

REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 26 February 2026
BY: Chief Finance Officer
SUBJECT: Obesity Medicines Specialist Pathway

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1 PURPOSE

- 1.1 The purpose of this paper is to provide the East Lothian IJB with an update on the development of a Specialist Initiation Pathway for obesity medicines and highlight the resource implications of the proposed implementation.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.2 Approve the development of the Obesity Medicines Specialist Pathway service via the Midlothian HSCP hosted Dietetics Weight Management service.
- 2.3 Agree the East Lothian contribution to the staffing investment to support the new service set out in paragraph 3.11.
- 2.4 Acknowledge the potential impact the introduction of the new pathway will have on the Prescribing spend.

3 BACKGROUND

- 3.1 The Lothian Chief Officers (COs) and Chief Finance Officers (CFOs) agreed to bring a paper on the development of this service to their respective Strategic Planning Groups and then to their IJB meetings to ensure full transparency of the risks, challenges, and mitigations in managing and implementing the proposed pathway for the use of these drugs. This covering paper highlights the key aspects and messages from the full Obesity Medicines Specialist Initiation Pathway paper at **Appendix 1**.

- 3.2 The NHS Lothian Dietetic Weight Management Service is a dietetic-led, community based multidisciplinary team hosted by Midlothian HSCP on behalf of NHS Lothian and the four Lothian IJBs. This service has had a key role in the work to develop this pathway.
- 3.3 The obesity medicines this pathway relates to are semaglutide (Wegovy) and tirzepatide (Mounjaro), both of which have been approved for use by the Scottish Medicines Consortium (SMC) for weight management, and have subsequently been added to the East Region Formulary in February 2025. These obesity medicines are also referred to as GLP-1 and GIP RA.
- 3.4 A Short Life Working Group (SLWG) was set up to develop a pathway and associated Shared Care Agreements for the safe and effective prescribing of these drugs via Independent Prescribers in conjunction with the delivery of the NHS Lothian Weight Management service.
- 3.5 The Scottish Government (SG) identified criterion for patients within Phase 1 of this new service as having a Body Mass Index of 38 with at least one obesity-related comorbidity. Five cohorts of patients have been identified who meet these criteria within the Weight Management Service and the initial pilot will focus on cohorts 1 and 2 and Urgent cases (totalling 517 patients). The findings of this pilot are expected to be brought to the IJBs in 9-12 months.
- 3.6 Whilst this service will have a significant role in the prevention process, no funding has been identified by the SG to deliver it. IJB CFOs will continue to work with NHS Lothian (NHSL) to explore options to offset the medical costs, including consideration of the utilisation of non-pay uplift.
- 3.7 In addition, a bid has been submitted by NHSL to Innovate UK around prevention and system innovation. The bid underwent the interview stage in January and the outcome is expected in February. If successful, the funding would support the revenue staffing costs associated with this programme of work for the first three years.
- 3.8 Safe implementation will require a new pathway and appropriate governance and controls to ensure financial and service delivery risks are managed effectively.
- 3.9 The proposed phased approach for the cohorts identified will enable a controlled implementation, inform future service and workforce design, and influence the scale and timing of subsequent expansion.
- 3.10 A new introductory seminar for patients on the safe and effective use of these medicines along with a dedicated telephone line for patients to obtain support or discuss concerns are two of the new initiatives that have been established as part of the pathway.

- 3.11 The table below summarises the Year 1 and recurring additional staffing costs for each IJB.

IJB	2026/27 Cost (£k)	Recurring Cost (£k)
East Lothian	27	13
Edinburgh	129	63
Midlothian	23	11
West Lothian	47	23
Total Staffing Cost	226	110

The staffing costs are allocated across the IJBs on a PCNRAC basis reflecting the approach applied to other Hosted services.

- 3.12 The following table sets out the potential maximum drug costs per IJB for Year 1 and recurringly. The costs have been modelled on the maximum cost of £1,586 per individual per year applied to the cohorts of patients outlined in 3.5.

IJB	Individuals	2026/27 Cost (£k)	Recurring Cost (£k)
East Lothian	73	81	115
Edinburgh	224	250	355
Midlothian	77	86	122
West Lothian	144	160	228
Totals	517	578	820

- 3.13 An assessment of the existing Tier 3 Weight Management waiting list in Lothian indicates there are approximately 2600 individuals who meet the Scottish Government Phase 1 eligibility criteria.
- 3.14 The key risks around funding and implementation have been highlighted above. A full list of the risks is presented in section 9 of the full report.

4 ENGAGEMENT

- 4.1 The SLWG set up to take this work forward has representation from key stakeholder groups, including patients.

5 POLICY IMPLICATIONS

- 5.1 The NHS Scotland Consensus Statement: national criteria for the prioritisation of glucagon-like peptide -1 receptor agonists (GLP-1 Ras) and GLP-1 RA/glucose – dependant insulinotropic polypeptide receptor agonists (GP Ras) for the treatment of obesity in NHS Scotland provided

the guidance and recommendation regarding phased implementation and criteria to enable consistency across Scotland.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The subject of this report has been through the Integrated Impact Assessment process and no negative impacts have been identified.

7 DIRECTIONS

- 7.1 Consideration needs to be given to whether this needs a separate direction.

8 RESOURCE IMPLICATIONS

- 8.1 The resource implication have been highlighted in this covering paper and are detailed in the full paper at Appendix 1.

9 BACKGROUND PAPERS

- 9.1 The background papers for this work are attached to the full paper at **Appendix 1**.

Appendices: Appendix 1 Obesity Medicines Specialist Pathway

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DATE	26 February 2026

Midlothian IJB Strategic Planning Group



27th January 2026

Obesity Medicines Specialist Initiation Pathway

Item number: for IJB team use

Executive summary

1.1 This report provides an update to Strategic Planning Group on the development of a Specialist Initiation Pathway for obesity medicines (GLP-1/GIP RA) as instructed by NHS Lothian CMT and informed by subsequent monthly discussions within the Chief Officer and Chief Finance Officers Business Meeting. This forms part of our system wide communication on this work.

As a result of this report, Members are asked to:

- Consider the Specialist Initiation pathway for obesity medicines within the Dietetic led weight management service in collaboration with Independent Prescribers and medical oversight to support the initial two cohorts of patients
- Consider the resource implications
- Support the progress of this work to the IJB

Obesity Medicines Specialist Initiation Pathway

2 Purpose

- 2.1 This report provides an update to Strategic Planning Group on the development of a Specialist Initiation Pathway for anti-obesity medicines (GLP-1/GIP RA) as instructed by NHS Lothian CMT and informed by subsequent monthly discussions within the Chief Officer and Chief Finance Officers Business Meeting. This forms part of our system wide communication on this work.

3 Recommendations

- 3.1 As a result of this report, Members are asked to:
- Consider the Specialist Initiation pathway for obesity medicines within the Dietetic led weight management service in collaboration with Independent Prescribers and medical oversight to support the initial two cohorts of patients
 - Consider the resource implications
 - Support the progress of this work to the IJB

4 Background and main report

- 4.1 Obesity medicines semaglutide (Wegovy) and tirzepatide (Mounjaro) have been approved for use by the Scottish Medicines Consortium (SMC) for weight management.
- 4.2 These medicines were added to the East Region Formulary in February 2025 and a Short Life Working Group (SLWG) established to develop a pathway and associated Shared Care Agreements for Specialist Initiation of these medicines to enable safe and effective prescribing via Independent Prescribers in conjunction with the delivery of our weight management service.
- 4.3 The Shared Care Agreement, a fundamental part of medicines governance, has been developed and approved by the General Practice Prescribing Committee (GPPC). Feedback from GP Sub however should be noted as collectively they would not support the implementation of the Shared Care Agreements, acknowledging the resource constraints within Primary Care.
- 4.4 NHS Lothian Dietetic Weight Management Service is a dietetic-led, community-based multi-disciplinary team hosted by Midlothian HSCP on behalf of NHS Lothian. The service provides specialist lifestyle and behavioural management input and consist of a workforce of 26wte staff from bands 3 to 8a alongside psychology and exercise specialists. The specialist adult weight management capacity equates to 5.1wte dietitians, 0.7 wte psychology and 1wte physical activity specialist.

- 4.5 Dietitians are supplementary prescribers meaning that they can prescribe pre-agreed medicines under a Clinical Management Plan which has been approved by a doctor or dentist. A clinical management plan is required for each individual patient in accordance with supplementary prescribing legislation.
- 4.6 Independent Prescribers can autonomously assess, diagnose and prescribe medicines which are within their area of expertise and legal scope. Dietitians are not Independent Prescribers therefore expert input has been provided to support testing this pathway using Independent Prescribers. Initially being supported by Pharmacy Independent Prescribers but acknowledging that a range of professions have this knowledge, skill and experience clinically.
- 4.7 The pathway development within a sub-group of the SLWG has enabled exploration and mitigation relating to the safe and effective prescribing of these medicines including medicines governance, assessments for medicines and support for prescribers including medical oversight. A range of resources have been developed in response and ongoing oversight is provided by a range of subject matter experts including Independent Prescribing experts, Advanced Practice and Medicines Management Specialists, Dietetics Supplementary Prescribers and Weight Management Experts.
- 4.8 The pathway includes a new introductory seminar for patients on the safe and effective use of these medicines as well as telephone line for patients to seek support or discuss any concerns associated with the medicines.
- 4.9 It should be noted that this further pathway work is underway within Secondary Care to support urgent and complex care within Secondary Care. A proposal is in development and is referenced in Appendix 2.
- 4.10 To enable safe and controlled use of these medicines in line with the [Scottish Governments Consensus Statement](#), five cohorts of patients have been identified within the Weight Management Service who meet the criteria for Phase 1 (Body Mass Index over 38 with at least one obesity related comorbidity)

Table 1. Proposed Phase 1 roll out

Patient group	Expected numbers and timescale	Resource required
Cohort 1	75 patients (1 month to onboard)	Existing Weight Management resource, additional capacity for Independent Prescribing input Already on waiting list (Saxenda)
Cohort 2	422 patients (Up to 6 months to onboard)	Additional Weight Management capacity to facilitate patient education and Independent Prescribing input Currently in Tier 3 groups/weight maintenance
Urgent	20 patients (TBC)	Proposal in development led by secondary care colleagues in Renal and supported by Caroline Whitworth, Medical Director (Acute) and Consultant in Renal Medicine

		Existing service infrastructure mapping underway to ensure viability of pilot.
Phase 1 Total	517	
Future Phase COHORT (Prev described as Cohort 3 & 4)	Onboarding will depend on learning from cohorts 1 & 2	This ensures that we are in line with waiting time governance Currently approx. 2,600 patients on Weight Management waiting list meet Phase 1 criteria Resource requirements will be identified from cohort 1 and 2 and reported back to IJBs to inform next steps
BAU (Prev described as Cohort 5)	New referrals into an enhanced weight management service	Future 'at scale' innovative models of care yet to be designed. Digital 'wrap around' where patients could be referred to for remote support, with prescribing from GPs/primary care and secondary care services.

- 4.11 Through combining the criteria with these cohorts, we need to operationalise this pathway to create access to these medicines. The sub-group will continue to provide a route for shared learning from the pathway for cohorts 1 and 2, evaluating to enable effective reporting and strategic oversight for the SLWG, CMT, Chief Officers Network and via the NHS Lothian Healthy Weight and Type II Prevention Strategic Group. Reporting on the findings of cohorts 1 and 2 would be reported back in 9 to 12 months to the IJBs.
- 4.12 UK Research and Innovation (UKRI) supported a three-month design project within the Weight Management Service. This work, in collaboration with Digital Health and Care Innovation Centre (DHI) aimed to support a Once for Scotland approach to equitable, scalable obesity care.
- 4.13 This work has formed a fundamental component in a recent grant application to the Obesity Pathway Innovation Programme (OPIP.) The application to this three-year funding opportunity includes operationalising the digital design work from across all six participating health boards into a fully digital end-to-end pathway. This will support service delivery, respond to demand and create opportunity to test additional pathways for obesity medicines (GLP-1/GIP RA.) Successful grants are expected to be announced in February 2026. NHS Lothian's collaborative bid with Defence Medical Services has progressed to the next stage of the process and the team have been invited to interview on 20 January 2026.
- 4.14 To support systems thinking around obesity medicines a Grand Round on GLP-1/GIP RA will be facilitated by Medical Education. This virtual session on 18th March 2026 will host national subject matter expert Professor Mike Lean.

5 Policy Implications

- 5.1 The NHS Scotland Consensus Statement: national criteria for the prioritisation of glucagon-like peptide-1 receptor agonists (GLP-1 Ras) and GLP-1 RA/glucose-dependant insulinotropic polypeptide receptor agonists (GIP Ras) for the treatment of

obesity in NHS Scotland provides the guidance and recommendations regarding phased implementation and criteria to enable consistency across Scotland.

6 Directions

- 6.1 This report aligns to Direction 9.5

7 Equalities Implications

An Equality and Children’s Rights Impact Assessment (ECRIA) screening tool has been completed and submitted with this report. There is no requirement to undertake an ECRIA as a result of this report. However, a recent ECRIA has been undertaken as part of the wider weight management service and supports the implementation of this work.

8 Resource Implications

- 8.1 The implementation of the Obesity Medicines Specialist Initiation Pathway requires additional clinical and professional capacity to ensure safe and effective delivery. However, recognising the constrained financial context, a substantial programme of work has been undertaken to minimise additional cost pressures and maximise the use of existing resources.
- 8.2 A detailed review of the current Weight Management and Type II Diabetes Service, which operates with a budget of circa £1.8m and an establishment of 26 WTE, has been completed to identify opportunities for service redesign, reprioritisation and efficiency. As a result, a significant proportion of the originally identified resource requirement has been mitigated through internal efficiencies.
- 8.3 The additional workforce requirement is set out below:

Role	WTE	2026/27 Cost (£k)	Recurring Cost (£k)
Dietitian (Band 3)	1.00	41	41
Dietitian (Band 6)	1.00	69	69
Independent Prescriber (Band 8a)	1.00	86	-
Medical (Consultant)	0.20	30	-
Additional Workforce Cost	3.20	226	110

- 8.4 The non-recurring elements relate to specialist input required to support pathway establishment, governance, and clinical oversight during the initial phase of implementation.
- 8.5 Dietetics is a delegated function to IJBs and is hosted within Midlothian. The current financial model allocates costs on a PCNRAC share basis, which will continue to be applied to the ongoing staffing costs associated with this pathway. The current PCNRAC shares are:

- East Lothian – 12%
- Edinburgh – 57%
- Midlothian – 10%
- West Lothian – 21%

8.6 Applying this model results in the following distribution of staffing costs:

IJB	2026/27 Cost (£k)	Recurring Cost (£k)
East Lothian	27	13
Edinburgh	129	63
Midlothian	23	11
West Lothian	47	23
Total Staffing Cost	226	110

8.7 As the evaluation progresses, the PCNRAC funding methodology will be kept under review to ensure it remains an appropriate and equitable model for cost distribution, consistent with the approach applied to other hosted services.

8.8 Medication costs will be attributed directly to the IJB corresponding to the individual receiving treatment, in line with established practice for other prescribed medicines.

8.9 Modelling has been undertaken in collaboration with Pharmacy colleagues to assess the likely phasing and financial impact of the rollout. Due to uncertainty around individual titration and final maintenance dosages, the modelling assumes the maximum annual cost per individual. This provides a prudent upper limit estimate of financial exposure.

8.10 The model is based on a cost of £1,586 per individual per year. The figures below therefore represent the maximum potential cost for cohorts one and two:

IJB	Individuals	2026/27 Cost (£k)	Recurring Cost (£k)
East Lothian	73	81	115
Edinburgh	224	250	355
Midlothian	77	86	122
West Lothian	144	160	228
Totals	517	578	820

8.11 The combined staffing and medication costs represent the total revenue implications for each IJB in 2026/27 and on a recurring basis for urgent care, cohort one and two:

IJB	2026/27 Cost (£k)	Recurring Cost (£k)
East Lothian	108	129
Edinburgh	379	417
Midlothian	109	133

West Lothian	208	251
Total Cost	804	930

Further Considerations:

- 8.12 Through the shared care agreement, as approved by General Practice Prescribing Committee, patients are transferred to primary care at six months, enabling general practice to continue repeat prescribing and ongoing long-term condition monitoring.
- 8.13 Further work is underway at both a national and local level to develop an enhanced service model to support GP involvement in both the initiation of GLP-1 therapies and the long-term monitoring of patients. The financial implications of this approach have not yet been fully quantified, however, if this results in a new contractual arrangement, rather than the replacement of an existing one, it is likely to give rise to additional costs. These implications will be considered and reported as part of the formal evaluation at 9–12 months.
- 8.14 In addition, NHS Lothian has submitted a bid to Innovate UK focused on obesity prevention and system innovation. The bid has been successful at the first stage and NHS Lothian has been invited to interview in mid-January, with outcomes expected in February. If successful, the funding would support the revenue staffing costs associated with this proposal for up to three years, reducing the financial pressure on IJB budgets during the initial implementation period. It should be noted that medication costs are not within the scope of the Innovate UK funding and would therefore continue to require direct funding by IJBs in line with existing arrangements.

Horizon Scanning:

- 8.15 The current proposal relates solely to a small urgent care pilot and cohorts one and two, comprising 517 individuals. However, analysis of the existing Tier 3 Weight Management waiting list indicates that there are approximately 2,600 additional individuals who meet the Scottish Government Phase 1 eligibility criteria.
- 8.16 Scenario modelling has been undertaken to illustrate the potential medication cost exposure associated with a wider rollout. This modelling assumes phased onboarding of individuals over time and the use of maximum annual medication costs. The projected cost profile is set out below:

	2026/27 Cost (£k)	2027/28 Cost (£k)	2027/28 Cost (£k)	2028/29 Cost (£k)	2029/30 Cost (£k)
Individuals on treatment	517	1,167	1,817	2,467	3,117
Spend Projection (£k)	578	1,401	2,432	3,463	4,494

- 8.17 Under this scenario, once all eligible individuals across cohorts one to five are established on treatment, the maximum recurring medication cost is estimated to be £4,944k per annum, effective from 2030/31.

- 8.18 A full rollout would also require further development of clinical infrastructure, digital systems and workforce capacity, particularly within Dietetics and associated services. This is likely to result in additional resource requirements beyond those identified within this paper. At this stage, a high-level estimate of the potential additional cost is in the range of £0.5m to £1.0m per annum. This estimate will be refined and tested through the evaluation period.
- 8.19 The proposed phased approach enables a controlled implementation, allowing the evaluation of cohorts one and two to inform future service design, workforce modelling and affordability assessments. This evaluation will be critical in determining the feasibility, scale, and timing of any subsequent expansion.

9 Risk

- 9.1 There is a risk that based on the staffing model, that demand will exceed capacity. The evidence base associated with these medicines continues to develop but at this time, it is unclear what is affordable versus best practice.
- 9.2 By adding minimal clinical capacity to the weight management service for cohorts one and two, this will exacerbate the current waiting list pressure which remains on the MHSCP risk register.
- 9.3 The weight management service and specifically Tier 3 service will continue to have unacceptable waits, in excess of 52 weeks beyond the 31st March 2026 deadline.
- 9.4 There is a risk of patient complaints due to the cohorting of patients alongside the national phasing of these medicines.
- 9.5 There is a wider financial risk due to the current medication costs and lack of additional resource.
- 9.6 The risk that beyond six months as described in the Shared Care Agreement, Primary Care are unable to continue prescribing due to lack of capacity and resource.
- 9.7 Long term conditions require to be managed concurrently given the known clinically significant effects of weight loss and cardio metabolic health improvements of these medicines and this is not part of the weight management clinical scope of practice.

10 Involving people

- 10.1 The short life working group, supported by sub-group activity have included a broad range of stakeholders across the health and care system including a service user.

11 Governance

Please select yes or no:

This report is in relation to a Midlothian IJB strategy, plan, policy, Direction, or financial decision that should be escalated to Midlothian IJB for final approval. ✓

This report includes information that should be escalated to Midlothian IJB for noting only. X

This report is the Strategic Planning Group's Business as Usual (BAU) and does not require Midlothian IJB's review. X

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Appendices: Appendix 1 – Scottish Government Consensus Statement
Appendix 2 – SBAR GLP1 for PSEAG



GLP1

consensus-statement.



SBAR GLP1s for
PSEAG.docx

