

## Annex F: ICB survey analysis

Through an online survey, NHSE (NHSE) sought the views of Integrated Care Board (ICB)/Primary Care Network (PCN) colleagues to assess the service impact of a positive National Institute of Health and Care Excellence (NICE) recommendation for tirzepatide (Mounjaro®) for overweight and obesity.

The survey opened on 28 February 2024 and closed on Tuesday 26 March.

The survey posed nine questions for ICB/PCN representatives to:

- Provide their views on the impact the proposed recommendation;
- Inform our thinking about the preparedness of primary care;
- Supply evidence base to support or challenge the view that a FV is required (if medicine is approved for use).

### Summary

- 1) There are no there are no locally commissioned obesity weight management provisions, either at practice or Primary Care Network level, already in place to support a wraparound service model for tirzepatide.
- 2) There is strong support for a FV to phase the introduction of the expected recommendation from NICE to ensure that service capacity and prescribing budgets remain sustainable with consideration to wider population health need.
- 3) ICBs desire central support to help them introduce a treatment pathway for tirzepatide. The most desired support in the form of financial help, but every offer of help proposed by NHSE would be welcomed.
- 4) Broadly, there is a view that the treatment model created by NHSE is aligned to what is required (although there are numerous suggestions for tweaks, amendments or alternative models). Many respondents feel that the required levels of service may be underestimating what is required.
- 5) The survey did not ask direct questions about psychological support. However, zero (0/54) responses to the template treatment pathway suggested that the proposed psychological element was inappropriate, even though many of the same respondents did cite challenges about being able to provide that level of psychological support. 15/53 respondents, unprompted, suggested that the psychological support offer in the proposed treatment pathway was too low or insufficient.
- 6) There is a range of views regarding ICBs near term capacity to provide this medicine. Some respondents believe that patients can and will be seen (and in some volume) while others express views that their services could not provide access to the medicine at all.
- 7) ICBs - while demonstrating that their views are considered and contemplated, and with some positive views on the impact for receiving patients - are unanimous that 90-day implementation would negatively impact the service they can offer. Nearly all cite a lack of existing skills in primary care and capacity to absorb the projected demand. The ICBs cite many risks and practical issues that they believe require consideration before large-scale implementation should occur.

### Monitoring Information

- 54 valid responses were received.
- Responses were received from 32 different ICBs across the seven NHS regions.

*List of responding ICBs*

NHSE region	ICB	Role of responder(s)
North West	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
North East and Yorkshire	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
Midlands	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
South East	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
South West	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]

East of England	[Redacted]	[Redacted]
	[Redacted]	[Redacted]
	[Redacted]	[Redacted]
	[Redacted]	[Redacted]
	[Redacted]	[Redacted]
	[Redacted]	[Redacted]
London	[Redacted]	[Redacted]
	[Redacted]	[Redacted]
	[Redacted]	[Redacted]
	[Redacted]	[Redacted]

In analysing the survey results, the full list of 53 respondents has been used. While this leads to multiple responses from some ICBs, the survey was circulated to both medical and pharmaceutical specialists as the different disciplines and clinical professions offer different perspectives. NHSE is not in a position to decline this advice nor to judge which of multiple submissions is preeminent for analysis.

### Survey Analysis

#### Current services

- 98% of respondents (53/54) agreed that there is no locally commissioned weight management provision already in place to support a wraparound service model for tirzepatide.

We believe there are no locally commissioned obesity weight management provisions, either at practice or Primary Care Network level, already in place to support a wraparound service model for tirzepatide.

We believe the only relevant services are Tier 3 commissioned Specialist Weight Management Services (noting there are several 'community-based SMWS' affiliated as satellite services of existing secondary care-based SWMSs).

As far as you know, is this correct?

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<span style="color: blue;">●</span> Yes	53
<span style="color: orange;">●</span> No	0
<span style="color: green;">●</span> Don't know/Not sure	1



## Impact of a positive NICE recommendation

- 90% of ICB/PCN respondents did not believe that a positive NICE recommendation for tirzepatide for primary care/general practice could be safely and appropriately offered to patients within the required 90-day implementation period.
- Only one respondent (<2% of responses) stated a belief that tirzepatide could be offered safely and appropriately offered to patients within the required 90-day implementation period.

Based on what you know, do you believe that a positive NICE recommendation for tirzepatide for primary care/general practice could be safely and appropriately offered to patients within the required 90-day implementation period?

[More Details](#)

 Insights

<span style="color: blue;">●</span> Yes	1
<span style="color: orange;">●</span> No	49
<span style="color: green;">●</span> Cannot say/Not sure	4



## Capacity to Deliver

- Regarding self-assessed capacity to offer this medicine, views varied. At one extreme, some respondents believed that they could offer the medicine to some thousands of residents in their locality. At the other, some respondents indicated that they would not seek to make the medicine available at all.

## Supporting Actions

We asked about the support required before an ICB/PCN can create a primary care weight management service and deliver any broad positive NICE recommendation.

For this question, we asked how strongly the respondent agreed or disagreed with each of the nine statements on a scale of 1-10.

1 = "not required"  
10 = "essential and unavoidable".

Rank	Action	Average response (with range) Out of 10 (lowest rating [# of respondents – highest rating [# of respondents]).
1	Additional funding to support the cost of the drug and the implementation of the recommended wraparound service.	9.85 (8[2] – 10[48])

2	Identification of funding to implement the recommended wraparound service.	9.70 (5[1] - 10[46])
3	Identifying and releasing capacity to deliver a safe and effective wraparound service.	9.50 (3[1] - 10[41])
4	An update to the GP contracts to support ICBs to commission obesity weight management services in primary care.	9.32 (1[1] - 10[37])
5	A time period of several years to implement weight management services in primary care.	8.94 (1[1] - 10[33])
6	Commitments on medicines supply from the manufacturer.	8.85 (2[1] - 10[32]).
7	NHSE commissioning guidance for a wraparound primary care weight management service.	8.44 (3[2]-10[26])
8	Updated NICE guidance and care pathway for weight management.	8.24 (1[1] - 10[21])
9	The availability of suitable digital solutions that can be offered as part of any wraparound primary care service.	8.15 (3[1] - 10[20])

## FV Support

- On the question of the FV, 91% (49/54) of respondents said they would support the creation of a FV for tirzepatide, if it receives a broad recommendation for use in primary care.
- 5% (3/54) would not support a FV request.

Typically a positive recommendation for use would mean that a commissioner has to make the medicine available for use by it's patients within a 90 day window. A "Funding Variation" request would seek phase the implementation of a positive recommendation, to enable ICBs to identify funding for the medicine and to provide the appropriate wraparound care for safe use of the medicine.

Would you support the creation of a Funding Variation for tirzepatide, if it receives a broad recommendation for use in primary care?

[More Details](#)

[Insights](#)

● Yes	49
● No	3
● Don't know/Not sure	2



