Weight management: creating a great business

What's relevant to the aesthetic practitioner



Dr Alun Davies
Clinical Director, Weight Loss Wales

Disclosures

Previous employment

Novo Nordisk, Eli Lilly and Amgen

Shareholdings

I am a shareholder in Novo Nordisk, Eli Lilly and Amgen

Clinic and training services

Founder and Clinical Director of Weight Loss Wales and Obesity CPD

Education

Programme Director for the University of South Wales MSc and Postgraduate Diploma in Obesity and Weight Management.

Your questions during the talk

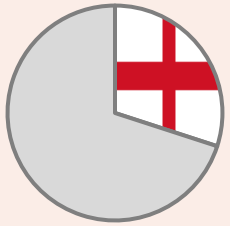
“What would you like to ask?”

Scan the code or visit

slido.com

Event code: 3231394

The UK obesity crisis is already in our clinics



30%

of adults in England live with obesity

66% have overweight or obesity
Measured height and weight, 2024



62%

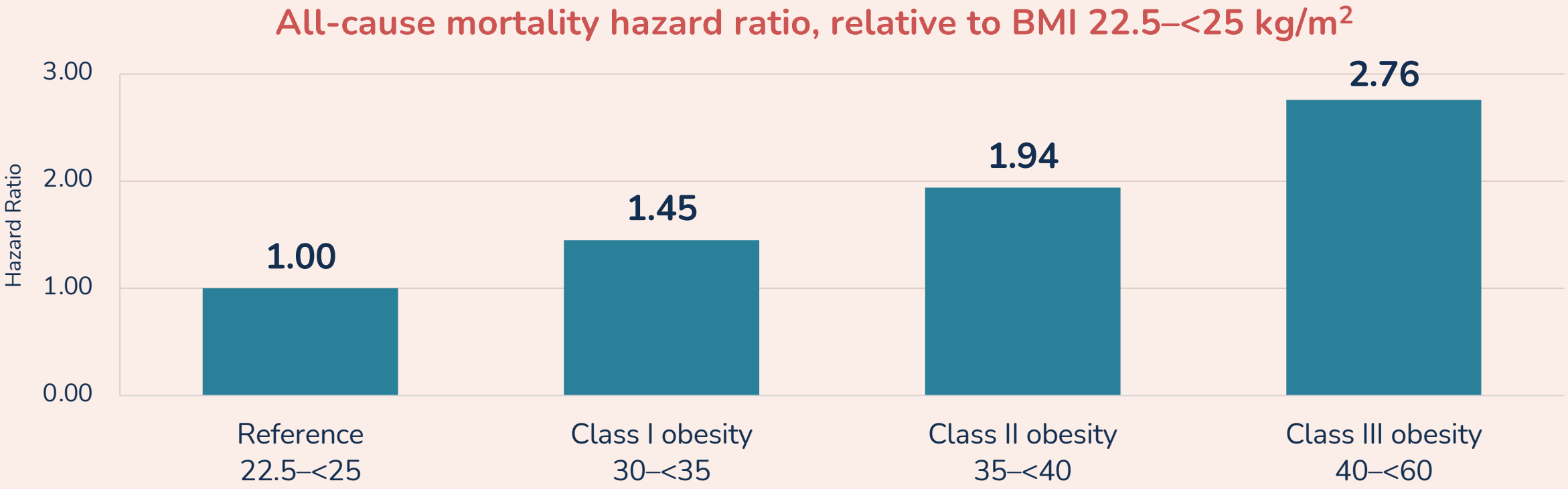
of adults in Wales have overweight or obesity

Self-reported height and weight
National Survey, 2024/25

Scotland: 31% with obesity (2024)
Northern Ireland: 30% with obesity (2024/25)

Adults aged 16+. Separate national surveys with different methods, not a pooled UK estimate.

Higher BMI is associated with higher mortality

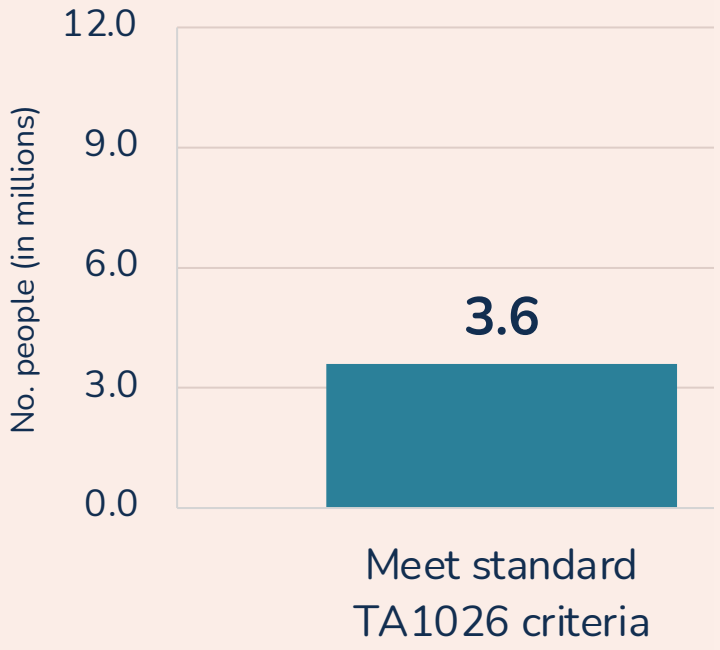


A conversation about weight
can also be a conversation about future health.

Global BMI Mortality Collaboration, Lancet 2016. Observational association, not individual prognosis.

How many meet the NICE tirzepatide criteria?

No. people in England meeting NICE TZP criteria



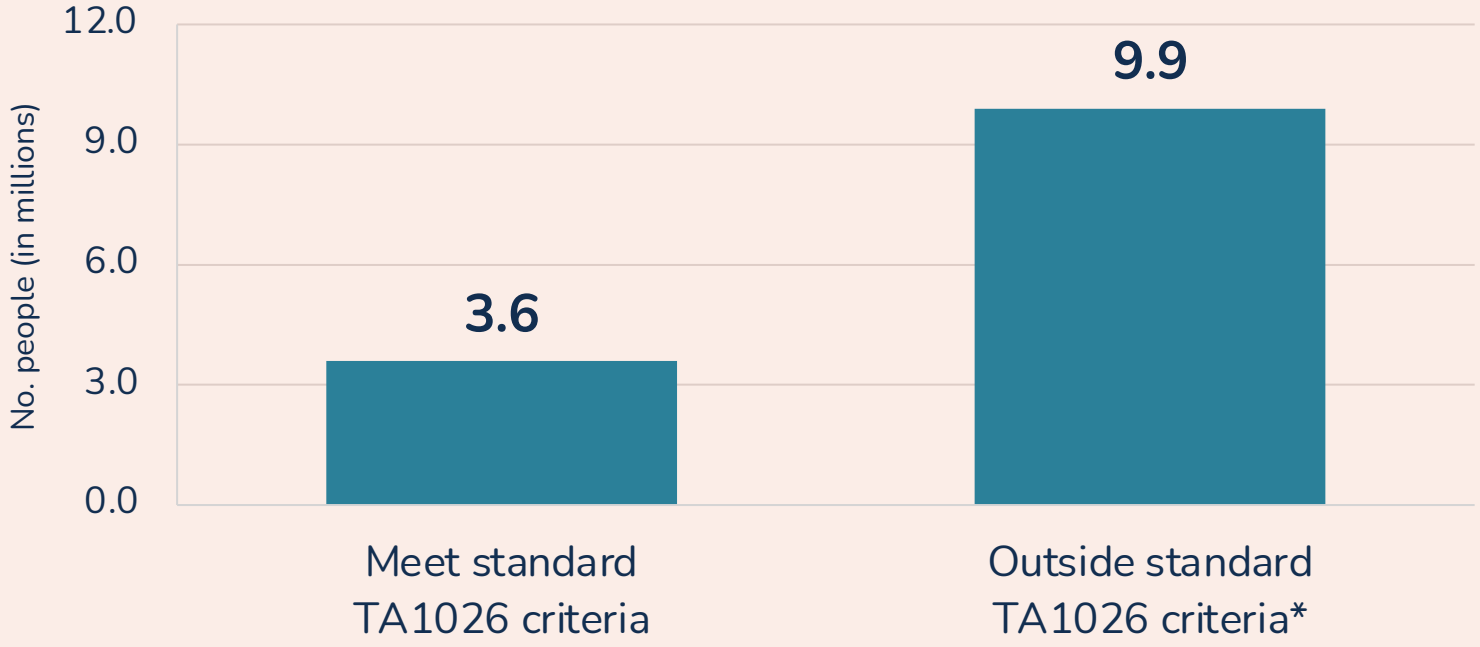
BMI ≥ 35 kg/m² and
≥1 weight-related comorbidity
Lower BMI thresholds apply for specified ethnic groups.

☑ **3.6 million eligible.**

*Derived estimate from NICE model assumptions. Excludes lower ethnic BMI adjustments.
England only. TZP= tirzepatide. Millions, rounded. NICE resource model, July 2025. Criteria are product-specific.

How many meet the NICE tirzepatide criteria?

No. people in England meeting NICE TZP criteria



BMI ≥ 35 kg/m² and
≥1 weight-related comorbidity
Lower BMI thresholds apply for specified ethnic groups.

☑ **3.6 million eligible.**

☒ **Around 9.9 million are within label.***

*Derived estimate from NICE model assumptions. Excludes lower ethnic BMI adjustments.
England only. TZP= tirzepatide. Millions, rounded. NICE resource model, July 2025. Criteria are product-specific.

The opportunity may already be in your waiting room

“Can you help me with my weight, too?”

A trusted relationship can begin a new conversation.



Business hypotheses to test locally. NICE NG246. Details in notes.

Why weight management belongs in the conversation



Patients already trust you

Ask about their goals.
Avoid assumptions about need.



Care continues between visits

Review and support create a reason to stay in contact.



A service can fund good care

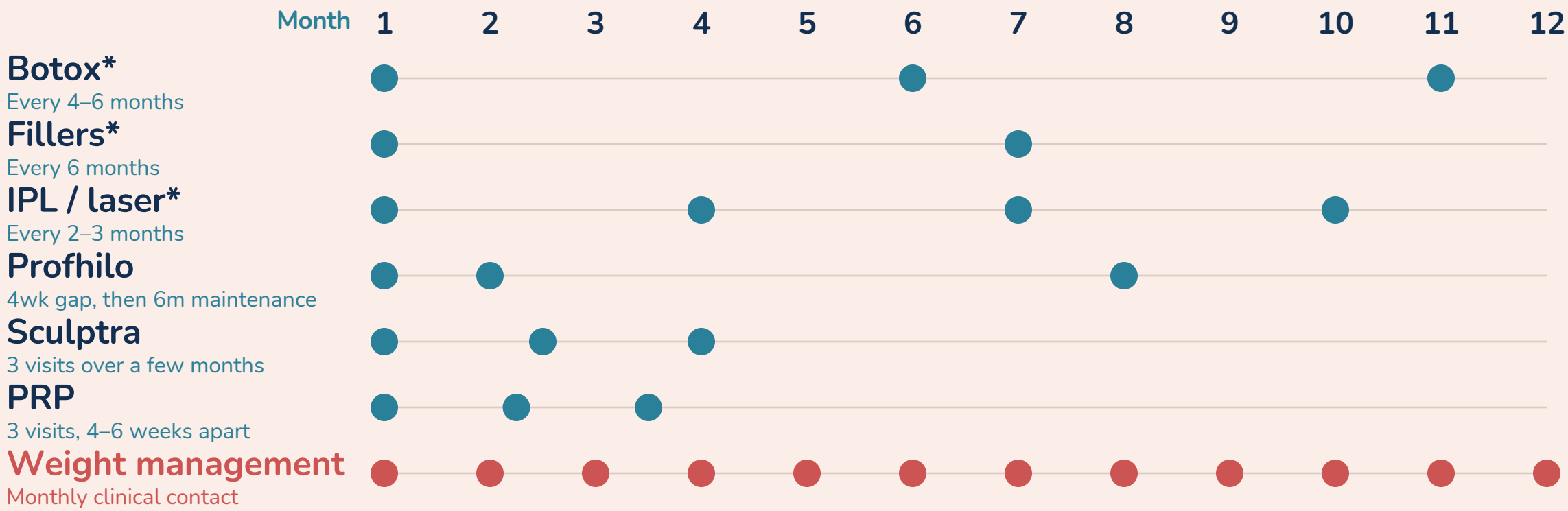
Price the clinician time and support you promise.

Your existing relationship is a starting point for better care.

Practice discussion. Supporting detail in speaker notes.

A year of patient touch points

Monthly weight care creates a regular opportunity to reconnect



Separate service examples, starting at first contact. Dots show illustrative visits or reviews.

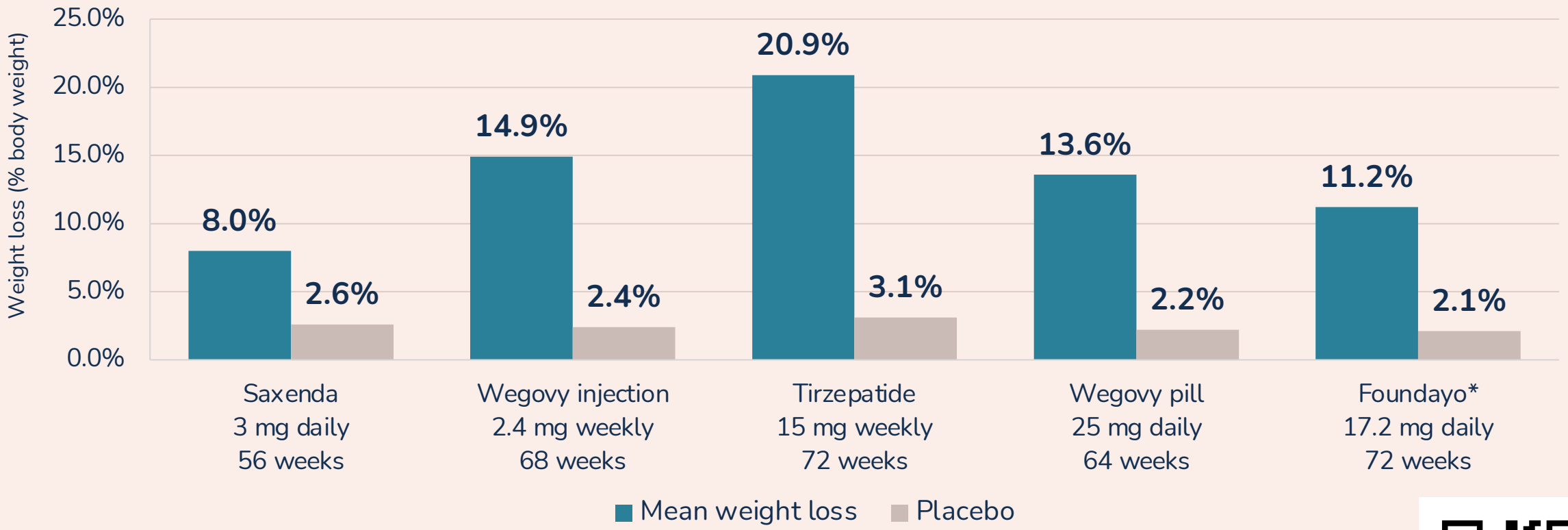
- ☑ **Opportunities for retention, reactivation and appropriate upselling.**
- ☑ **Patient goals, clinical need and consent guide the conversation.**

obesityCPD.co.uk weightlosswales.com

*User planning assumptions. Course examples: youcanclinic.com, checked 1 Oct 2026. Details and limitations in notes.

Weight-loss efficacy in landmark trials

Mean loss of initial body weight in adult trials without diabetes



☑ **Trial averages support an informed choice.**
☑ **An individual patient's response will vary.**

Different trials, not a head-to-head ranking. *ATTAIN-1: 36 mg capsule, equivalent to 17.2 mg tablet.

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Warnings and precautions in everyday practice

Before prescribing

- ✓ Confirm eligibility and medication history
- ✓ Pregnancy plans and contraception
- ✓ Pancreatitis, gallbladder and GI history
- ✓ Diabetes, retinopathy and renal risk

During treatment

- Persistent severe abdominal pain:
- stop and arrange urgent assessment
- Vomiting or diarrhoea: assess hydration
- Sudden vision loss: urgent eye review

Every patient needs a written safety plan and a route to clinical help.

Selected precautions only. Consult the current UK SmPC for the chosen medicine.

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Product details that change the consultation

Pregnancy planning	Semaglutide: stop ≥2 months before Tirzepatide: ≥1 month. Foundayo: ≥3 weeks
Oral contraception	Tirzepatide: extra barrier or non-oral method for 4 weeks Foundayo: 30 days, after starting and each escalation
Daily tablets	Wegovy: ≥8-hour fast, ≤120 mL water, wait ≥30 minutes Foundayo: no food or water restriction
Reviews and interactions	Saxenda: stop if <5% loss after 12 weeks at 3 mg Foundayo: check CYP3A4 and OATP1B interactions

UK SmPCs checked 2 October 2026. Liraglutide: discontinue if pregnancy occurs or is planned.

Cardiovascular outcomes depend on the trial

Trial and treatment	Population and comparator	MACE hazard ratio	What it establishes
LEADER: liraglutide ≤1.8 mg	High-risk type 2 diabetes vs placebo	0.87 (0.78–0.97)	Benefit at diabetes dose Not Saxenda 3 mg trial
SELECT: semaglutide 2.4 mg	Overweight/obesity + CVD No diabetes, vs placebo	0.80 (0.72–0.90)	Benefit in the studied secondary-prevention group
SOUL: oral semaglutide ≤14 mg	Type 2 diabetes + ASCVD/CKD vs placebo	0.86 (0.77–0.96)	Benefit at diabetes dose Not Wegovy 25 mg trial
SURPASS-CVOT: tirzepatide	Type 2 diabetes + ASCVD vs dulaglutide	0.92 (0.83–1.01)*	Non-inferiority Superiority not established
ACHIEVE-4: orforglipron	Type 2 diabetes + high CV risk vs insulin glargine	0.84 (0.59–1.20)†	Non-inferiority Benefit not established

Weight loss and cardiovascular event reduction are separate claims with different evidence.

95% CI unless *95.3%. MACE-3 except †MACE-4. CV = cardiovascular. Details in notes.

How the service model earns its income

REFER

£0

Referral income assumed

PARTNER

Agreed fees

Cost the partner’s work and your clinic’s support.

TREAT

Care margin

Income less medicine, clinical time and overheads.

“The value is in the care around the prescription.”

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Clinical guidance and sources in speaker notes.

The repeat-prescription pathway

Every repeat is a clinical decision

01

Assess

Agree a plan

02

Review

Check progress and safety

03

Authorise

Continue, change or pause

04

Supply

Confirm the next step

A payment subscription never replaces prescribing approval.

GMC prescribing principles and current product SmPCs. Details in notes.

What does a repeat prescription look like?

First four weeks — **2.5 mg** — **from £154**

Week 3 update

- Review first.
- Authorise the next supply.
- Explain the new price.

Next four-week supply — **5 mg** — **from £174**

Illustrative Mounjaro journey. Next supply is conditional on clinical review.

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weightlosswales.com

Illustrative workflow. UK SmPC and Weight Loss Wales prices, 1 October 2026.

Success is bigger than a growing patient list

Patient outcome	Practice measure
Health and safe weight change	Weight, waist and relevant clinical risk
Function and wellbeing	Patient-reported progress towards agreed goals
Continuity	Completed reviews and clear escalation
Sustainable service	Clinician time, support workload and contribution

Care quality and contribution belong in the same review.

Practice discussion. Supporting detail in speaker notes.

Three models.
One patient-centred purpose

REFER	PARTNER	TREAT
Recognise a need	Integrate a clinician	Own the service
Specialist owns weight care	Shared pathway, named duties	Your governed clinical team
Lower setup burden	Contract and funded cover	Greater setup responsibility

Which model could you deliver well?

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Clinical guidance and sources in speaker notes.

A referral partnership: the handover is the service

YOUR PRACTICE	SPECIALIST PARTNER
Ask permission and explain referral	Assess and make the treatment decision
Share agreed information securely	Prescribe, review and manage repeat supply
Continue your aesthetic care	Own the weight-care escalation pathway

“The patient should know who owns the next step.”

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Illustrative pathway. No Weight Loss Wales partnership terms implied.

A service patients can understand

Illustrative care package

£95

Initial assessment

£75

Monthly review care

Medicines and delivery charged separately

What is included?
What happens if I pause?

obesityCPD.co.uk

weightlosswales.com

Illustrative service design and prices. Not Weight Loss Wales fees.

Starting price and ongoing price are different questions

Weight Loss Wales	Starting supply	Selected higher supply
Mounjaro	2.5 mg from £154	15 mg from £299
Wegovy injection	0.25 mg £145	2.4 mg £247
Wegovy tablets	From £119	25 mg £199
Foundayo	0.8 mg £115	17.2 mg £179

“Tell me what my next supply is likely to cost.”

Illustrative patient voice

obesityCPD.co.uk

weightlosswales.com

Source: weightlosswales.com/prices. HCP teaching examples, not public advertising.

The first decision protects everyone

“Is this person suitable?
Can we care for them safely?”

Health history. Medicines. Pregnancy plans. Eating concerns.

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Clinical guidance and sources in speaker notes.

Competence grows through practice

“A course is a beginning. Competence is a practice.”



- ☑ Prescribing authority
- ☑ Registration and systems
- ☑ Funded clinical cover

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HIW guidance, NMC Code and GMC prescribing principles. See notes.

Weight Loss Wales evidence: which patients?

Report	Patients and follow-up	How to use the evidence
ECO 2025 abstract LBP4.086	First 100, six months	Early continuation and weight loss
ObesityWeek 2025 posters 264/265	First 100, twelve months Two reports from the same cohort	Continuation, affordability and care workload
Supplied ADA 2026 abstracts	100 escalation comparison 300 refill-interval analysis	Observational service signals
Supplied ICO 2026 abstract	130 selected continuers At least eighteen months	Longer-term outcomes Selection matters

Different reports help answer different clinic questions.

Conference abstracts and observational cohorts. These are not independent randomised comparisons.

Six months: engagement alongside weight loss



96%

remained on treatment for at least six months



19 kg

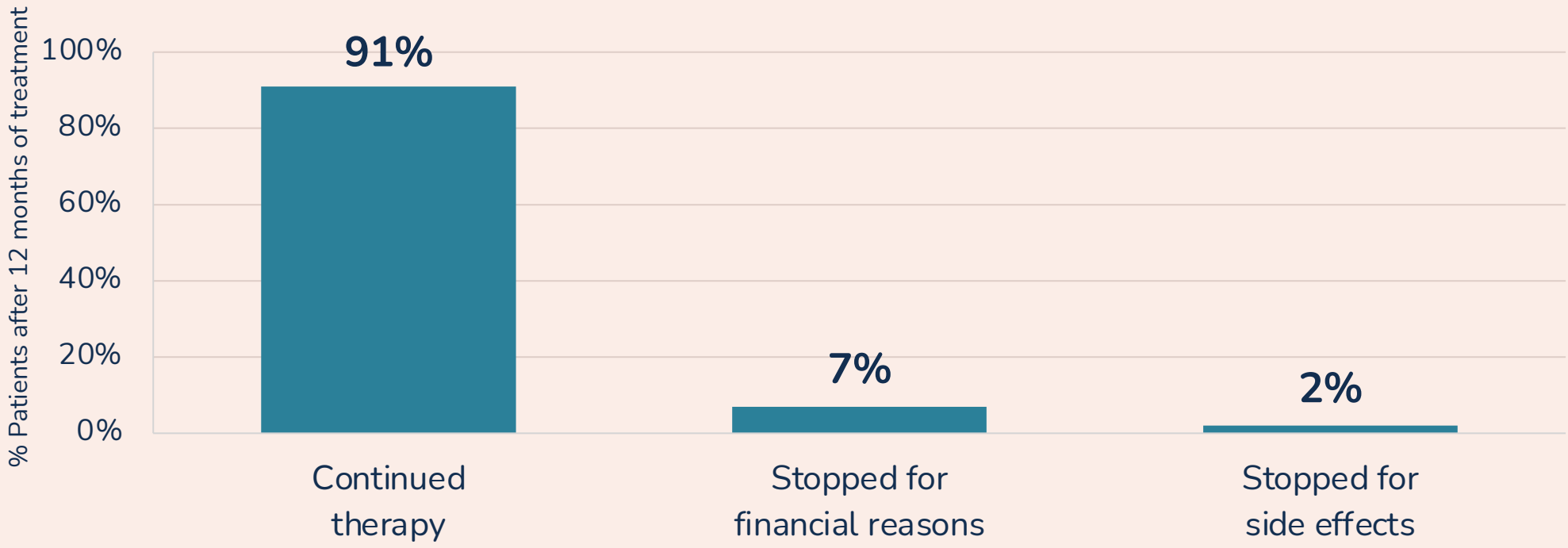
mean weight loss at six months

What helps patients stay engaged between prescriptions?

Davies, ECO 2025, published abstract LBP4.086. First 100 patients, semaglutide or tirzepatide.

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Twelve months: affordability affects continuation

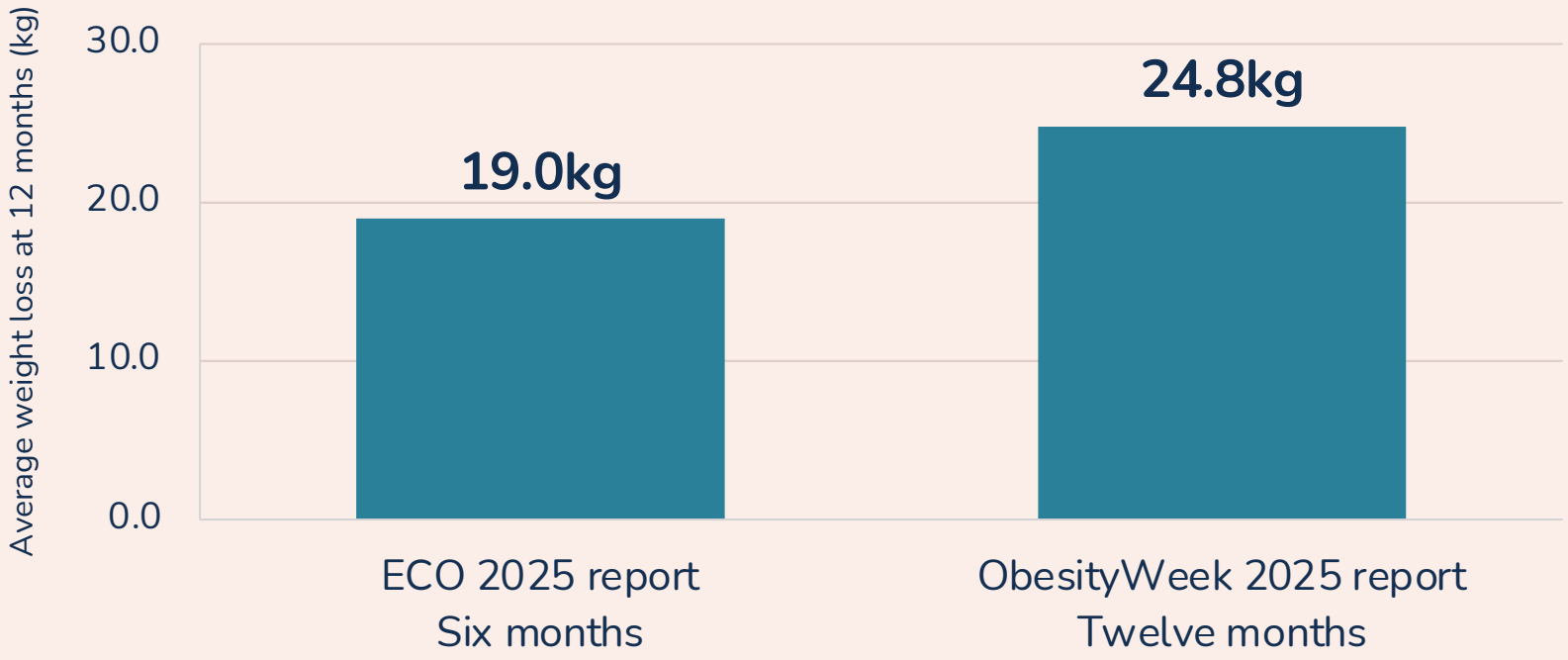


7 of the 9 recorded discontinuations were attributed to financial constraints.

Obesity Week 2025 poster 264. First 100 patients. Reasons are percentages of all starters.

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Twelve months: a reported mean loss of 24.8 kg



Responses vary.
These are cohort averages.

First-100 reports. Paired follow-up not verified. Weight-outcome denominator and uncertainty not supplied.

weightlosswales.com

Dose changes are part of continuing care

23%

had a dose reduction
at some point over twelve months

A useful review asks

? How are you tolerating treatment?
? Are you eating and drinking enough?
? What response are we seeing?
? Does the plan still suit you?

Patient preference informs the review.
The prescriber owns the dosing decision.

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ObesityWeek 2025 poster 264. First 100 patients. Follow current product-specific SmPC.

Education belongs in the clinic pathway

“What will you do if you feel unwell before your next appointment?”

Before the first dose

Explain how treatment works
and what effects to expect

During treatment

Check understanding, nutrition
and tolerability at each review

Between reviews

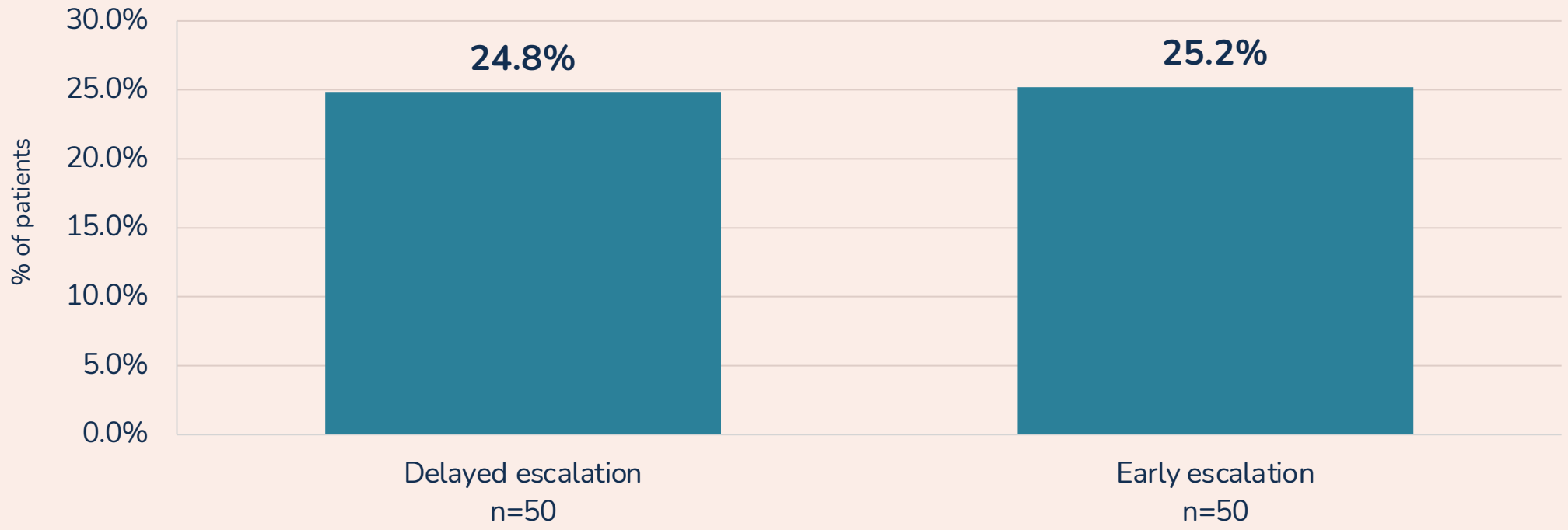
Give written red flags
and a clear route to clinical help

Weight Loss Wales reports describe education and open clinician access. Their independent effects have not been established.

ObesityWeek 2025 posters 264/265. Same observational cohort, no education-only control group.

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Similar observed loss with different escalation patterns



A review should consider response and tolerability. Escalation must follow the chosen product's SmPC.

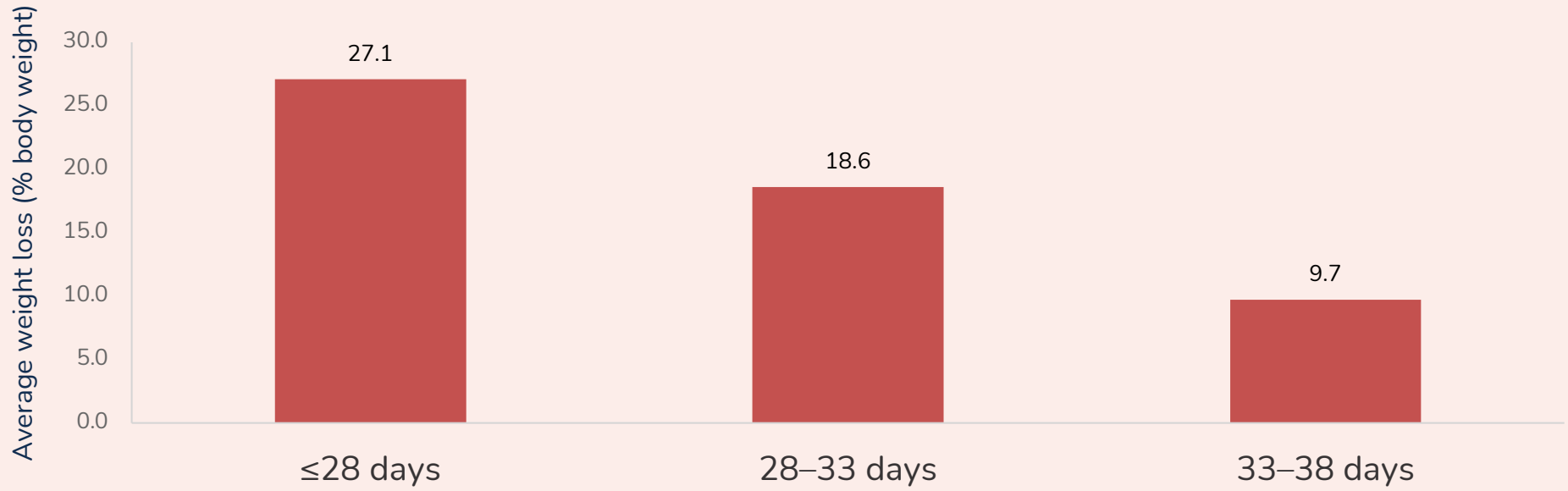
Davies, supplied ADA 2026 abstract 2. Observational comparison, not proof of equivalence.

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A delayed refill starts a clinical conversation

Tolerability? Access? Affordability?

Mean weight loss at 12 months (%), by refill interval, n=300



Association does not establish causation.

weightlosswales.com

Davies, supplied ADA 2026 abstract 1. Observational association, not causation.

Longer-term outcomes in a virtual clinic

130

selected patients who continued ≥18 months



26.1%

Mean total body weight loss at 18 months

☑ **0 hospital visits 0 GP related attendances**

☑ **Monthly consultations and messaging supported a continuing care model.**

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Davies, supplied ICO 2026 abstract..

Compliant marketing preserves clinical choice

☑ **Promote the consultation.**

☑ **Protect the choice.**

☒ No public POM promotion.

? Review the advert and its landing page.

ASA/CAP weight-control advice and GMC maintaining trust. See notes.

The next conversation could start in your clinic

“Can you help me with my weight, too?”



How will your practice answer?

Choose the route you can deliver safely.
Build it around the patient.

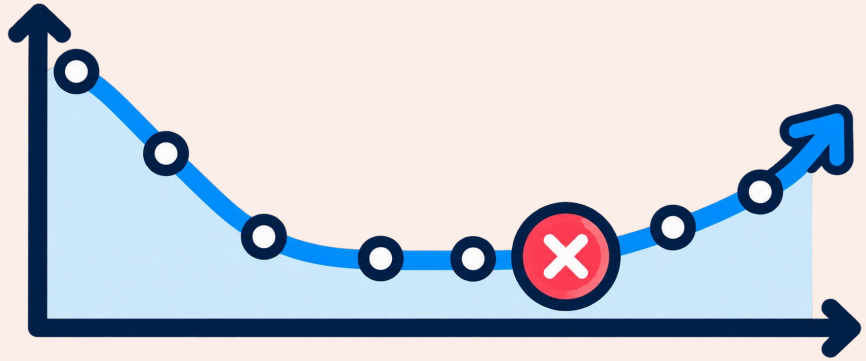
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Practice discussion. Supporting detail in speaker notes.

Private appendix: stopping-treatment pilot

4.2%



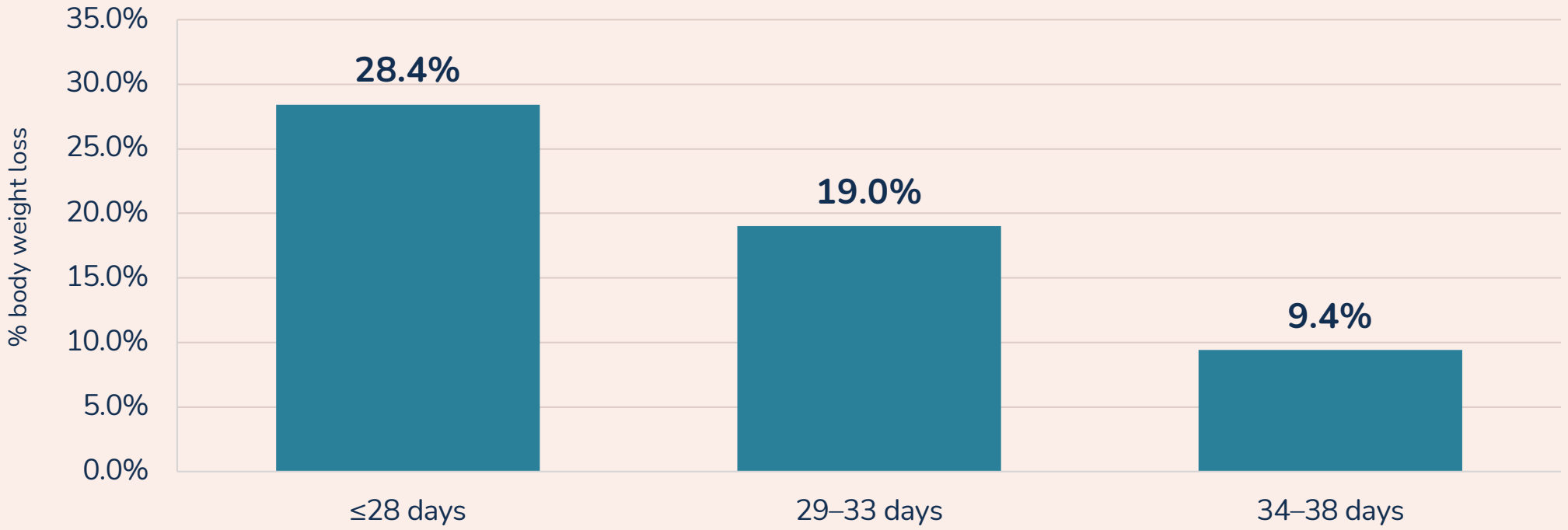
Mean reported regain 12 months after stopping
20 patients who elected to discontinue

Small uncontrolled pilot of clinician-guided dose reduction.
No abrupt-stop comparison or validated universal protocol.

ObesityWeek 2026 abstract 1. Embargo/clearance required before public use.

Private appendix: refill timing at 18 months

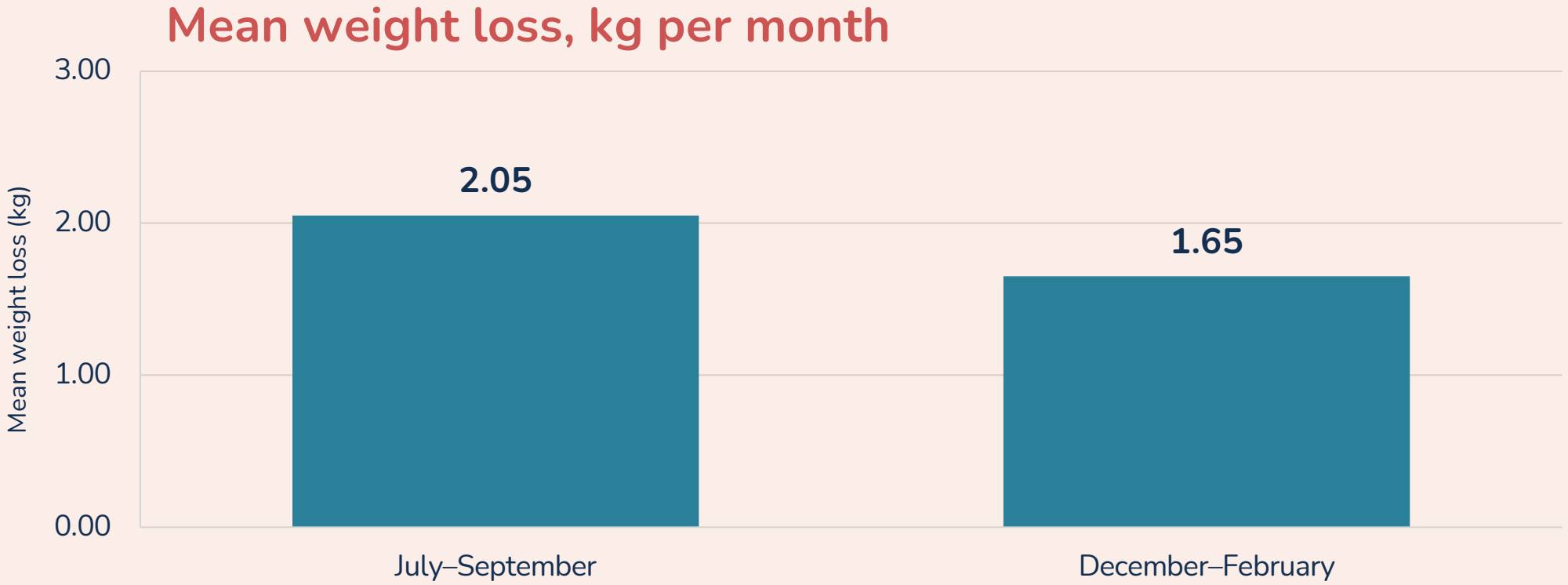
28.4%, 19.0%, 9.4% mean weight loss



Refill timing may identify patients needing support.
The association needs a denominator and adjustment.

ObesityWeek abstract 2. Embargo release 14 Nov 2026, 17:00 UTC. Do not present earlier without clearance.

Private appendix: seasonal patterns in clinic data



A seasonal signal can prompt an earlier conversation about barriers, routines and support.

ObesityWeek 2026 abstract 3, n=300 continuous users. Embargo/clearance required before public use.

UK prescribing information and patient leaflets

Click a labelled link to open the current UK document

Wegovy FlexTouch (semaglutide injection)

Prescribing information (SmPC) | Patient information leaflet (PIL)

Mounjaro KwikPen (tirzepatide)

Prescribing information (SmPC) | Patient information leaflet (PIL)

Wegovy tablets (oral semaglutide)

Prescribing information (SmPC) | Patient information leaflet (PIL)

Foundayo tablets (orforglipron)

Prescribing information (SmPC) | Patient information leaflet (PIL)

For the practitioner: Check the current product information before prescribing.

For the business: Keep patient information and clinic protocols up to date.

Manufacturer product information on the electronic medicines compendium. Links checked 30 September 2026.