

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Semaglutide for managing overweight and obesity and the reduction of associated cardiovascular risk (including a review of TA875 and TA910) – review proposal and draft scope

Stakeholder comment form

Please use this form for submitting your comments on the review proposal, draft scope and provisional list of stakeholders. It is important that you complete and return this form even if you have no comments otherwise we may chase you for a response.

Enter the name of your organisation here: The Royal College of General Practitioners

Comments on the review proposal and draft scope

Appendix B contains the proposal to combine the appraisal of semaglutide for preventing major cardiovascular events in people with cardiovascular disease and overweight or obesity with a review and update of existing guidance on the use of semaglutide for treating overweight and obesity (TA875). The draft scope outlines the question that the evaluation would answer if the proposal to combine were accepted.

Please submit your comments on the review proposal and draft scope using the table below. **Please take note of any questions that have been highlighted in the draft scope itself** (usually found at the end of the document).

If you have been asked to comment on documents for more than one evaluation, please use a separate comment form for each topic, even if the issues are similar.

Please complete this form and submit it using NICE Docs by **Thursday 27 March 2025**. Please do not upload in PDF format. If using NICE docs is not possible please return via email to scopingta@nice.org.uk If you have any questions please contact Emily Richards, Project Manager on (0)161 413 4070 or at the above email address.

If you do not have any comments to make on the review proposal and draft scope, please state this in the box below.

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Comment 1: review proposal and proposed evaluation route

Section	Notes	Your comments
Appropriateness of an evaluation and proposed evaluation route	<i>NICE welcomes comments on the appropriateness of evaluating this topic and the evaluation route proposed (single technology appraisal, multiple technology appraisal or</i>	We would agree that it is appropriate for NICE to evaluate this topic. Although it might suit the pharmaceutical organisations to have a single technology appraisal, we would be in favour of a multiple technology appraisal process. We recognise that cardiovascular risks are complex and multifactorial. We also recognise that interventions need to be

Section	Notes	Your comments
	<i>highly specialised technology evaluation).</i>	sustained and often have a synergistic effect. There are new technologies such as digital weight management services and other programmes which would have the opportunity to deliver wider and more sustained cost-effective benefits.
Timing Issues	<i>Is it appropriate to update TA875 now?</i>	It is a timely opportunity following the recent NICE guidelines 246. The RCGP has a Clinical Priority over the next 3 years on Preventive Medicine and given that cardiovascular prevention programmes are a core part of general practice, we feel that it is appropriate to update TA875 now.
Combining the scopes	<i>Is it appropriate to consider the population with established cardiovascular disease within a broader appraisal of semaglutide for overweight and obesity?</i>	We recognise the importance of underlying metabolic disorders and the crucial role of preventive medicine in reducing CVD events. These various factors relating to an overall approach supports this population approach using combined scoping.
Populations covered	<i>Should people with type 2 diabetes be considered within this appraisal of the overweight and obesity indication? Is there sufficient evidence to support a recommendation for this group specifically? Is it appropriate to include the indication for semaglutide for managing overweight and obesity in young people aged 12 to 17 years in this update?</i>	As mentioned above, due to the nature of the underlying cause being related to a metabolic disorder, type 2 diabetes should be considered. There is enough evidence to support this approach. We would not consider at this stage that it was appropriate to include in this update, the indication for semaglutide for managing overweight and obesity on young people aged 12 to 17.
	<i>What is the relative urgency of this evaluation to the NHS?</i>	The NHS has many competing priorities and at present, has a great focus on access and waiting lists. The longer term benefits of this approach shall take years and without the investment in general practice and the workforce, these CVD prevention measures are likely to fail. We would suggest that this would lower the relative urgency for this evaluation to the NHS.
<p>Any additional comments on the review proposal</p> <p>It is very important to consider the importance of sustainable factors ie nutrition, diet and exercise interventions alongside medication for long term outcomes.</p>		

Comment 2: the draft scope

Section	Notes	Your comments
Background information	<i>Consider the accuracy and completeness of this information.</i>	We could recommend adding evidence for metabolic disorders in the background information
Population	<i>Is the population defined appropriately?</i>	Yes
Subgroups	<i>Are there groups within the population that should be considered separately? For example, are there subgroups in which the technology is expected to be more clinically or cost effective? If subgroups have been suggested in the scope, are these appropriate?</i>	We would expect that groups which are identified earlier in a disease process ie nondiabetic hyperglycaemia, shall have longer term cost effectiveness in terms of improvements to years of healthy life expectancy. Should the subgroup with TIAs or CVA also be included, the other groups seem appropriate.
Comparators	<i>Are the comparators listed considered to be the standard treatments currently used in the NHS with which the technology should be compared? Have all relevant comparators been included?</i>	The comparators listed would seem relevant. We would suggest including comparators like a digital weight management service.
Outcomes	<i>Are the outcomes listed appropriate? Will these outcome measures capture the most important health related benefits (and harms) of the technology?</i>	They are appropriate. However, routine waist circumference is not a common data point and this would place additional burdens on primary care teams. We would recommend including blood pressure.
Equality	<i>NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the review proposal and scope may need changing in order to meet these aims. In particular, please tell us if the review proposal and scope:</i> <ul style="list-style-type: none"> • could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which 	We need to consider access for older people and those living with frailty as well as multimorbidity and those who are over 75 yrs of age.

Section	Notes	Your comments
	<p><i>[the treatment(s)] is/are/will be licensed;</i></p> <ul style="list-style-type: none"> <i>•could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;</i> <i>•could have any adverse impact on people with a particular disability or disabilities.</i> <p><i>Please tell us what evidence should be obtained to enable the Committee to identify and consider such impacts.</i></p>	
Other considerations	<p><i>Suggestions for additional issues to be covered by the evaluation are welcome.</i></p>	We also recognise that there is an important role for bariatric surgery for reducing major cardiovascular events compared to non - surgical weight management and that this should be considered as part of a whole pathway approach
Questions for consultation	<p><i>Please answer any of the questions for consultation if not covered in the above sections.</i></p>	-
Any additional comments on the draft scope		
Nil		

Comment 3: provisional stakeholder list

The provisional stakeholder list (Appendix C) is a list of organisations that we have identified as being appropriate to participate in this evaluation. If you have any comments on this list, please submit them in the box below.

NICE is committed to promoting equality and eliminating unlawful discrimination. Please let us know if we have missed any important organisations from the list, and which organisations we should include that have a particular focus on relevant equality issues.

If you do not have any comments to make on the provisional stakeholder list of consultees and commentators, please cross this box: X

Comments on the provisional stakeholder list

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