

Reference: FOI.ICB-2627/244

Subject: NICE TA1152 (Semaglutide for CVD Risk Reduction)

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
I am requesting the following information in relation to NICE Technology Appraisal TA1152 — Semaglutide for cardiovascular disease risk reduction, published 7 May 2026 with a statutory implementation deadline of 5 August 2026:	
1. Has your ICB fully implemented TA1152 and made semaglutide available to all patients meeting the eligibility criteria specified in the appraisal? • If YES: On what exact date was full implementation completed? Please provide the relevant commissioning policy document or reference number. • If NO: What is the specific legal basis for not implementing TA1152, given the statutory funding duty set out in Regulation 7 of the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013? Clarification received:	Semaglutide was added to the BNSSG Joint Formulary on the 5 August 2026 and drug funding is available. Initiation in secondary care has been implemented. However, in primary care, since the British Medical Association (BMA) position statement and Local Medical Committees (LMCs) supporting this, the ICB is reviewing implementation options.

The information you request you should already know as it's also issued to ICBs in the NICE Official Process Manual as it's the legal framework for all NICE Technology Appraisals. This is the definition within that process "ICBs must make funding available for NICE-recommended technologies within 90 calendar days of publication. This means patients who meet the clinical criteria should be able to access the treatment as part of standard NHS care from that date."	
2. Has your ICB received any written authorisation, extension, exemption, or alternative implementation arrangement from NICE or NHS England permitting implementation beyond 5 August 2026? If yes, please provide a copy of the document.	No.
3. Does your ICB consider that existing commissioning arrangements for semaglutide under TA875 (weight management) constitute full implementation of TA1152? If yes, please explain the reasoning and confirm whether all patients meeting TA1152 criteria are being identified and offered treatment regardless of weight or BMI criteria.	No.

4. If not yet implemented: What is the confirmed date for full implementation? What are the specific operational or clinical reasons for the delay?	Primary care implementation options are being reviewed – see question 1.
5. Has your ICB carried out an Equality Impact Assessment in relation to the implementation or delayed implementation of TA1152, in compliance with the Public Sector Equality Duty (Section 149 of the Equality Act 2010)? If yes, please provide a copy.	No.
6. How many patients have been prescribed semaglutide under the specific TA1152 eligibility criteria since 5 August 2026? Please state "0" if none.	The ICB does not hold this information.
7. Please provide copies of all board papers, commissioning policies, internal guidance, or meeting minutes that reference TA1152 or its implementation status.	Please find relevant documents enclosed. Please note that FOI requests and responses are publicly available and therefore personal information has been redacted. The ICB considers the names included in the enclosed document(s) to be personal information and therefore has applied a section 40 (Personal Information) exemption to this information.

The information provided in this response is accurate as of 29 September 2026 and has been approved for release by Dr Aananthakrishnan Raghuram, Chief Clinical Leadership and Service Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

BNSSG Joint Formulary Group Meeting – Adults

Meeting Held on: Tuesday 7th July 2026
Time: 13:00 – 16:00
Venue: Virtual – Microsoft Teams

Minutes

Present:

[REDACTED] (Chair)	[REDACTED] GPCB Clinical Lead, BNSSG ICB & One Care
[REDACTED] (Minutes)	[REDACTED] Chief Pharmacist, BNSSG, ICB
[REDACTED]	[REDACTED] Team Administrator & Minute Taker, BNSSG, ICB
[REDACTED]	[REDACTED] Principal Medicines Optimisation Pharmacist, BNSSG, ICB
[REDACTED]	[REDACTED] Interface Pharmacist, BNSSG, ICB
[REDACTED]	[REDACTED] Formulary Pharmacist, NBT
[REDACTED]	[REDACTED] Interface Pharmacist, BNSSG, ICB
[REDACTED]	[REDACTED] Deputy Chief Pharmacist, BNSSG ICB
[REDACTED]	[REDACTED] MOP Pharmacist, BNSSG ICB
[REDACTED]	[REDACTED] Pharmacist, Sirona
[REDACTED]	[REDACTED] Clinical Pharmacy Manager, UHBW
[REDACTED]	[REDACTED] Director of Pharmacy Services, NBT
[REDACTED]	[REDACTED] Consultant Rheumatologist, NBT
[REDACTED]	[REDACTED] Neonatal Consultant, NBT
[REDACTED]	[REDACTED] Consultant Nephrologist, NBT
[REDACTED]	[REDACTED] Project Manager, NHS Gloucester

Apologies

[REDACTED]	[REDACTED] Consultant Medical Oncologist, UHBW
[REDACTED]	[REDACTED] Lead Pharmacist for Medicines Optimisation and Physical Health, AWP
[REDACTED]	[REDACTED] GP, Tyntesfield Medical Group
[REDACTED]	[REDACTED] Principal Pharmacist, BNSSG ICB
[REDACTED]	[REDACTED] Principal Pharmacoeconomics Pharmacist, NBT

Applicants

[REDACTED]	[REDACTED] Anaesthetic Consultant, UHBW
[REDACTED]	[REDACTED] Senior Anaesthetic Registrar, UHBW
[REDACTED]	[REDACTED] Anaesthetic Consultant, UHBW
[REDACTED]	[REDACTED] Consultant Addiction Psychiatrist, AWP
[REDACTED]	[REDACTED] Pharmacist, AWP
[REDACTED]	[REDACTED] Frailty Pharmacist, UHBW

1 Welcome, Apologies and Declaration of Interests

■ opened the meeting as chair. Introductions were made and apologies were noted as above. The meeting today was quorate. There were no declarations of interest recorded.

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[REDACTED]

[REDACTED]

[illegible]

[illegible]

TA1152 - Semaglutide for reducing the risk of major adverse cardiovascular events in people with cardiovascular disease and overweight or obesity

█████ and █████ discussed the implementation of NICE TA1152 for semaglutide in cardiovascular risk reduction with the group. █████ recommended assigning a green traffic light status for semaglutide in cardiovascular risk reduction, aligning with its status for diabetes. █████ clarified that the 90-day NICE implementation window concludes later in the month, and communications to practices will be issued accordingly. █████ explained that initiation will occur in secondary care for patients post-cardiovascular event, with no active case finding in primary care. Reviews will be opportunistic during annual long-term condition reviews.

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G-BNSSG - HCD (Operational) - Notes Log

Meeting Date	Description of notes	Agreement from group	Additional comments/notes
Decisions from Wed 3rd June 2026			
	4. Semaglutide CVD – SB gave update – numbers modelled, PHM support – consider if risk stratification will support implementation in primary care. Meeting to be arranged when modelling complete.		
Decisions from Weds 2nd September 2026			
	•Semaglutide - secondary care working on a pathway, will be circulated to share with primary care for comment. Primary care titration was discussed. No plans to actively case find in primary care at present - available on Joint Formulary to be considered as a treatment option.		