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BMA England

Focus on Semaglutide (Wegovy®) in General Practice

The introduction of semaglutide for cardiovascular risk reduction is a welcome and important development, with clear evidence demonstrating a reduction in major cardiovascular events. However, its implementation must be supported by appropriate funding, commissioning, and infrastructure. General practice should not be expected to deliver this work within existing resources.

- Indication: NICE recommends semaglutide (up to 2.4 mg weekly) for reducing the risk of major adverse cardiovascular events (MACE) in adults with established cardiovascular disease and BMI ≥27 kg/m², alongside lifestyle measures. (See GPCE's guidance on Inclisiran)
- Initiating semaglutide is not a single prescribing event. Patients typically require an initial eligibility assessment and shared decision-making consultation, followed by multiple reviews over a 16-week dose-escalation period to support treatment initiation, monitor tolerability, manage adverse effects and increase doses to maintenance treatment.
- Contractual status: This is not automatically a core GMS/PMS responsibility and does not form part of the CVD QOF indicators.
- Key issue: Any shift into primary care must be accompanied by formal commissioning and funding.

Clinical Effectiveness and Significance

Cardiovascular outcomes

Semaglutide has been shown to reduce the risk of major adverse cardiovascular events, including cardiovascular death, non-fatal MI and stroke, when added to standard care. (See BMA briefing on Inclisiran in General Practice)

This represents a significant step forward in secondary prevention, particularly for patients with co-existing cardiovascular disease and overweight or obesity.

It has been shown to:

- Provide direct cardiovascular outcome benefit, not just improvement in risk factors
- Demonstrate cost-effectiveness within accepted NICE thresholds

- Addresses both weight and cardiovascular risk simultaneously

Overall, this is a clinically meaningful advance, and its potential benefit for patients is widely recognised.

Implications for General Practice

Commissioning and funding

Responsibility for funding lies with NHS commissioners, not individual practices. If prescribing or monitoring is expected in general practice, this should be through a locally commissioned service (e.g. LES or LCS), with funding that reflects the full scope of work, including:

- Patient identification and eligibility assessment
- Initiation and dose titration
- Ongoing monitoring and review
- Support for lifestyle interventions
- Administrative workload (coding, recalls, prescribing)

Contracting Position

Semaglutide prescribing for cardiovascular risk reduction:

- Is not currently part of core general practice or QOF contractual requirements
- Requires clear pathway design, including delineation of responsibilities between primary and secondary care
- Should only be undertaken where there is explicit funding and service specification

Recommendations for Practices and LMCs

- Do not take on routine prescribing without appropriate funding arrangements in place
- Seek written confirmation of commissioning, including:
    - Clinical time
    - Monitoring and follow-up
    - Administrative support
    - Indemnity and governance
- Ensure prescribing aligns strictly with NICE criteria [bma.org.uk]
- Highlight the scale of demand to commissioners and advocate for system-wide solutions
- Monitor impact on workload and patient care

Key Message

Semaglutide offers a genuine advance in reducing major cardiovascular events, and its availability is an important step forward for patients. However, this must be matched by realistic planning, proper funding, and clear commissioning. Without this, there is a risk that responsibility is inappropriately shifted onto general practice.