

# Biology

## NHS & weight management

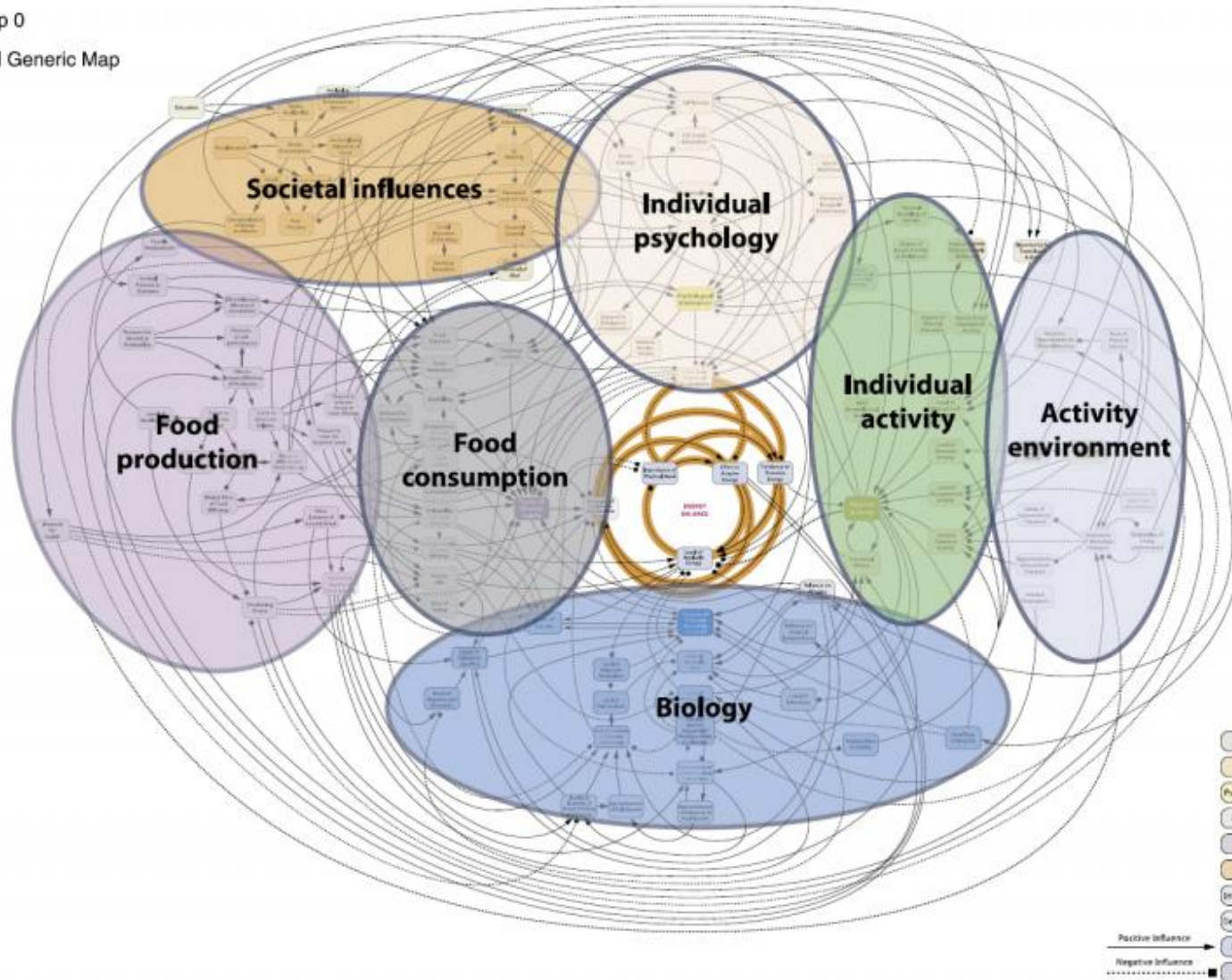
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18<sup>th</sup> March 2026

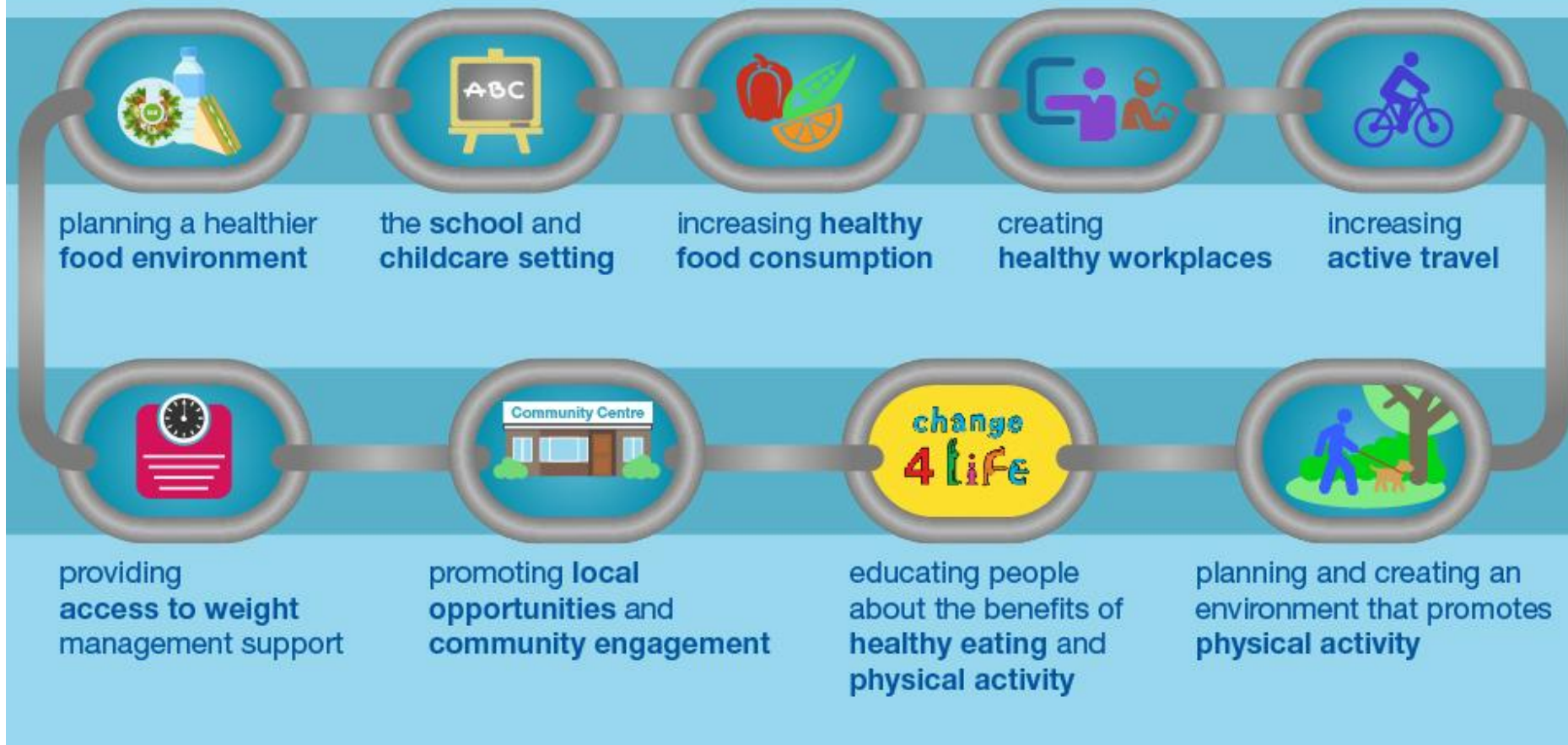


# Foresight map (2007) Tackling obesity: future choices

Map 0  
Full Generic Map



## Common areas of obesity activity identified as part of a whole systems approach to obesity



# Fit for the future: 10 Year Health Plan for England (July 2025)

Three key shifts:

(Hospital to Community/Analogue to Digital/Treatment to Prevention)

## **“A moonshot to end the obesity epidemic”**

Series of measures on both treatment and prevention of obesity

- Harness scientific innovation from recent breakthroughs in weight loss medication
- Expand access to weight loss services free at the point of need
- Increase digital weight management offers
- Test innovate models of delivering services in communities

The NICE logo is a teal square with the word "NICE" in white, bold, sans-serif font. Below it, the text "National Institute for Health and Care Excellence" is written in a smaller, white, sans-serif font.

**NICE**

National Institute for  
Health and Care Excellence

- 1. Updated NICE guideline: ‘Overweight and obesity management’ (Jan 2025)**
  - Consolidation and replacement of several previous documents streamlining recommendations into one resource
  - Emphasize the complexity of obesity as a chronic condition requiring ongoing, tailor support.
- 2. NICE Technology Appraisal: Tirzepatide for managing overweight and obesity (Dec 2024) - recommended as an option for managing obesity including funding variation**

**NHS England Commissioning Guidance (March 2025):** patient cohorts (BMI and health conditions), prioritisation strategy, phased implementation (3 years initially)

# NHS England: Priority cohorts

Year#	Estimated cohort duration	BMI*	Qualifying Comorbidities**
2025/26	12 months	≥40	≥4
2026/27	9 months	≥35	≥4
2027-29	15 months	≥40	≥3
2029+		Criteria for further cohorts will be announced in future years	

Reduction of 2.5kg/m<sup>2</sup> lower in people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds to ensure equitable clinical prioritisation and access to appropriate treatment.

Qualifying Comorbidities	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) ≥ 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 ≥1.7 mmol/L,
Obstructive Sleep Apnoea [OSA]	Established diagnosis of OSA (sleep clinic confirmation via sleep study) <b>and</b> treatment indicated i.e. meets criteria for Continuous Positive Airways Pressure (CPAP) or equivalent
Type 2 diabetes	Established type 2 diabetes

# In the news .....

Fancy clothes, mealtime alarms and Disney princess gigs – how weight loss drugs are changing people's lives

Weight loss drugs may have the potential to treat addiction

1.6 million adults used weight loss drugs the past year with 3.3 million more saying they would be interested in them over the next year

Weight loss drugs can be a real game changer for those who need them

GLP-1 agonists – 82 deaths linked to adverse reactions

A new era of weight loss: mental health effects of GLP-1 drugs

Sharp rise in illegal medicines sold in the EU

Patients who come off weight loss injections regain the weight 4 times faster than those who stop conventional dieting and exercising

# Professor Giles Yeo MBE

American-British biologist and a Professor of Molecular Neuroendocrinology at the University of Cambridge.

His research focuses on:

- a) How the brain controls food intake and body weight
- b) The genetic influences on appetite and obesity

- [The Truth About Weight, Appetite and GLP-1 Medications with Professor Giles Yeo](#)
- 45.58-48.10

# Types of GLP-1s

Semaglutide (GLP-1 – single agonist)		Tirzepatide (GLP-1/GIP – dual agonist)	Liraglutide	
<b>Wegovy (Specialist Wt Mgt Service)</b>	Ozempic Rybelsus (tab)	<b>Mounjaro (Primary Care)</b>	Saxenda	Victoza
Weight Management	Diabetes	Weight management and diabetes	Weight Management	Diabetes
Daily Tablet (25mg) Weekly Injection (1.7mg or 2.4mg)		2.5mg starting dose increasing to 5mg lowest maintenance dose increasing in 2.5mg increments to 15mg week (injection)	0.6mg starting dose increasing by 0.6mg daily to a max of 3mg (injection)	
<ul style="list-style-type: none"> <li>BMI <math>\geq 35</math> (<math>\geq 32.5</math>)</li> <li>Non-diabetic hyperglycemia and increased risk of CVD</li> </ul>		BMI $\geq 40$ with 4 of the following: T2DM CVD Dislipidaemia HTM Sleep apnoea	BMI $\geq 35$ ( $\geq 32.5$ ) plus Non-diabetic hyperglycemia and increased risk of CVD Or BMI $\geq 30-34.5$ ( $\geq 27.5-32.4$ ) and meet criteria to be treated by T3	

# Gastric Bypass Surgery

## Semaglutide and Weight • MyNutriWeb (15) (Giles Yeo)

- Originally designed to limit space for absorption of food
- Plethora of hormones involved
- Predominantly an effect on gut hormones
- Rapid effect on type 2 diabetes
- Food remains undigested until lower down upper GI tract causing GLP-1 to increase
- Incretin hormone increase (including GLP-1 & GIP; signals brain to feel full)

# GLP-1s how they work

- Hormones in the gut talk to the brain to influence feeding behaviour
- We have around 20 gut hormones 18 of which make you feel fuller
- 2 of these hormones that increase in response to eating are incretins (GLP-1's/ GIPs)
- These hormones signal to the brain that we are full and therefore you eat less and subsequently you lose weight.

# Side effects

Common	Less common/ rare
Nausea Vomiting Diarrhoea Constipation Reduced appetite Dyspepsia Eructation (sulphur-burps)	Hypoglycaemia Severe dehydration leading to kidney damage Pancreatitis Gallbladder disease Allergic reactions Severe gastrointestinal adverse reactions Diabetic retinopathy complications in patients with h/o diabetic retinopathy

Taken from [www.gov.uk/government/publications/glp-1-medicines-for-weight-loss-and-diabetes-what-you-need-to-know](http://www.gov.uk/government/publications/glp-1-medicines-for-weight-loss-and-diabetes-what-you-need-to-know), manufacturer's safety sheets and <https://www.nice.org.uk/guidance/ta1026>

# Nutritional deficiencies

- Early satiety, changes in food preference and gastrointestinal side effects such as nausea, vomiting, constipation, often result in reduced dietary intake in terms of quantity and variety;
- Use of GLP-1 has shown observed caloric reductions of 16-39%; can therefore lead to insufficient intakes of macro- and micronutrients;
- Micronutrients of concern inc. iron, calcium, magnesium, zinc and vitamins A, D, E, K, B1 (thiamine), B12 and C;
- GLP-1 do not induce malabsorption, however the speed at which nutrients travel through the gut can affect their rate of absorption.

# Nutritional Implications

## Consensus Statement (international)

Nutritional and lifestyle supportive care recommendations for management of obesity with GLP-1 - based therapies: An expert consensus statement using a modified Delphi approach

- Involve a registered dietitian
- Ensure adequate fibre & fluid
- Limit high kcal snacks
- 1-1.5g protein/kg body weight or 25% - 30% of 1600kcal diet
- Assess & treat nutritional deficiencies; if wt loss is excessive or diet intake is unsure, then a supplement would be recommended



# Bradford Teaching Hospitals

NHS Foundation Trust

Looking for help to lose weight?

- Friendly Groups
- Male/Female/Mixed
- Online & In Person
- Cultural Global Foods

**12 weeks completely FREE**  
New customers only

Choose what works for you!



NHS **DIGITAL WEIGHT MANAGEMENT PROGRAMME**



NHS

Start the journey to a **HEALTHIER YOU** with the NHS Diabetes Prevention Programme



**Children and Families**  
Living Well Service



# New GP Contract April 2026/27



## Quality Outcomes Framework (QOF) - 2 new points for obesity management

### Indicator 1

To support the identification of adults living with obesity and the onward referral to the most appropriate programme

### Indicator 2

To support the roll-out of weight loss medication in GP Practices including the identification, assessment, prescribing and onward referral to the Behaviour Support Obesity Programme (BSOP)

Benefits – national approach, consistent tariff

Risks - health inequalities/health literacy/digital inclusion



# Useful resources

- [Overview | Tirzepatide for managing overweight and obesity | Guidance | NICE](#)
- [Overview | Overweight and obesity management | Guidance | NICE](#)
- [PRN01879-interim-commissioning-guidance-implementation-of-the-nice-technology-appraisal-ta1026-and-the-NICE-fu.pdf](#)
- [BBC Sounds - The Hunger Game - Available Episodes](#) Professor Giles Yeo 5 x 15min episodes
- [NHS England » Weight management injections](#)
- <https://healthieryou.org.uk/bsop-programme/>

Thank you for listening 😊

Any questions?

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