

Focus On: Prescribing GLP-1 analogues for obesity management – guidance for Welsh GP practices

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Overview:

GLP-1 analogues, including Tirzepatide (Mounjaro), have recently been licensed for weight management in adults with obesity or overweight with comorbidities. While NICE has approved Tirzepatide for use under specific criteria, NHS Wales has not yet commissioned its use in General Medical Services (GMS). These medications remain hospital-only, prescribed via Specialist Weight Management Services.

Please note, this guidance note specifically relates to obesity management: separate commissioning arrangements are in place for the management of diabetes mellitus.

Current Position in Wales:

GLP-1 analogues, for weight loss, are not commissioned for prescribing or monitoring in Welsh General Practice. Until a national or local supplementary service is negotiated, GPs should not initiate or monitor GLP-1 analogues for weight loss. Prescribing for weight management remains the remit of specialist services only.

Commissioning status of Tirzepatide within NHS Wales:

[NICE](#) has approved Tirzepatide with the following eligibility criteria:

- BMI \geq 35 (reduced in Asian/black people by 2.5) **and**
- At least one weight related comorbidity
- Aim for at least 5% reduction body weight after 6 months

As outlined in [Welsh Health Circular WHC/2025/018](#), NICE has extended the implementation period for tirzepatide for managing overweight and obesity in adults given the very large eligibility cohort, providing up to 12 years to implement the recommendations in full.

Work is currently being undertaken to determine if and how tirzepatide and other weight loss medications licensed in the future, will be made available in the NHS in Wales. This work will consider implementation arrangements for primary care alongside the current specialist weight management services, assessment of capacity and costs, and developing safe and efficient delivery models that are scalable and sustainable.

NHS England has published interim commissioning guidance to provide a framework for commissioners in England to implement the NICE technology appraisal for tirzepatide for the management of weight during the first three years of delivery within the NHS in England. However, **this commissioning guidance does not apply in Wales.**

Welsh Government will decide about any extended deployment of tirzepatide once their scoping work is completed and they will write to NICE, local health boards and primary care contractors, outlining those arrangements, in due course. In the interim, tirzepatide, semaglutide and liraglutide, for weight loss should only be prescribed through specialist weight management services in the NHS in Wales.

Commissioning into General Practice:

Unlike in NHSE, in NHS Wales there is currently no commissioning of services to initiate and monitor from GMS practices. Until such time as a supplementary service is negotiated nationally with Welsh Government, or by Health boards locally, then practices are advised that although GLP-1s are now available for specialist weight management, in conjunction with lifestyle interventions for this indication they are classified as **hospital-only medicine**, prescribed from the Specialist Weight Management services.

Professional and Contractual Considerations:

- GMS contracts in Wales do not currently include the provision of GLP-1 analogues for weight management.
- GMC guidance requires that prescribing is based on sufficient knowledge of the patient's health, including access to full medical records and clinical examination.
- Providing information to private providers is not a contractual obligation but may be considered professional responsibilities for patient safety.

Responding to information requests from private providers:

GLP-1 analogues are increasingly being initiated in the private sector for weight loss and practices are often asked to provide clinical information to private providers.

[General Medical Council](#) professional guidance states that medicines must only be prescribed if there is sufficient knowledge to prescribe safely, which includes access to a patient's medical records and verification of information through examination. The General Pharmaceutical Council has issued [guidance](#) for pharmacies providing on-line services, outlining the necessary safeguards required for safe prescribing, which include independent verification of body mass index and medical history.

The BMA recognises that in pure contractual terms, supplying information to third parties for the issuing of private medication is not a unified service nor understood to be within GMS. However, there are professional responsibilities of patient safety that may need to be considered.

It is recommended that practices decide upon and adopt a proactive approach which they are comfortable with, which could include:

- Declining prescribing or monitoring unless commissioned to do so.
- Encouraging patients to share a summary of their medical records with their private provider.
- Using the BMA Cymru [template](#) letter to respond to decline private provider requests for information. This can be embedded into clinical systems.
- Ensuring the practice has documented consent from the patient to share medical information with a third party, if planning on responding to a private provider's request for ratification of their prescribing or dispensing.
- Recording external prescriptions in the patient's medication record to ensure safety alerts and drug interaction checks are triggered.
- Reviewing medication interactions, especially in women of childbearing age, those on HRT or contraception.
- Setting up alerts for patients started on GLP-1 analogues privately, especially if they are on hormonal therapies.
- Including private prescriptions in annual medication reviews.

Separate from requests for information, if you know a patient has already been started on a GLP-1 analogue by a private provider, and there are existing [drug interactions or a clinical contraindication](#), it is a [GMC](#) obligation to act upon this, in the interests of patient safety. Ensure that you keep contemporaneous notes of your decision making and communications.

With regards to counselling any woman wishing to start a GLP-1 agonist for weight management, please consider interactions with hormonal therapies, as outlined by the [British Menopause Society](#), [Faculty of Sexual and Reproductive Health](#) and [Primary Care Women's Health Society](#).

Practices may also wish to consider adding a patient leaflet onto their website or sending out a targeted text message to all women of childbearing age, to highlight the importance of a medication review if they are started on or considering starting GLP-1 analogues from the private sector.

How to Decline Work Safely:

GPs may use the following approaches to decline non-commissioned work:

- Template response letter (available via BMA Cymru Wales and in [Annex A](#)) stating:
“This request falls outside the scope of commissioned services in General Practice. GLP-1 analogues for weight management are currently classified as hospital-only medications in Wales and should be managed by specialist services.”
- Patient communication scripts, such as:
“We understand your interest in weight management treatments. At present, these medications are only available through specialist NHS services. We recommend discussing this with your provider or seeking referral to a specialist service.”
- Clinical system alerts to flag non-commissioned requests and guide staff responses.

Conclusion:

GLP-1 analogues, including Tirzepatide, represent a promising development in obesity management. However, GP practices in Wales are not currently commissioned to prescribe or monitor these treatments.

Private prescribing of GLP-1 analogues is becoming increasingly commonplace and generates requests to practices for access to patient medical information. Practices should follow professional guidance, ensure patient safety, and use structured communication tools to manage requests appropriately.

References:

- [Special Product Characteristics](#) Tirzepatide
- [NICE TA 1026](#) Tirzepatide
- [Faculty of Sexual and Reproductive Health](#)
- [British Menopause Society](#)
- [Primary Care Women’s Health Society](#)

Annex A – Template letter to decline Private provider requests for information

Short date letter merged

Re Title Given Name Surname DoB Date of Birth
Home Full Address (single line)
Tel No Patient Home Telephone Mob: Patient Mobile Telephone
NHS No NHS Number

Private Provider: *Free Text Prompt*

Request: *Free Text Prompt*

Dear *Free Text Prompt*

Request for medical information following a private consultation is declined

You have requested that we provide medical information for the above patient to enable safe prescribing of *Free Text Prompt*. We are unable to fulfil this request for the following reasons:

1. This is non-contractual work
2. General Practice does not have the capacity to undertake this work
3. As per [General Medical Council](#) and [General Pharmaceutical Council](#) guidance, the responsibility for ensuring access to medical information and verification through examination, lies with the prescriber.

As per the principles of [shared decision making](#), please ensure the patient is aware of the benefits, risks and alternatives for their proposed treatment, as well as an understanding of monitoring requirements and long-term treatment goals.

With regards to counselling any woman wishing to start a GLPI-1 agonist for weight management, please consider interactions with hormonal therapies, as outlined by the [British Menopause Society](#), [Faculty of Sexual and Reproductive Health](#) and the [Primary Care Women's Health Society](#).

We advise that you encourage your patient share a summary of the significant diagnoses and medications from their coded medical record with you in the interests of patient safety. If they are unable to access this via the NHS Wales App, they can request a printed medical summary from the practice, but this will be managed as a routine administrative task which we will complete when capacity allows.

Yours,

Current User, Organisation Name