NHS
Black Country
Integrated Care Board

Weight Management Pathway in Adults aged 18 years and over

*For use of Tirzepatide in Type 2 diabetes see Overview | Type 2 diabetes in adults: management | Guidance | NICE

For use of Tirzepatide for the Obesity Pathway Innovation Programme (BRIDGE)- refer to Black Country Formulary

For use of Semaglutide for reducing risk of major adverse cardiovascular events in people with CVD and overweight/obese- see Black Country Formulary

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Principles of Care

Obesity is a complex, chronic, relapsing condition influenced by biological, psychological, behavioural, social, cultural, environmental, and socioeconomic factors. Weight management services should therefore deliver holistic, person-centred care that:

- recognises the wider determinants of health
- avoids stigma and blame
- supports shared decision-making
- promotes sustainable behaviour change
- addresses physical, psychological, and social wellbeing alongside weight reduction

Interventions should be tailored to the individual's needs, preferences, culture, lived experience, health literacy, and readiness to engage. Shared decision-making should form part of all discussions regarding referral, behavioural support, and pharmacological treatment.

Pharmacological treatment, including GLP-1/GIP receptor agonists such as Tirzepatide, should be offered only as part of a comprehensive multidisciplinary approach including behavioural, nutritional, psychological, and lifestyle support.

Success should not be defined solely by weight loss, but also by improvements in:

- quality of life
- mobility and functional status
- metabolic health
- mental wellbeing
- independence and self-management
- participation in meaningful social, educational, or employment activities
- long-term weight maintenance

Services should use respectful, non-stigmatising language and avoid assumptions or blame relating to body weight.
People-first language is encouraged (for example, "people living with obesity" rather than "obese patients").
Care should recognise the impact of stigma, trauma, discrimination, and health inequalities on engagement and outcomes.

Holistic Assessment Prior to Referral or Treatment with Drugs

Before referral into specialist weight management services or initiation of pharmacotherapy, clinicians should undertake a holistic assessment

Physical Health Assessment • weight and diet history • obesity-related comorbidities • mobility and functional limitations • sleep assessment • medication review • previous weight management interventions • impact of weight on activities of daily living • safeguarding risks where relevant	**Psychological and Behavioural Assessment** • mental health conditions • emotional eating or binge eating behaviours • body image concerns • motivation and readiness for change • expectations of treatment • neurodevelopmental conditions or cognitive impairment where relevant • previous trauma or adverse experiences where disclosed • safeguarding considerations
Social and Wider Determinants of Health • housing stability • employment and financial pressures • caring responsibilities • social isolation • access to healthy food and opportunities for physical activity • cultural influences on food and lifestyle • family and social support networks	**Individual Goals and Shared Decision-Making** Clinicians should explore outcomes that matter to the individual • improved mobility • reduced pain • improved energy levels • diabetes prevention or remission • improved confidence or mental wellbeing • ability to work or care for family • preparation for surgery or fertility treatment • improving independence and quality of life

Tiers of Weight Management

- National campaign e.g better health
- Brief advice e.g.social prescribing/ health coaching
- Healthy eating/physical activity
- Self-help e.g NHS weight loss plan

Tier 1:
Generic healthy lifestyle support accesible to all

Tier 2
12 weeks of a healthy eating plan, physical activity and behavioural change techniques

- NHS Diabetes Prevention Programme
- NHS Digital Weight Management programme (obese/BMI with hypertension and/or diabetes)
- Public Health Tier 2 weight management services(referral page 3)

Tier 4
Bariatric Surgery

- Pre-opertaive assessment
- Surgical or non-surgical intervention
- Post-operative care

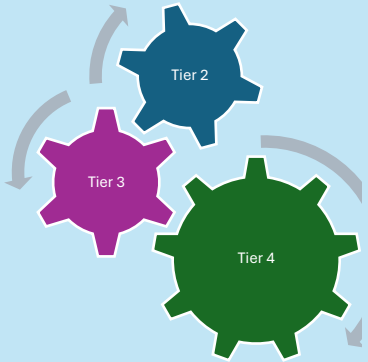
Tier 3
Specialist weight management (SWMS) clincian-led MDT

- Doctor with a special interest in obesity
- Specialist nurse
- Dietitian
- Psychological support
- Exercise coach/physiotherapist

- The chronological order of tiers 1,2,3 to 4 are the ideal way of managing patients i.e. patients should attempt a Tier 2 before a Tier 3 intervention.

However, decisions may be tailored for individual patients as there may be cases where Tier 1-2 may not be viable and a Tier 3 immediate referral is required (e.g. housebound, mobility, comorbidities, enduring mental health). This would require joint review by the primary care clinician with the Tier 2 service provider (see Page 3 for contact details) and the Tier 3 SWMS.

- Patients can be on more than one tier simultaneously for 'step down care' e.g. post-operative tier 4, with tier 3 MDT and tier 2 support



Harmonised Black Country Inclusion Criteria for referral into Public Health Tier 2 Weight Management Services

Inclusion Criteria
• Age 18 years or over • Live, work, study or registered with a GP in a specific place (e.g. Dudley, Sandwell, Walsall or Wolverhampton) • Be living with obesity, where obesity is defined as BM≥ 30 kg/m2, adjusted to 27.5 kg/m2 in people of Black African, African-Caribbean and Asian origin and/or those with comorbidities & clinical conditions* • Where there is capacity, the service can accept people who are overweight. Individuals who are overweight are defined as BMI ≥25 kg/m2, adjusted to 23 kg/m2 in people of Black African, African- Caribbean and Asian origin – **in accordance with each local authority's service specification** *This definition assumes that any existing comorbidity or clinical condition is considered sufficiently stable by a medical practitioner to benefit from the intervention and from receiving healthy eating and/or physical activity advice/intervention, unless such advice/intervention would cause deterioration in a service user's general health and wellbeing and/or comorbidities and/or a clinical condition. Reasonable adjustments should be made for provision of certain patient groups e.g.: Women of childbearing age (to optimise their weight before pregnancy and reduce the risk of pre-natal complications) Women post pregnancy (subject to guidance by a clinician at post-natal check) People with learning disabilities and physical disabilities

Harmonised Black Country Exclusion Criteria for referral into Public Health Tier 2 Weight Management Services

Exclusion Criteria
An individual who meets any one or more of the following exclusion criteria (stipulated by OHID) is not eligible to access Tier 2Weight Management Service (T2WMS) and will not be eligible for referral: • under 18 years • an individual who does not meet the eligibility criteria (defined on acceptance criteria tab) • severe/moderate frailty as recorded on frailty register • is pregnant (NB- if a client becomes pregnant when participating in the service, the Provider will tailor the service accordingly following the specification in NICE guidance) • has a diagnosed eating disorder • has a significant unmanaged comorbidity e.g. COPD. Unmanaged meaning not on medication and/or not subject to clinical review or have not completed a current active management programme such as diabetes management or cardiac rehabilitation • has had bariatric surgery in the last 2 years • an individual who is currently being supported by an existing T2WMS

Contact details for Public Health Tier 2 Weight Management Services for joint reviews

Local Authority	GPs or delegated staff should contact:
Dudley	**yourhealth.dudley@nhs.net and copy in HealthyAdults@dudley.gov.uk**
Sandwell	Healthy Sandwell Welcome to Healthy Sandwell | Healthy Sandwell
Walsall	The commissioned provider bewellwalsall@maximusuk.co.uk
Wolverhampton	admin@1centralhealth.co.uk and copy in PHCommissioning@wolverhampton.gov.uk

Public Health commissioned Tier 2 Weight Management Services Information

	Dudley	Sandwell	Walsall	Wolverhampton
Intervention summary	Healthy Eating advice & support to achieve lifestyle goals. Support to increase physical activity. Staff trained in behavioural change/motivation techniques. Family Wellness Service. Alcohol brief advice	Multi component weight management programme including healthy eating, physical activity, health and wellbeing. [Directly commissioned by PH) Exercise referral programme – This is working with certain GPs across Sandwell	Healthy Eating advice & support to achieve lifestyle goals. Group and 1:1 support. Support to increase physical activity. Staff trained in behavioural change / motivation techniques.	Structured behavioural support weight management programme. Face-to-face group session support available plus a digital option. Patient choice for provider (DDM Health or Slimming World).
Referral information	E-referral using the Your Health Dudley referral template on EMIS/website. Referrals can be made directly as resident or professional via website	Healthy Sandwell's e-referral form accessible via EMIS or System One. Or self-referral. Call or Provide contact details for Self-Referral for FREE 0800 011 4656 or 0121 569 5100 Text GETHEALTHY to 87007 www.healthysandwell.co.uk	E-referral using the Be Well Walsall referral template on EMIS	Referrals generated using the JOY app Self- referrals are also accepted Live Well Wolverhampton – Tier 2 weight management service | City Of Wolverhampton Council
Mode of delivery	Face to face: individual / group Remote: video call, phone, text, email	Hybrid approach (incl. Face to face, digital & virtual).	Face to face: individual / group Remote: individual or group (e.g. video call, phone, text, email)	Face to face group sessions Digital offer via an app
Further information	Home - Your Health Dudley	www.healthysandwell.co.uk 0800 011 4656	Home - Be Well Walsall (maximusuk.co.uk) 01922 444044	Lose weight | City Of Wolverhampton Council

Weight management Pathway in adults aged 18 yrs or over

TIER 1

'Self Help' resources for patients:

- Physical activity (e.g. social prescriptions)
- Diet/ exercise or modifying lifestyle advice e.g. Better Health - NHS , NHS weight loss
- Social issues- refer to social prescriber
- Self-help books, apps & social media e.g. You Tube Influencers
- Health coaching NHS England » Health and wellbeing coaches

3 monthly reviews

TIER 2

If weight loss target not met after 3 months with diet & exercise interventions, consider initiating Orlistat* in patients aged 18 years and over (after informed shared decision making) meeting **1 of** these criteria:

- ≥ 30 kg/m^2 Body mass index (BMI) or
- ≥ 28 kg/m^2 BMI + associated risk factors (Type 2 diabetes, hypertension or hypercholesterolaemia)

*Prescribed in all settings & available in a lower dose from community pharmacies Check BNF / SmPC & Orlistat Information sheet for contraindications and precautions.

Nondrug pathways - Tier 2 options (starting from BMI 25+ or 23.5 for patient of minor ethnic origin) -could be used concurrently with drugs. Patients could be referred to NHS digital weight management programme or community lifestyle service. Eligible patients with Type2 diabetes mellitus can be referred to Xyla Services or NHS Type 2 Path to Remission programme

ORLISTAT plus Low-calorie diet / lifestyle advice should be reinforced and used

3 monthly reviews

Orlistat Discontinuation Criteria:

- At 3 months review there is less than 5 % weight loss
- 100% weight regained of initial weight loss (i.e. 5% weight loss) at any point
- Serious or intolerable adverse effects
- Weigh risks/benefits of continuing treatment at 12 months; Maximum duration of treatment 2 years or earlier if other discontinuation criteria met

Criteria met

Stop Orlistat & reinforce healthy eating/lifestyle advice

- If weight loss target not met, consider initiating Tirzepatide if primary care criteria met or referring to Tier 3 weight specialist weight management service for initiating GLP1 analogues (after informed shared decision making) if patient meets criteria for initiation of GLP1s and there are no exclusions
- Also check BNF/ SmPC for contraindications and precautions

Example 5% weight change:

Original weight kg	5% weight change
80kg	4kg
90 kg	4.5kg
100 kg	5kg
110 kg	5.5kg
150 kg	7.5 kg
200 kg	10 kg

Tirzepatide: discussion aid 28/05/2025

Primary care Criteria (once Tier 1 and Tier 2 have been considered)

			Qualifying comorbidities- see Table 1 for definitions of these					Appropriately trained Prescribers can prescribe Tirzepatide in:
Cohort	Year	BMI	Hypertension	Dyslipidaemia	Obstructive sleep apnoea (OSA)	Atherosclerotic cardiovascular disease (ASCVD)	Type 2 diabetes mellitus	
1	1 (2025/26)	≥ 40*	OSA Plus ≥ 3 out of these qualifying comorbidities					Cohort I only
2	2 (2026/27)	35-39.9*	≥ 4 out of 5 of these qualifying comorbidities					Cohort 1 and 2
3	3 (2027/28)	≥ 40 *	3 qualifying comorbidities					Cohort 1,2 & 3
* Use a lower BMI threshold (usually reduced by 2.5 kg/m^2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds.								
Reasonable adjustments must be made for eligible patients with Learning Disabilities to access Tirzepatide clinics								

If NO, refer to appropriate Tier service on page 1

Primary care -appropriately trained clinicians

- Can initiate Tirzepatide only & titrate to tolerable dose
- Use prescriber-patient Tirzepatide: discussion aid
- Counsel patient – checklist (accessible on NICE website) & signpost to Mounjaro-patient-booklet.pdf
- Teach patient how to self-administer
- Use appropriate SNOMED coding in line with QOF
- Refer patient to wrap around services (Living Well Taking Control)
- Prescribing will be audited to check compliance to eligibility criteria by prescribing support team

Secondary care Specialist Weight Management Services Referral Criteria

If patients meet referral criteria for Tier 3 secondary care as per Table 2

YES

Secondary care Tier 3 Weight Management Service

- can initiate, titrate doses to tolerable dose, and maintain prescribing of any GLP1 analogues within secondary care (dependent on service capacity & funding)
- BlueTeq forms need to completed, and the prior approvals process followed
- Counsel patient & teach patient how to self-administer
- Dietician input
- Offer patient wrap around services

Primary care & TIER 3 SWMS: Reviews and ongoing monitoring

- Weight monitoring: Weight change from starting Tier 3 GLP1 analogues
- BMI monitoring: appropriate weight loss, safe BMI and monitor for signs of malnutrition- very low BMI
- Suspicion of malignant or genetic causes of weight loss- Refer to appropriate specialist
- Check if discontinuation criteria has been met
- Monitoring- see service specification/information sheet
- Wrap around care: confirmation that this is being accessed and patient engaged with this

Initiation and then MONTHLY REVIEWS for first 4 MONTHS*. Review at MONTH 6, then ANNUAL REVIEW

GLP1 analogues Discontinuation Criteria:

- At 6 months review – less than 5 % weight loss
- 100% weight regained of initial weight loss (i.e. 5% weight loss) at any point.
- Serious or Intolerable Adverse effects
- Maximum duration of treatment 3 years

NB: Refer to Tier 1 or 2 services upon stopping if treatment effective

Refer to TIER 4 services if GLP 1 analogue is not effective or contraindicated if patient chooses to

*Some patients may need more reviews for further dose escalations

TIER 4

Tier 4 Specialist weight management services providing MDT obesity management for Bariatric Surgery assessment

BMI is ≥ 50 kg/m2

BMI is > 35 kg/m^2 AND Type 2 diabetes mellitus which has been diagnosed within last 10 years

Criteria are as per current ICB's bariatric surgery policy

Refer to TIER 4 SPECIALIST WEIGHT MANAGEMENT SERVICE Local to the patient

- University Hospitals Birmingham
- University Hospitals of North Midlands
- Bariatric and Upper GI Surgery – SaTH
- Bariatric surgery - Worcestershire Acute Hospitals NHS Trust
- Bariatrics and Specialist Weight Management - Walsall Healthcare NHS Trust

TABLE 1

QUALIFYING CO-MORBIDITIES & DEFINITIONS FOR INITIAL ASSESSMENT

QUALIFYING CO-MORBIDITIES	DEFINITION FOR INITIAL ASSESSMENT
Atherosclerotic cardiovascular disease (ASCVD)	Established atherosclerotic CVD (ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure
Dyslipidaemia	Treated with lipid-lowering therapy, or with low-density lipoprotein (LDL) ≥ 4.1 mmol/L, or high-density lipoprotein (HDL)< 1.0 mmol/L for men or HDL <1.3 mmol/L for women or fasting (where possible) triglycerides ≥ 1.7mmol/L
Hypertension	Established diagnosis of hypertension and requiring blood pressure lowering therapy
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

PRN01879-interim-commissioning-guidance-implementation-of-the-nice-technology-appraisal-ta1026-and-the-NICE-fu.pdf

Quality and Outcomes Framework (QOF) business rules v51 2026 - NHS England Digital

TABLE 2

PRIMARY CARE REFERRAL CRITERIA FOR TIER3 SPECIALIST WEIGHT MANAGEMENT SERVICES IN SECONDARY CARE:	
1	Patients aged 18 years and over
2	BMI as per Tier 3 criteria must be satisfied, i.e.: • BMI >40; or BMI >35 with other significant disease that could be improved with weight loss (diabetes or hypertension, for example) or • Are obese individuals with complex needs who have not responded to previous Tier 1-2 interventions • sustained efforts of Tier 1 tried (guidance is for 2 years) • Tier 2 tried for 12 weeks
3	Patients who have attempted a Tier 2 weight management intervention where Tier 2 is appropriate to the individual patient. Patients should not be disadvantaged if there is not a Tier 2 service in their locality. Or the patient is unable to access or attend or engage with Tier 2 services e.g., patients with a learning disability. This would need to be assessed by the referring clinician
4	The underlying causes of overweight or obesity need to be assessed
5	Less intensive management has been unsuccessful
6	Surgery is being considered e.g. Planned surgery withheld due to high BMI being primary barrier (Knee or hip transplant, renal transplant, patients that require oncology surgery)
7	Certain Specialist only medicines (e.g. Saxenda® or Wegovy®) are being considered. For NICE TA prescribing criteria for Saxenda® and Wegovy®, see 1 Recommendations | Liraglutide for managing overweight and obesity | Guidance | NICE and 1 Recommendations | Semaglutide for managing overweight and obesity | Guidance | NICE respectively
8	The person has complex disease states or needs that cannot be managed adequately in behavioural overweight and obesity management services (for example, the extra support needs of people with learning disabilities) Examples of complex disease states could include: • Patients post bariatric surgery (GLP1 analogues not currently licensed) * • Active eating disorders such as anorexia nervosa or bulimia • Previous eating disorders or disordered eating (including Binge eating disorder) * • Complex Psychological conditions (as per psychologist guidance as need greater psychology input) ** • Suicidal thoughts within the last 6 months**- these patients need bariatric psychologist review • Gastroparesis • Precancerous or Cancerous condition where weight loss would improve outcome or access to therapy • Weight loss required for organ transplant(renal) • Idiopathic intracranial hypertension requiring frequent Lumbar Puncture/has visual complications • Previous adverse reaction to GLP analogues* • Type 1 diabetes mellitus* • High risk of deconditioning or sarcopenia e.g. COPD, frailty, condition impacting on mobility MSK, pain* • Evidence of severe hepatic impairment*

	• For assisted conception for those under fertility service where weight loss would be beneficial • Severe OSA where patient is on CPAP or has attempted CPAP recently/Severe Asthma needing at least one ITU admission/Obesity hypoventilation syndrome • Genetic cause of obesity proven and not eligible for setmelanotide **This list is not exhaustive

TABLE 3

EXCLUSION CRITERIA FOR TIER3 SPECIALIST WEIGHT MANAGEMENT SERVICES IN SECONDARY CARE: (i.e. Do Not Refer)
Patients aged under 18 years
Pregnant or breastfeeding
Active Pancreatitis (or caution to be taken in patients with a history of pancreatitis)
Patients with a history of inappropriate drug use of GLP1 analogues
Bariatric Surgery within the last 2 years
Active eating disorders such as anorexia nervosa or bulimia
Suicidal thoughts within the last 6 months
Acute or chronic kidney injury CKD 4 and 5

References

1. National Institute for Health and Care Excellence (NICE), 2025. *Overweight and Obesity management guideline*. Available at Prescribing orlistat, liraglutide and semaglutide | Tools and resources | Overweight and obesity management | Guidance | NICE (Accessed 27th May 2025)
2. NICE Clinical Knowledge Summaries (CKS), 2025. *Obesity* (May 2025), Available at Scenario: Management | Management | Obesity | CKS | NICE (Accessed 27th May 2025)
3. National Institute for Health and Care Excellence (NICE), 2025. *Tirzepatide for managing overweight and obesity*, Available at Overview | Tirzepatide for managing overweight and obesity | Guidance | NICE (Accessed 27th May 2025)
4. Joint Formulary Committee (2025) *British National Formulary*. Available at: BNF (British National Formulary) | NICE (Accessed 27th May 2025)
5. NHS England: *Interim Commissioning Guidance* (2025). Available at NHS England » Interim commissioning guidance: implementation of the NICE technology appraisal TA1026 and the NICE funding variation for tirzepatide (Mounjaro®) for the management of obesity (Accessed 24th April 2026)
6. National Institute for Health and Care Excellence (NICE), 2025. *Overweight and Obesity Management*. Available at Overview | Overweight and obesity management | Guidance | NICE, (Accessed 26th May 2026)
7. National Institute for Health and Care Excellence (NICE), 2014. *Behavioural change: individual approaches*. Available at: Overview | Behaviour change: individual approaches | Guidance | NICE(Accessed 26th May 2026)
8. Core20PLUS5(adults) -an approach to reducing healthcare inequalities. Available at: NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities(Accessed 26th May 2026)
9. Quality and Outcomes Framework guidance for 2026/27) Accessed 24th April 2026)
10. NHS England: *Comprehensive model of personalised care*. Available at NHS England » Comprehensive model of personalised care(Accessed 26th May 2026)
11. Elli Lily and Company Ltd (March 2025) *Mounjaro KwikPen 10mg solution for injection in pre-filled pen SmPC*. Available at Mounjaro KwikPen 10mg solution for injection in pre-filled pen - Summary of Product Characteristics (SmPC) - (emc) | (Accessed 27 May 2025)
12. Neon Healthcare Ltd (October 2023). *Xenical 120 mg hard capsules SmPC*. Available at Xenical 120 mg hard capsules - Summary of Product Characteristics (SmPC) - (emc) | 2592 (Accessed 27th May 2025)
13. Novo Nordisk Ltd (May 2025). *Wegovy 1 mg, FlexTouch solution for injection in pre-filled pen SmPC*. Available at Wegovy 1 mg, FlexTouch solution for injection in pre-filled pen - Summary of Product Characteristics (SmPC) - (emc) | 13801 (Accessed on 27th May 2025)
14. Novo Nordisk Ltd (October 2024) *Saxenda 6 mg/mL solution for injection in pre-filled pen SmPC*. Available at Saxenda 6 mg/mL solution for injection in pre-filled pen - Summary of Product Characteristics (SmPC) - (emc) | 2313 (Accessed 27th May 2025)