The BMJ
Cite this as: *BMJ* 2025;390:r1855
http://doi.org/10.1136/bmj.r1855

EXCLUSIVE

Mounjaro: Less than half of England has NHS access to jab months after roll-out, distressing patients and GPs

Elisabeth Mahase

Less than half of England has access to tirzepatide (Mounjaro) through general practices, despite the NHS roll-out of the weight-loss jab having officially started over two months ago, *The BMJ* can disclose.

Just 18 of 42 commissioning bodies across the country confirmed that they had started prescribing tirzepatide in line with NHS England's primary care roll-out plan.

The data, obtained through a freedom of information request, also show that, despite NHS England stating it expects 70% of eligible patients to come forward for treatment, only a fraction of integrated care boards (ICBs) have enough funding for that.

Just nine ICBs confirmed that they had been allocated enough NHS funding to cover at least 70% of their eligible patients.

Experts warned that the lack of funding and poor communication to the public about the roll-out were resulting in "distress and uncertainty both in patients and primary care" and had left ICBs in a difficult financial situation.

Four ICBs reported that the NHS funding they had received covered just 25% or less of their eligible patients, with Coventry and Warwickshire faring the worst. That ICB told *The BMJ* it had received funding to cover just 376 patients, despite identifying 1795 eligible patients in the first year, meaning it can cover only 21% of its patients.

Because of the large number of people who could benefit from tirzepatide—an estimated 3.4 million—and the drug's price, NHS England and its spending watchdog, the National Institute for Health and Care Excellence (NICE), agreed that the injections would be rolled out in phases over 12 years.

The roll-out began on 23 June.

An estimated 220 000 patients are expected to be eligible for the treatment in the first three years. Eligible patients in the first year (2025-26) are those with a BMI ≥40 and at least four comorbidities among hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, and type 2 diabetes.[1]

Five ICBs said they were already considering further tightening the tirzepatide prescribing criteria or rationing the treatment beyond this 12 year phased plan.

A total of 40 of the 42 ICBs responded to *The BMJ's* freedom of information request.

The funding shortfall comes as ICBs have been put under huge financial pressure by the government's announcement that they must halve their running costs by the end of 2025.[2]

Birmingham and Solihull ICB said it received funding to cover just 52% of its eligible patients (477 of 912) and emphasised that NHS England had been "clear that there is no additional funding," with any additional costs incurred—such as from treating more patients—having to come from other parts of its budget.

"Difficult decisions are having to be made to ensure money is spent in the most effective and efficient way possible and for the greatest patient benefit," the ICB said. "It also means that the NHS locally in Birmingham and Solihull does not have the means to plug gaps to fund drugs or treatment when central funding allocations have fallen short."

The ICB has not yet started prescribing tirzepatide through general practice but said it hopes to do so this autumn.

Jonathan Hazlehurst, consultant endocrinologist and academic clinical lecturer at the University of Birmingham, said that although the central funding from NHS England was "extremely welcome" the roll-out had so far been "significantly underfunded."

He said, "That clearly drives up distress and uncertainty both in patients and primary care and runs the risk of inequity in access to treatment, and that's my biggest concern."

The BMJ contacted NHS England for comment but had received no response at the time of publication.

GPs inundated with requests

As ICBs struggle to balance patient demand with the funding shortfall, GPs have been left to communicate the situation to patients.

In West Yorkshire, where the ICB said it had received funding to cover just 995 of its 3385 eligible patients (29%), one general practice has told patients that despite "recent media announcements" suggesting it can prescribe tirzepatide it was currently not able to do so as the local service was not yet running.[3]

Similar notices urging patients not to contact their GPs as they cannot provide these drugs have been posted by practices around the country,[4 5] including Suffolk and North East Essex,[6] where funding for just 25% of eligible patients (250 of 1000) has been provided.

Just one in five of London's ICBs, South West London, has started prescribing tirzepatide.

Tamara Hibbert, chair of Newham Local Medical Committee, in east London, said, "While there is significant potential for these drugs to benefit patients, the messaging needs to be clear about what they can expect in terms of the criteria for accessing them on the NHS and the funding available at an ICB level.

"It can't just fall on the shoulders of GP practices to explain the limitations on their availability to an expectant public."

Hibbert added that there was no dedicated funding to support GPs to monitor and support these patients.

"We really want to help our patients to avoid the health conditions associated with being overweight, but we are doing our best within an environment of tight funding and an overstretched workforce," she said.

Ellen Welch, co-chair of the advocacy group Doctors' Association UK, said, "These figures confirm the fear that the roll-out is not fit for purpose. There is a huge discrepancy between national messaging and what patients are actually being delivered on a local level.

"As a GP I get several queries a week from patients asking for GLP-1 RAs [glucagon-like peptide-1 receptor agonists] to be prescribed for weight loss, and very few meet the strict NHS prescribing criteria."

Welch added that the news that the price of tirzepatide through private providers was set to rise by 170%, after a complaint by US president Donald Trump,[7] was "sure to lead many more patients to the door of their GP surgeries, where they will sadly be met with an inadequate service, even if they do meet the narrow criteria."

Knock-on effect

The funding shortfall in the first year does not bode well for the 11 years ahead.

Hazlehurst warned that the underfunding would have a knock-on effect for the following years, especially as more people will become eligible each year.

He said, "Some of those year 1 eligible patients potentially won't start treatment until year 2 or 3. So then what do you do, come year 2, when that eligibility criteria relaxes and you're clearly still playing catch-up?"

While NHS England expects to cover 220 000 patients in the first three years of the tirzepatide roll-out, data indicate that it could fall far short of this ambition.

For this first year, just 14 417 patients are being covered by NHS England's funding across the 28 ICBs that provided this information.

In a separate allocation document—obtained by Hazlehurst through a freedom of information request and seen by *The BMJ*—NHS England suggested that its funding will cover 22 400 patients in this first year.

This leaves ICBs and GPs with an uphill battle to cover nearly 200 000 patients in the next two years.

Hazlehurst said, "NHS England is talking about treating 220 000 patients in the first three years, but we can see that the initial funding for year 1 clearly only covers approximately 10% of that."

He emphasised that the lack of communication to the public about the difficulty in rolling out and funding tirzepatide was a major problem. " If you're going to have very strict [prescribing] rules, whether they're right or wrong, you have to fund those very strict rules and have absolute clarity so patients and GPs know where they're at, and that's what we're lacking at the moment.

" That's my major criticism of NHS England. I think patients need to be treated with absolute respect and absolute clarity. And I think if we say that there is only money to treat 22 000 patients in year 1, then why is that number not in the public domain?"

Hazlehurst also warned that some patients who would "benefit from really urgent and immediate treatment" with tirzepatide were not currently considered a priority. "For example, patients needing to lose weight to access cancer diagnostics or treatment, or perhaps transplantation or perhaps orthopaedic surgery.

"They're simply not included in the interim commissioning guidance. So there are people who would really benefit from treatment right now but just don't have a means to access NHS based treatment."

"Postcode lottery"

Nicola Heslehurst, president of the Association for the Study of Obesity and professor of maternal and child nutrition at Newcastle University, said *The BMJ*'s findings were "disappointing."

She said, "The deficit in funding compared with need is another blow for people living with obesity, who deserve evidence based care to manage their health needs."

Last year *The BMJ* reported that half the country did not have access to specialist weight loss services, while one in five local areas did not provide patients with access to a bariatric surgery service.[8]

"The government promise of investment in obesity care needs to be backed up with the funding required to remove inequality in access to obesity services and treatments," Heslehurst said.

She added that the current commissioning model had set up a "postcode lottery" of access to obesity care. "ICBs in more deprived locations will have increased demand for care and need to have the budget required to address obesity inequalities."

In January the government was accused of taking a weak stance on tackling the obesity crisis in England after it deferred evidence based actions that could be taken immediately until after the Department for Environment, Food, and Rural Affairs has published its food strategy.[9]

And in July the government emphasised the importance of expanding access to weight loss drugs such as tirzepatide in its NHS 10 year plan.[10 11]

It said, "Government can only go so far on its own to end the obesity epidemic. To achieve such a significant ambition, we will need to harness scientific innovation, including recent breakthroughs in weight loss medication."

1 Wise J. GPs can prescribe tirzepatide to priority patient groups from June. *BMJ* 2025;389:. doi: 10.1136/bmj.r665 pmid: 40174951

2 Mahase E. NHS leaders call for redundancy fund to cover "staggering" government cuts. *BMJ* 2025;389:. doi: 10.1136/bmj.r766 pmid: 40233980

3 Shaftesbury Medical Centre & Church View Surgery. GP prescribing of Mounjaro (tirzepatide) for weight management. 27 Aug 2025. https://www.shaftesbury-churchview.co.uk/2025/08/27/gp-prescribing-of-mounjaro-tirzepatide-for-weight-management

4 Harefield Practice. Practice statement re: Mounjaro. 8 Aug 2025. https://theharefieldpractice.co.uk/mounjaro

5 Jubilee Medical Group. Accessing tirzepatide (Mounjaro) for weight loss. 13 Aug 2025. https://www.jubileemg.nhs.uk/news/gps-prescribing-mounjaro

6 Grove Medical Centre. Mounjaro / weight loss injections. 5th August 2025 https://www.grovemcfelixstowe.nhs.uk/2025/08/05/mounjaro-weight-loss-injections

7 Bowie K. Mounjaro: UK price set to rise by up to 170% after Trump complaint-will patients have to pay? *BMJ* 2025;390:. doi: 10.1136/bmj.r1776 pmid: 40835380

8 Mahase E. Obesity: Only half of England has access to comprehensive weight loss services. *BMJ* 2024;386:. doi: 10.1136/bmj.q1950 pmid: 39260875

9 Mahase E. Obesity: Government accused of kicking problem "into the long grass" despite growing crisis. *BMJ* 2025;388:. doi: 10.1136/bmj.r229 pmid: 39890126

10 Department of Health and Social Care. Fit for the future: 10 year health plan for England—executive summary (accessible version). 30 Jul 2025. https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-executive-summary

11 Alderwick H. Government's 10 year plan for the NHS in England. *BMJ* 2025;390:. doi: 10.1136/bmj.r1396 pmid: 40615161