

NIHR

The use of fibrin sealant during non-emergency surgery: a systematic review of evidence of benefits and harms

The effectiveness of fibrin sealants does not appear to vary according to surgical procedures with regard to reducing the risk of seroma or haematoma.

Health Technology Assessment

Systematic search: Yes

December 2016

<https://www.journalslibrary.nihr.ac.uk/hta/hta20940/#/abstract>

KINGS FUND

Nil

HIS

Evidence note 62 What is the published evidence on the accuracy, turnaround time and cost/cost effectiveness of tests to identify carbapenemase-producing Enterobacteriaceae (CPE) in hospital screening samples obtained from patients identified as at risk of CPE colonisation during clinical risk assessment?

Implementation of screening for carbapenemase-producing Enterobacteriaceae (CPE) is recommended in Scotland. Evidence on screening methods for CPE is limited in quantity and also in its applicability to NHSScotland. Based on current evidence of diagnostic accuracy, it is not possible to identify the most effective rectal-swab based screening test to identify patients colonised with CPE.

See also Advice Statement 005/16

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg_advice_statements/advice_statement_005-16.aspx

HIS Evidence Note

Systematic search: Limited

December 2016

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg_evidence_notes/evidence_note_62.aspx

Evidence note 63 What is the evidence for the clinical and cost effectiveness of single room only wards in hospitals compared with non-single room only wards?

The available evidence is heterogeneous in terms of patient populations, comparators and outcomes and is limited in both quantity and quality for most outcomes of interest. It is not possible to draw firm conclusions regarding the clinical effectiveness of single rooms. Patient preference was often for single rooms, although there was variation by patient characteristics such as age and illness severity and according to previous inpatient experience.

See also Advice Statement 006/16

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg_advice_statements/advice_statement_006-16.aspx

HIS Evidence Note
Systematic search: Limited
December 2016

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg_-_evidence_notes/evidence_note_63.aspx

SGHD

'What Works' in Drug Education and Prevention?

This literature review provides background on what is meant by prevention and education and discusses the evidence base. The evidence of effectiveness for different approaches used in schools and other components necessary for effective drug prevention and education in schools is presented. The effectiveness of drug education and prevention beyond the school setting is then considered, alongside the evidence to support peer led interventions and specific programmes for vulnerable young people. Specific manualised and licensed prevention programmes are considered and some of the issues and challenges involved in implementing these programmes in different contexts is discussed. The evidence for ineffective approaches to drug prevention is highlighted and lastly recommendations from the literature for policy makers are set out, alongside some thoughts on the implications of this review for drug education and prevention in Scotland, in particular the need to map prevention activity for young people being delivered in Scotland

Scottish Government report

Systematic search: Limited

December 2016

<http://www.gov.scot/Publications/2016/12/4388/0>

SIGN

Nil

HEALTH SCOTLAND

Nil

NICE

NG61 End of life care for infants, children and young people with life-limiting conditions: planning and management

This guideline covers the planning and management of end of life and palliative care in for infants, children and young people (aged 0–17 years) with life-limiting conditions. It aims to involve children, young people and their families in decisions about their care, and improve the support that is available to them throughout their lives.

NICE Guidance

Systematic search: Yes

December 2016

<https://www.nice.org.uk/guidance/ng61>

NG60 HIV testing: increasing uptake among people who may have undiagnosed HIV (Joint NICE and Public Health England guideline)

This guideline covers how to increase the uptake of HIV testing in primary and secondary care, specialist sexual health services and the community. It describes how to plan and deliver services that are tailored to the local prevalence of HIV, promote awareness of HIV testing and increase opportunities to offer testing to people who may have undiagnosed HIV.

NICE Guidance

Systematic search: Yes

December 2016

<https://www.nice.org.uk/guidance/ng60>

CG174 Intravenous fluid therapy in adults in hospital

This guideline covers the general principles for managing intravenous (IV) fluid therapy in hospital inpatients aged 16 and over with a range of conditions. It aims to help prescribers understand the optimal amount and composition of IV fluids to be administered and the best rate at which to give them, to improve fluid prescribing and outcomes among people in hospital. It does not cover pregnant women, and those with severe liver or renal disease, diabetes or burns.

NICE Clinical Guidance

Systematic search: Yes

December 2016

<https://www.nice.org.uk/guidance/cg174>

CG135 Organ donation for transplantation: improving donor identification and consent rates for deceased organ donation

This guideline covers identifying people who wish to donate their organs after their death. It offers advice on how to approach families and carers of people who are nearing the end of life and how to seek consent for organ donation. It aims to promote discussion of organ donation as part of end-of-life care and to increase the number of organs available for people waiting for a transplant.

NICE Clinical Guidance

Systematic search: Yes

December 2016

<https://www.nice.org.uk/guidance/cg135>

CG65 Hypothermia: prevention and management in adults having surgery

This guideline covers preventing and managing inadvertent hypothermia in people aged 18 and over having surgery. It offers advice on assessing patients' risk of hypothermia, measuring and monitoring temperature, and devices for keeping patients warm before, during and after surgery.

NICE Clinical Guidance

Systematic search: Yes

December 2016

<https://www.nice.org.uk/guidance/cg65>

TA426 Dasatinib, nilotinib and imatinib for untreated chronic myeloid leukaemia

Imatinib is recommended as an option for untreated, chronic-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults. Dasatinib and nilotinib are recommended as options for untreated chronic-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults.

NICE Clinical Guidance

Systematic search: Yes

December 2016

<https://www.nice.org.uk/guidance/ta426>

TA425 Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia

Dasatinib and nilotinib are recommended as options for treating only chronic- or accelerated-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults, if they cannot have imatinib, or their disease is imatinib-resistant. High-dose imatinib (that is, 600 mg in the chronic phase or 800 mg in the accelerated and blast-crisis phases) is not recommended for treating Philadelphia-chromosome-positive chronic myeloid leukaemia in adults whose disease is imatinib-resistant.

NICE Technology Appraisal

Systematic search: Yes

December 2016

<https://www.nice.org.uk/guidance/ta425>

TA424 Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer

Pertuzumab, in combination with trastuzumab and chemotherapy, is recommended, within its marketing authorisation, as an option for the neoadjuvant treatment of adults with human epidermal growth factor receptor 2 (HER2)-positive breast cancer; that is, in patients with HER2-positive, locally advanced, inflammatory or early-stage breast cancer at high risk of recurrence.

NICE Technology Appraisal

Systematic search: Yes

December 2016

<https://www.nice.org.uk/guidance/ta424>

TA423 Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens

Eribulin is recommended as an option for treating locally advanced or metastatic breast cancer in adults, only when it has progressed after at least 2 chemotherapy regimens (which may include an anthracycline or a taxane, and capecitabine).

NICE Technology Appraisal

Systematic search: Yes

December 2016

<https://www.nice.org.uk/guidance/ta423>

TA422 Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer

Crizotinib is recommended as an option for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer in adults.

NICE Technology Appraisal
Systematic search: Yes
December 2016
<https://www.nice.org.uk/guidance/ta422>

TA421 Everolimus with exemestane for treating advanced breast cancer after endocrine therapy

Everolimus, in combination with exemestane, is recommended as an option for treating advanced human epidermal growth factor receptor 2 (HER2)-negative, hormone-receptor-positive breast cancer in postmenopausal women without symptomatic visceral disease that has recurred or progressed after a non-steroidal aromatase inhibitor.

NICE Technology Appraisal
Systematic search: Yes
December 2016
<https://www.nice.org.uk/guidance/ta421>

TA420 Ticagrelor for preventing atherothrombotic events after myocardial infarction

Ticagrelor, in combination with aspirin, is recommended as an option for preventing atherothrombotic events in adults who had a myocardial infarction and who are at high risk of a further event. Treatment should be stopped when clinically indicated or at a maximum of 3 years.

NICE Technology Appraisal
Systematic search: Yes
December 2016
<https://www.nice.org.uk/guidance/ta420>

ES3 Oestrogen deficiency symptoms in postmenopausal women: conjugated oestrogens and bazedoxifene acetate

There is some evidence that conjugated oestrogens and bazedoxifene modified release tablets reduce the average daily number of moderate and severe hot flushes in the short term, however they were not compared with other treatments for vasomotor symptoms such as progestogen-based HRT. There is little evidence on rare harmful events. Conjugated oestrogens and bazedoxifene modified release tablets may present an alternative treatment option for oestrogen deficiency symptoms in postmenopausal women for whom treatment with a progestin-containing therapy is not suitable.

NICE Evidence Summary
Systematic search: Yes
December 2016
<https://www.nice.org.uk/advice/es3/chapter/Key-points-from-the-evidence>

ES2 Pulmonary sarcoidosis: infliximab

The evidence supports British Thoracic Society (BTS) guidance that immunosuppressants such as infliximab have only a limited role in pulmonary sarcoidosis because there are insufficient high-quality studies to confirm their place in therapy and they have significant adverse effects. The guidance advises that immunosuppressants should be used only when disease is refractory to standard treatments and when there are no pharmacological alternatives. Use of infliximab for treating any manifestation of sarcoidosis is off-label.

NICE Evidence Summary

Systematic search: Yes

December 2016

<https://www.nice.org.uk/advice/es2/chapter/Key-points-from-the-evidence>

MTG30 XprESS multi sinus dilation system for treating chronic sinusitis

The case for adopting the XprESS multi-sinus dilation system for treating uncomplicated chronic sinusitis after medical treatment has failed is supported by the evidence. Treatment with XprESS leads to a rapid and sustained improvement in chronic symptoms, fewer acute episodes and improved quality of life which is comparable to functional endoscopic sinus surgery (FESS).

NICE Medical Technology Guidance

Systematic search: Yes

December 2016

<https://www.nice.org.uk/guidance/mtg30>

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality - USA)

Strategies to Improve Mental Health Care for Children and Adolescents

Our findings suggest that several approaches can improve both intermediate and final health outcomes and resource use. Moderate strength of evidence supported using provider financial incentives such as pay-for-performance to improve the competence with which practitioners can implement EBPs. We found inconsistent evidence involving strategies with educational meetings, materials, and outreach; programs appeared to be successful in combination with reminders or providing practitioners with newly collected clinical information. We also found low strength of evidence for no benefit for initiatives that included only educational materials or meetings (or both), or only educational materials and outreach components.

AHRQ Research Synthesis

Systematic search: Yes

December 2016

<https://www.effectivehealthcare.ahrq.gov/ehc/products/599/2372/mental-health-children-executive-161219.pdf>

Health Foundation

The challenge and potential of whole system flow: Improving flow across whole health and care systems

Whole system flow is the coordination of all systems and resources, across a health and social care economy, to deliver effective, efficient, person-centred care in the right setting at the right time and by the right person. Improving flow is seen by both practice leaders and policymakers as having a crucial role to play in driving up service quality and productivity, as well as improving the experience of care for patients and service users. This report introduces methods that local health and social care leaders

can use to improve whole system flow. It also describes steps policymakers and regulators can take to create an environment conducive to change at this scale.

Health Foundation report

Systematic search: No

December 2016

<http://www.health.org.uk/publication/challenge-and-potential-whole-system-flow>

Canadian Agency for Drugs and Technologies in Health (CADTH)

Home Transcutaneous Electrical Nerve Stimulation for Chronic Pain: A Review of the Clinical Effectiveness

The evidence for the use of home TENS for chronic pain is inconclusive for the most part, producing mixed results and treatment effect estimates that were of questionable clinical relevance. No relevant literature was identified that assessed the comparative effectiveness home TENS for chronic pain versus pharmacological interventions, or the cost-effectiveness of home TENS use. Guideline recommendations are similarly mixed; the link to the evidence supporting the use of TENS was unclear.

CADTH Rapid Response Report

Systematic search: Limited

December 2016

<https://www.cadth.ca/home-transcutaneous-electrical-nerve-stimulation-chronic-pain-review-clinical-effectiveness>

Nasal Bridle Devices for the Securement of Nasoenteric Feeding Tubes in Adult Patients: Comparative Clinical Effectiveness, Safety, and Cost-Effectiveness

There is good evidence that the dislodgement rate of nasoenteric tubes is significantly lower when secured with nasal bridles than when secured with an adhesive tape technique.

CADTH Rapid Response Report

Systematic search: Limited

December 2016

<https://www.cadth.ca/nasal-bridle-devices-securement-nasoenteric-feeding-tubes-adult-patients-comparative-clinical>

McGill University Health Centre (Canada)

Nil

Health Information & Quality Authority (Ireland)

Nil

Campbell Collaboration

Nil

Glasgow Centre for Population Health

Nil

NICE FORWARD PLANNING – Publications due January 2017

Hepatitis C (chronic) - sofosbuvir and velpatasvir

Single Technology Appraisal

Multiple sclerosis (relapsing-remitting) – daclizumab

Single Technology Appraisal

Lung cancer (non-small-cell, PD-L1-positive) - pembrolizumab (after platinum chemotherapy)

Single Technology Appraisal

Leukaemia (chronic lymphocytic) – ibrutinib

Single Technology Appraisal

Asthma (eosinophilic, severe) – mepolizumab

Single Technology Appraisal

Lymphoma (follicular, rituximab-refractory) - obinutuzumab (with bendamustine)

Single Technology Appraisal

Cerebral palsy

Clinical Guideline

Antimicrobial stewardship - changing risk-related behaviours in the general population

Public health guidance

Multiple myeloma (relapsed, refractory) - pomalidomide (after lenalidomide and bortezomib)

Single Technology Appraisal