

PITstop Care Pathway for GLP-1 Agonists (GLP-1) and Tirzepatide (group or individual, remote or face-to-face)

Contact	Education to promote self-management	Audit
<p>At each consultation</p>	<ul style="list-style-type: none"> Encourage a relative, friend or carer to be invited during consultation 1 and 2 Explore any concerns or questions Utilise patient information packs, desktop / online education resources and patient support programmes Explore dietary understanding (consider local structured education, weight and exercise programmes, including referral to the NHS digital weight management programme and /or dietetic appointment) Explore social / emotional wellbeing. Consider referral - NHS Talking Therapies if disordered eating identified Agree if additional communication to review progress is required 	<p>If available use the ARDENS EMIS PITstop GLP-1 template</p>
<p>Consultation 1</p> <p>Education, assessment and preparation</p> <p>Depending on the patient and your experience, you may be able to combine Consultation 1 and 2)</p>	<p>Assessment</p> <ul style="list-style-type: none"> Explore other treatment options, beneficial lifestyle changes, local services to support action plan Refer to local type 2 diabetes management guidelines and NICE/SIGN clinical guidance: criteria for use: see Audit column for NICE NG28 criteria (2026)* Discuss potential risks / benefits, what is expected: timing of injections or the administration procedure for oral Semaglutide, self-injecting, injection devices <p>Proceeding with GLP-1: education</p> <ul style="list-style-type: none"> DVLA requirements (Group 1: inform if used in combination with insulin only) Provide the GLP-1 manufacturer’s patient information pack and discuss content Provide details of the manufacturer’s support programme for patients to enrol onto (if available) If blood glucose monitoring is required (in combination with a Sulfonylurea or insulin, or for short-term use during the change in therapy to assess effectiveness), ensure meter is in working order (control solution). Consider an initial reduction of sulfonylurea / insulin and use a pre-meal target glucose range in line with agreed HbA1c target to down-titrate hypo-inducing medications Storage of prescription items Give information about pen-recycling initiatives. NovoNordisk Pen-Cycle www.pen-cycle.co.uk. Sanofi RePen www.mysanofiinsulin.co.uk/repen/ Any medication changes required on the day the GLP-1 commences (may include stopping a DPP-4 inhibitor, Sulfonylurea or insulin dose reduction). Note: do not stop insulin when initiating a GLP-1. An initial percentage reduction may be required. Then use agreed target glucose range to down-titrate insulin. <p><i>Care Plan review – use this opportunity to discuss goals and action plans.</i></p> <p>Commence audit and generate prescription (including sharps bin). Advise to bring device and a couple of needles to consultation 2</p>	<ul style="list-style-type: none"> Baseline HbA1c and Weight Medication: <ul style="list-style-type: none"> GLP-1 prescribed diabetes oral agents insulin regimen and dose Interim and long-term individualised HbA1c and weight targets <p>*NICE NG28 (2026)</p> <p>GLP-1s or Tirzepatide used third line as ‘initial treatment’- early onset T2D ‘Further treatment’ to reach glycaemic target’ - T2D and obesity. BMI > 30 or 27.5 for BAME). NICE NG246 overweight and obesity management (2026)</p> <p>Semaglutide S/C titrating up to 1mg as ‘initial treatment’- established ASCVD and T2D</p>

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<p>Consultation 1 continued Education, Assessment and Preparation</p>	<p>Starting dose (acute prescription if dose change required)</p> <ul style="list-style-type: none"> • Dulaglutide (Trulicity®) 1.5mg weekly (0.75mg weekly for vulnerable adults or if concerned about potential side effects). Prescription for four single-dose pens. No needles • Exenatide prolonged release (Bydureon) 2mg weekly. Prescription for four single-dose pens. No needles • Semaglutide (Ozempic®) 0.25mg once a week for four weeks. One device administers four injections and needles. Advisable to prescribe one box of 4mm needles on an acute prescription (in case of droppages) • Oral Semaglutide (Rybelsus®) 1.5mg, 30 tablets to remain in original packaging (move to consultation 3) • Tirzepatide (Mounjaro®▼) 2.5mg weekly. Prescription for one 4-dose KwikPen and box of 4mm needles on an acute prescription 	
<p>Consultation 2 GLP-1 Initiation</p> <p>Agreed time to suit both parties.</p> <p>Ask patient to bring prescription items with them to the appointment</p>	<p>Practical Steps required to prepare injecting device, dial dose, inject (refer to manufacturer’s guide) Practice using the device and giving an injection, without pressing the plunger</p> <p>Education In association with the manufacturer’s patient information pack and training tools (if available), ensure the patient understands:</p> <ul style="list-style-type: none"> • initial dosage and when the dose will be reviewed • other changes to the treatment regimen • where to inject / site rotation • timing of injection • length of time a device should last and storage of device in use and spare devices • possible side effects (advise to keep a record of side effects) • management of acute changes in glycaemic control (increased risk of hypoglycaemia if remaining on a Sulfonylurea and sick day rules during acute illness) • blood glucose requirements (if used as part of the treatment plan). Agree target pre-meal range and highlighting the bottom figure. If dropping below this figure, either review the pre-meal range, set in line with short-term HbA1c target or it signifies the need for a reduction in the Sulfonylurea or insulin dose. <p>Continue audit</p> <p>Follow-up</p> <ul style="list-style-type: none"> • Agree date for review (face-to-face, phone or email). • This will differ depending on the GLP-1 prescribed (see consultation 3) 	<p>Record SNOMED code:</p> <ul style="list-style-type: none"> • Conversion to non-insulin injectable medication 66AH3 or • Incretin Mimetic treatment started 66Ao0 <p>Codes are included on the EMIS ARDENS PITstop GLP-1 and SystmOne GLP-1 templates</p> <p>Using the codes enables future searches for GLP-1 and Tirzepatide initiation</p>

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<p>Consultation 3</p> <p>Dose and progress review after 3 weeks</p> <p>Reviewing at 3 weeks gives time to organise and dispense the prescription for the increased dose</p>	<p>Review</p> <ul style="list-style-type: none"> • Home blood glucose monitoring (if used as part of the treatment plan) • Hypoglycaemia - Sulfonylureas or basal insulin reinforce the pre-meal blood glucose range and identify the bottom figure as the alarm to consider reducing either medication. Reinforce insulin dose titration rules and ability to self-titrate down • Assess severity of side effects. If side effects present but manageable, consider leaving at current dose. If tolerating or absent increase dose <p>Dose changes</p> <ul style="list-style-type: none"> • Dulaglutide (Trulicity®) 1.5mg x 4 devices (if started on 0.75mg). There are 3mg and 4.5mg maintenance doses. If escalating, ensure four weeks between each dose increase (note 1.5mg used in CVOT trial). • Exenatide prolonged release (pr) (Bydureon). No dose change required • Semaglutide (Ozempic®) 0.5mg x 1 device (administers four doses). There is a 1mg maintenance dose (note: 1mg used in CVOT trial) • Oral Semaglutide (Rybelsus®) 4mg (30 tablets). 9mg (maintenance dose 2) can be prescribed after 1 month on 4mg (note: 14mg used in CVOT trial – equivalent to 9mg) • Tirzepatide (Mounjaro®) 5mg x 1 device (administers four doses). There are four additional maintenance doses (7.5mg, 10mg, 12.5mg and 15mg). If escalating, ensure four weeks between each dose increase. Check local guidelines regarding use of higher doses <p>Care Plan review – use this opportunity to review progress with goals and action plans</p> <p>Follow up and audit preparation: Agree date for HbA1c blood test and Consultation 4</p>	<p>Side effects</p> <p>If GLP-1 is discontinued and reason why</p>
<p>Consultation 4</p> <p>Progress review</p> <p>3-months after consultation 2</p>	<p>Review</p> <ul style="list-style-type: none"> • Home blood glucose monitoring (if used as part of the treatment plan). Review target pre-meal range • Hypoglycaemia (if Sulfonylureas or basal insulin part of treatment plan – see consultation 2 and 3) • If used in combination with basal insulin, review insulin dose and ability to self-titrate • Assess severity of side effects. If side effects present but manageable, consider leaving at current dose. If tolerating or absent increase dose <p>Education</p> <ul style="list-style-type: none"> • Check understanding of subjects already covered: injection technique, hypoglycaemia prevention and management, key messages to manage illness effectively • Additional education subjects: travel advice, managing exercise, socialising and eating out <p>Care Plan review – use this opportunity to review progress with goals and action plans</p> <p>Complete audit: discuss results and progress since starting treatment. Agree date for Consultation 5 and HbA1c</p>	<p>3-month HbA1c and weight</p> <p>Medication:</p> <ul style="list-style-type: none"> • GLP-1 current dose, time of injection • diabetes oral agents • insulin & dose <p>HbA1c target</p> <p>If GLP-1 is discontinued and reason why</p>

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<p>Consultation 5</p> <p>Review and future planning</p> <p>3 months after consultation 4 (approximately 6 months after initiation)</p>	<p>Review, audit, on-going support and care planning for the future. May involve a treatment change</p> <p>Review and education See consultation 4</p> <p>Optional: Patient satisfaction with treatment and service provided</p> <p>Care Plan review – summarise progress with goals and action plans and consider new goals</p> <p>Complete audit – discuss results and consider the long-term use of GPL-1 Receptor Agonists based on:</p> <ul style="list-style-type: none"> Local guidelines NICE or SIGN guidelines <p>If unable to continue GLP-1 or Tirzepatide assess for / discuss an alternative treatment regimen. May need to introduce a new treatment pathway (e.g. insulin)</p> <p>On-going support Agree follow-up requirements considering care plan review dates, annual screening requirements and other comorbidities</p> <p>NICE NG28 (2015, updated 2026).</p> <p>Stop:</p> <ul style="list-style-type: none"> If the person becomes underweight (BMI under 18.5kg/m²) If they do not help the person reach their individualised glycaemic targets and are not being taken for cardiovascular benefits <p>Continue:</p> <ul style="list-style-type: none"> for cardiovascular protection for people with early-onset type 2 diabetes or with established ASCVD 	<p>6-month HbA1c & weight</p> <p>Medication:</p> <ul style="list-style-type: none"> GLP-1 current dose, time of injection Diabetes oral agents insulin and dose <p>HbA1c target</p> <p>If GLP-1 is discontinued and reason why</p>
<p>Phone or email review</p> <p>Optional between consultations</p>	<ul style="list-style-type: none"> Any concerns or problems encountered, including unmanageable side effects. Consider reviewing dose or changing GLP-1 Blood glucose monitoring (if used as part of individual treatment plan) Insulin dose titration (often insulin needs to be weaned down gradually after a GLP-1 is added) 	<p>If GLP-1 is discontinued and reason why</p>