



Resource impact summary report

Resource impact

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Resource impact summary report

This summary report is based on the NICE assumptions used in the [resource impact template](#). Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

This report and the accompanying template support both the NICE technology appraisal guidance on tirzepatide and the NICE guideline on overweight and obesity management. The template gives an overview of a variety of different interventions for people with overweight and obesity and allows users to build a comprehensive view of resource requirements.

Recommendation

NICE has recommended tirzepatide 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.

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.

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.

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.

NICE's guideline has made a range of recommendations across the management of

overweight and obesity. The resource impact tools are focused on recommended changes to the referral criteria for bariatric surgery and low and very-low calorie diets as new treatment options for overweight and obesity.

The level of activity for bariatric surgery is not expected to change as a result of the guideline. But the recommendations give clinicians more flexibility in offering surgery to people who can benefit from bariatric surgery without needing to exhaust every other possible treatment first.

Low and very low-calorie diets are currently offered to people with a type 2 diabetes diagnosis within the last 6 years under the diabetes path to remission programme. The recommendations in the guidance make this available to more people, and users are encouraged to assess locally the likely uptake of these interventions.

Eligible population for tirzepatide

Table 1 shows the number of people who are eligible for tirzepatide in each of the next 3 years.

Table 1 Population expected to be eligible for tirzepatide in England

Eligible population	Current practice	2024-25	2025-26	2026-27
People eligible for tirzepatide (million)	3.3	3.4	3.4	3.4

The following assumptions have been used to calculate the eligible population:

- 25.4% of adults have a BMI 30.0 to 39.9 kg/m²
- 29.5% of these have a BMI 35.0 to 39.9 kg/m²
- 66.1% of these have at least 1 weight-related comorbidity
- 3.5% of adults have a BMI 40.0 kg/m² and above
- 66.5% of these have at least 1 weight-related comorbidity.

The eligible population is based on an analysis of GP practice data of people with hypertension, dyslipidaemia, obstructive sleep apnoea, atherosclerotic cardiovascular disease, type 2 diabetes, prediabetes and non-alcoholic fatty liver disease.

The uptake for tirzepatide is based on the NHS England implementation proposal.

Treatment options for the eligible population

The current treatment options available for the eligible population are liraglutide, semaglutide, diet and exercise, very-low calorie diets (meal replacement) and bariatric surgery.

Tirzepatide is a further treatment option and is the first GLP-1 receptor agonist to be recommended for use outside a specialist weight management setting. It is recommended for use in all settings.

For more information about the treatments, such as dose and average treatment duration, see the [resource impact template](#).

Financial resource impact (cash items)

The key drivers of financial resource impact are:

- the large eligible population
- drug costs and the cost of wraparound care.

Users should use the template to assess locally the resource impact of implementing the guideline and the technology appraisal guidance.

For further analysis or to calculate the financial impact of cash items, see the [resource impact template](#).

Capacity impact

For analysis or to calculate the financial capacity impact from a commissioner (national) and provider (local) perspective, see the [resource impact template](#).

Using the template

The resource impact template can be used to estimate the resource impact at a variety of

local and national levels based on NICE assumptions or user-entered assumptions. Wherever light blue cells are present, users can enter missing information or amend the information already in the template.

Inputs and eligible population

This tab is used to calculate the eligible population and input uptake and price of the various interventions available to the population. There is a requirement to enter the number of people assessed for medicines in a non-specialist setting and then the proportion who will go on to have the medicine. This is to ensure the capacity impact for the initial assessment is captured for all patients undergoing the assessment.

Resource requirements

This tab is used to input the number and length of various capacity-impacting elements of interventions such as GP appointments, nurse appointments, dietician support and so on, and the staff band and pay grade of the person delivering the intervention. This is split between specialist and non-specialist settings. Users can input an appointment length and the number of appointments needed for a variety of interventions per person per year and this will feed into calculations in the capacity tabs.

Unit costs

This tab is used to calculate the annual cost of various interventions based on information entered into the 'inputs and eligible population' tab and additional information entered directly into the blue cells in this tab. The unit costs calculated in this tab are used in combination with the eligible population and uptake data to assess the annual resource impact in the 'Financial impact (cash)' tab. Weighting for the dose in use are considered for tirzepatide to calculate the average cost for the population having tirzepatide.

Summary

This tab summarises the resource impact in cash and capacity terms using information entered into the first 3 tabs.

Financial impact (cash)

This tab gives a breakdown of the annual cash cost of implementing the guidance based on information entered into the inputs and eligible population and unit costs tabs. Some of the information in this tab is summarised in the summary tab.

Capacity non-specialist services and capacity specialist services

These tabs calculate the capacity impact of implementing the guidance for specialist and non-specialist weight management settings based on information entered into the inputs and eligible population and resource requirement tabs. Some of this information is summarised in the summary tab.

Pay scales

This tab lists the different pay scales included in the template that can be selected in the resource requirements tab.

Key information

Table 2 Key information

Time from publication to routine commissioning funding	For the funding variation cohort identified: 90 days in specialist weight management settings, 180 days in non-specialist settings
Commissioner(s)	Integrated care boards
Provider(s)	Specialist and non-specialist weight management services
Pathway position	Can be used at any stage of treatment in combination with diet and exercise.

About this resource impact summary report

This resource impact summary report accompanies the NICE guideline on overweight and obesity management and NICE technology appraisal guidance on tirzepatide for managing overweight and obesity, and should be read with them. See [terms and conditions on the NICE website](#).

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