicians to ensure informed decision-making and safeguarding. Confidentiality and respect for gender identity must be maintained in all interactions, and providers should ensure that systems and staff are equipped to record and use correct names and pronouns.

**Marriage and civil partnership:** A person who is married or in a civil partnership.

Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Pregnancy and maternity:** A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.

Tirzepatide is contraindicated in pregnancy, and its safety has not been established for pregnant individuals. As a result, women, trans men, and non-binary people who are pregnant or planning to become pregnant are excluded from accessing tirzepatide under this policy. This exclusion is based on clinical safety concerns and aligns with national guidance.

This may be perceived as a limitation for individuals who are otherwise eligible but are excluded due to pregnancy. It is essential that clinicians provide clear, sensitive, and inclusive counselling around reproductive health and contraception when prescribing tirzepatide to individuals of childbearing potential.

**Race:** A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

The policy acknowledges that individuals from certain ethnic backgrounds specifically South Asian, Chinese, other Asian, Middle Eastern, Black African, and African-Caribbean are at higher risk of obesity-related comorbidities such as Type 2 diabetes and cardiovascular disease. In line with NICE TA1026, the BMI threshold for eligibility is reduced by 2.5 kg/m<sup>2</sup> for these groups, which is a positive step toward addressing health inequalities.

Additionally, the policy prioritises patients living in the most deprived areas, which often include higher proportions of ethnic minority populations. This approach supports equitable access to tirzepatide and aims to reduce disparities in health outcomes, in line with NHS England Core20PLUS5.

However, there may still be barriers related to language, health literacy, and cultural perceptions of obesity and treatment. Providers should ensure culturally appropriate communication and support to maximise engagement and adherence.

**Religion or belief:** A group of people defined by their religious and philosophical beliefs including lack of belief (e.g., atheism). Generally a belief should affect an individual's life choices or the way in which they live.

Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

This proposal/policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Sex:** A man or a woman

Describe any impact and evidence on men and women. This could include access to services and employment:

This proposal/policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Sexual orientation:** Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).

Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

This proposal/policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Carers:** A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

Carers may face challenges in supporting individuals accessing tirzepatide, particularly if the patient requires assistance attending appointments, managing medication, or engaging with the behavioural support programme (BSOP). Additionally, carers themselves may be eligible for tirzepatide but face barriers to access due to their caring responsibilities, such as limited time or flexibility.

To mitigate this, services should offer flexible appointment times, remote support options, and consider the needs of carers in service planning. Recognising and supporting carers as part of the care pathway can improve both patient outcomes and carer wellbeing.

**Other disadvantaged groups:**

The policy explicitly prioritises patients living in the most deprived areas (starting with IMD1), which is a positive step toward addressing health inequalities, in line with the principles of the Core20PLUS5 approach. This approach recognises that individuals from lower socio-economic backgrounds are more likely to experience obesity and related comorbidities yet often face greater barriers to accessing healthcare.

However, other disadvantaged groups such as migrants, asylum seekers, people experiencing homelessness, and those with unstable housing or limited access to primary care may still face challenges in accessing tirzepatide. These may include lack of awareness, digital exclusion,

language barriers, or difficulty engaging with the BSOP programme.

To mitigate these risks, services should work with community organisations, use inclusive communication strategies, and ensure outreach to underrepresented groups. Monitoring uptake by deprivation and ethnicity will help ensure equitable access.

### 3. Human Rights

FREDA Principles / Human Rights	Question	Response
<p><b>Fairness</b> – Fair and equal access to services</p>	<p>How will this respect a person's entitlement to access this service?</p>	<p>To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.</p> <p>The policy ensures fair and equitable access to tirzepatide by applying clear, evidence-based eligibility criteria aligned with NICE TA1026 and NHS England interim commissioning guidance. It prioritises patients based on clinical need, comorbidities, and deprivation, ensuring that those most at risk and with the greatest health inequalities are offered treatment first.</p>

		<p>The policy also recognises the need for a transparent and consistent approach across Coventry and Warwickshire, reducing variation in access. By commissioning delivery through primary care services, it supports local, accessible care pathways. Reasonable adjustments will be made to accommodate individual needs, ensuring that no one is unfairly excluded due to disability, language, or other barriers.</p>
<p><b>Respect</b> – right to have private and family life respected</p>	<p>How will the person’s right to respect for private and family life, confidentiality and consent be upheld?</p>	<p>The policy will be implemented in accordance with NHS standards for confidentiality, data protection, and informed consent. All patient information will be handled in line with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. Patients will be fully informed about the treatment, including benefits, risks, and alternatives, and will be supported to make decisions that align with their personal</p>

		<p>values and circumstances. Consent will be obtained before treatment begins, and patients will have the right to withdraw at any time. Respect for private and family life will be maintained through confidential consultations, secure data handling, and the option for patients to involve family members or carers in decision-making if they choose.</p>
<p><b>Equality</b> – right not to be discriminated against based on your protected characteristics</p>	<p>How will this process ensure that people are not discriminated against and have their needs met and identified?</p>	<p>The policy is designed to be inclusive and equitable, applying consistent clinical eligibility criteria to all patients regardless of protected characteristics such as age, sex, race, disability, sexual orientation, or gender identity. It incorporates adjustments such as lower BMI thresholds for certain ethnic groups to address known health inequalities and prioritises patients in the most deprived areas to reduce barriers to access. To ensure individual needs are identified and met,</p>

		<p>service will be expected to:</p> <ul style="list-style-type: none"> <li>• Make reasonable adjustments for people with disabilities or communication needs.</li> <li>• Provide culturally appropriate and accessible information.</li> <li>• Respect individual preferences and identities, including gender identity and sexual orientation.</li> <li>• Monitor uptake and outcomes by protected characteristics to identify and address any disparities.</li> </ul> <p>This approach supports the ICB's commitment to eliminating discrimination, advancing equality of opportunity, and fostering good relations between different groups.</p>
<p><b>Dignity</b> – the right not to be treated in a degrading way</p>	<p>How will you ensure that individuals are not being treated in an inhuman or degrading way?</p>	<p>All communication, written or verbal, will be provided in a confidential, clear, understandable format. Individuals will have the opportunity to discuss their healthcare with the requesting clinician.</p>

		<p>Clinicians involved in delivering the service will be expected to follow professional standards and NHS values, ensuring that no one is subjected to stigma, bias, or judgment. Reasonable adjustments will be made for individuals with disabilities or communication needs, and patients will be supported to make informed decisions about their care in a safe and supportive environment.</p> <p>If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.</p>
<p><b>Autonomy</b> – right to respect for private &amp; family life; being able to make informed decisions and choices</p>	<p>How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?</p>	<p>The policy supports patient autonomy by ensuring that individuals are fully informed about tirzepatide treatment, including its benefits, risks, eligibility criteria, and the requirement to engage with the behavioural support programme (BSOP). Patients will have the</p>

		<p>opportunity to discuss their options with trained clinicians in a confidential and respectful setting. Shared decision-making will be a core part of the care pathway, allowing patients to express preferences, ask questions, and make choices that align with their personal values and circumstances. All communication, written or verbal, will be provided in a confidential, clear, understandable format. Individuals will have the opportunity to discuss their healthcare with the requesting clinician.</p> <p>If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.</p>
Right to <b>Life</b>	Will or could it affect someone's right to life? How?	No
Right to <b>Liberty</b>	Will or could someone be deprived of their liberty? How?	No

#### 4. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
n/a	n/a	n/a

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g., patient told us .... So we will .....):

--

#### 5. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

To ensure equitable access and reduce potential adverse impacts, the following actions are recommended:

1. **Accessibility Adjustments**

Ensure that reasonable adjustments are made for individuals with disabilities, including accessible communication formats, flexible appointment scheduling, and tailored support for those with learning disabilities or mental health conditions. This can be addressed within the service specification for the primary care weight service.

2. **Cultural and Language Support**

Provide culturally appropriate materials and translation services to support patients from diverse ethnic backgrounds and those with limited English proficiency. This can be addressed within the service specification for the primary care weight service.

3. **Support for Carers and Disadvantaged Groups**

Offer flexible service delivery options (e.g. remote consultations, out-of-hours appointments) to accommodate carers, people with unstable housing, or those with complex social needs. This can be addressed within the service specification for the primary care weight service.

4. **Monitoring and Evaluation**

Collect and analyse data on uptake and outcomes by protected characteristics (e.g. ethnicity, disability, deprivation) to identify and address any emerging inequalities. This will be undertaken as part of the service uptake and evaluation.

5. **Pregnancy Screening and Advice**

Implement clear protocols for advising individuals of childbearing potential about the risks of tirzepatide in pregnancy, including access to contraception advice where appropriate. This will be addressed in the training that will be offered to clinicians working within this service and resource materials.

**6. How will you measure how the proposal impacts health inequalities?**

e.g., Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality

performance indicators or reporting requirements will be included within the contract.

Data will be collected through analysis of the prior approval forms and using Population Health management tools to assess uptake by age, sex, ethnicity and socio-economic background.

The provider of the BSOP will be required to report on engagement including completion rates, barriers to participation, particularly among disadvantaged groups.

Patient feedback mechanisms will be developed to help understand experiences and identify any barriers to access or engagement, especially among underrepresented or marginalised communities.

**7. Is further work required to complete this assessment?**

Please state what work is required and to what section. e.g., additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g., disability).

Work needed	Section	When	Date completed
Not applicable			

**8. Sign off**

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Signoff	Richard Rawlinson	08/08/2025
Which committee will be considering the findings and signing off the EA?	Finance and Performance Committee	12/11/2025

Approved by the Policy Procedure and Strategy Assurance Group.		16/10/2025
--	--	------------

---

Once complete, please send to the ICB's Governance Team.