Frequently Asked Questions: Management of Overweight and Obesity in Adults, July 2026

NHS England recently announced the introduction of two new Quality and Outcomes Framework weight management indicators which aim to increase access to structured weight management support and pharmacotherapy. These indicators replace the previously commissioned Local Enhanced Service for tirzepatide prescribing for adult weight management and the National Weight Management Enhanced Service 2025/26.

In line with the NHS England Interim Commissioning Guidelines, all practices are now able to prescribe tirzepatide for patients in priority cohorts 1 and 2 (BMI >35 and ≥4 'qualifying' comorbidities (hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus).

From 1 August 2026, the referral criteria for adult specialist weight management services is being extended to also include people in priority cohort 2. The full eligibility criteria is available: https://southyorkshire.icb.nhs.uk/our-information/policies-and-procedures under the commissioning section.

1. **What is the 'behavioural support for obesity prescribing programme (BSOP')? Is this the same as the 'wrap around support'?**

The two terms are used interchangeably and refer to the 9 month programme that focuses on diet, nutrition and physical activity advice which encourages people to make sustainable habits to improve long term metabolic health.

In line with NICE TA1026 and NHSE Interim Commissioning Guidance, people who receive NHS funded tirzepatide for weight loss must participate in this structured 'wraparound support' as a mandatory requirement to access treatment in general practice.

The course is based on the Healthier You, National Diabetes Prevention Programme (NDPP), with some adaptations.

It is currently delivered by the same provider as the Healthier You NDPP in South Yorkshire – Reed Wellbeing.

NHSE will be undertaking a national procurement for the service over the next year. We will inform practices of any future changes to the provider.

2. **How does BSOP/wrap around support differ from the Tier 3 Oviva service?**

The wrap around support programme provides only advice on diet, nutrition and physical activity for a period of 9 months. This support is for patients being prescribed tirzepatide for overweight and obesity in general practice.

The tier 3 Oviva Specialist Weight Management Service is a separate specialist service that encompasses weight management prescribing, psychological support and lifestyle advice. While patients are receiving support from Oviva, general practices are still responsible for the management of patients' weight related co-morbidities.

Currently the Oviva specialist service only prescribes semaglutide (Wegovy) so patients will not be able to access tirzepatide through this service.

Referrals to Oviva specialist weight management service do not count toward OB004 or OB005 Quality and Outcomes Framework points.

The adult specialist weight management service eligibility criteria is available: https://southyorkshire.icb.nhs.uk/our-information/policies-and-procedures.

3. **How do I make a referral to the BSOP?**

The ICB has initiated the update of BSOP referral forms for all clinical systems through Ardens, however there may be a short delay until updates appear.

To ensure you have the right form at the end of this process, check that the email address is healthieryou.syandb@nhs.net and that the eligibility includes cohort 2 (BMI >35 and 4 or more weight related comorbidities).

A how to guide has been created for practices in the PDF below. The referral form including cohort 2 is in the word document below.

South Yorkshire how to guide - behavioura


BSOP - SY Referral Form.docx

If you have any questions about the service, please contact the service via healthieryou.syandb@nhs.net

If you have any questions about the form, please contact us via the IT Self Service Portal link: https://servicedesk.sheffield.nhs.uk

4. **If we have not started prescribing tirzepatide should we complete Cohort One first?**

Practices are now able to prescribe tirzepatide for Cohorts 1 and 2. The ICB advises that practices use clinical judgement to ensure that the patients who are likely to benefit the most access the service first. However, practices are not required to complete cohort 1 before moving onto cohort 2.

Practices will be informed when they can include cohort three.

Cohorts	**Cohort Access Groups**	
	Comorbidities	**BMI***
Cohort I	≥4 'qualifying' comorbidities (hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus)	≥ 40
Cohort II	≥4 'qualifying' comorbidities (hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus)	≥35 – 39.9
Cohort III (date to be confirmed)	3 'qualifying' comorbidities (hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus)	≥ 40
* Use a lower BMI threshold (reduced by 2.5 kg/m^2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds or for people of mixed race if their heritage includes any of the above ethnicities.		

5. **Has the Local Enhanced Service: tirzepatide prescribing for adult weight management in primary care now withdrawn (i.e. payment for Rx and supported delivery in primary care)?**

The Local Enhanced Service has now been withdrawn. Some early practices who signed contracts have been informed directly that they can continue to deliver under the LES until the 9th of September.

6. **Can practices treat patients and have access to wrap around care without signing up to the LES?**

Yes, the LES has been withdrawn. Reimbursement for practices is now via the Quality and Outcomes Framework. All practices can now refer to the wrap around service and prescribe tirzepatide for eligible cohorts.

Please ensure that any staff providing this service have been appropriately trained and have read the SY Clinical Guidelines for Tirzepatide for Weight Management. Training resources and clinical guidelines are available: https://mot.southyorkshire.icb.nhs.uk/search?q=tirzepatide.

7. **Is there sufficient tirzepatide stock to cover for primary care weight management treatment?**

Tirzepatide is already being used in primary care for the treatment of diabetes and obesity for patient groups in line with NICE guidance.

The change in the guidance to add additional patients for weight loss is likely to only lead to a small increase in the overall prescribing numbers.

The manufacturers of tirzepatide have informed us that there are no current supply issues for this product. They say allocations have been applied to all healthcare organisations across the UK to maintain continuity of patient care and are monitored for all strengths on a daily basis.

As such the ICB has no current concerns over supplies.

8. **Is there sufficient wrap around support in place for all those needing it?**

Whilst there is an overall service allocation from NHS England, current referral volumes remain well within capacity and access to the service is not currently restricted. Practices are encouraged to refer eligible patients in a timely manner to ensure they can access support as early as possible. Capacity will continue to be monitored throughout the year by ICB and Reed Wellbeing and, if demand were to approach allocated levels, discussions could then take place around increasing capacity if required.

9. **Do practices have to follow the appointment schedule stated in the clinical guidelines?**

A recommended appointment schedule is included in the tirzepatide weight management clinical guidelines. It has been developed with support from experts in GLP-1 prescribing for weight loss and reflects the complexity of need of these patient cohorts. These are recommendations but practitioners can use clinical discretion based on individual needs, considering the person's individual risks and level of complexity. Please ensure that all clinicians prescribing tirzepatide for weight loss have received appropriate training and have read the SY Clinical guidelines.

10. **Where can I find the tirzepatide clinical guidelines?**

The most up to date version can always be found: https://mot.southyorkshire.icb.nhs.uk/search?q=tirzepatide. Changes are being made to remove reference to the Local Enhanced Service however, these will take time due to ICB governance processes.

11. **Can we prescribe other GLP1 in general practice for weight management?**

No, tirzepatide is the only GLP-1 currently available in general practice for weight management.

12. Are practices able to prescribe semaglutide for CVD risk management?

NHS South Yorkshire ICB is working to make semaglutide available for CVD risk management as soon as possible. However, prescribing traffic light for this is currently red, meaning do not prescribe in primary care.

13. What is the referral criteria to specialist weight management services?

The South Yorkshire Specialist Weight Management Service Eligibility Criteria is available: https://southyorkshire.icb.nhs.uk/our-information/policies-and-procedures

For specialist weight management services:

- From the **1 August 2026**, tirzepatide cohort 2 patients will be included.
- From **21 March 2027**, cohort 3 will be included.

14. What do SWMS services currently prescribe and what is the waiting times?

Not all Specialist Weight Management Services (SWMS) prescribe weight loss medication. Prescribing availability varies across South Yorkshire:

Location / Service	**Prescribes Weight Loss Medication?**	**Waiting Times**	**Notes**
Rotherham SWMS (The Gate Practice)	Yes (Wegovy)	Currently operating with a substantial waiting list (approx. 4 years).	
Barnsley SWMS (South West Yorkshire Partnership NHS Foundation Trust)	No	Average wait 35 days	
Doncaster SWMS (Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust)	No	Currently operating with a substantial waiting list (approx. 2 years).	
Sheffield	N/A	N/A	Currently has no local Specialist Weight Management Service.
Oviva Right to Choose Service	Yes (Wegovy)	Limited wait	Online services, available to patients across the South Yorkshire region.
Second Nature Right to Choose Service	Yes (Wegovy)	Unknown	

15. **Are there other right to choose providers for adult specialist weight management services?**

Previously, Oviva was the only available Right to Choose provider for adult specialist weight management services in South Yorkshire. As displayed in the table above, patients now have an additional choice, as Second Nature has also been awarded a Qualifying Contract. At present, both providers offer remote-only services and prescribe semaglutide (Wegovy), with more providers potentially joining in the future.

All referrals to right to choose providers must meet our local adult specialist weight management service eligibility criteria.

16. **Do practices get paid for OB005 if they do not prescribe tirzepatide?**

To achieve OB005 you must: Select patients passed from the denominator, who meet all of the following criteria:

- Have a **high BMI* recorded** within the reporting year.
- Have **been prescribed pharmacotherapy for obesity management** within the reporting year.
- Have a **referral into a weight management behavioural support programme** within the reporting year.
- **Having a record that a shared decision-making conversation** took place within the reporting year.

Therefore, to be paid under OB005, practices must prescribe tirzepatide. If a patient meets all other criteria but chooses not to receive pharmacotherapy for weight management, in the reporting year then this is deemed an exclusion (PCA) and the patient is removed from the denominator.

17. **Do practices get paid for OB005 if they refer to Oviva and they get a GLP1 Rx there.**

No, practices do not get paid under OB004 or OB005 for referring to Oviva.

18. **Where do we find clinical searches for cohorts 1 and 2?**

User guide is available in the embedded document:

Tirzepatide LES Searches v1.1.docx

19. Can we group deliver sessions for GLP1 starts in this cohort?

Initial assessment, shared decision making and initiation should be done on an individual basis. If practices are able to deliver the levels of care detailed in the clinical guidelines through a group clinic then they may use clinical discretion as to whether some patients may be suitable for group follow up. However, practices must ensure that this will support the management of the patient's comorbidities as well as their weight management and must continually review individual risk.

20. Is there a time limit on how long you can prescribe tirzepatide?

Due to the lack of evidence base for safety and effectiveness for longer term use, the current South Yorkshire clinical guidelines state that patients can only be prescribed for two years. This will be kept under review as more evidence is published. Practices will be updated should there be a change.

For any other queries, please contact: syicb-sheffield.preventionteam@nhs.net