RESET HEALTH

IQVIA

April 2025

From costly to cost-effective: rethinking commissioning of anti-obesity medications

A Reset Health & IQVIA collaboration: Bringing together industry-leading digital weight management support with the world's leading clinical research and healthcare data company to deliver a sustainable and effective weight management service.

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Introduction

Obesity is a growing problem for the UK – placing significant pressure not only on population health and NHS services but also on the wider economy. Recent pharmacological developments mean that we now have more treatments to help manage obesity than ever before, alongside existing dietary and behavioural interventions in specialist weight management services. Whilst these existing services are traditionally patchy and struggle with capacity, it is hoped these new medications will improve patient outcomes and reduce the pressures of obesity on wider society.

With recent NICE recommendations for these pharmacotherapies, Integrated Care Boards (ICBs) have been told they will be expected to roll them out to all eligible patients. However, many ICBs have expressed concerns regarding the affordability of these new therapies, and the lack of capacity to provide wrapa-round support in both secondary and primary care settings. This paper explores these concerns and outlines an end-to-end solution that can mitigate them.

Reset Health, the provider of industry-leading digital weight management care model and platform, Roczen, in collaboration with IQVIA, a leading global provider of clinical research services, commercial insights and healthcare intelligence to the life sciences and healthcare system, have developed a data and digitally driven **Community Obesity Management Service (COMS)** to enable the successful, data-driven and equitable rollout of these medications.

The challenge of obesity

14 million (25.9%) adult Britons live with obesity – a figure that is forecast to rise to 20 million (37%) by 2030.[1]

We know that obesity is an underlying cause of hundreds of chronic and episodic diseases and it is estimated that treatments for obesity-related comorbidities cost the NHS £11.4bn per year. However, this is likely to be an underestimate, and the wider costs of obesity and overweight are thought to be nearer £98bn per annum[2], conveying the huge negative impact that these conditions are having on the health of the nation and the wider economy. The Office for Budget Responsibility (OBR) now forecasts health and disability related benefits will grow from £64.7bn in 2023/24 to £100.7bn by 2029/30, with obesity-related comorbidities expected to play a major role in this rise[3].

Given the scale of the problem, obesity will likely overwhelm the health system unless radical action is taken.

The NHS has a mixed record in the rollout and delivery of weight management services with c.30% of ICBs yet to commission a Tier 3 weight management service. Even where services are in place, they often lack the capacity to manage the volume of patient referrals – with half the Tier 3 services having average waits over 6 months and 1 in 6 having waits in excess of a year. Millions of patients are consequently left without any support.

However, despite these pressures, opportunity abounds. Alongside the existing tiered system, there are now more pharmacological treatment options available than ever before – anti-obesity medications such as semaglutide ([Wegovy®], Novo Nordisk) and tirzepatide ([Mounjaro®], Eli Lilly) – with more coming down the track as pharmaceutical companies vie to be market leader. New pharmacotherapies are showing excellent patient outcomes, not only in relation to weight loss, but also in the management of long-term conditions, such as diabetes, cardiovascular disease, chronic kidney disease, and others. These developments in the weight management space mean there is a huge opportunity for change and to drive investment, service reform, and ultimately a healthier nation.

1. https://www.worldobesityday.org/assets/downloads/World_Obesity_Atlas_2022_WEB.pdf

2. https://www.frontier-economics.com/uk/en/news-and-insights/news/news-article-i20358-the-rising-cost-of-obesity-in-the-uk/

3. https://obr.uk/forecasts-in-depth/tax-by-tax-spend-by-spend/welfare-spending-disability-benefits/

What are NICE and NHSE's recommendations for anti-obesity medications?

Semaglutide (Wegovy®) : Licensing and NICE recommendations[4]

Semaglutide (Wegovy®) is recommended by NICE (2023) as an option for weight management, as an adjunct to a reduced-calorie diet and increased physical activity, in adults with an initial BMI of ≥30 (obesity), or ≥27 to <30 (overweight) in the presence of at least one weight-related comorbidity. It must be prescribed within a specialist weight management service providing multidisciplinary team (MDT) support.

Despite NICE's recommendations, uptake of semaglutide (Wegovy®) has been extremely slow due to ICB cost concerns, inability or reluctance to commit sufficient funds where specialist weight management services do exist, and a lack of necessary MDT wraparound support where they don't.

Tirzepatide (Mounjaro®): Licensing and NICE recommendations[5]

Tirzepatide (Mounjaro®) is recommended by NICE (2024) as an option for weight management alongside a reduced-calorie diet and increased physical activity, with an initial BMI of ≥35 (obesity) and at least one weight-related comorbidity. It can be prescribed by primary care or specialist weight management services.

Given the scale of the eligible patient cohort for tirzepatide (Mounjaro®), NHSE has proposed a maximum 12-year funding variation to extend the time needed to comply with NICE's recommendations, without compromising other NHS services. As part of the proposed phased rollout, it is indicated prioritisation of cohorts will be based on clinical need, including those within specialist weight management services (by three months) and priority cohorts in other settings, including primary care-based services (by six months). NHSE is expected to publish an interim commissioning policy for ICBs outlining how patients should be prioritised[6].

Under the proposals, around 220,000 patients will be able to access the treatment within the first three years. NICE is expected to conduct a formal review of the interim commissioning policy following the initial 3-year implementation period, which could potentially shorten the total funding variation timeframe from 12 years. This will likely depend on there having been sufficient implementation in primary care.

4. https://www.nice.org.uk/guidance/ta875

5. https://www.nice.org.uk/guidance/ta1026/chapter/1-Recommendations

6. https://www.nice.org.uk/guidance/gid-ta11156/documents/674

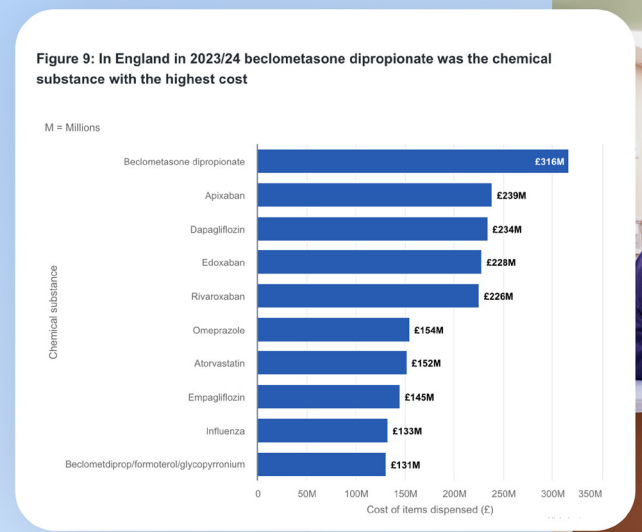
Why are ICBs concerned?

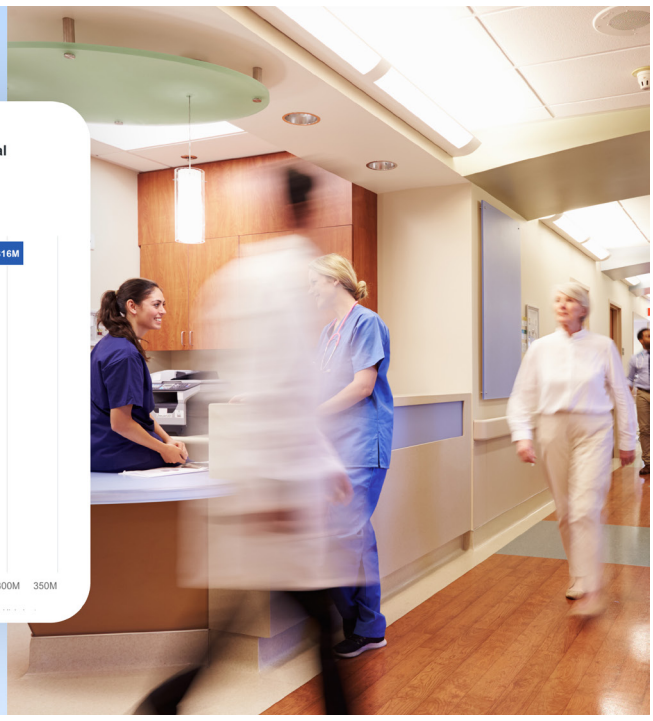
Despite the positive clinical outcomes evidenced by anti-obesity medications, and the opportunity presented by NICE's recommendations, systems have some key concerns regarding how these treatments can be rolled out in practice. NHS England has provided interim commissioning guidance for tirzepatide (Mounjaro®), which includes funding, however, it is not ring-fenced and it does not yet address the issue of wrap-around care provision.

Affordability of the drug bill

One of the main concerns has been the affordability of the drug bill. Based on NICE's draft recommendations it is estimated that 3.4m people are eligible for tirzepatide (Mounjaro®). If all eligible patients received pharmacological interventions paid for by the NHS - noting that many individuals have opted to self fund treatment - we estimate this would mean an annual NHS drug bill of between £3.0-5.5bn. For reference, the total cost of prescription items dispensed in the community in 2023/24 was £10.93bn, and the largest bill for an individual drug was £316m[7].

ICBs don't currently have the financial resources to prescribe anti-obesity medications to all those eligible under NICE guidelines. Based on the figures above, to do so would be unsustainable and compromise existing services. This is combined with the fact that systems are being told they must return to their financial plans, with many of them currently in large deficits, meaning they have little, if any, latitude to commit the necessary funds. Systems have therefore been reluctant to add these medications to their local formularies meaning, even though semaglutide (Wegovy®) has been licensed for two years, only a couple thousand patients are thought to be prescribed it on the NHS. With the current financial picture there is a risk this will be the same situation with tirzepatide (Mounjaro®). However, with the phased roll out of tirzepatide (Mounjaro®), NICE estimate there would be a much-reduced annual bill of £317.2m by the third year.





7. https://www.nhsbsa.nhs.uk/statistical-collections/prescription-cost-analysis-england/prescription-cost-analysis-england-202324

Capacity in secondary and primary care settings

Another key concern of systems is the lack of capacity and capability in specialist weight management services and primary care, to prescribe and provide wraparound multi-disciplinary team (MDT) support to patients on anti-obesity medications.

Semaglutide (Wegovy®) should only be prescribed to patients who are receiving MDT wraparound support in specialist weight management services. However, these services are seriously under-resourced relative to the number of eligible patients. Currently NHS specialist weight management services do not have the capacity to provide the necessary MDT wraparound care to all those eligible, leading to inequitable patient access and widening health inequalities across the country.

Tirzepatide (Mounjaro®), on the other hand, can be prescribed for obesity in primary care from June 2025 – but that creates its own challenges around capacity and capability, with patients requiring access to MDT wraparound support services to ensure proper clinical oversight. Weight management services are not routinely commissioned in primary care and GPs do not have the resources to provide these. An added complication is the cohort of patients tirzepatide (Mounjaro®) is due to be rolled out to, as per the interim commissioning guidance from NHS England, are the most complex cases and are likely to already be under the care of several specialties. Trying to co-ordinate care for these patients will be challenging but vital.

Feedback from ICBs is that GPs are already coming under pressure from patients to prescribe semaglutide (Wegovy®) and tirzepatide (Mounjaro®) – driven by publicity in the media and the flourishing private market. Despite this, they are aware that indiscriminate prescribing could exacerbate financial challenges, overwhelm existing services and widen health inequalities.

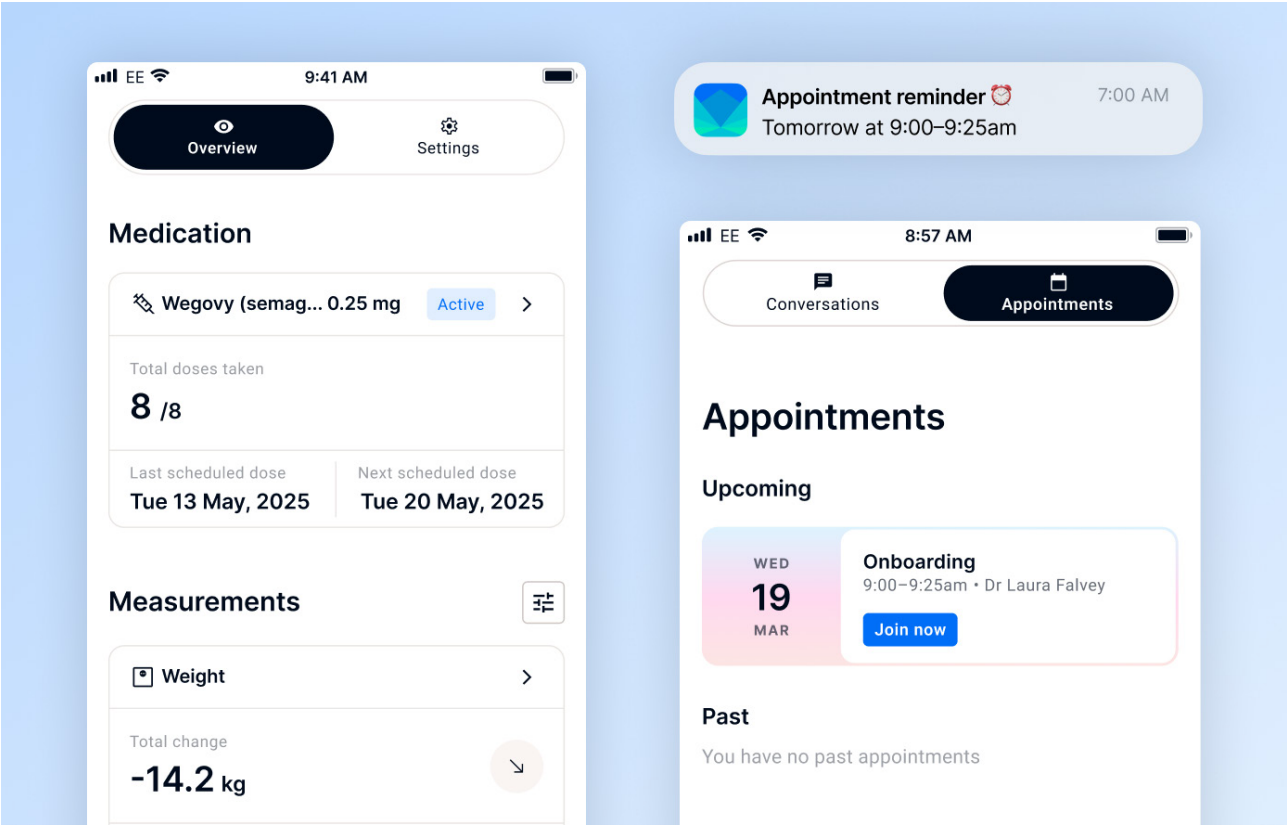


Fig 1. In-app reminders, tracking, scheduling and appointment booking with Roczen's clinical team

How we can make it work: A Community Obesity Management Service (COMS)

Given these valid concerns, we have created a comprehensive solution, delivered by Reset Health and IQVIA, that effectively supports the successful and sustainable rollout of anti-obesity medications to patients. This solution is the development of an end-to-end Community Obesity Management Service (COMS).

Our service model uses data-driven patient targeting in primary care to support a phased rollout - avoiding indiscriminate prescribing and mitigating concerns around affordability. Drawing on local partnerships and the scaling of our digital health model, we could rapidly support patients across the country. Our aim is to widen access and reduce inequalities whilst ensuring costs are contained or reduced for commissioners. Here we outline the four strands of how we propose this service would be built to support patients, clinicians and commissioners.

Collaborating locally with primary care

The first step of developing the COMS solution is collaboration and engagement with local primary care providers. This is facilitated by IQVIA's team of clinical pharmacists, whose mission is to understand system needs and provide long-term, bespoke clinical data solutions to deliver improved patient outcomes. This initial collaboration is focused on understanding primary care practice capabilities, capacity, and constraints.

Having gained a holistic understanding of these areas, IQVIA support the identification and optimisation of relevant and available primary care population health data (including key health, demographic, and equity metrics). This is used to carry out a segmentation exercise to discern which patients on a practice's patient list would benefit most from the COMS – in turn channelling resources to these individuals.

This targeting isn't just about which patients may lose the most weight or who has the highest BMI, but using valuable population health data to assess who is currently, or at greatest risk of, developing comorbidities – factors which lead to increased pressures on clinical services, quality of life and health outcomes. The optimised use of population health data provides clinicians and commissioners a holistic oversight and drive evidence-led targeting of service provision and prescribing of anti-obesity medications. This will ensure that there is a clear return on investment for the treatments and that their affordability remains manageable, without compromising wider health services.

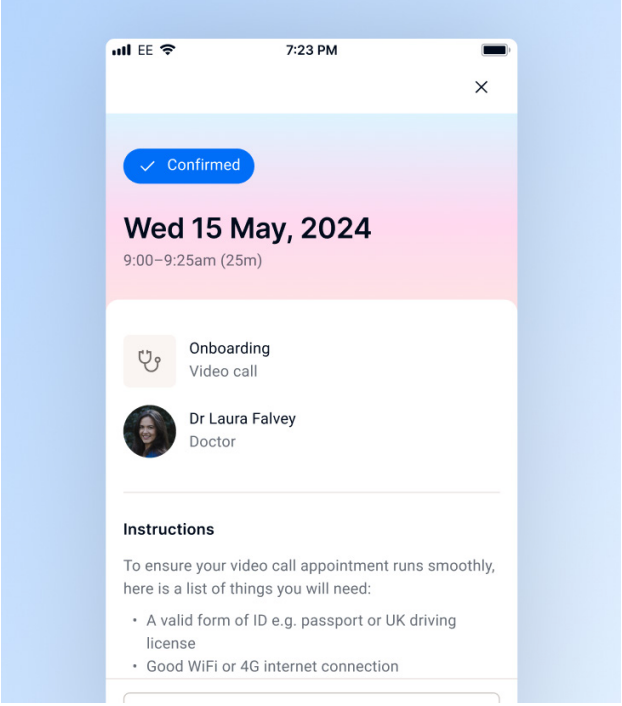


Fig 2. Onboarding information and instructions

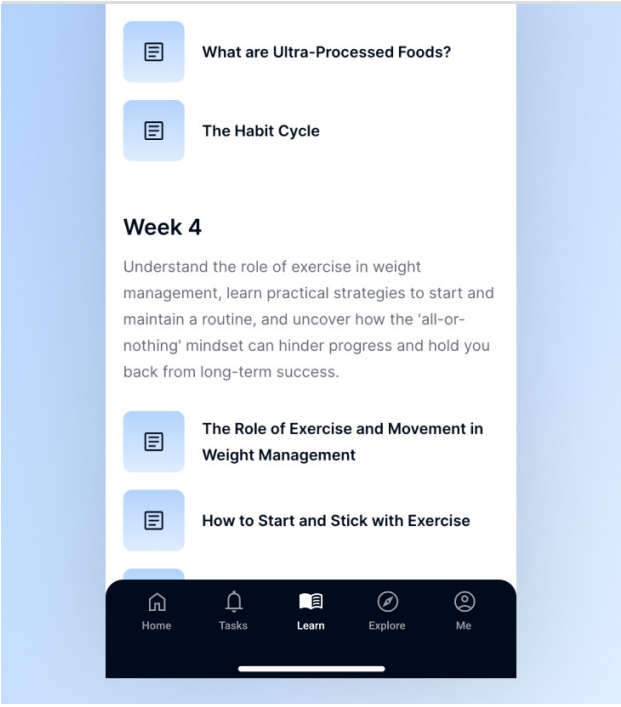


Fig 3. Weekly content tailored to patients

Supporting clinical delivery in primary care

The COMS clinical patient pathway is centred around four key stages. This pathway is initially supported by IQVIA, with Reset Health providing clinical wraparound support throughout the patient journey.

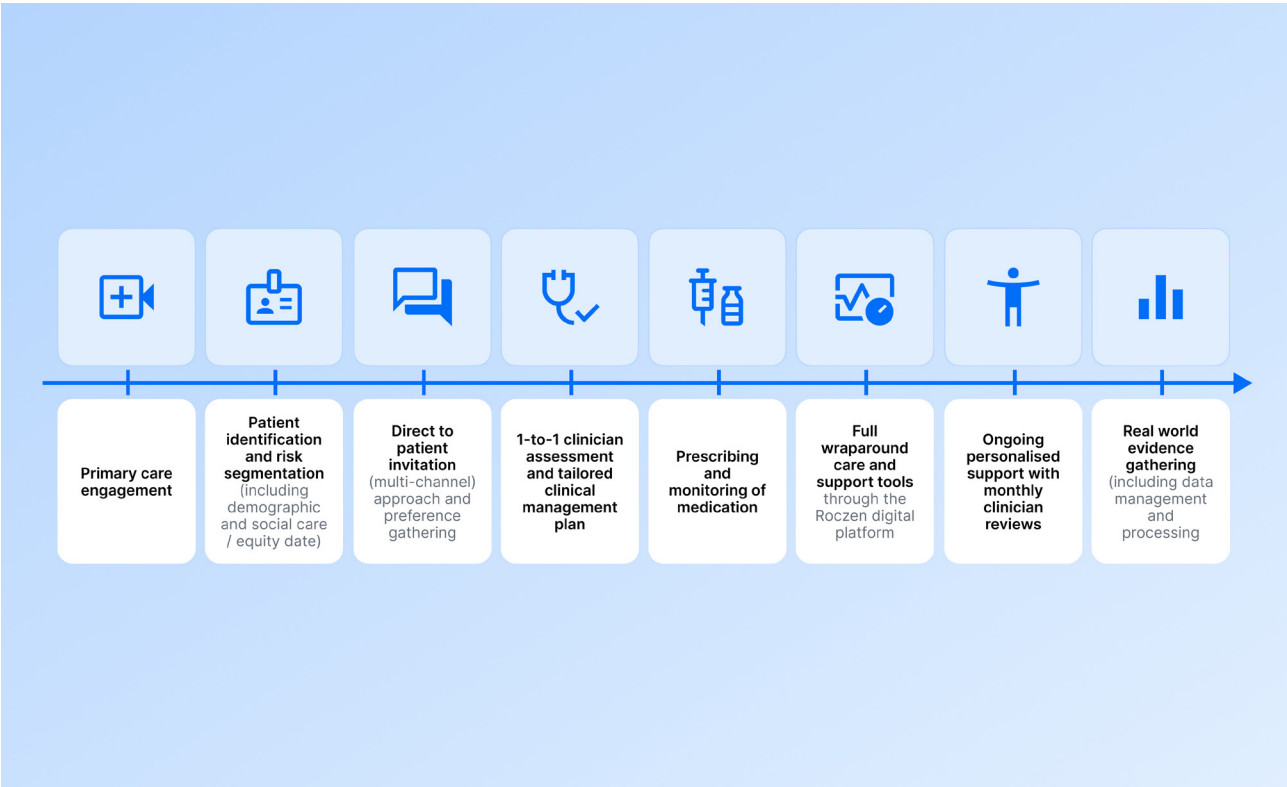
1. **Direct-to-patient invitation –** Once they have been identified through IQVIA's clinical pharmacist teams' data analysis, prospective patients will receive invitations to attend an initial clinical assessment through the COMS. To ensure equity of access, a multi-channel approach will be taken considering different patient cohort communication preferences.
2. **Comprehensive clinical review –** After accepting the invite, patients will undertake a comprehensive clinical review with Roczen clinicians. The multidisciplinary team includes clinical nurse specialists, dietitians, doctors (including GPs and endocrinologists) and psychologists.
3. **Signposting patients to appropriate services –** The key health and lifestyle metrics would then enable clinicians to signpost patients to the relevant local service. For many of the patients this would be on to the COMS, but where this is not appropriate there would also be mechanisms for patients to be referred to a non-weight management specialist service, or into a hospital-based Tier 4 weight management service (e.g. bariatric surgery).
4. **Delivery of clinical services –** Carried out through Reset Health's Roczen platform, and varying by patient need, this would include prescribing and initiation of patients on anti-obesity medications, clinically led digital wraparound support and self-management tools. Patients would receive continuous virtual clinical monitoring, including reminders and interventions through their digital device.

Utilising digital health services for wraparound support

Whilst both specialist weight management services and primary care are keen to support patients with anti-obesity medications and wraparound support, the systems' concerns over capacity and available expertise are understandable. However, digital health solutions, such as Roczen within the COMS pathway, can alleviate these concerns – supplementing existing services and providing clinically-led, MDT and scalable wraparound support. Through the COMS, this would allow the priority cohorts of patients across the country to be prescribed anti-obesity medications in primary care and then for the necessary wraparound support to be provided by Roczen, taking much of the pressure off GPs. GPs would know that patients are being fully assessed and monitored by clinicians and have access to resources 24/7 online to help keep them safe and well. This will reduce clinical burden whilst increasing adherence. Effective digital wraparound support will also reduce the need for referrals to NHS Tier 3 weight management services, helping to eliminate waits and higher costs in hospital acute settings.

Ensuring that real-world data enhances NHS services

Digital service provision through the COMS will also make it possible to collect real-world evidence (RWE) data and track the impact of the service and anti-obesity medications across the health system. This work will be led by IQVIA, managing, processing and harnessing data within existing electronic patient record systems (such as EMIS or Cerner), as well as population health data held at the primary care level and from the COMS. IQVIA will ensure that this data collection is robust, cleansing the existing data and collating this with the RWE data from the COMS as it is collected. This valuable data source will be held within the system and for the system – enabling clinicians and commissioners to utilise it and be continually informed of the wider service's impact. It will also allow a comparison between patient cohorts, to see differences in healthcare utilisation and outcomes, and provide secure data sets for secondary care service coupling and analysis. Analysis of this data will then inform future population health and commissioning policy, and optimisation of the COMS model.



The IQVIA and Reset Health Community Obesity Management Service

Conclusion

The recent development in pharmacotherapies is a hugely positive step in the management of obesity, presenting an opportunity to provide accessible treatment to those that need it most, whilst also alleviating wider societal pressures. ICBs have valid concerns over their affordability and the capacity to provide wraparound support - but we believe we can address these challenges through our end-to-end Community Obesity Management Service. The service is data-driven, utilising IQVIA's unrivalled expertise in healthcare data and Reset Health's industry-leading digital wraparound support programme, Roczen. Together, we would ensure that access to weight management support is widened - whilst targeting those who would gain most from the therapies are the ones accessing them, rather than relying on indiscriminate and unsustainable prescribing. Our model of care could transform the lives of patients - whilst also ensuring that weight management support can move from being costly to cost-effective

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