Curia

Shaping a Healthier Future:

The Power of Policy in Addressing the Obesity Crisis

March 2025

House of Lords Summit

IQVIA

Contents

Response to NHS England's Interim Commissioning Guidance

April 2025: this section has been added after the March House of Lords Obesity Summit following the publication of NHS England's Interim Commissioning Guidance for tirzepatide (Mounjaro®).

Click here to download the guidance.

The 'Herceptin' Moment for Obesity? Wes Streeting can Seize the Opportunity

The NHS England interim commissioning guidance for tirzepatide (Mounjaro®) is a cautious first step in the UK's effort to confront the obesity crisis – and some might argue, a modest step forward from the restricted Tier 3 access arrangements established in the Wegovy® NICE TA, which currently covers only 30,000 patients.[1] However, it must not be the final word. For the Secretary of State for Health and Social Care, Wes Streeting, this could be the beginning of a once-in-a-lifetime opportunity to change the trajectory of the curve for obesity in the UK – to tackle obesity at scale; prevent type 2 diabetes, heart attacks, and chronic kidney disease; bring down the associated waiting lists; create a prevention-led sustainable NHS; and grow the economy as people stay in work or become able to work again.

This is a Herceptin moment in the making, but only if the political will exists to change the narrative from "We can't afford to invest in proven medicines for obesity" to one supported by the Treasury that states, "We can't afford not to invest in evidence-based medicines for the health and wealth of the UK."

Over the last 30 years, there have been 678 public health policies to address the obesity epidemic in the UK, yet the crisis has only worsened.[2] We now have a unique opportunity to combine NICE- and MHRA-approved pharmacotherapies with NICE-approved digital patient support services to enable lifestyle and behavioural change, underpinned by robust public health policy –a Triple Helix along the axis of obesity.

As discussed at the recent summit IQVIA hosted in the House of Lords with policy institute Curia, obesity is not simply a lifestyle concern; it is a chronic, relapsing disease with profound implications for cancer, cardiovascular renal metabolic disease (CVRM), diabetes, liver disease, mental health, and more. It is also a key upstream driver of NHS activity and waiting lists, particularly in musculoskeletal conditions, IVF, and endocrinology. As such, transformative treatment is not a 'nice to have' – it is integral to restoring economic growth, the NHS system, and social care sustainability. These medicines have the potential to support wider government ambitions, including reducing disability linked to obesity, increasing employment opportunities, and improving quality of life – key enablers of an inclusive and sustainable welfare system.

Despite the recent NICE approvals for Wegovy® and Mounjaro®, current NHS implementation plans risk limiting access for those most in need. NICE TA1026 recommends tirzepatide for people with a BMI of 35+ and at least one weight-related co-morbidity in any setting, yet NHS England is phasing access over 12 years, initially restricting it to 220,000 people over a three year period compared to over 3.4 million potentially eligible.[3]

Meanwhile, over 1.3 million UK citizens are already safely accessing these medicines through regulated digital online providers, supported by comprehensive weight management services – without adding pressure to GPs. This approach not only delivers results, but also demonstrates an alternative, scalable model of care that could enhance GP capacity. Yet, the current conservative NHS rollout risks sending a discouraging signal to the developers of over 150 obesity medicines in the pipeline: that, despite an obesity crisis in the UK, uptake of innovation in the UK is likely to be cautious which will impact the attentiveness of the UK for clinical trials on obesity agents with CVRM and other benefits.

The summit participants suggested bold recommendations for consideration by the Secretary of State that could address the challenge of how we can afford to implement the Triple Helix for Obesity and realise that Herceptin moment again.

The Secretary of State has been clear that tackling long-term sickness and obesity is essential to growing the economy.

The Summit recommendations offer four ways the UK Government can accelerate transformative action – by reforming and directing NICE and NHS England to enable timely, equitable access to innovative obesity treatments.

1 Create an Obesity and CVRM Sovereign Health Fund – Funded by a Hypothecated Tax on Fast and Ultra High Processed Food Companies and Fast Food Delivery Platforms

- The establishment of a ringfenced Obesity and CVRM Sovereign Health Fund,[4] modelled on the Cancer Drugs Fund and Innovative Medicines Fund, would demonstrate national leadership in population health. Crucially, this new sovereign health fund would support both universal prevention strategies and targeted interventions informed by personalised prediction of obesity trajectories – such as genomics, behavioural risk profiling, and local population health data. This dual approach would enable scalable access to innovative pharmacotherapies while also supporting earlier, precision-based care. It offers an opportunity for this Government to break the doom loop of obesity in the UK and establish a lasting legacy of integrated, evidence-led reform. It could be funded through a hypothecated tax on fast and ultra high processed food companies and fast food delivery platforms. This is about recycling harms into health gain. This would accelerate equitable access and allow the NHS to capitalise on commercial volume discounts for the 157 pipeline obesity treatments (75 of which are already in Phase 2/3 trials).
- It would also attract more obesity trials to the UK, as global developers see the UK as a country that accelerates innovation uptake.

2 Go Faster in Primary Care Through an Analogue to Digital Shift

- Primary care is where prevention lives. But primary care providers – including general practice and community pharmacy – will need clear incentives, training, and digital tools to improve their delivery of obesity care. NHS England has cited GP capacity as a reason to phase the introduction of Mounjaro®, yet this overlooks the existing contribution of community pharmacy and reputable online digital health providers, and the scalable potential of NICE-approved digital weight management services from providers such as Liva, Oviva, Roczen, and Second Nature.[5] It also fails to recognise the role of digital community health organisations in the Digital Clinical Excellence Community (DiCE) network,[6] who are already delivering effective behavioural support at scale. This is a once-in-a-lifetime opportunity to enable access to innovation in primary care and positively disrupt the GP as gatekeeper to access model. According to IQVIA data,[7] in March 2025, there were 1.5 million UK citizens buying Mounjaro® and Wegovy® every month from community pharmacies and the 35 reputable independent digital online health providers, who are members of DiCE.[8] The number of patients accessing these services is growing by 25 per cent month on month. Together with NICE-approved weight management providers, community pharmacies and digital online health providers have already created an alternative model of care – offering clinically assessed access with digital wrap-around support. This approach has the potential to accelerate access, strengthen primary care prevention, and meaningfully address the UK's obesity crisis.
- The Initial NHS England phased access risks missing the moment in time to have an impact on the obesity crisis and, worse, widening health inequalities, unless community capacity (GPs, community pharmacists, and digital health providers) and capability are scaled in tandem. The sector stands ready to help develop wraparound models of care, integrating medicines with digital therapeutics, coaching, and lifestyle support.

3 Signal Long-term Strategic Intent

- NHS England and ICS commissioning is dogged by short-termism and a culture that sees innovative medicines as a "deadweight cost",[9] rather than an investment. Obesity is a long-term, relapsing medical condition that demands long-term medical support and investment, and this should be formally acknowledged.

- A clear signal from the Secretary of State that this Government backs innovation through improving access to obesity medicines as a core part of chronic disease management – not a bolt-on – would galvanise NHS leaders and encourage faster local adoption of proven innovations. This signal could take the form of a ministerial statement to Parliament, inclusion in a revised NHS Mandate, or formal endorsement within the new NHS 10 Year Plan. Publicly framing obesity medicines as essential tools for reducing long-term sickness and improving productivity would also send a powerful message to ICBs, clinicians, and industry that the UK Government is serious is serious about scaling evidence-based treatment.

4 Treat NHS Health Data as a Sovereign Asset

- In time, population segmentation optimising local health data today, and moving towards local data and polygenic risk scores, can ensure precision access to treatment for those people living with or most at risk of obesity. However, fragmented data governance and burdensome information governance processes are holding the system back. A national, permissive framework for data-sharing in public health interventions would be transformative – allowing ICBs and digital providers to target interventions based on individual risk, not just BMI thresholds. The UK Biobank offers a compelling model: its secure, consented data infrastructure has enabled global research using linked genetic, lifestyle, and clinical data from over 500,000 participants. This approach has generated vital insights into cardiometabolic risk, obesity susceptibility, and polygenic risk stratification. Applying similar principles to public health and commissioning – with real-time, ethically governed data-sharing – would unlock scalable, evidence-led obesity care and support a shift toward proactive, precision-based NHS pathways.

This moment echoes the early days of Herceptin – with data to support HER-2 testing able to stratify women who would benefit the most. Then, as now, a transformational treatment was proven and cost-effective but constrained by system readiness, culture, and NHS medicines budgets. What turned the tide was political leadership, backed by clear funding and public demand. Obesity is different in kind, but arguably even more urgent given the crisis the UK faces due to obesity.

The life sciences, digital health, clinical leaders, patients, and academic sectors are aligned – we are ready to support the Secretary of State in going further and faster. Obesity is the pressing healthcare challenge of our time – a health system changing condition.

We must no longer ask whether we can afford to act. The question now is, "How can we afford not to?"

Foreword

How Can We Afford Not To?

Thank you to all who participated in this impactful and timely Obesity Summit discussion. Particular thanks go to Baroness Mary Goudie, who kindly hosted the summit in the House of Lords. The session brought together senior clinical leaders, NHS England, Integrated Care Systems, the Department of Health and Social Care, the Office for Life Sciences, academia, digital health, people living with obesity, and the UK life sciences sector to collectively shape bold and actionable policy solutions to the UK's obesity crisis.

Through candid and wide-ranging dialogue, participants generated ambitious yet pragmatic proposals that, if adopted, could achieve real and measurable impact within the next five years. These solutions could reverse the trajectory of obesity, moving from sickness to prevention, and analogue to digital, and crucially safeguarding the long-term sustainability of the UK health and social care system, whilst realising economic growth.

The discussion strongly reinforced the need for whole-system thinking and future-focused, ambitious policymaking. Speakers and participants emphasised that while obesity is an urgent public health issue, it must also be approached through the lens of chronic disease management, prevention-focused pathways, pharmacotherapies treatments, digital innovation, equitable access to medicines, and building essential NHS and economic resilience.