

Wraparound care for tirzepatide for the management of obesity: What does primary care need to know?

General practice plays an essential role in supporting the developing clinical pathway for obesity and weight management, helping to ensure people with the greatest clinical need can access appropriate care in a fair and equitable way. General practice teams are recognised for their expertise in delivering holistic, person-centred care and their deep understanding of their patient populations. This places them in a strong position to recognise when additional support may be needed, and to guide patients through coordinated, individualised weight management pathways.

Evolution of weight management pathways

The publication of the NICE (2024) Technology Appraisal for tirzepatide (Mounjaro®) for the management of obesity, alongside its phased implementation by the NHS through a [NICE Funding Variation](#), has marked an important step in the evolution of weight management in primary care.

As a result, general practice teams are developing their experience of managing obesity as a long-term condition within an emerging holistic clinical care pathway. This approach reflects a shift towards treating obesity in a similar way to other chronic conditions, with structured assessment, ongoing management and continuity of care. Eligibility criteria based on BMI and weight-related comorbidities help ensure that access to treatment is grounded in clinical need, supporting a consistent and visible approach across patient populations.

The introduction of Quality and Outcomes Framework (QOF) indicators for weight management in the 2026/27 GP contract (NHS England, 2026a) further supports this shift. By encouraging practices to assess people within the clinical cohorts prioritised

by NHS England (2026b), QOF will provide a structured mechanism for case finding and engagement, helping to move from more opportunistic approaches towards a proactive, population-based model of care.

At the same time, both the NICE Technology Appraisal and the MHRA licence make clear that tirzepatide for the management of obesity is not intended to be used in isolation. These recommendations from regulators are underpinned by evidence from clinical trials that required the medication to be delivered alongside structured behavioural and lifestyle support.

While many practices have begun to develop confidence in how these elements work together in routine care, discussions with GPs across England suggest that some uncertainty remains about what the pathway requires in practice. In particular, the concept of “wraparound care”, and how it should be implemented alongside prescribing, can feel unclear.

The importance of wraparound care

NHS England defines wraparound care as comprising two complementary components: clinical support and behavioural support, which together form a single, integrated approach to treatment.

Clinical wraparound care is delivered by the prescribing healthcare professional or service, and includes comprehensive assessment to confirm eligibility according to the NHS priority cohorts (NHS England, 2026b); safe initiation in line with NICE (2024) criteria; and dose titration. Regular monitoring is recommended to manage side effects, address potential drug interactions, manage related long-term conditions (including adjusting concurrent medications where appropriate), assess progress and determine whether treatment remains clinically appropriate.

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Behavioural wraparound care focuses on helping people develop sustainable dietary, nutritional and physical activity behaviours alongside medication. This is delivered through structured, evidence-based behaviour change approaches, tailored to the individual receiving obesity pharmacotherapy.

Importantly, behavioural support is designed to complement, not replace, clinical care. As such, behavioural support plays a key role in helping people to make and sustain changes that support not only weight loss, but also long-term weight maintenance and wider health and wellbeing.

How behavioural and clinical support work together

Wraparound care describes the alignment of both the clinical and behavioural change support elements of the same pathway. Behavioural support provides people with the knowledge, skills and confidence to understand and make sustainable changes, while clinical support ensures safe and effective clinical oversight for the use of medication and appropriate management of comorbidities.

In practice, this means behavioural support is delivered as part of the overall treatment pathway and includes reinforcing the importance of engaging with both behavioural and clinical elements of care. Clinical support, in turn, includes prescribing responsibility, eligibility assessment and ongoing medical management, while continuing to emphasise the value of behavioural support.

Behavioural sessions may be delivered by appropriately trained non-clinical staff, whereas overall clinical management is overseen by an appropriate healthcare professional, such as a GP or specialist prescriber. Clinical teams, therefore, retain responsibility for assessing eligibility for tirzepatide for the management of obesity, considering individual factors and determining whether primary care prescribing is appropriate or whether referral to specialist services may be required.

Within this model, patients receive consistent and complementary support. Behavioural and clinical support elements function as interdependent parts of a single, integrated pathway, experienced by the individual as one package of care rather than separate, optional components. The features of behavioural and

clinical support are set out in more detail in *Table 1* (overleaf).

Behavioural support helps people understand the effects of tirzepatide, including its impact on appetite and satiety, while clinical teams support shared decision-making and provide oversight of risks and benefits, in line with NICE guidance. Similarly, behavioural interventions acknowledge the wider impact of treatment on health and wellbeing, while clinical care focuses on the active management of comorbidities, including medication review, titration and deprescribing where appropriate.

This complementary approach extends to medication safety and side effect management. In behavioural support, people are supported to understand potential interactions and common side effects, while clinical teams take responsibility for monitoring, managing interactions and adjusting treatment where needed. Expectations around weight loss are also addressed jointly, with behavioural support helping people understand variability in response, and with clinical teams monitoring progress and identifying where further review may be required.

Nutritional, dietary, physical activity and wider educational support form a core part of behavioural interventions, helping people build sustainable habits and improve overall wellbeing. Clinical teams reinforce this approach through general advice and, where appropriate, identify when referral to additional services, such as dietetics, physiotherapy or mental health support, may be appropriate.

Primary care is central to making this work in practice, with GP teams bringing a deep understanding of their patients, continuity of care and expertise in managing complex long-term conditions. This places them in a uniquely strong position to coordinate care, personalise treatment decisions, and ensure that clinical and behavioural elements come together in a way that is genuinely person-centred.

Access to behavioural support

All people prescribed tirzepatide in primary care for the management of obesity in line with the NICE Funding Variation cohorts and NHS commissioning guidance should be offered access to structured behavioural support as part of their care. To enable this, NHS England has

Table 1. The behavioural and clinical support components of wraparound care.

	Behavioural support	Clinical support
Wraparound care	Provide behavioural support as part of the two elements of wraparound care (alongside clinical support) and explain the importance of engaging with both as part of the complete treatment pathway	Provide clinical support as part of the two elements of wraparound care (alongside behavioural support) and explain the importance of engaging with both as part of the complete treatment pathway
Workforce training and competencies	May be delivered by non-clinical staff	Clinical management by a responsible registered healthcare professional, such as a GP or specialist prescriber
Eligibility	Not required to assess eligibility	Clinical assessment for tirzepatide eligibility in the management of obesity Consider individual patient factors to determine if primary care prescribing is the most appropriate pathway Identify whether referral to additional specialist services may be clinically appropriate
Weight management pharmacology	Overview of how tirzepatide will impact the service user, including suppression of appetite	Assess risks and benefits of starting tirzepatide in accordance with NICE guidance and using relevant resources
Comorbidities	Acknowledge that tirzepatide may influence wider aspects of health and wellbeing beyond weight management	Individualised clinical support around effects of tirzepatide on comorbid conditions Appropriate clinical reviews, including medication titration reviews and deprescribing when appropriate
Medication interactions	General information-sharing that tirzepatide can affect the absorption of other medications being taken. In some cases, this may affect how well and/or how fast those medications work; or it may make no difference	Monitoring any impact of tirzepatide on other medications, using relevant resources (e.g. BNF and NICE prescribing guides), including, but not limited to, advice regarding contraception
Side effects	Overview of common side effects and how nutrition and physical activity can be used to help alleviate some side effects (see Nutritional advice section)	Individualised support around specific side effects, management of side effects, drug interactions, and how medication doses or titration schedules may need to be altered to manage side effects
Expected weight loss	Acknowledge that weight loss is expected while on tirzepatide due to the mechanisms of action Confirm and reiterate that there is no specific guidance on the expected trajectory of weight loss and that a minority of users may lose only a very small amount of weight	Discuss specifics of weight loss; consider using NICE resources (e.g. the NICE discussion aid for healthcare professionals and patients) Identify and manage non-responders or those with unusually rapid weight loss
Nutritional advice	Support people to understand the impact of weight loss medications on appetite, satiety and food preferences, and the importance of diet quality to improve long-term metabolic health outcomes The influence of dietary and nutrition habits on gastrointestinal side effects when using weight loss medications Ensure people have the knowledge necessary to help them make choices to ensure healthy macro- and micronutrient intake in the context of a diet that consists of reduced portion sizes Empower people who have specific dietary requirements (e.g. vegetarian and vegan diets) to understand what adequate nutrient intake is appropriate for them Support people to understand the importance of nutritionally complete meals	General advice about nutritional intake in the context of tirzepatide prescription Identify when referral to additional services (e.g. dietetics) may be clinically appropriate
Physical activity advice	Empower people to increase their day-to-day movement levels Embed resistance and strength-focused physical activity as a cornerstone of health, rather than for weight loss alone Tailor recommendations to provide movement plans personalised to the person's capacity and baseline, prioritising muscle retention, cardiovascular health, mobility and confidence Provide a range of supportive, positive pathways into activity that are inclusive and sustainable, avoiding shame-based or punitive models Enable people to connect activity with outcomes, including improved mood, energy, metabolic health and independence, rather than focusing on weight loss	General advice on undertaking physical activity in the context of tirzepatide prescription Identify when referral to additional services (e.g. physiotherapy) may be clinically appropriate
Psycho-educational advice	Support people to understand the impact of mental wellbeing and lack of sleep on weight management Signpost to the prescribing healthcare professional or team for further advice if there are specific concerns regarding a person's psychological wellbeing	General advice centred on holistic management and the impact of sleep and mental health Identify when referral to additional or alternative services (e.g. talking therapies, local mental health services, eating disorder services or specialist weight management services) may be clinically appropriate
Stopping tirzepatide	Empower people to take informed actions and make lifelong, sustainable choices that promote long-term health and can be maintained independently of medication use Signpost to the prescribing healthcare professional or team to discuss making changes to the medication, including stopping treatment	Assessment of weight loss as a key part of clinical review, including progress after 6 months at the maximum tolerated dose and whether treatment should continue Shared decision-making on when and how to stop the medication if circumstances indicate this should be considered, and how to minimise weight regain in such situations

Article key points

1. Obesity is a complex long-term condition, requiring holistic, person-centred care.
2. Access to tirzepatide (Mounjaro®) for the management of obesity in primary care is prioritised on the basis of clinical need, ensuring that those at greatest risk of obesity-related complications are supported first.
3. A new Quality and Outcomes Framework indicator will support practices to offer assessments and treatment to all eligible people within the clinically prioritised cohorts, helping to embed a systematic approach to care, while supporting implementation of the wider pathway.
4. NICE guidance, MHRA licensing and NHS England commissioning guidance require that tirzepatide should not be used as a standalone treatment; it should be accompanied by diet and activity modification supported by a structured behavioural intervention.
5. In this context, “Wraparound care” includes both clinical management and structured behavioural support.
6. Integrated Care Boards determine whether behavioural support is provided through national or locally commissioned services, but in all cases this support should be accessible and aligned with prescribing.

commissioned a universal behavioural support offer, available to all eligible patients, free at the point of access and centrally funded.

This national service, the **NHS Behavioural Support for Obesity Prescribing (BSOP) programme**, ensures that primary care teams can refer people into a consistent and accessible support offer, without the need for local commissioning arrangements to be in place.

Some Integrated Care Boards (ICBs) may commission local behavioural support services tailored to their populations. The national BSOP service is designed to complement these local pathways, providing a consistent baseline of support for all users while allowing flexibility where enhanced or specialist local services exist. ICBs are able to provide guidance on how behavioural support is delivered within their area and how referrals should be made.

The BSOP service provides nine months of structured behavioural support, available digitally, remotely or in person, allowing users to choose the format that best suits their circumstances and needs.

This offer is aligned with prescribing in primary care under the NICE Funding Variation. As such, people receiving treatment through specialist weight management services will continue to receive behavioural and clinical support within those services, whilst individuals accessing weight loss medications through private providers are expected to receive appropriate wraparound support as part of the care delivered by those providers.

Currently, the offer is designed to support the prescribing of tirzepatide in primary care for the indication of obesity only. People with type 2 diabetes alone, or other long-term conditions, are not yet eligible to access the wraparound care unless they also meet the Funding Variation eligibility criteria for obesity prescribing.

As eligibility expands with the phased implementation of the NICE Funding Variation, increasing numbers of people will become eligible for tirzepatide and wraparound care support. The BSOP service allocates capacity to ICBs based on

anticipated need, with provision increasing in line with cohort expansion.

Conclusions: Delivering integrated weight management in primary care

Primary care teams are uniquely placed to provide holistic, person-centred care. Their expertise in managing complex, long-term conditions, combined with continuity of care and a deep understanding of their patient populations, enables them to tailor interventions and coordinate support in a way that is both clinically appropriate and sustainable.

For people prescribed tirzepatide for the management of obesity in primary care, the national behavioural support offer through the NHS Behavioural Support for Obesity Prescribing service provides a consistent and accessible foundation for wraparound care. This offer is specifically aligned to the NICE Funding Variation cohorts and complements local services where these exist, supporting the safe and effective use of pharmacotherapy within a structured pathway.

Taken together, this expanding range of treatment options, alongside targeted behavioural support for those receiving obesity pharmacotherapy, provides general practice with a stronger and more coherent “toolkit” to help people achieve meaningful and lasting improvements in their health. ■

NHS England (2026a) *Quality and Outcomes Framework Guidance for 2026/27 – Section 4.4 Obesity (OB)*. Available at: <https://bit.ly/42uLsOv>

NHS England (2026b) *Interim commissioning guidance: Implementation of the National Institute for Health and Care Excellence (NICE) technology appraisal TA1026 and the NICE funding variation for tirzepatide (Mounjaro®) for the management of obesity*. Available at: <https://bit.ly/3QwpjwF>

NICE (2024) *Tirzepatide for managing overweight and obesity [TA1026]*. Available at: <https://www.nice.org.uk/guidance/ta1026>

Read more about the principles of wraparound care, including a direct comparison of behavioural and clinical support, in this [NHS England publication](#)