

# MDA No.: 1765

## Title: Health Committee – *Weight loss medication in London* Report

### 1. Executive Summary

- 1.1 At the Health Committee Meetings on 10 September and 26 November 2025, the Health Committee discussed weight loss medication in London and resolved:

*That authority be delegated to the Chairman, in consultation with party Group Lead Members, to agree any output from the discussion.*

- 1.2 Following consultation with party Group Lead Members, the Chairman of the Health Committee agreed the Committee's *Weight loss medication in London* report, as attached at **Appendix 1**.

### 2. Decision

- 2.1 **That the Chairman of the Health Committee, in consultation with the party Group Lead Members, agree the *Weight loss medication in London* report, as attached at Appendix 1.**

#### Assembly Member

I confirm that I do not have any disclosable pecuniary interests in the proposed decision and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

**Signature:**



**Printed Name:** Emma Best AM, Chairman of the Health Committee

**Date:** 11 March 2026

### **3. Decision by an Assembly Member under Delegated Authority**

#### **Background and proposed next steps:**

- 3.1 The exercise of delegated authority approving the letters will be formally noted at the Health Committees' next appropriate meeting.
- 3.2 The terms of reference for this investigation were agreed by the Chair, in consultation with relevant party Group Lead Members, on 9 July 2025 under the standing authority granted to Chairs of Committees and Sub-Committees. Officers confirm that the response falls within these terms of reference.

#### **Confirmation that appropriate delegated authority exists for this decision:**

Signature (Committee Services):



Printed Name: Diane Richards

Date: 11 March 2026

#### **Financial Implications: NOT REQUIRED**

Note: Finance comments and signature are required only where there are financial implications arising or the potential for financial implications.

Signature (Finance): Not Required

Printed Name:

Date:

#### **Legal Implications:**

The Chair of the Health Committee has the power to make the decision set out in this report.

Signature (Legal): 

Printed Name: Rory McKenna, Monitoring Officer

Date: 11 March 2026

Email: [rory.mckenna@london.gov.uk](mailto:rory.mckenna@london.gov.uk)

### **Supporting Detail / List of Consultees:**

- *Krupesh Hirani AM, Caroline Russell AM and Alex Wilson AM*

## **4. Public Access to Information**

- 4.1 Information in this form (Part 1) is subject to the FoIA, or the EIR and will be made available on the GLA Website, usually within one working day of approval.
- 4.2 If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary.
- 4.3 **Note:** this form (Part 1) will either be published within one working day after it has been approved or on the defer date.

### **Part 1 - Deferral:**

Is the publication of Part 1 of this approval to be deferred? NO

If yes, until what date:

### **Part 2 – Sensitive Information:**

Only the facts or advice that would be exempt from disclosure under FoIA or EIR should be included in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form? NO

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## **Lead Officer / Author**

Signature: Tim Gallagher

Printed Name: Tim Gallagher

Job Title: Senior Policy Adviser

Date: 11 March 2026

## **Countersigned by Executive Director:**

Signature:



Printed Name: Helen Ewen

Date: 11 March 2026

# Weight loss medication in London

Health Committee

March 2026



## Health Committee



The Health Committee reviews health and wellbeing issues in London.

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## Foreword



**Emma Best AM**  
**Chairman of the Health Committee**

From a murmur of a medical miracle to a ubiquitous presence across society in less than a couple of years, weight loss drugs are an unavoidable phenomena.

But how much do we really know about them? Will they become a regular fixture of the NHS? Are people being exploited through illicit markets?

Members of the London Assembly Health Committee believed all these questions needed answering and so launched this investigation into weight loss medication.

After all, it is easy to see why there is such interest in London. Around six in ten of adults in the capital are currently overweight or obese, and nearly four in ten children are already living with excess weight by the time they leave primary school.

This represents millions of Londoners whose health and quality of life is affected by obesity and the health-related conditions linked to it.

Many thousands of Londoners are already using these medicines, with most accessing them through private providers rather than the NHS. Most people will know a friend or family member who has tried this kind of medication, if not themselves.

The evidence we heard during this investigation shows that these medicines can offer real physical and mental benefits. When prescribed appropriately and used as part of wider lifestyle changes, they can help people lose a significant amount of weight and improve their overall health. They represent a promising new tool in tackling obesity, and often give people the confidence or first step they need to change their lifestyle for the better.

However, these medicines are not a silver bullet and access is not always simple.

Concerns exist with NHS scale up, black markets and the room for patients to use altered images and data to get hold of a prescription. There are many questions that need addressing here and this report lays out clear recommendations to begin to do that.

I would like to thank everyone who contributed to this investigation, including clinicians, pharmacists, regulators and Londoners who shared their lived experiences. Their evidence has been invaluable in helping the Committee understand both the opportunities and the risks associated with these medicines.

## Executive Summary

The availability of, and demand for, weight loss drugs has surged over the last few years. Figures on usage vary, but some estimates suggest that up to two million people are using them in the UK.<sup>1</sup> This is likely to include tens of thousands of Londoners. There has been substantial media and social media interest in this phenomenon, helping to raise the profile of these drugs considerably in a very short space of time, and drawing attention to both benefits and risks. It is in this context that the Health Committee decided to investigate weight loss medicines in London.

Weight loss medicines have been proven to result in weight loss and reduce obesity levels, with some clinical trials suggesting that patients can lose from between 10 and 20 per cent of body weight.<sup>2</sup> This can lead to significant additional health benefits, including improvements in mental health. The drugs also come with risks, ranging from moderate side effects for many users to more severe health impacts such as pancreatitis in a minority of cases. We heard that the greatest risks occur when the medication is used by patients for whom it is not appropriate, or when it is purchased on the black market and is potentially counterfeit. Studies also suggest that some people put weight back on after stopping treatment, raising questions about the long-term effectiveness of the drugs. Support and safeguards from providers are crucial in mitigating these risks and making treatment safer for patients.

We have heard persuasive evidence that weight loss medicines could offer significant health benefits for many Londoners, if prescribed appropriately and used sensibly. Our report explores how safe access to weight loss medicines can be expanded for Londoners through both the public and private sectors.

### NHS provision

The vast majority of Londoners taking weight loss medicines buy them privately, but the drugs are also gradually being rolled out on the NHS to those with the highest need. We were told that 35,000 to 40,000 people in London are expected to receive weight loss medication on the NHS by 2028, and that approximately half a million Londoners would ultimately be eligible for it. But as of November 2025, just 3,000 London residents were accessing weight loss medicines on the NHS. This is a fraction of those who are ultimately eligible for the medication, and a drop in the ocean compared to the number of people who are already buying it privately.

The slow rollout of weight loss drugs on the NHS, combined with the exponential growth in the number of people buying them privately, is creating a 'two-tier system', whereby only those who can afford the medication are able to access it. We understand the pressures the NHS is under, and the challenges involved in making a new medication available in a safe way when demand is so high. But in order to prevent the growth in these disparities and unequal health outcomes, the NHS is rightly taking steps to accelerate the rollout in London. It will need to go even faster to reach its own targets.

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<sup>1</sup> Novo Nordisk, [Weight loss medication - Call for Evidence](#), September 2025

<sup>2</sup> Aronne et al., [Tirzepatide as Compared with Semaglutide for the Treatment of Obesity](#), May 2025.

Rolling out weight loss drugs across London will require the development of clinical pathways and an effective system of wraparound care, which includes advice on dietary and lifestyle change. Different models of wraparound care are currently in development on the NHS in London, and we recommend that learnings are taken from these models quickly in order to develop a London-wide offer for wraparound care. We would also like to see London's Integrated Care Boards (ICBs) work together to develop a London-wide pathway, to ensure there is a consistent offer for patients across the capital.

### **Private provision**

We recognise the benefits of both community pharmacies and online providers in selling weight loss drugs. Whilst we would like to see the availability of weight loss medication increase on the NHS, the reality is that most people taking the drugs will continue to purchase them privately for the foreseeable future. It is therefore vital that Londoners can access safe and effective treatment from pharmacies and other private providers, including online providers. This involves having robust safeguards in place to ensure that only those who are strictly eligible can purchase the medication, as well as the availability of comprehensive wraparound care to support patients.

The pharmacies and other providers we spoke to outlined a range of safeguards they put in place before prescribing, such as video verification of identity, height and weight checks and obtaining a patient's prior medical history. However, we heard about risks that come with online provision, including artificial intelligence (AI) manipulation of images and a lack of available information when screening patients, which can lead to people acquiring medicines for whom they are not appropriate.

Pharmacies and other providers offer wraparound care to their patients, but, unlike on the NHS, this is not mandatory. Whilst we understand that providers cannot force their patients to engage in wraparound care, we believe that all providers should strongly encourage their patients to engage in wraparound care and should clearly explain the benefits of this when prescribing the medication.

### **Illicit markets**

We heard concerning evidence about the rise of illicit markets and unlicensed sales of weight loss drugs. Some of these products may be genuine but are not legitimately prescribed, while others are completely counterfeit, posing serious risks to people's health. People are acquiring them in locations such as beauty salons and gyms, and on social media, while we even heard about people buying them in pubs and fish and chip shops. We recommend greater regulation and enforcement in this space. This will require significant collaboration across regulators and agencies, as well as regular monitoring of illegal channels, advertising and social media.

## Recommendations

### Recommendation 1

The Department for Health and Social Care and the NHS should conduct a review of the available evidence on relationships between weight loss medication and eating disorders, and undertake or commission new research to fill any identified evidence gaps. We ask that the Department for Health and Social Care responds to the Committee by the end of July 2026 setting out any plans it has to undertake this work.

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### Recommendation 2

The NHS must accelerate its rollout of weight loss medicines in London, to ensure those eligible can access them swiftly. As part of this, we request NHS England (London region), or any successor body in London, updates the Health Committee annually on its progress in meeting its target of 35,000 to 40,000 Londoners accessing weight loss medicines by 2028, alongside its targets for future years.

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### Recommendation 3

The NHS in London should develop a London-wide offer for wraparound care. This should be adaptable to the needs of individuals and involve both in-person and online options. This should be done after the NHS has carried out its initial review of wraparound care models across London's ICBs. We believe this offer could be in place by 2028 and ask that NHS England (London region) advise the Committee of progress in its annual updates on rollout.

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### Recommendation 4

London's Integrated Care Boards (ICBs) should work together to establish a London-wide clinical pathway for weight loss medicines by the end of 2026-27. Whilst recognising that there will be some variation to take account of local needs, there should be a safe and consistent pathway regardless of where a patient lives in London.

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### Recommendation 5

As part of the rollout of weight loss medicines in London, the NHS should ensure that it consults with patients and ensure that the voices of patients are taken into account. We ask that NHS England (London region) provides assurance to the Committee that this will happen in its response to this report.

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### Recommendation 6

The Government should work with the General Pharmaceutical Council, the Medicines and Healthcare products Regulatory Agency and other agencies to more stringently regulate and enforce illicit markets for weight loss medicines. This should be facilitated through a dedicated taskforce to be established in 2026-27.

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## Introduction

Weight loss medicines are clinical treatments for people living with obesity or who are overweight, as well as those with type-2 diabetes. Various studies have demonstrated their effectiveness in tackling obesity and helping people to lose weight, while the broader improvements in mental and physical health as a result of this weight loss can be transformative for people's lives.<sup>3</sup>

The availability of, and demand for, weight loss medicines has surged over the last few years. Figures on usage vary, but a study published in January 2026 found that, across England, Scotland and Wales, 1.6 million people are estimated to have used weight loss medicines between early 2024 and 2025, and a further 3.3 million said they would be interested in using them in the next year.<sup>4</sup> While the vast majority of people are buying them privately, the medicines are now gradually being rolled out on the NHS to those with the highest need.

Considerable media and social media interest has raised the profile of weight loss drugs. A number of influencers and celebrities have disclosed that they have taken them and spoken of their success in losing weight.<sup>5</sup> There has also been extensive coverage of the potential risks of taking weight loss drugs. Some of this has focused on rare but serious side effects, such as inflammation of the pancreas gland.<sup>6</sup> There have also been reports of people purchasing the medicines who are not eligible by lying about their weight to obtain them, as well as people accessing falsified products from unlicensed sellers.<sup>7 8</sup>

It is in this context that the London Assembly Health Committee set out to explore weight loss medicines in London. The key aspects of our investigation were:

- Publishing a written call for evidence aimed at experts and organisations who prescribe weight loss medicines.
- Holding two evidence-gathering sessions with NHS representatives, pharmacies, a key regulator and Londoners with experience of weight loss medicines and obesity treatments.
- Publishing a survey aimed at Londoners who have accessed weight loss medicines (either privately or through the NHS).

The Committee welcomes these contributions and submissions, which provided important insights to inform the development of this report. Our report considers how safe access to weight loss medicines can be increased for Londoners who could benefit from them, while addressing the risks of illicit sales and unsafe access. We have identified a number of specific issues that we believe the NHS, regulators and other key stakeholders should seek to address to achieve these aims.

<sup>3</sup> BBC News, [Mounjaro vs Wegovy: Weight-loss drugs in head-to-head trial](#), 12 May 2025. [Health Survey for England 2024](#) data showed that 57 per cent of adults in London are overweight or obese. [National Child Measurement Programme 2022-23](#) data showed that 39 per cent of Year 6 schoolchildren are overweight or obese.

<sup>4</sup> University College London, [1.6 million UK adults used weight loss drugs in past year](#), 8 January 2026

<sup>5</sup> BBC News, [How weight-loss injections are turning obesity into a wealth issue](#), 29 September 2025

<sup>6</sup> BBC News, [Top doctor alarmed by weight-loss drug misuse](#), 14 June 2024

<sup>7</sup> BBC News, [People fake weight to obtain skinny jabs, says Chelmsford GP](#), 18 December 2025

<sup>8</sup> The Standard, [UK's 'growing problem' of fake weight loss drugs: Expert sounds alarm](#), 17 October 2025

## Context, benefits and risks

### Weight loss medicines

Weight loss medicines are scientifically known as GLP-1 medicines, which mimic the actions of a hormone called glucagon-like peptide-1 (GLP-1). GLP-1 has several effects on the body, including reducing appetite and helping the body to produce more insulin (the hormone that regulates blood sugar). GLP-1 medicines have been proven to help with the treatment of type 2 diabetes, and for weight loss and weight management.<sup>9</sup> These medicines are referred to in a variety of ways in media and news outlets, such as “skinny jabs” or “weight loss jabs.”

The first medicine licensed for weight loss in the UK was semaglutide (under the brand name Wegovy) in 2021, followed by tirzepatide (under the brand name Mounjaro) in 2023.<sup>10</sup> The Medicines and Healthcare products Regulatory Agency (MHRA) licensed both for use (alongside dietary measures and increased physical activity) in patients either with a body mass index (BMI) of 30 or more, or a BMI of 27 to 30 with at least one obesity-related condition.<sup>11</sup>

**Table 1: A selection of licensed GLP-1 medicines in the UK<sup>12</sup>**

Generic ingredient	Brand name	License indication	Marketing authorisation
Semaglutide	Wegovy	Weight management	Held by Novo Nordisk A/S
Semaglutide	Ozempic	Treatment of type 2 diabetes	Held by Novo Nordisk A/S
Tirzepatide	Mounjaro	Treatment of type 2 diabetes and weight management	Held by Eli Lilly Nederland B.V

There are two main routes for accessing weight loss medicines in London: through the NHS and through private providers, including community pharmacies, online pharmacies and other online providers.

#### NHS provision

Weight loss medicines are gradually becoming available on the NHS. The National Institute for Health and Care Excellence (NICE) approved NHS provision of Wegovy in September 2023<sup>13</sup> and Mounjaro in December 2024.<sup>14</sup> Wegovy can only be prescribed through specialist weight

<sup>9</sup> House of Commons Library, [Weight loss medicines in England](#), 10 April 2025

<sup>10</sup> House of Commons Library, [Weight loss medicines in England](#), 10 April 2025

<sup>11</sup> MHRA, [MHRA authorises diabetes drug Mounjaro \(tirzepatide\) for weight management and weight loss](#), 8 November 2023

<sup>12</sup> House of Commons Library, [Weight loss medicines in England](#), 10 April 2025

<sup>13</sup> Sky News, [Weight-loss jab Wegovy made available on NHS as manufacturer says stocks are limited](#), 4 September 2023

<sup>14</sup> Diabetes UK, [Mounjaro - Uses, How it Works and Side Effects](#) [accessed 14 January 2026]

management services.<sup>15</sup> Since 23 June 2025, GPs have been allowed to prescribe Mounjaro for those with a BMI of 40 and with four or more weight-related health problems.<sup>16 17</sup> However, as will be discussed later in the report, the NHS rollout is still in its early stages, and to date only a small number of Londoners are being prescribed weight loss medicines on the NHS.

### Private provision

The vast majority of people using weight loss medicines in London and across the country are purchasing them privately, either from in-person or online pharmacies, or from other online providers. There are varying estimates of their use. NHS England (London region) told us that “it is likely that hundreds of thousands of patients in England are currently using these treatments.”<sup>18</sup> In evidence submitted to the Committee, the manufacturer Novo Nordisk cited data from research company IQVIA from August 2025 (not publicly accessible) suggesting that two million people in the UK were using weight loss medicines for weight management, with more than 90 per cent of these accessing them privately.<sup>19</sup> The private provider Numan told us that London is “likely a significant contributor to the two million figure,” and that it would “not be surprised if tens of thousands of London residents are currently taking a GLP-1 medication for weight management though private means.”<sup>20</sup>

### The benefits of weight loss medicines

Weight loss medicines have been proven to result in weight loss, with some clinical trials suggesting that patients can lose up to 20 per cent of body weight.<sup>21</sup> NHS England (London region) told us that the medicines “represent a transformative addition to the obesity management landscape.”<sup>22</sup> Dorottya Norton, Joint Bariatric Allied Health Professional (AHP) and Specialist Adult Weight Management Clinical and Service Lead, Homerton Healthcare NHS Foundation Trust, called them “a really exciting new advancement in the treatment of obesity.”<sup>23</sup> The Company Chemists Association told us that “studies suggest weight loss medications are both more effective for patient outcomes and more cost effective compared to other treatments.”<sup>24</sup>

Guests at our meetings highlighted a range of health benefits of weight loss medicines. Joanna Hollington, Principal Dietitian at Guy’s and St Thomas’ NHS Foundation Trust, explained that “you have the metabolic benefits, things like cardiovascular, diabetes, blood sugars, reduction in sleep apnoea, there are changes in mental health and there are changes in eating presentation.”<sup>25</sup> Sukhi Basra, a London-based pharmacist and Vice-Chair of the National Pharmacy Association, told us that “a lot of the benefits that I have seen are not necessarily just physical benefits, it is the psychological benefits,” highlighting benefits for a person’s confidence and mental health.<sup>26</sup>

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<sup>15</sup> NHS England, [Weight management injections](#) [accessed 15 January 2026]

<sup>16</sup> Sky News, [GPs can prescribe weight loss jabs on the NHS from today - but strict eligibility criteria in place | UK News](#), 23 June 2025

<sup>17</sup> NHS England, [Weight management injections](#) [accessed 15 January 2026]

<sup>18</sup> NHS, [Weight loss medication - Call for Evidence](#), September 2025

<sup>19</sup> Novo Nordisk, [Weight loss medication - Call for Evidence](#), September 2025

<sup>20</sup> Numan, [Weight loss medication - Call for Evidence](#), September 2025

<sup>21</sup> BBC News, [Mounjaro vs Wegovy: Weight-loss drugs in head-to-head trial](#), 12 May 2025

<sup>22</sup> NHS, [Weight loss medication - Call for Evidence](#), September 2025

<sup>23</sup> Dorottya Norton, Health Committee meeting, [Panel 1](#), 10 September 2025, p.2

<sup>24</sup> Company Chemists Association, [Weight loss medication - Call for Evidence](#), September 2025

<sup>25</sup> Joanna Hollington, Health Committee meeting, [Panel 2](#), 10 September 2025, p.3

<sup>26</sup> Sukhi Basra, Health Committee meeting, [Panel 2](#), 10 September 2025, p. 1

We heard positive examples from patients themselves of improvements in their physical and mental health after taking the medicines. In response to our survey, one patient said that “my mental state and self-confidence has improved substantially, simply due to small things like old clothes fitting well again.”<sup>27</sup> Another patient told us that the medicines had “an incredible impact” and led to them feeling “very much more in control of my weight.”<sup>28</sup> A third patient told us of the “very helpful” impact of “not constantly hearing food noise”, and that “I feel better, can walk more easily and I am optimistic the weight will slowly continue to come off.”<sup>29</sup>

The experts we spoke to also stressed the importance of lifestyle and dietary changes alongside use of the drugs. Dr Tamara Hibbert, GP and Chair of Newham Local Medical Committee, argued that “the foundation is always around those lifestyle changes, the dietary changes, in moving more, being more physically active”, but that the medication “gives them that boost to continue to make those other changes in their lifestyle.”<sup>30</sup> Numan’s submission to the Committee argued that “without integrated lifestyle change, there’s the risk of trading one set of health challenges for another.”<sup>31</sup> This highlights the importance of effective advice and support for patients alongside the medication, known as wraparound care, which will be explored later in this report.

## The risks of weight loss medicines

Despite the undoubted benefits of weight loss medicines, we also heard about a number of risks from their use, which are explored below.

### Side effects

Weight loss medicines can result in a number of potential side effects. NHS England (London region) told us:

“Like all medicines, the newer obesity treatments can cause side effects. Some of the most common side effects are gastrointestinal effects such as nausea, vomiting, and diarrhoea. These side effects were observed in clinical trials for these products and are usually mild to moderate in severity or short in duration.”<sup>32</sup>

In a written submission to the Committee, digital health provider Voy cited its recent study of adults who were prescribed weight loss medicines, which found that 30.8 per cent reported side effects.<sup>33</sup> However, other studies have indicated a higher prevalence of side effects, including one study which found that between 77 and 79 per cent of users reported at least one side effect.<sup>34</sup>

In some circumstances, these side effects can be more severe. NHS England (London region) explained that:

“Some [side effects] (such as nausea, vomiting and diarrhoea) sometimes lead to more serious complications such as severe dehydration, resulting in a need for hospital

<sup>27</sup> London Assembly Health Committee, [Survey responses](#), February 2026

<sup>28</sup> London Assembly Health Committee, [Survey responses](#), February 2026

<sup>29</sup> London Assembly Health Committee, [Survey responses](#), February 2026

<sup>30</sup> Dr Tamara Hibbert, Health Committee meeting, [Panel 1](#), 10 September 2025, p.1

<sup>31</sup> Numan, [Weight loss medication - Call for Evidence](#), September 2025

<sup>32</sup> NHS England (London region), [Weight loss medication - Call for Evidence](#), September 2025

<sup>33</sup> Voy, [Weight loss medication - Call for Evidence](#), September 2025

<sup>34</sup> British Heart Foundation, [Mounjaro vs Wegovy: which is better for weight loss?](#), 30 May 2025

treatment. Although infrequent, inflammation of the pancreas (known as acute pancreatitis) has been reported with GLP-1 medicines, and this is a serious complication.”<sup>35</sup>

On 29 January 2026, the Medicines and Healthcare products Regulatory Agency issued updated product information outlining “the small risk of severe acute pancreatitis in patients taking GLP-1s.”<sup>36</sup> We received further evidence highlighting other possible but rare side effects. For example, the digital healthcare service Numan stated that gallbladder problems can occur and, “in people with certain genetic predispositions, a possible risk of thyroid tumors.”<sup>37</sup> Tamara Hibbert highlighted risks for patients with diabetes, warning “we really need to be cautious about making sure that those big swings in their [blood] sugars are not giving them irreparable eye damage.”<sup>38</sup>

However, Sukhi Basra argued that the most serious side effects occur where patients have been inappropriately prescribed the medication:

“You get incidents of pancreatitis and you get low HbA1c where the glucose levels drop, you get gallstone issues, and those technically tend to be where patients (a) were not eligible to be prescribed that medication in the first place and somehow have got hold of it so that has impacted their health negatively, or (b) that the way that they have been prescribed is either too quick, the incremental increases in doses have happened without consultation, they have not had that wraparound care.”<sup>39</sup>

### Eating disorders and disordered eating

Several guests at our meetings said that the medication is not suitable for someone with an existing eating disorder.<sup>40</sup> For instance, Dr Kieran Seyan, Chief Medical Officer at Pharmacy2U, said that a patient with an eating disorder would not be suitable for online prescriptions:

“...that patient should not be treated online and there is good evidence to say that there is risk of relapse of that disease as well. Patients do come to request that medication [...] at inappropriate times and that is not something that can be managed safely online. There may be a patient who has had a history of, say, anorexia or bulimia, many, many years ago – more than ten years ago – but still you would want that face-to-face consultation and that to be dealt with in somewhere like a community pharmacy or, if the funding was there, around general practice but certainly within the community.”<sup>41</sup>

Our evidence on the potential for weight loss medicines to lead to new eating disorders was mixed. Dr Kieran Seyan told us that he has “not come across any evidence [...] of anyone developing an eating disorder as a result of the medication.”<sup>42</sup> Dorottya Norton told us that “there is a real risk of dysregulated disordered food intake in patients who are accessing GLP-1, again without adequate wraparound care, adequate psychological assessment.”<sup>43</sup>

<sup>35</sup> NHS, [Weight loss medication - Call for Evidence](#), September 2025

<sup>36</sup> MHRA, [MHRA updates guidance for GLP-1 prescribers and patients](#), 29 January 2026

<sup>37</sup> Numan, [Weight loss medication - Call for Evidence](#), September 2025

<sup>38</sup> Tamara Hibbert, Health Committee meeting, [Panel 1](#), 10 September 2025, p.2

<sup>39</sup> Sukhi Basra, Health Committee meeting, [Panel 2](#), 10 September 2025, p.1

<sup>40</sup> Ian Budd and Dr Kieran Seyan, Health Committee meeting, [Panel 3](#), 26 November 2025, p.7

<sup>41</sup> Dr Kieran Seyan, Health Committee meeting, [Panel 3](#), 26 November 2025, p. 7

<sup>42</sup> Dr Kieran Seyan, Health Committee meeting, [Panel 3](#), 26 November 2025, p.7

<sup>43</sup> Dorottya Norton, Health Committee meeting, [Panel 1](#), 10 September 2025, p.3

Joanna Hollington, Principal Dietician at Guy's and St Thomas' NHS Foundation Trust, told us about an interaction between weight loss medication and eating disorders that had been noted:

"I can only speak from the NHS, and we are seeing that people who are experiencing binge-like eating are finding that their symptoms are getting better but only while they are on the medication and, again, we do not know what is going to happen when they come off the medication. The really specific type of eating disorder that we are seeing, which has not got a name, is more just clinicians working in the field seeing it. I cannot even give it a name or a category. I have only seen a couple in the NHS because they are obviously living with obesity and eligible for our weight management service, I am then seeing them."<sup>44</sup>

### Inappropriate access and use

Weight loss medication can pose particular risks if they are accessed by people for whom they are not appropriate. This can include people who do not fit the eligibility criteria, as well as certain vulnerable groups. Numan told us that "if these medications are viewed as a slimming aid rather than anti-obesity medications by the general public, there's a risk people with a healthy weight might seek them out inappropriately", which could lead to "health harm."<sup>45</sup> Dorottya Norton stated that "there is a lack of evidence in the use of these drugs in populations for example with learning disabilities or significant mental health diagnoses."<sup>46</sup>

We also heard that some patients are using the medication incorrectly. Neha Ramaiya, Lead Clinical Advisor, General Pharmaceutical Council, told us that some patients are administering the medicines one week, not administering them the next week and "trying to extend their doses over a two-month period."<sup>47</sup> Sukhi Basra and Neha Ramaiya both highlighted a worrying trend for administering weight loss medicines known as the "golden dose," which involves extracting an extra dose of the medicine from its injectable pen, which is not clinically safe.<sup>48</sup> Neha Ramaiya noted the role of social media in encouraging this trend.<sup>49</sup>

### Accessing medicines from unlicensed sources

There are alarming examples of people accessing weight loss medicines from unlicensed sources, which can have serious risks for people's health. Some of these medicines have been bought by someone else and then re-sold, while others are completely counterfeit products. Sokratis Papafloratos, Founder and CEO, Numan, told us that "we do have a problem with fake medication and with black-market access to medications that are not even out of clinical trials right now."<sup>50</sup> Novo Nordisk, the manufacturer of Wegovy, explained that "falsified medicines represent a serious and growing threat to public health as illicit products can contain dangerous ingredients, incorrect dosages or harmful substances, that may cause severe adverse effects."<sup>51</sup> The extent of this problem in London will be explored in more detail later in the report.

### Coming off weight loss medicines

Weight loss drugs are relatively new treatments, and therefore there is some uncertainty about their long-term impact, including what happens when people stop taking the medication.

<sup>44</sup> Joanna Hollington, Health Committee meeting, [Panel 2](#), 10 September 2025, p.19

<sup>45</sup> Numan, [Weight loss medication - Call for Evidence](#), September 2025

<sup>46</sup> Dorottya Norton, Health Committee meeting, [Panel 1](#), 10 September 2025, p.3

<sup>47</sup> Neha Ramaiya, Health Committee meeting, [Panel 2](#), 10 September 2025, p.19

<sup>48</sup> Sukhi Basra and Neha Ramaiya, Health Committee meeting, [Panel 2](#), 10 September 2025, p.18

<sup>49</sup> Neha Ramaiya, Health Committee meeting, [Panel 2](#), 10 September 2025, p.18

<sup>50</sup> Sokratis Papafloratos, Health Committee meeting, [Panel 2](#), 10 November 2025, p.4

<sup>51</sup> Numan, [Weight loss medication - Call for Evidence](#), September 2025

However, early studies have indicated that people are likely to put weight back on when they stop using the treatment.<sup>52</sup> The British Obesity and Metabolic Surgery Society told us that “it does appear that cessation of these medications leads to weight regain and recurrence of obesity-related complications in the majority of patients.”<sup>53</sup> Dr Tamara Hibbert discussed this problem further:

“We are not sure what to do when patients are ready to come off. What happens when they maintain their weight? Are we saying that this needs to be forever and for some patients that is something that they are not quite sure of. If we do need to stop or they have adverse side effects, what [are] the alternatives for those patients? There are still a lot of questions and that probably is the biggest worry at the moment because we just do not know what the future holds.”<sup>54</sup>

The evidence received by the Committee suggests that there are significant benefits from prescribing weight loss medication, if done appropriately for those patients that need this support. Our next chapter explores how the NHS can do this in the most appropriate way. From our consideration of this evidence on the benefits and risks, one area that stood out as needing some specific research is on the relationship between eating disorders and weight loss medication. There is ongoing research into the effects of weight loss medication, but this is an issue we think the NHS and Government should help bring about some greater understanding.

## Recommendation 1

The Department for Health and Social Care and the NHS should conduct a review of the available evidence on relationships between weight loss medication and eating disorders, and undertake or commission new research to fill any identified evidence gaps. We ask that the Department for Health and Social Care responds to the Committee by the end of July 2026 setting out any plans it has to undertake this work.

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## What next for weight loss drugs in London?

It is clear that there are some real risks attached to taking weight loss drugs. However, we heard evidence from both expert sources and individual Londoners that for many patients these risks are outweighed by the benefits. Many of the risks relate to inappropriate access and use, such as people buying counterfeit products or taking the medication when they are not strictly eligible. These risks must be mitigated with effective safeguards, regulation and enforcement, as well as increased availability on the NHS.

Use of weight loss drugs should be seen as an addition to, rather than a replacement for, lifestyle and dietary change, and support should be provided to patients alongside the medication to facilitate this. The rest of this report will explore how safe access to weight loss medicines can be expanded for Londoners through both the public and private sectors, which could have a transformative impact on health outcomes in the capital.

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<sup>52</sup> University of Oxford, [New study finds that stopping weight-loss drugs is linked to faster regain than ending diet programmes](#), 8 January 2026

<sup>53</sup> British Obesity and Metabolic Surgery Society, [Weight loss medication - Call for Evidence](#), September 2025

<sup>54</sup> Dr Tamara Hibbert, Health Committee meeting, [Panel 1](#), 10 September 2025, p.1

## The rollout of weight loss drugs on the NHS

Weight loss medicines are gradually being rolled out on the NHS in London and across the country. NICE approved Semaglutide (Wegovy) in September 2023<sup>55</sup> and Tirzepatide (Mounjaro) in December 2024.<sup>56</sup> Wegovy can only be prescribed through specialist weight management services,<sup>57</sup> while GPs have been allowed to prescribe Mounjaro for those with the highest clinical need since June 2025.<sup>58</sup> This chapter will explore progress with the NHS rollout in London.

### The NHS rollout in London

Access on the NHS is currently restricted to an initial cohort of patients with the highest levels of need.<sup>59</sup> These patients must have a BMI of 40 or more (adjusted for ethnicity) and have been diagnosed with four of the following weight-related health problems:

- dyslipidaemia (abnormal fat levels in the blood)
- hypertension (high blood pressure)
- obstructive sleep apnoea (when your breathing stops and starts while you sleep)
- cardiovascular disease (heart and blood vessel disease)
- type 2 diabetes mellitus<sup>60</sup>

Under the current eligibility criteria, NICE has estimated that 220,000 individuals will receive Mounjaro on the NHS nationally by 2028.<sup>61</sup> NICE has estimated that 3.4 million people would be eligible for treatment in the long term, and has stated that all of these people should be able to access weight loss drugs on the NHS “within the maximum period of 12 years” (starting in 2025).<sup>62</sup>

Dr Charlotte Benjamin, Medical Officer at North West London ICB, explained that there are three main ways that people can access weight loss medicines through the NHS in London:

- **Pilots in GP surgeries and community pharmacies:** Integrated Care Boards (ICBs) have started implementing these pilots in some parts of London.<sup>63</sup>
- **Specialist weight management services:** These are commissioned through NHS England and ICBs.<sup>64</sup> Four of London’s five ICBs currently commission specialist weight management services.<sup>65</sup>

<sup>55</sup> Sky News, [Weight-loss jab Wegovy made available on NHS as manufacturer says stocks are limited](#), 4 September 2023

<sup>56</sup> Diabetes UK, [Mounjaro - Uses, How it Works and Side Effects](#) [accessed 14 January 2026]

<sup>57</sup> NHS England, [Weight management injections](#) [accessed 15 January 2026]

<sup>58</sup> Sky News, [GPs can prescribe weight loss jabs on the NHS from today - but strict eligibility criteria in place | UK News](#), 23 June 2025

<sup>59</sup> Dr Charlotte Benjamin, Health Committee meeting, [Panel 1](#), 26 November 2025

<sup>60</sup> NHS England, [Weight management injections](#) [accessed 16 January 2026]

<sup>61</sup> NHS England, [Medicines for obesity](#) [accessed 16 January 2026]

<sup>62</sup> NICE, [Interim commissioning guidance](#) [accessed 11 January 2026]

<sup>63</sup> Dr Charlotte Benjamin, Health Committee meeting, [Panel 1](#), 26 November 2025

<sup>64</sup> House of Commons Library, [Weight loss medicines in England](#), 10 April 2025

<sup>65</sup> NHS England (London region), [Weight loss medication - Call for Evidence](#), September 2025

- **Right to Choose:** The NHS Right to Choose system allows patients to choose their preferred provider for NHS services. Some patients in London are accessing weight loss medicines on the NHS in this way.<sup>66</sup>

Jon Hayhurst, Regional Chief Pharmacist, NHS England (London region), informed us that when combined across these three service models, as of November 2025, 3,000 London residents were accessing weight loss medicines on the NHS.<sup>67</sup> He explained that this number is “increasing rapidly.”<sup>68</sup> 12 per cent of the total number of national prescriptions are in London, which Dr Charlotte Benjamin said is “a little lower than we would be expecting.”<sup>69</sup>

Jon Hayhurst went on to say that 35,000 to 40,000 people in London are expected to receive Mounjaro on the NHS by 2028.<sup>70</sup> Dr Charlotte Benjamin told us that “we are probably talking about half a million Londoners who would be eligible for it, ultimately.”<sup>71</sup> Given that just 3,000 Londoners were accessing weight loss medicines on the NHS in November 2025, it is clear that the NHS faces a huge task in rolling them out to all eligible patients across London in the years ahead.

Clinicians and NHS representatives highlighted a number of challenges which go some way to explaining the slow pace of the rollout. Dr Tamara Hibbert explained that the “major delay is funding and workforce capacity.”<sup>72</sup> She argued that clinicians “need to understand [...] which patients would be appropriate for which treatment. That takes time for the clinicians to learn that because this [is] a new drug for many people.”<sup>73</sup> Dr Charlotte Benjamin told the Committee:

“Although on the one hand [the rollout] feels frustratingly slow – in my practice I have a huge number of patients who would really benefit from it but they are not in cohort one and are not going to be eligible to get it at the moment – but we need to do that rollout in a staged way to ensure we do not burn out the workforce that we have.”

Despite these challenges, we were encouraged to hear that staff training is being scaled up in London. Dr Charlotte Benjamin gave us an example of a London ICB which is rolling out primary care training, where “over 90 per cent of practices” have taken this up.<sup>74</sup>

We also recognise the difficult context in which the NHS is trying to expand access to weight loss medicines. In its submission to the Committee, NHS England (London region) acknowledged that it is “subject to significant reform” as mandated by the UK Government, and that ICBs are “planning and implementing the rollout of the newer obesity treatments in a very challenging environment.”<sup>75</sup> We acknowledge that NHS staff are implementing these changes at a time of significant broader change and uncertainty.

We also heard that there are unrealistic expectations amongst some patients about their ability to access weight loss drugs on the NHS, which have been partly fuelled by media coverage. Dr

<sup>66</sup> Dr Charlotte Benjamin, Health Committee meeting, [Panel 1](#), 26 November 2025

<sup>67</sup> Jon Hayhurst, Health Committee meeting, [Panel 1](#), 26 November 2025, p.2

<sup>68</sup> Jon Hayhurst, Health Committee meeting, [Panel 1](#), 26 November 2025, p.2

<sup>69</sup> Dr Charlotte Benjamin, Health Committee meeting, [Panel 1](#), 26 November 2025, p.2

<sup>70</sup> Jon Hayhurst, Health Committee meeting, [Panel 1](#), 26 November 2025, p.5

<sup>71</sup> Dr Charlotte Benjamin, Health Committee meeting, [Panel 1](#), 26 November 2025, p.11

<sup>72</sup> Dr Tamara Hibbert, Health Committee meeting, [Panel 1](#), 10 September 2025, p.12

<sup>73</sup> Dr Tamara Hibbert, Health Committee meeting, [Panel 1](#), 10 September 2025, p.7

<sup>74</sup> Dr Charlotte Benjamin, Health Committee meeting, [Panel 1](#), 26 November 2025, p.9

<sup>75</sup> NHS, [Weight loss medication - Call for Evidence](#), September 2025

Tamara Hibbert noted that “every time you look at your phone, there is an article about this. It is increasing patients’ expectations, not only that we will be able to prescribe it, but that it is that panacea for everything.”<sup>76</sup> Dorottya Norton told us:

“Patient expectations have really shifted and patients are really unhappy. It is becoming quite a difficult clinical environment for our teams to work in because there is such a gap between what patients understand from media reports of what is available and what they should be entitled to, to what is possible and what they are being given on the NHS.”<sup>77</sup>

Towards the end of the Committee’s investigation, the Government announced that it was adding new incentives to the contracts of GPs from April 2026, to encourage them to prescribe weight loss drugs, and to encourage referrals to weight loss services.<sup>78</sup> It is too soon to tell yet whether and how this will affect access to the medication, but it is an indication that the need for faster rollout on the NHS has been recognised.

The number of people accessing weight loss drugs on the NHS in London is a fraction of those who are ultimately eligible for the medication, and a drop in the ocean compared to the number of people who are already buying it privately. We understand the pressures the NHS is under, and the challenges involved in making a new medication available in a safe way when demand is so high. But the NHS will need to speed up its rollout in London in order to meet its target of 35,000 to 40,000 patients in the first cohort by 2028.

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*“I will just say again that this is absolutely something that we want to deliver for Londoners and we will, but we absolutely want to get it right and we want to do it in a way that respects the resources that we have. I just reiterate that. It must seem incredibly frustrating for patients that they can see these medicines are available privately and are relatively readily available via that route and the NHS route feels very constrained, but we are very clear [...] that rather than giving these drugs to the people who want them the most, we are trying to get them to the patients who need them the most.”<sup>79</sup>*

### **Jon Hayhurst** **Regional Chief Pharmacist, NHS England (London)**

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Even if the NHS reaches its 2028 target, there is still a significant way to go before the estimated half a million Londoners can access the medication. It is therefore important that the NHS takes steps to accelerate the rollout of NHS medicines in London. We believe this will require monitoring to assess progress over the next two years.

## **Recommendation 2**

The NHS must accelerate its rollout of weight loss medicines in London, to ensure those eligible can access them swiftly. As part of this, we request NHS England (London region), or any

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<sup>76</sup> Dr Tamara Hibbert, Health Committee meeting, [Panel 1](#), 10 September 2025, p.7

<sup>77</sup> Dorottya Norton, Health Committee meeting, [Panel 1](#), 10 September 2025, p.8

<sup>78</sup> BBC News, [GPs to get £3,000 bonus to maximise weight loss drugs prescriptions](#), 24 February 2026

<sup>79</sup> Jon Hayhurst, Health Committee meeting, [Panel 1](#), 26 November 2025, p.14

successor body in London, updates the Health Committee annually on its progress in meeting its target of 35,000 to 40,000 Londoners accessing weight loss medicines by 2028, alongside its targets for future years.

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## “Two-tier system” of access

We heard that the slow rollout of weight loss drugs on the NHS, combined with the exponential growth in the number of people buying them privately, is creating a ‘two-tier system’, whereby only those who can afford the medication are able to access it. Paul Sinclair and Nadya Isack, who have both received obesity treatments on the NHS, told us there is “definitely” a two-tier system for weight loss medication in London.<sup>80</sup> Pharmacy2U argued that the slow rollout on the NHS means that “access is inequitable”, thus creating a two-tier system which is worsening health inequalities.<sup>81</sup> We are concerned that these disparities in access will continue to grow, and that health inequalities in London will increase as a consequence.

This situation has only been exacerbated by the significant price rise in Mounjaro in 2025. The manufacturer Eli Lilly raised the price of Mounjaro on 1 September 2025.<sup>82</sup> The BBC reported at the time that the price would increase in England by as much as 170 per cent for a month’s supply.<sup>83</sup> Voy told us that “for many, the higher cost will make private access unaffordable, forcing them either to seek support through already stretched NHS services or to abandon weight loss treatment altogether.”<sup>84</sup>

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*“The reality is that the gap between those people who cannot afford it and those people who can afford it is widening. While we have a lot of talk about reducing inequalities in health in all our policies, in all our future plans, the reality in this particular domain is the opposite. I work with a lot of ethnically diverse populations in east London and the reality is that we are seeing those patients not being able to access those provisions, getting more and more frustrated and disheartened.”<sup>85</sup>*

### **Dorottya Norton**

**Joint Bariatric AHP and Specialist Adult Weight Management Clinical and Service Lead, Homerton Healthcare NHS Foundation Trust**

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The existence of this ‘two-tier system’ underlines the urgency of increasing the availability of weight loss drugs on the NHS, in order to prevent a growth of unequal health outcomes across the capital.

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<sup>80</sup> Nadya Isack and Paul Sinclair, Health Committee meeting, [Panel 2](#), 26 November 2025, p.7

<sup>81</sup> Pharmacy2U, [Weight loss medication - Call for Evidence](#), September 2025

<sup>82</sup> Chemist4u, [Mounjaro price increases: Everything you need to know](#), 26 September 2025

<sup>83</sup> BBC News, [Cost of weight loss drug Mounjaro may rise significantly](#), 14 August 2025

<sup>84</sup> Voy, [Weight loss medication - Call for Evidence](#), September 2025

<sup>85</sup> Dorottya Norton, Health Committee meeting, [Panel 1](#), 10 September 2025, p.13

## Accelerating the rollout on the NHS in London

The rest of this chapter will explore ways in which the NHS can accelerate this rollout in London, whilst ensuring that patients are receiving a high standard of care.

### Wraparound care on the NHS

In order to facilitate the rollout of weight loss drugs on the NHS in London, it is vital that NHS services are set up to deliver comprehensive wraparound care to patients.

Wraparound care services provide advice on diet and exercise as well as psychological support, and have been shown to improve adherence, long-term weight loss and clinical safety.<sup>86 87</sup> NHS England (London region) told us that wraparound care is an “essential adjunct” to the prescription of weight loss medicines.<sup>88</sup> Joanna Hollington argued that weight loss medication “definitely should not be something that is provided [...] on its own.”<sup>89</sup> She explained that “it really needs to have wraparound care, it needs dietitians, it needs psychology, it needs registered healthcare professionals who are able to support those individuals with starting it and then the journey with it.”<sup>90</sup>

We heard from patients that wraparound care has been an important component of their weight loss journey. Nadya Isack, who has accessed treatment on the NHS, stressed that wraparound services are “essential”, specifically highlighting the role of peer support and “a group of people who you can relate to, who are going through the same thing.”<sup>91</sup> Paul Sinclair told us that he received “very comprehensive” wraparound support as part of an NHS weight management programme, which included sessions on nutrition, exercise and psychological behaviour.<sup>92</sup> Another patient who responded to our survey told us that they “felt better” after receiving advice on physical activity during treatment.<sup>93</sup> These reflections demonstrate the value of wraparound care and how essential it is to provide this support alongside medication.

Despite these positive experiences, we heard that NHS wraparound care services are still in their early stages in many parts of London. Dr Tamara Hibbert informed us that wraparound care is “usually falling to interested clinicians and GPs and in areas that are lucky enough to have a PCN [Primary Care Network] dietitian.”<sup>94</sup> Dorottya Norton told us that wraparound care is:

“one of the barriers that I can see around the rollout. When I speak to primary care colleagues and Primary Care Network dietitians the concerns they are raising from primary care are that there is not the capacity to take on those patients and manage the prescribing, but also there is this question mark of who is going to be providing the support around it.”<sup>95</sup>

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<sup>86</sup> Omada Health, [New Data Published by Omada Health Demonstrates the Impact of Coupling GLP-1s & Behavior Change, 8 March 2024](#)

<sup>87</sup> Omada Health, [New Analysis Shows Successful Weight Maintenance After GLP-1 Discontinuation When Paired with Omada](#), 14 January 2025

<sup>88</sup> NHS, [Weight loss medication - Call for Evidence](#), September 2025

<sup>89</sup> Joanna Hollington, Health Committee meeting, [Panel 2](#), 10 September 2025, p.3

<sup>90</sup> Joanna Hollington, [Panel 2](#), 10 September 2025, p.3

<sup>91</sup> Nadya Isack, Health Committee meeting, [Panel 2](#), 26 November 2025, p.

<sup>92</sup> Paul Sinclair, Health Committee meeting, [Panel 2](#), 26 November 2025, p.4

<sup>93</sup> London Assembly Health Committee, [Survey responses](#), February 2026

<sup>94</sup> Dr Tamara Hibbert, Health Committee meeting, [Panel 1](#), 10 September 2025, p.15

<sup>95</sup> Dorottya Norton, Health Committee meeting, [Panel 1](#), 10 September 2025, p.11

Dr Charlotte Benjamin told us that nationally there is now “a digital offer for wraparound care, which is based on the diabetes programme that has been well established.”<sup>96</sup> She explained that this involves online modules that people can access in their own time, as well as taking part in group discussions.<sup>97</sup> However, she also acknowledged that online provision does not work for everyone, “particularly some patients with extra needs, such as learning disabilities, some patients who have significant mental ill health.”<sup>98</sup> She stressed that face-to-face support is more suitable for some patients, and that “there is no one size which fits all.”<sup>99</sup>

We heard that some ICBs are starting to develop their own local wraparound services. Dr Charlotte Benjamin gave the example of South West London ICB, which is developing a local model of integrated wraparound care.<sup>100</sup> She told us that “there will be different models in different ICBs across London” and that the NHS is looking “to get that pan-London evaluation for which work better.”<sup>101</sup> She noted that the NHS will be carrying out an evaluation of the national funding in 2027, but that “there will be short term work across the different ICBs in London [...] to see what initial learning we can get before formal evaluation.”<sup>102</sup>

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*“It had, for me, a really good normalising effect to understand I was not the only one feeling nauseous [...] other people were having other things that were happening to them. The wraparound care was amazing for me.”<sup>103</sup>*

### Paul Sinclair, NHS patient

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It is clear from the evidence we received that the development of a comprehensive wraparound care model will be essential to the success of the NHS rollout in London. Whilst we believe that the rollout needs to be accelerated across the capital, this should not come at the expense of patient safety and providing appropriate wraparound care. It is important that this wraparound care is tailored to the patient, and that both digital and in-person support is available. We were pleased to hear that the NHS intends to evaluate the different models that develop across London ICBs. It is vital that the findings from this evaluation are used to develop a comprehensive wraparound support offer for Londoners accessing weight loss medicines.

### Recommendation 3

The NHS in London should develop a London-wide offer for wraparound care. This should be adaptable to the needs of individuals and involve both in-person and online options. This should be done after the NHS has carried out its initial review of wraparound care models across London’s ICBs. We believe this offer could be in place by 2028 and ask that NHS England (London region) advise the Committee of progress in its annual updates on rollout.

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<sup>96</sup> Dr Charlotte Benjamin, Health Committee meeting, [Panel 1](#), 26 November 2025, p.6

<sup>97</sup> Dr Charlotte Benjamin, Health Committee meeting, [Panel 1](#), 26 November 2025, pp. 6-7

<sup>98</sup> Dr Charlotte Benjamin, Health Committee meeting, [Panel 1](#), 26 November 2025, p.7

<sup>99</sup> Dr Charlotte Benjamin, Health Committee meeting, [Panel 1](#), 26 November 2025, p.7

<sup>100</sup> Dr Charlotte Benjamin, Health Committee meeting, [Panel 1](#), 26 November 2025, p.6

<sup>101</sup> Dr Charlotte Benjamin, Health Committee meeting, [Panel 1](#), 26 November 2025, p.6

<sup>102</sup> Dr Charlotte Benjamin, Health Committee meeting, [Panel 1](#), 26 November 2025, p.7

<sup>103</sup> Paul Sinclair, Health Committee meeting, [Panel 2](#), 26 November 2025, p.5

## Clinical pathways across London

We heard that one barrier to a quick rollout on the NHS is a lack of clinical pathways, which would provide a standardised offer for patients to access weight loss medicines and receive appropriate support alongside the medication.

Clinical pathways, also known as critical pathways, care maps, or integrated care pathways, have been defined as “integrated management plans that display goals for patients, and provide the sequence and timing of actions necessary to achieve such goals with optimal efficiency,” based on evidence of effectiveness for specific diagnoses or conditions.<sup>104</sup> A clinical pathway, in practice, can be seen as a way of defining the service journey a patient should take with a particular condition, including their diagnosis, treatment and management. Applying a clinical pathway widely should result in reduced variation of experience and outcomes for patients.

Dorottya Norton told us that she had heard from colleagues about a “reluctance to start prescribing in primary care because of the lack of an established pathway and resources allocated to support the prescribing itself.”<sup>105</sup> Dr Tamara Hibbert noted that “if we look across most of London, we have not got a pathway in place yet.”<sup>106</sup> Establishing safe clinical pathways will be essential for accelerating the pace of the rollout in London.

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*We need to build that safe clinical pathway. We need to understand, from an education perspective, which patients would be appropriate for which treatment. That takes time for the clinicians to learn that because this a new drug for many people. All of that needs to be considered when we say we are building a safe clinical pathway.”<sup>107</sup>*

### **Dr Tamara Hibbert** **GP and Chair of Newham Local Medical Committee**

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It is important that London-wide clinical pathways are in place to prevent disparities in access. Dorottya Norton told the Committee that “it would be really helpful to have some degree of consistency across London” so that patients can avoid a “postcode lottery” for weight loss medicines.<sup>108</sup> In answer to a question about establishing a London-wide pathway, Dr Charlotte Benjamin, Regional Chief Pharmacist, NHS England (London region), told us that is “what we would look to do.”<sup>109</sup> However, she added that this would have to be adapted for local needs:

“We do have differences within the different boroughs in terms of obesity prevalence and in terms of diversity. It might not be that one-size-fits-all. We would look to have

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<sup>104</sup> Panella, M, Marchisio, S, Di Stanisalo, F, [Reducing clinical variations with clinical pathways: do pathways work?](#) International Journal for Quality in Health Care, Volume 14, Issue 6, December 2023

<sup>105</sup> Dorottya Norton, Health Committee meeting, [Panel 1](#), 10 September 2025, p.8

<sup>106</sup> Dr Tamara Hibbert, Health Committee meeting, [Panel 1](#), 10 September 2025, p.8

<sup>107</sup> Dr Tamara Hibbert, Health Committee meeting, [Panel 1](#), 10 September 2025, p.7

<sup>108</sup> Dorottya Norton, Health Committee meeting, [Panel 1](#), 10 September 2025, p.8

<sup>109</sup> Dr Charlotte Benjamin, Health Committee meeting, [Panel 1](#), 26 November 2025, p.10

probably a suite of different things we would look to apply to different cohorts of population.”<sup>110</sup>

We support this aim and the importance of tailoring pathways to particular demographics and parts the capital. We are also encouraged that efforts are being made to implement such a pathway.

We believe that a safe clinical pathway should be established to ensure consistency of service, regardless of where a patient may be in London. This should be implemented in collaboration with all London ICBs, taking into account the specific circumstances of local populations.

## Recommendation 4

London’s Integrated Care Boards (ICBs) should work together to establish a London-wide clinical pathway for weight loss medicines by the end of 2026–27. Whilst recognising that there will be some variation to take account of local needs, there should be a safe and consistent pathway regardless of where a patient lives in London.

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## Patient voice

A part of our investigation, we heard from Londoners with lived experience of accessing weight loss drugs and other treatments for obesity. Their insights were particularly valuable for us as a Committee in understanding the needs of people living with obesity in accessing health services.

It is important that the NHS engages with patients and takes into account the views of Londoners when developing its rollout, so that its services are trusted and tailored towards the patient. Nadya Isack asked the Committee to “ensure that patient engagement is at the forefront and is involved in every pathway.”<sup>111</sup> The British Obesity and Metabolic Surgery Society argued that as part of any clinical pathway, “the patient [should be] at the centre of all decision making.”<sup>112</sup>

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*“I implore you, as the Assembly, to see what you can do within your remit and ensure that patient engagement is at the forefront and is involved in every pathway and treatment from all socioeconomic diverse ethnic minorities.”<sup>113</sup>*

## Nadya Isack NHS patient

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<sup>110</sup> Dr Charlotte Benjamin, Health Committee meeting, [Panel 1](#), 26 November 2025, p.10

<sup>111</sup> Nadya Isack, Health Committee meeting, [Panel 2](#), 26 November 2025, p.11

<sup>112</sup> British Obesity and Metabolic Surgery Society, [Weight loss medication - Call for Evidence](#), September 2025

<sup>113</sup> Nadya Isack, Health Committee meeting, [Panel 2](#), 26 November 2025, p.11

## Recommendation 5

As part of the rollout of weight loss medicines in London, the NHS should ensure that it consults with patients and ensure that the voices of patients are taken into account. We ask that NHS England (London region) provides assurance to the Committee that this will happen in its response to this report.

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### The role of pharmacies

Many of the pharmacies and sector bodies we heard from argued that pharmacies – who already sell weight loss medicines privately – can play a greater role in expanding the NHS rollout in London. The Company Chemists Association explained that pharmacies are “well placed to use their experience to rapidly improve access to any future NHS pathways.”<sup>114</sup> Pharmacy2U argued that community pharmacy should be “leveraged to alleviate pressure on general practice and expand access” to weight loss medicines.<sup>115</sup> The National Pharmacy Association told us that prescription through community pharmacy “offers excellent opportunities to alleviate pressures on the health system.”<sup>116</sup>

Guests at our meetings representing pharmacies highlighted the strengths of pharmacies, which could be leveraged as part of the NHS rollout. Sukhi Basra argued that community pharmacies have “inside knowledge” of their communities,<sup>117</sup> while Dr Leyla Hannbeck noted that “they are accessible and they are very professional.”<sup>118</sup> We also heard about the benefits of online pharmacies. Dr Kieran Seyan from Pharmacy2U told us that online provision “has been done for a number of years with proven safety records and is something that can be rolled out *en masse* to the London population.”<sup>119</sup>

We also heard reservations about the potential role of pharmacies in NHS provision. Dr Tamara Hibbert highlighted the range of complex support that is needed for patients who are prescribed weight loss medication, and argued that:

“I do not think that our pharmacy colleagues would be able to absorb that. This still needs to stay with specialist services just because it is a very new pathway and we need to make sure that anything we are doing is clinically safe and effective.”<sup>120</sup>

We understand these reservations, and we agree that establishing clinical pathways for access to weight loss medication must take priority, especially in these early days of prescribing weight loss medication. However, there is a promising future role for pharmacies to offer an important and community-based route to provision, which could help accelerate the NHS rollout in coming years.

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<sup>114</sup> Company Chemists Association, [Weight loss medication - Call for Evidence](#), September 2025

<sup>115</sup> Pharmacy2U, [Weight loss medication - Call for Evidence](#), September 2025

<sup>116</sup> NPA, [Weight loss medication - Call for Evidence](#), September 2025

<sup>117</sup> Sukhi Basra, Health Committee meeting, [Panel 2](#), 10 September 2025, p.2

<sup>118</sup> Leyla Hannbeck, Health Committee meeting, [Panel 3](#), 26 November 2025, p.2

<sup>119</sup> Dr Kieran Seyan, Health Committee meeting, [Panel 3](#), 26 November 2025, p.4

<sup>120</sup> Tamara Hibbert, Health Committee meeting, [Panel 1](#), 10 September 2025, p.10

## Access to weight loss drugs through private providers

The vast majority of people in London and across the country currently taking weight loss drugs are buying them privately. There is limited publicly available data on the number of people who are accessing them in this way, and estimates of the figures vary. In evidence submitted to the Committee, the manufacturer Novo Nordisk cited data from IQVIA in August 2025 (not publicly accessible) suggesting that two million people in the UK were using weight loss medicines for weight management, with more than 90 per cent of these accessing them privately.<sup>121</sup>

There are a range of companies that prescribe weight loss medicines privately, including community pharmacies, online pharmacies and other online providers. Costs for medicines from these companies can vary and depend on the regularity and dosage that is prescribed. To take an example from one online provider, an injectable pen with four pre-filled doses (one-month's supply) of Wegovy starts at £139,<sup>122</sup> and Mounjaro at £229.<sup>123 124</sup>

Whilst we would like to see the availability of weight loss medication increase on the NHS, the reality is that most people taking the drugs will continue to purchase them privately for the foreseeable future. It is therefore vital that Londoners can access safe and effective treatment from pharmacies and other private providers. This involves having robust safeguards in place to ensure that only those who are strictly eligible can purchase the medication, as well as the availability of comprehensive wraparound care to support patients.

### Ensuring appropriate safeguards are in place

There have been widespread reports of people lying about their weight in order to purchase weight loss medicines from online providers.<sup>125</sup> Dr Tamara Hibbert told the Committee that patients "may not be giving their private providers the full story and therefore we may inadvertently develop some more complications later on because the medication has not been prescribed appropriately."<sup>126</sup> This is concerning: as discussed earlier in this report, there can be serious health implications if people take weight loss medicines when they are not strictly eligible.

In February 2025, the General Pharmaceutical Council (GPhC) published revised guidance, which requires online pharmacies to put in place additional safeguards, including when prescribing weight loss medicines. We welcome the updated guidance. It recommended that:

- Medicines used for weight management are among those that are not suitable to be prescribed by a questionnaire model alone. Instead, the prescriber must independently verify the information the person provides.

<sup>121</sup> Numan, [Weight loss medication - Call for Evidence](#), September 2025

<sup>122</sup> Numan, [Buy Wegovy \(semaglutide\) weight loss injection online UK](#) [accessed 28 January 2026]

<sup>123</sup> Numan, [Mounjaro \(Tirzepatide\) weight loss injections UK](#), [accessed 28 January 2026]

<sup>124</sup> These figures are correct as of 28 January 2026

<sup>125</sup> Sky News, [How easy is it to get weight loss drugs?](#), 15 January 2025

<sup>126</sup> Dr Tamara Hibbert, Health Committee meeting, [Panel 1](#), 10 September 2025, p.17

- When supplying medicines used for weight management specifically, the prescriber must independently verify the person's weight, height and/or body mass index. Methods could include video consultation, requesting clinical records from a person's GP, or by ensuring "timely two-way communication with the person."<sup>127</sup>

The online pharmacies we spoke to outlined their processes for prescribing the medication and the safeguards they have in place to prevent it from being inappropriately prescribed. Ian Budd told us that Chemist4u asks for photo verification, where it asks "for three photos: a picture of the photo identification (ID) and a full-length front and side photo with a note showing today's date on this."<sup>128</sup> It then operates "a two-way conversation process with our patients where after they have completed the consultation, via email or even by video call." Dr Kieran Seyan told us that Pharmacy2U asks for live video verification for everyone trying to purchase the medication, and that every consultation involves "two-way communication."<sup>129</sup>

However, even with these safeguards in place, we heard that there can still be risks with online provision. NHS England (London region), in reference to sales without an in-person consultation, argued that "these safeguards are not perfect and of course any patient who chooses to provide false information might do so and might be able to access medicines inappropriately."<sup>130</sup> Similarly, Numan told us about the risk of patients "using tools like AI to fake photographs to manipulate identity checks."<sup>131</sup> Dr Kieran Seyan acknowledged that "there is increased risk with an online consultation compared to a face-to-face consultation", although he added that "the safeguards that we have in place [...] rule that out quite significantly."<sup>132</sup>

Representatives of in-person pharmacies argued that they have an advantage when it comes to assessing the eligibility of patients. Dr Leyla Hannbeck, Chief Executive Officer of the Independent Pharmacies Association, told us that with face-to-face consultations "you can measure their weight right there and then so you are not reliant on information that they are providing; you can see for yourself."<sup>133</sup> Sukhi Basra, London-based pharmacist and Vice-Chair of the National Pharmacy Association, explained that community pharmacies are "turning patients away" if they do not consider the drugs to be appropriate for particular individuals.<sup>134</sup> She also told us that she will have "an hour-long conversation with my patient before I ever prescribe."<sup>135</sup>

We understand that there are benefits to in-person, community pharmacies when it comes to making decisions about whether a patient is eligible for weight loss medication and whether it is appropriate for them. But we also recognise that responsible online pharmacies and providers have safeguards in place, and that online provision will be the preferred route of access for some Londoners. Dr Kieran Seyan told us that "there is a significant portion of patients who feel embarrassed by [face-to-face consultation], who want convenience, who want discreetness and that can only be provided by an online service."<sup>136</sup> The Company Chemists Association stated that "given the stigma attached to weight loss, we know that patients value the

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<sup>127</sup> GPhC, [Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet](#), February 2025

<sup>128</sup> Ian Budd, Health Committee meeting, [Panel 3](#), 26 November 2025, p.5

<sup>129</sup> Dr Kieran Seyan, Health Committee meeting, [Panel 3](#), 26 November 2025, p.8

<sup>130</sup> NHS England (London region), [Weight loss medication - Call for Evidence](#), September 2025

<sup>131</sup> Numan, [Weight loss medication - Call for Evidence](#), September 2025

<sup>132</sup> Dr Kieran Seyan, Health Committee meeting, [Panel 3](#), 26 November 2025, p.9

<sup>133</sup> Dr Leyla Hannbeck, Health Committee meeting, [Panel 3](#), 26 November 2025, p.4

<sup>134</sup> Sukhi Basra, Health Committee meeting, [Panel 2](#), 10 September 2025, p.7

<sup>135</sup> Sukhi Basra, Health Committee meeting, [Panel 2](#), 10 September 2025, p.1

<sup>136</sup> Dr Kieran Seyan, Health Committee meeting, [Panel 3](#), 26 November 2025, p.4

opportunity to choose their preferred means of access, with online provision offering both convenience and discretion.”<sup>137</sup> It also noted that online health services “have been provided to patients for many years, and have a proven safety record.”<sup>138</sup>

### Summary Care Record

One way that a pharmacy can verify a patient’s application is by accessing their Summary Care Record. Summary Care Record is a national database that holds electronic records of important information about a patient, such as current medication, allergies and details of any previous bad reactions to medicines, and can assist in verifying a person’s health information.<sup>139</sup> This is an important resource which can be drawn upon by private providers when making a decision to prescribe weight loss medicines. However, patients can choose to opt out, either in part or altogether, by informing their GP.<sup>140</sup>

Private providers are not always able to access someone’s care records. Neha Ramaiya from the General Pharmaceutical Council noted that not all services have access to national care records, which “limits their ability to make informed decisions.”<sup>141</sup> Numan told us that private providers “cannot always access Summary Care Record” making it “harder to verify information and coordinate care.”<sup>142</sup>

Some private providers have taken steps to try to access these records. Ian Budd told us that Chemist4U have asked for “mandatory consent” to view patient records, although he acknowledged that some patients opt out of this service.<sup>143</sup> Voy told us that there is “work ongoing to connect with NHS systems such as the Summary Care Record and GP Connect to strengthen information sharing” as part of its external safeguards.<sup>144</sup>

Having comprehensive information about a patient is important in order to prescribe weight loss medication safely and appropriately. We recognise that it is not always possible for private providers to access someone’s care records, but we encourage providers to take action to access them wherever possible. This will enable them to provide a more effective service to patients and help ensure better outcomes.

### Wraparound care from private providers

As discussed in the previous chapter, it is important that effective wraparound care is offered to patients alongside weight loss medication. The private providers the Committee heard from discussed the wraparound care they offer when supplying weight loss medicines. Dr Leyla Hannbeck emphasised the availability of wraparound care in community pharmacies, arguing that it is “essential”, as “if we want to achieve the targets and tackle obesity, you cannot just rely on a jab. You have to provide the full package and you need to change that mentality.”<sup>145</sup>

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<sup>137</sup> Private correspondence, Company Chemists’ Association to Emma Best AM, 22 December 2025

<sup>138</sup> Private correspondence, Company Chemists’ Association to Emma Best AM, 22 December 2025

<sup>139</sup> NHS Digital, [Summary Care Record](#), [accessed 27 January 2026]

<sup>140</sup> NHS Digital, [Summary Care Records \(SCR\) - information for patients](#), [accessed 27 January 2026]

<sup>141</sup> Neha Ramaiya, Health Committee meeting, [Panel 2](#), 10 September 2025, p.4

<sup>142</sup> Numan, [Weight loss medication - Call for Evidence](#), September 2025

<sup>143</sup> Ian Budd, Health Committee meeting, [Panel 3](#), 26 November 2025, p.5

<sup>144</sup> Voy, [Weight loss medication - Call for Evidence](#), September 2025

<sup>145</sup> Dr Leyla Hannbeck, Health Committee meeting, [Panel 3](#), 26 November 2025, p.11

The online providers and pharmacies we heard from told us about the wraparound care they offer. Sokratis Papafloratos told the Committee that Numan provides access to weight loss medicines “as part of an integrated programme that includes access to a clinical team, access to a coach, and access to a platform that can help you understand side effects.”<sup>146</sup> Ian Budd told us that Chemist4U contacts patients multiple times and offers information and advice through social media:

“[Patients] receive numerous emails at different stages during their journey which give them access to weight management forums on Facebook and other social media platforms. We have TikTok and Instagram where we have nutritionists talking. We have advice on lifestyle. We have the prescribers talking about what interventions would improve the outcomes of the weight loss journey and in the returning consultations, often when we look at the responses from the returning patient, we would then offer them lifestyle advice at that stage before approving so, again, we encourage that they interact with our wraparound services.”<sup>147</sup>

However, whilst pharmacies and other private providers may offer wraparound care for people purchasing weight loss drugs, we heard that it is not mandatory for patients to participate in this offer. Joanna Hollington told the Committee that wraparound care in the private sector is “optional”, and that someone can access weight loss medicines privately without necessarily making use of wraparound care.<sup>148</sup> Dr Leyla Hannbeck, Dr Kieran Seyan and Ian Budd all confirmed that wraparound care is “not mandatory”.<sup>149</sup>

We heard that Londoners buying weight loss medication privately are often not engaging in wraparound care. Dorottya Norton from Homerton Healthcare NHS Foundation Trust noted that some of her patients are accessing weight loss medicines privately, and that “largely they have not engaged with the self-guided wraparound care that some of those private companies offer and what we are seeing is that they do not necessarily make better nutritional choices.”<sup>150</sup>

Dr Kieran Seyan argued that “we cannot force patients to have wraparound care, but we should strongly be recommending it and offering it to the patients.”<sup>151</sup> He explained that this care “should be made available to all patients, but it does not mean that they all want it, or they all need it.”<sup>152</sup>

The evidence we received overwhelmingly supports the case for patients taking advantage of wraparound care. As Jon Hayhurst, Regional Chief Pharmacist at NHS England (London) explained, “we are not saying it [taking weight loss medicines without wraparound care] is not safe, but it is not as effective as if you have the wraparound care as well.”<sup>153</sup> Numan told us that “without that support, patients may not address the underlying behavioural and emotional drivers of weight gain, which in part may contribute to weight regain once medication is stopped.”<sup>154</sup>

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<sup>146</sup> Sokratis Papafloratos, Health Committee meeting, [Panel 2](#), 10 September 2025, p.4

<sup>147</sup> Ian Budd, Health Committee meeting, [Panel 3](#), 26 November 2025, p.11

<sup>148</sup> Joanna Hollington, Health Committee meeting, [Panel 2](#), 10 September 2025, p.10

<sup>149</sup> Kieran Seyan, Health Committee meeting, [Panel 3](#), 26 November 2025, p.10

<sup>150</sup> Dorottya Norton, Health Committee meeting, [Panel 1](#), 10 September 2025, p.5

<sup>151</sup> Dr Kieran Seyan, Health Committee meeting, [Panel 3](#), 26 November 2025, p.11

<sup>152</sup> Dr Kieran Seyan, Health Committee meeting, [Panel 3](#), 26 November 2025, p.10

<sup>153</sup> Jon Hayhurst, Health Committee meeting, [Panel 1](#), 26 November 2025, p.8

<sup>154</sup> Numan, [Weight loss medication - Call for Evidence](#), September 2025

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We recognise that patient choice should be respected when deciding if engaging with wraparound care is the right option for them, and that private providers cannot make wraparound care mandatory for all patients. However, all private providers have a responsibility for their patients' wellbeing, and we believe they must take all possible steps when prescribing to provide additional support that enables healthy, long-term weight loss. All private providers should strongly encourage their patients to engage in wraparound care and should clearly explain the benefits of this when prescribing the medication.

## Illicit markets for weight loss drugs

Throughout our investigation, we heard concerning evidence about the rise of unlicensed sales of weight loss drugs. Some of these products may be genuine but are not legitimately prescribed, while others are completely counterfeit, posing serious risks to people's health. People are buying them in locations such as beauty salons and gyms, as well as on social media.<sup>155</sup> We even heard about people buying them in pubs and fish and chip shops.<sup>156 157</sup> This chapter will explore the risks of buying and using unlicensed medication in London and what action can be taken to address this problem.

### Types of illicit markets

#### Second-hand medicines

One form of illicit market is where one person purchases genuine medication and then sells it on to someone else. Dr Leyla Hannbeck described a situation where "patients go online, get the medicine for themselves, and pass it on to somebody else."<sup>158</sup> This is concerning, as the person purchasing the medication second hand has not received a prescription for it and it may not be suitable or safe for them. Ian Budd highlighted further risks of acquiring weight loss drugs in this way, due to the "sterility of the products", as "we do not know about the cold storage or how it has been stored, and it may have long expired."<sup>159</sup>

#### Legitimate medicines from other countries

We also heard that products may arrive in the UK from other countries, and thereby escape UK regulation. Neha Ramaiya told us:

"There are also providers based outside of the UK, based in European Economic Area (EEA) and European Union (EU) countries, that can legitimately send prescriptions over into this country and that is an area that is not being regulated, therefore it is a circumvention of UK regulation."<sup>160</sup>

#### Counterfeit medicines

As well as genuine products that are sold on, some products in circulation are completely counterfeit. Dr Leyla Hannbeck highlighted examples of products without labels and no information about the ingredients.<sup>161</sup> Sukhi Basra noted that her own patients have told her about "a facial therapist or a hairdresser or a personal trainer that has approached them and said would they like to have a skinny jab."<sup>162</sup> She gave an example of a patient who had

<sup>155</sup>National Pharmacy Association, [Weight loss medication - Call for Evidence](#), September 2025

<sup>156</sup> Sokratis Papafloratos, Health Committee meeting, [Panel 2](#), 10 September 2025, p.4

<sup>157</sup> Dr Leyla Hannbeck, Health Committee meeting, [Panel 3](#), 26 November 2025, p.12

<sup>158</sup> Dr Leyla Hannbeck, Health Committee meeting, [Panel 3](#), 26 November 2025, p.13

<sup>159</sup> Ian Budd, Health Committee meeting, [Panel 3](#), 26 November 2025, p.12

<sup>160</sup> Neha Ramaiya, Health Committee meeting, [Panel 2](#), 10 September 2025, p.11

<sup>161</sup> Dr Leyla Hannbeck, Health Committee meeting, [Panel 3](#), 26 November 2025, p.12

<sup>162</sup> Sukhi Basra, Health Committee meeting, [Panel 2](#), 10 September 2025, p.2

forwarded her “a photograph of a personal trainer showing her a box of fake skinny jabs and he was offering it to her openly.”<sup>163</sup>

Although it is difficult to estimate the scale of this market, reports suggest that the prevalence of fake medicines is considerable, and it is certain that some Londoners are accessing them in this way. A Freedom of Information (FOI) request obtained by Chemist4U revealed that more than 18,000 illegal and counterfeit weight loss and diabetes medicines were seized at UK borders between January 2024 and June 2025.<sup>164</sup> There are also reports that newer forms of fake weight loss medicines could become more prominent due to recent price rises.<sup>165</sup> For example, it has been reported that Chinese laboratories can imitate legitimate weight loss medicines and sell them online for as little as £1.50 a vial, with dealers buying them in bulk and selling them on for profit.<sup>166</sup>

Counterfeit medicines pose a serious risk to patients. Novo Nordisk, the manufacturer of Wegovy, informed us that “falsified medicines represent a serious and growing threat to public health” as illicit products can contain “dangerous ingredients, incorrect dosages or harmful substances, that may cause severe adverse effects.”<sup>167</sup> Neha Ramaiya warned that the health effects could be “potentially life-threatening” depending on what is in the medicines they have obtained.<sup>168</sup> Numan outlined that, “if a Londoner buys a ‘skinny jab’ from a non-regulated source, there’s no guarantee of what they’re injecting. It could be a “different medicines altogether, a research peptide that has not been through safety tests, or a complete placebo.”<sup>169</sup>

## The role of social media

It is illegal to advertise Prescription Only Medicines (POMs), including weight loss medicines. The Advertising Standards Authority (ASA), the UK’s independent advertising regulator, discovered about 1,800 unique paid-for weight-loss ads, following an in-depth review of adverts from some online platforms and other media, between December 2024 and January 2025.<sup>170</sup> In April 2025, the ASA announced that 12 investigations were underway into online adverts promoting weight-loss POMs.<sup>171</sup> Since that point, the ASA has issued rulings on ads from Juniper Technologies (trading as Juniper UK)<sup>172</sup> and Chequp Health Ltd, a weight loss service in London.<sup>173</sup>

Despite this action, we heard evidence that weight loss medicines continue to be promoted on social media. Neha Ramaiya explained that the GPhC has observed “inappropriate advertising” which is in part facilitated through Facebook, Instagram and TikTok.<sup>174</sup> Dr Leyla Hannbeck told us that it is “incredibly concerning” that people look for medicines online due to the “hype

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<sup>163</sup> Sukhi Basra, Health Committee meeting, [Panel 2](#), 10 September 2025, p.2

<sup>164</sup> The Standard, [UK's 'growing problem' of fake weight loss drugs: Expert sounds alarm](#), 17 October 2025

<sup>165</sup> The Telegraph, [Fat jab price rise could fuel surge in dangerous fakes](#), 17 August 2025

<sup>166</sup> The Telegraph, [Fat jab price rise could fuel surge in dangerous fakes](#), 17 August 2025

<sup>167</sup> Novo Nordisk, [Weight loss medication - Call for Evidence](#), September 2025

<sup>168</sup> Neha Ramaiya, Health Committee meeting, [Panel 2](#), 10 September 2025, p.17

<sup>169</sup> Numan, [Weight loss medication - Call for Evidence](#), September 2025

<sup>170</sup> ASA, [ASA partners with MHRA and GPhC to reinforce rules on the advertising of weight-loss drugs online](#), 11 April 2025

<sup>171</sup> ASA, [ASA partners with MHRA and GPhC to reinforce rules on the advertising of weight-loss drugs online](#), 11 April 2025

<sup>172</sup> ASA, [Juniper Technologies UK Ltd - Ruling](#), 9 July 2025

<sup>173</sup> ASA, [Chequp Health Ltd - Ruling](#), 9 July 2025

<sup>174</sup> Neha Ramaiya, Health Committee meeting, [Panel 2](#), 10 September 2025, p.8

around weight loss”, having seen a video on TikTok.<sup>175</sup> Sukhi Basra told us that part of the “underground access” that patients are getting to weight loss medicines is through social media sites.<sup>176</sup>

## The need for regulation

### The regulatory landscape

There is a complex nexus of regulators who have different remits in relation to weight loss medicines in the UK:

- **The Advertising Standards Association** is the UK’s independent regulator of advertising across all media.<sup>177</sup> As part of its remit, it investigates illegal adverts for weight loss medicines.
- **The Care Quality Commission** regulates weight loss services such as slimming clinics which prescribe weight loss medicines.<sup>178</sup>
- **The General Pharmaceutical Council** regulates online and physical pharmacies in Great Britain. Its guidance for registered pharmacies providing pharmacy services at a distance, including on the internet, sets out how providers should provide online services, including the provision of weight loss medicines.<sup>179</sup>
- **The Medicines and Healthcare Products Regulatory Agency** is the UK medicines regulator and makes decisions to license medicines as safe and effective for specific uses.<sup>180</sup>

In September 2025, the GPhC, the ASA and the MHRA issued an updated joint Enforcement Notice making clear that adverts for named POMs for weight-management are prohibited.<sup>181</sup> This followed nine ASA rulings published in July, which gave examples of where, even without naming specific prescription-only medicines, ads were still seen as promoting weight-loss POMs.<sup>182</sup>

### The need for further action

The prevalence of illicit sales of weight loss drugs suggests that the existing regulatory regime is not succeeding in tackling this threat. Strengthening this system will require a multi-faceted approach involving the Government and regulatory and enforcement agencies. Novo Nordisk made this case to us in its submission:

“There is a need to strengthen regulation to combat counterfeit medicines in the UK. This includes the role of the Advertising Standards Authority, MHRA and General

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<sup>175</sup> Dr Leyla Hannbeck, Health Committee meeting, [Panel 3](#), 26 November 2025, p.12

<sup>176</sup> Sukhi Basra, Health Committee meeting, [Panel 2](#), 10 September 2025, p. 7

<sup>177</sup> Advertising Standards Authority, [About](#)

<sup>178</sup> Care Quality Commission, [Services in slimming clinics](#)

<sup>179</sup> House of Commons Library, [Weight loss medicines in England](#), 10 April 2025

<sup>180</sup> UK Government, [GLP-1 medicines for weight loss and diabetes: what you need to know - GOV.UK](#), 12 June 2025

<sup>181</sup> GPhC, [Updated Enforcement Notice issued on weight management prescription medicine ads](#), 24 September 2025

<sup>182</sup> GPhC, [Updated Enforcement Notice issued on weight management prescription medicine ads](#), 24 September 2025

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Pharmaceutical Council in combatting illegal promotion of weight loss prescription-only medicines to the public, particularly online.”<sup>183</sup>

Several guests at our meetings also argued that further regulation and enforcement is needed. Dr Kieran Seyan told the Committee that although people accessing the medicines through illicit markets will “never stop”, there needs to be “very, very strict regulation to prevent this from even happening in the first place.”<sup>184</sup> Numan argued that “the priority must be to clamp down on these unsafe sources and guide people toward regulated, clinically supervised options.”<sup>185</sup> Sukhi Basra argued that there needs to be “better monitoring of those that are not following the rules”.<sup>186</sup> We agree with these points and urge regulators and other agencies to act accordingly.

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*“There is a massive role to play for the regulators. I have been having those conversations with our own regulator, the GPhC. More needs to be done to tackle this with the Medicines and Healthcare [products] Regulatory Agency. It seems to be pretty easy for a lot of people to just do a Google search or go on TikTok and have a look, and then the next thing we know, they have these packages in their hands when we do not know what they are.”<sup>187</sup>*

**Dr Leyla Hannbeck,  
Chief Executive Officer, Independent Pharmacies Association**

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## Recommendation 6

The Government should work with the General Pharmaceutical Council, the Medicines and Healthcare products Regulatory Agency and other agencies to more stringently regulate and enforce illicit markets for weight loss medicines. This should be facilitated through a dedicated taskforce to be established in 2026-27.

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<sup>183</sup> Novo Nordisk, [Call for evidence responses](#), September 2025

<sup>184</sup> Kieran Seyan, Health Committee meeting, [Panel 3](#), 26 November 2025, p.13

<sup>185</sup> Numan, [Call for evidence responses](#), September 2025

<sup>186</sup> Sukhi Basra, Health Committee meeting, [Panel 2](#), 10 September 2025, p.10

<sup>187</sup> Dr Leyla Hannbeck, Health Committee meeting, [Panel 3](#), 26 November 2025, p.12

## Committee Activity

The Committee held its first meeting on weight loss medicines in London on 10 September 2025 with the following guests:

- **Dr Tamara Hibbert** - Chair, Newham Local Medical Committee (LMC)
- **Dorotya Norton** - Joint Bariatric AHP and Specialist Adult Weight Management Clinical and Service Lead, Homerton Healthcare NHS Foundation Trust
- **Sukhi Basra** – Vice-Chair, National Pharmacy Association
- **Sokratis Papafloratos**, Founder and CEO, Numan
- **Joanna Hollington** – Principal Dietitian, Guy’s and St Thomas’ NHS Foundation Trust

The Committee held its second meeting on weight loss medicines in London on 26 November 2025 with the following guests:

- **Dr Charlotte Benjamin**, Chief Medical Officer, North West London Integrated Care Board (ICB)
- **Jon Hayhurst**, Regional Chief Pharmacist, NHS England (London)
- **Nadya Isack**, NHS patient
- **Paul Sinclair**, NHS patient
- **Leyla Hannbeck**, Chief Executive Officer, Independent Pharmacies Association
- **Ian Budd**, Independent Pharmacist Prescriber, Chemist4U
- **Dr Kieran Seyan**, Chief Medical Officer, Pharmacy2U

The Committee published a call for evidence in August 2025 and received nine responses from the following organisations:

- British Obesity and Metabolic Society
- The Company Chemists’ Association
- General Pharmaceutical Council
- National Pharmacy Association
- NHS England (London)
- Novo Nordisk
- Numan
- Pharmacy2U
- Voy

## Other formats and languages

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### Vietnamese

Nếu ông (bà) muốn nội dung văn bản này được dịch sang tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện thoại, thư hoặc thư điện tử theo địa chỉ ở trên.

### Greek

*Εάν επιθυμείτε περίληψη αυτού του κειμένου στην γλώσσα σας, παρακαλώ καλέστε τον αριθμό ή επικοινωνήστε μαζί μας στην ανωτέρω ταχυδρομική ή την ηλεκτρονική διεύθυνση.*

### Turkish

Bu belgenin kendi dilinize çevrilmiş bir özetini okumak isterseniz, lütfen yukarıdaki telefon numarasını arayın, veya posta ya da e-posta adresi aracılığıyla bizimle temasa geçin.

### Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸੰਖੇਪ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲੈਣਾ ਚਾਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਉਪਰ ਦਿੱਤੇ ਡਾਕ ਜਾਂ ਈਮੇਲ ਪਤੇ 'ਤੇ ਸਾਨੂੰ ਸੰਪਰਕ ਕਰੋ।

### Hindi

यदि आपको इस दस्तावेज का सारांश अपनी भाषा में चाहिए तो उपर दिये हुए नंबर पर फोन करें या उपर दिये गये डाक पते या ई मेल पते पर हम से संपर्क करें।

### Bengali

আপনি যদি এই দলিলের একটা সারাংশ নিজের ভাষায় পেতে চান, তাহলে দয়া করে ফো করবেন অথবা উল্লেখিত ডাক ঠিকানায় বা ই-মেইল ঠিকানায় আমাদের সাথে যোগাযোগ করবেন।

### Urdu

اگر آپ کو اس دستاویز کا خلاصہ اپنی زبان میں درکار ہو تو، براہ کرم نمبر پر فون کریں یا مذکورہ بالا ڈاک کے پتے یا ای میل پتے پر ہم سے رابطہ کریں۔

### Arabic

إذا كنت أنت أو أحد معارفك بحاجة إلى هذا التقرير مطبوعاً بخط كبير أو بطريقة برايل، أو ترغب في الحصول على الملخص والنتائج الرئيسية بلغة أخرى، فيرجى التواصل معنا على:

020 7983 4100 أو عبر البريد الإلكتروني

[assembly.translations@london.gov.uk](mailto:assembly.translations@london.gov.uk)

### Gujarati

જો તમારે આ દસ્તાવેજનો સાર તમારી ભાષામાં જોઈતો હોય તો ઉપર આપેલ નંબર પર ફોન કરો અથવા ઉપર આપેલ ટપાલ અથવા ઈ-મેઇલ સરનામા પર અમારો સંપર્ક કરો.

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