

Questions:

Under the Freedom of Information Act 2000, I would like to request the following information regarding the use of injectable pharmacological treatments for overweight and obesity (e.g. GLP-1 receptor agonists or dual GIP/GLP-1 receptor agonists).

Since the publication of NICE TA 1026 on 23 December 2024, up to 1 April 2026:

1. Are injectable pharmacological treatments for overweight and obesity currently being initiated for patients as part of routine services commissioned or delivered by your organisation?

If so, please identify which medication(s) are currently used as first-line injectable pharmacological therapy for overweight and obesity within commissioned services.

2. What are the eligibility criteria for patients to access injectable pharmacological treatments for overweight and obesity within your organisation?

Where these criteria are already published online, please provide the relevant link and confirm whether the published criteria are currently being applied in practice.

3. Please confirm whether the model of care through which these treatments are (or will be) delivered:

- Directly from general practice
- Primary care-led weight management service (e.g. GP or pharmacist-led weight management service, community weight management hub, etc.)
- Tier 3 specialist weight management services
- Other (please specify).

4. Please confirm whether the relevant pathway within your organisation is currently:

- operational and accepting referrals
- operational but limited (e.g. pilot sites)
- approved but not yet implemented
- currently under development.

5. Please provide copies of any key or current clinical pathways, service specifications, prescribing guidance, or referral criteria relating to the use of injectable pharmacological treatments for overweight and obesity, if held.

Responses:

1. The Department of Health (DOH) has a formal link with the National Institute for Health and Care Excellence (NICE) under which NICE Technology Appraisals are reviewed locally for their legal and policy applicability in Northern Ireland. Where found to be applicable, they are endorsed for implementation within Health and Social Care (HSC) organisations. This link has ensured that Northern Ireland has access to up-to-date, independent, professional, evidence-based guidance on the value of health care interventions. In practice, this means that treatments that have been recommended by NICE for routine use in the NHS in England are also available in Northern Ireland.

There are three identified injectable pharmacological treatments for overweight and obesity (e.g. GLP-1 receptor agonists or dual GIP/GLP-1 receptor agonists).

NICE Guidance:

TA664 ([TA664](#))

Liraglutide for managing overweight and obesity

- Technology appraisal guidance
- Reference number: TA664
- Published: 09 December 2020

1 Recommendations

1.1

Liraglutide is recommended as an option for managing overweight and obesity alongside a reduced-calorie diet and increased physical activity in adults, only if:

- they have a body mass index (BMI) of at least 35 kg/m² (or at least 32.5 kg/m² for members of minority ethnic groups known to be at equivalent risk of the consequences of obesity at a lower BMI than the white population) and
- they have non-diabetic hyperglycaemia (defined as a haemoglobin A1c level of 42 mmol/mol to 47 mmol/mol [6.0% to 6.4%] or a fasting plasma glucose level of 5.5 mmol/litre to 6.9 mmol/litre) and
- they have a high risk of cardiovascular disease based on risk factors such as hypertension and dyslipidaemia and
- it is prescribed in secondary care by a specialist multidisciplinary tier 3 weight management service and
- the company provides it according to the commercial arrangement.

1.2

This recommendation is not intended to affect treatment with liraglutide that was started in the NHS before this guidance was published. Adults having treatment outside this recommendation may continue without changes to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

TA875 ([TA875](#))

Semaglutide for managing overweight and obesity

- Technology appraisal guidance
- Reference number: TA875
- Published: 08 March 2023
- Last updated: 04 September 2023

1 Recommendations:

1.1

Semaglutide is recommended as an option for weight management, including weight loss and weight maintenance, alongside a reduced-calorie diet and increased physical activity in adults, only if:

- it is used for a maximum of 2 years, and within a specialist weight management service providing multidisciplinary management of overweight or obesity (including but not limited to tiers 3 and 4), and

- they have at least 1 weight-related comorbidity and:
- a body mass index (BMI) of at least 35.0 kg/m², or
- a BMI of 30.0 kg/m² to 34.9 kg/m² and meet the criteria for referral to specialist overweight and obesity management services in NICE's guideline on overweight and obesity management.
- the company provides semaglutide according to the commercial arrangement.

Use lower BMI thresholds (usually reduced by 2.5 kg/m²) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family backgrounds.

1.2

Consider stopping semaglutide if less than 5% of the initial weight has been lost after 6 months of treatment.

1.3

These recommendations are not intended to affect treatment with semaglutide that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

On 1 April 2026, NICE also published its final draft guidance recommending the use of semaglutide (Wegovy[®]) alongside a reduced-calorie diet and increased physical activity, as an option for reducing the risk of a major adverse cardiovascular event (that is, cardiovascular death, non-fatal myocardial infarction or non-fatal stroke) in adults with both established cardiovascular disease (CVD) and a body mass index (BMI) of at least 27 kg/m², with final guidance expected on 14 May 2026.

When the final guidance for this treatment is issued by NICE, the Department will consider it under the usual process for NICE Technology Appraisals as per the guidance set out in circular HSC (SQSD) 12/22 which is available at:

- <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hsc-sqsd-12-22.pdf>

TA1026 (TA1026)

Tirzepatide for managing overweight and obesity

- Technology appraisal guidance
- Reference number: TA1026
- Published: 23 December 2024

1 Recommendations:

1.1

Tirzepatide is recommended as an option for managing overweight and obesity, alongside a reduced-calorie diet and increased physical activity in adults, only if they have:

- an initial body mass index (BMI) of at least 35 kg/m² and
- at least 1 weight-related comorbidity and
- the company provides it according to the commercial arrangement.

Use a lower BMI threshold (usually reduced by 2.5 kg/m²) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds.

1.2

If less than 5% of the initial weight has been lost after 6 months on the highest tolerated dose, decide whether to continue treatment, taking into account the benefits and risks of treatment for the person.

1.3

These recommendations are not intended to affect treatment with tirzepatide that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS healthcare professional consider it appropriate to stop.

2. Eligibility criteria are available via the links to the various NICE documents as follows:
 - Liraglutide - [TA664](#)
 - Semaglutide - [TA875](#)
 - Tirzepatide - [TA1026](#)
3. The DOH acknowledges that full implementation of the above guidance will require consideration of financial and service requirements including clinical capacity, specialist support and the development of coordinated and sustainable service models.

On 21 May 2025, the Minister for Health announced plans to establish a Regional Obesity Management Service (ROMS) in Northern Ireland.

The aim of ROMS is to provide support to individuals who are struggling with obesity or being overweight and will provide a clinically approved pathway for weight management in Northern Ireland.

The first phase of the ROMS is scheduled to commence in 2026, focusing on the development of a community-based service where adult patients will have access to lifestyle support to ensure maximum effectiveness as well as obesity management medication, if clinically appropriate. Further phases will be developed, subject to funding.

As with any new service, it is important that secure foundations can be established, on which services can be developed as sustainable and operate effectively in tackling the root causes of obesity. Therefore, patient numbers will be limited in phase one, before increasing capacity as the service becomes fully embedded.

In light of the above, the Strategic Planning and Performance Group of the DOH is working with HSC providers to develop an implementation plan which outlines a timescale for rollout that provides equitable, sustainable and affordable access to this technology and which is targeted to optimise outcomes for those with the highest clinical need.

Given the size of patient cohort, the roll out of obesity medication has to be carefully managed as part of ROMS, to ensure healthcare professionals can continue to meet the full range of health needs of all their patients.

4. Currently under development.

5. Information in respect of clinical pathways, service specifications, prescribing guidance and referral criteria is not held at present.

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