

NIHR

Interventions to improve the mental health of children and young people with long-term physical conditions: linked evidence syntheses (Health Technology Assessment)

Although this study showed that CBT may be beneficial for some young people with long-term conditions, the evidence is limited.

<https://www.journalslibrary.nihr.ac.uk/hta/hta23220/#/abstract>

Exercise-based cardiac rehabilitation for chronic heart failure: the EXTRAMATCH II individual participant data meta-analysis (Health Technology Assessment)

Exercise-based cardiac rehabilitation improved exercise capacity and health-related quality of life in people with heart failure regardless of severity, age and gender, but had no effect on mortality or hospitalisation.

<https://www.journalslibrary.nihr.ac.uk/hta/hta23250/#/abstract>

Kings Fund

Nil

Scottish Medicines Consortium – SMC Advice

durvalumab (Imfinzi®)

Accepted for use as monotherapy for the treatment of locally advanced, unresectable non-small cell lung cancer (NSCLC) in adults whose tumours express PD-L1 [programmed cell death ligand 1] on $\geq 1\%$ of tumour cells and whose disease has not progressed following platinum-based chemoradiation therapy.

<https://www.scottishmedicines.org.uk/medicines-advice/durvalumab-imfinzi-fullsubmission-smc2156/>

fingolimod (Gilenya®)

Accepted for use as a single disease modifying therapy in highly active relapsing remitting multiple sclerosis for the following groups of patients aged 10 to <18 years:

- Patients with highly active disease despite a full and adequate course of treatment with at least one disease modifying therapy OR
- Patients with rapidly evolving severe relapsing remitting multiple sclerosis defined by two or more disabling relapses in one year, and with one or more gadolinium enhancing lesions on brain MRI or a significant increase in T2 lesion load as compared to a previous MRI.

<https://www.scottishmedicines.org.uk/medicines-advice/fingolimod-gilenya-abb-paed-lic-ext-smc2154/>

fluticasone propionate/formoterol fumarate (flutiform®)

Accepted for use for the regular treatment of asthma in children aged 5 to 12 years where the use of a combination product (an inhaled corticosteroid and a long-acting $\beta 2$ agonist) is appropriate:

- for patients not adequately controlled with inhaled corticosteroids and 'as required' inhaled short-acting $\beta 2$ agonist OR
- for patients already adequately controlled on both an inhaled corticosteroid and a long-acting $\beta 2$ agonist.

<https://www.scottishmedicines.org.uk/medicines-advice/fluticasoneformoterol-flutiform-abbreviatedpaediatriclicext-smc2178/>

benralizumab (Fasenra®)

Accepted for restricted use as an add-on maintenance treatment in adult patients with severe eosinophilic asthma inadequately controlled despite high-dose inhaled corticosteroids plus long-acting β -agonists. Restricted to patients with blood eosinophils ≥ 150 cells/microlitre, and either ≥ 4 prior asthma exacerbations needing systemic corticosteroids in the previous 12 months or treatment with continuous oral corticosteroids over the previous 6 months.

<https://www.scottishmedicines.org.uk/medicines-advice/benralizumab-fasenra-fullsubmission-smc2155/>

brigatinib (Alunbrig®)

Accepted for use as monotherapy for the treatment of adult patients with anaplastic lymphoma kinase (ALK) positive advanced non-small cell lung cancer (NSCLC) previously treated with crizotinib.

<https://www.scottishmedicines.org.uk/medicines-advice/brigatinib-alunbrig-full-submission-smc2147/>

patisiran (Onpattro®)

Accepted for use for the treatment of hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) in adult patients with stage 1 or stage 2 polyneuropathy.

<https://www.scottishmedicines.org.uk/medicines-advice/patisiran-onpattro-fullsubmission-smc2157/>

nivolumab (Opdivo®)

Accepted for use in combination with ipilimumab for the first-line treatment of adult patients with intermediate/poor-risk advanced renal cell carcinoma (RCC).

<https://www.scottishmedicines.org.uk/medicines-advice/nivolumab-opdivo-fullsubmission-smc2153/>

Scottish Government**Becoming Breastfeeding Friendly Scotland: report**

The BBF Scotland committee has prioritised 8 recommendations to take forward in order to scale up the protection, promotion and support of breastfeeding in Scotland. These recommendations were developed through the evidence-based Becoming Breastfeeding Friendly (BBF) process and cover advocacy, political will, legislation & policies, funding & resources, training & program delivery, promotion, research & evaluation, coordination, goals and monitoring.

<https://www.gov.scot/publications/becoming-breastfeeding-friendly-scotland-report/pages/1/>

SIGN

Nil

NHS HEALTH SCOTLAND**Rapid systematic literature review: Impact of in-premise marketing on consumer purchasing and consumption**

The evidence suggests that, overall, in-premise marketing of HFSS (high in fat, salt or sugar) food has an impact on increasing consumer purchasing behaviour, and seems especially influential for children and young people. However, due to the limited number of studies, it is difficult to draw any firm conclusions on the impact restrictions may have. However, the lack of studies should not be interpreted as evidence of no effect.

<http://www.healthscotland.scot/publications/rapid-systematic-literature-review-impact-of-in-premise-marketing-on-consumer-purchasing-and-consumption>

NICE – Guidelines

Hypertension in pregnancy: diagnosis and management [NG133]

Covers diagnosing and managing hypertension (high blood pressure), including pre-eclampsia, during pregnancy, labour and birth. Includes advice for women with hypertension who wish to conceive and women who have had a pregnancy complicated by hypertension. It aims to improve care during pregnancy, labour and birth for women and their babies.

<https://www.nice.org.uk/guidance/ng133>

Depression in children and young people: identification and management [NG134]

Covers identifying and managing depression in children and young people aged 5 to 18 years. Based on the stepped-care model, it aims to improve recognition and assessment and promote effective treatments for mild and moderate to severe depression. Includes new and updated recommendations on psychological therapies for mild depression and psychological therapies for moderate to severe depression.

<https://www.nice.org.uk/guidance/ng134>

NICE – Technology Appraisal guidance

Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes [TA583]

Ertugliflozin with metformin and a dipeptidyl peptidase 4 (DPP 4) inhibitor is recommended as an option for treating type 2 diabetes in adults when diet and exercise alone do not provide adequate glycaemic control, only if the disease is uncontrolled with metformin and a DPP 4 inhibitor, and a sulfonylurea or pioglitazone is not appropriate.

<https://www.nice.org.uk/guidance/ta583>

Atezolizumab in combination for treating metastatic non-squamous non-small-cell lung cancer [TA584]

Atezolizumab plus bevacizumab, carboplatin and paclitaxel is recommended as an option for metastatic non-squamous non-small-cell lung cancer (NSCLC) in adults who have not had treatment for their metastatic NSCLC before and whose PD-L1 tumour proportion score is between 0% and 49% or when targeted therapy for epidermal growth factor receptor (EGFR) positive or anaplastic lymphoma kinase (ALK) positive NSCLC has failed. It is recommended only if atezolizumab and bevacizumab are stopped at 2 years of uninterrupted treatment, or earlier if there is loss of clinical benefit (for atezolizumab) or if the disease progresses (for bevacizumab).

Ocrelizumab for treating primary progressive multiple sclerosis [TA585]

Ocrelizumab is recommended as an option for treating early primary progressive multiple sclerosis with imaging features characteristic of inflammatory activity in adults.

<https://www.nice.org.uk/guidance/ta585/chapter/1-Recommendations>

Lenalidomide plus dexamethasone for multiple myeloma after 1 treatment with bortezomib [TA586]

Lenalidomide plus dexamethasone is recommended as an option for treating multiple myeloma in adults only if they have had only one previous therapy, which included bortezomib.

<https://www.nice.org.uk/guidance/ta586>

Lenalidomide plus dexamethasone for previously untreated multiple myeloma [TA587]

Lenalidomide plus dexamethasone is recommended as an option for previously untreated multiple myeloma in adults who are not eligible for a stem cell transplant, only if thalidomide is contraindicated (including for pre-existing conditions that it may aggravate) or the person cannot tolerate thalidomide.

<https://www.nice.org.uk/guidance/ta587>

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality – USA)

Management of Infertility (systematic review)

The ability to compare the effectiveness of treatments would be enhanced by greater consistency in reporting of outcomes, particularly live birth rates, as well as reporting of diagnosis specific outcomes for treatments, such as assisted reproductive technology, that are used for multiple diagnoses. Letrozole most likely results in more live births with lower multiple births than clomiphene alone in women with polycystic ovary syndrome. For women with unexplained infertility, there is most likely shorter time to pregnancy for women with immediate in vitro fertilization (IVF) than for those who undergo other treatments prior to IVF. For the outcomes of live birth, multiple births, ectopic pregnancy, miscarriage, low birthweight, and ovarian hyperstimulation syndrome however, there may be no difference between the two groups.. Across all diagnoses, elective single-embryo transfer results in slightly lower live birth rates but substantially lower reductions in multiple birth rates than multiple-embryo transfer.

<https://effectivehealthcare.ahrq.gov/topics/infertility/research>

Health Foundation

Untapped potential: Investing in health and care data analytics (report)

Investment is needed to unlock the full potential of data and support its use in clinical decision-making, innovation and change, the evaluation of new models of care, effective board-level oversight of complex care systems, better everyday management of the monitoring and improvement of the quality and efficiency of care and in providing better responses to national incentives and regulation, resource allocation etc.

<https://www.health.org.uk/sites/default/files/upload/publications/2019/Untapped%20potential.pdf>

Canadian Agency for drugs and Technologies in Health (CADTH)

Room Service Food Delivery Models for Hospital In-Patients: Perspectives and Experiences (Rapid response)

Alternative food delivery models have the potential to increase patient satisfaction when compared to traditional meal delivery service. Patient satisfaction is influenced not just by the quality of the food but also by presentation and delivery. Choice of meal options and flexibility in meal delivery times were crucial components of satisfaction for both patients and hospital personnel. Offering a variety of food choices may increase food intake and nutritional status, with options available that are more in line with individual patient's preferences, personalized eating habits and culinary practices. Choice also gives patients some comfort and control in an otherwise regimented environment. For hospital personnel, not having the ability to individualize meals for patients, or offer snacks between meals, is perceived as a barrier to meeting patients' nutritional needs. Hospital staff additionally raised concerns about the food budget and outsourcing of food as reasons

for the lack of variety in food choices. Flexible meal times can have key clinical benefits for patients who would otherwise miss or skip meals, or not eat all of the food delivered to them.

<https://www.cadth.ca/room-service-food-delivery-models-hospital-patients-perspectives-and-experiences>

Room Service Food Delivery Models for Hospital In-Patients: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines (Rapid response)

Evidence of limited quality demonstrated that food delivery models that provided patients with increased flexibility in meal options and timing of meal delivery generally improved the nutritional intake of hospital in-patients but there was no literature identified that suggested these increases in nutritional intake translated to decreased hospital length of stay. It was unclear which specific food delivery models may be most beneficial to in-patients (e.g., pre-plated service, communal dining halls, spoken menus or other electronic ordering systems, chilled kitchens, steamplivity systems, or on-demand dining). No evidence regarding the cost-effectiveness of alternative room service food delivery models for hospital in-patients was identified. The limitations of the included studies (e.g., their open-label nature, the severe risk of bias due to confounding) and of this report should be considered when interpreting the results.

<https://www.cadth.ca/room-service-food-delivery-models-hospital-patients-review-clinical-effectiveness-cost-effectiveness>

Immune Checkpoint Inhibitors for Classical Hodgkin Lymphoma in Brentuximab Vedotin-naïve Patients: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines (Rapid Response)

Evidence on the treatment of Hodgkin Lymphoma in brentuximab vedotin-naïve patients with immune checkpoint inhibitors is sparse. One set of evidence-based guidelines (from the USA) provided recommendations on diagnosing, treating, and following patients with early stage, intermediate stage, or advanced stage classical Hodgkin lymphoma. Based on evidence of limited quality, the guidelines recommend treating eligible adults with immune checkpoint inhibitors such as nivolumab and pembrolizumab for relapsed or refractory Hodgkin lymphoma following autologous hematopoietic stem cell transplantation with or without brentuximab vedotin. The recommendation was not specific to brentuximab vedotin-naïve patients and sections of the guideline document remain under development. The guidelines indicated that immune checkpoint inhibitors may be considered as an option for patients who are ineligible for stem cell transplantation due to comorbidity or failed second-line chemotherapy. Nivolumab and pembrolizumab may also be used for patients following allogeneic stem cell transplantation. Guidance was provided suggesting that nivolumab and pembrolizumab may be offered as palliative therapy options for patients older than 60 years who were previously treated with brentuximab vedotin.

<https://www.cadth.ca/immune-checkpoint-inhibitors-classical-hodgkin-lymphoma-brentuximab-vedotin-naive-patients-review>

Laser Interstitial Thermal Therapy for Epilepsy and/or Brain Tumours: A Review of Clinical Effectiveness and Cost-Effectiveness (Rapid response)

Should be read with caution as some studies were financially-sponsored by the manufacturer of one of the LITT systems and the lists of authors included consultants employed by the company. Limited evidence suggested that LITT proffers no advantage over stereotactic radiosurgery in inducing seizure freedom in patients with drug-resistant, medically-intractable temporal lobe epilepsy. Relative to patients who were treated with stereotactic radiosurgery and craniotomy, patients treated with LITT appeared to experience fewer adverse events and complications. No comparative evidence on disease progression, overall survival, hospitalization, or quality of life was found. None of the studies reported on the incidence of epileptic episodes, post-operative pain, use of medication, or hospital readmissions. LITT was cost-effective relative to a combination of craniotomy

and biopsy in treating high grade gliomas in or near areas of eloquence or deep seated tumours.
<https://www.cadth.ca/laser-interstitial-thermal-therapy-epilepsy-and-or-brain-tumours-review-clinical-effectiveness-and>

Sodium-glucose Co-transporter 2 Inhibitors for the Treatment of Type 2 Diabetes: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines (Rapid Response)

Addressed the comparative clinical effectiveness of sodium-glucose co-transporter 2 inhibitors. There were no significant differences in clinical effectiveness between the different sodium-glucose co-transporter 2 inhibitors for the majority of outcomes. When differences were observed, canagliflozin was more effective than other drugs in most cases. No evidence regarding the comparative cost-effectiveness of sodium-glucose co-transporter 2 inhibitors was identified. Four guidelines (including SIGN) were located (with some differences).

<https://www.cadth.ca/sodium-glucose-co-transporter-2-inhibitors-treatment-type-2-diabetes-review-clinical-effectiveness-0>

Acetylcysteine for Patients Requiring Mucous Secretion Clearance: A Review of Clinical Effectiveness and Safety (Rapid Response)

Although data was limited, mucous expectoration, mucous viscosity, and oxygenation tended to improve with acetylcysteine (NAC) compared with isotonic saline (IS). For patients with chronic obstructive pulmonary disease or chronic bronchitis, or hospitalized patients with acute lung disease, findings were variable with respect to adverse events for treatment with NAC compared with placebo. Other safety-related outcomes for the comparison of NAC versus placebo, such as hospitalization, atelectasis, and mortality, were sparsely reported and results were variable. Similarly, evidence for the safety of NAC compared to IS was sparse and definite conclusions were not possible. No relevant evidence regarding the comparative clinical effectiveness of nebulized NAC versus oral NAC for patients requiring mucous secretion clearance were identified.

<https://www.cadth.ca/acetylcysteine-patients-requiring-mucous-secretion-clearance-review-clinical-effectiveness-and>

Interdisciplinary Care Approach for Perinatal Patients in Acute Care Settings: Clinical Effectiveness, Cost-Effectiveness, and Guidelines (Rapid response)

Overall, findings from the included studies suggested that a model of interdisciplinary care for perinatal patients that includes a dedicated obstetrician collaborating with midwifery care may be associated with a decrease in the percentage of individuals undergoing induction of labour and primary cesarean sections. This collaborative model may also be associated with an increase in the percentage of vaginal births after cesarean delivery. These conclusions are drawn from observational studies that may provide lower quality evidence than other study designs. Changes in best clinical practices or patient preferences throughout the study duration, as well as changes in the care model other than interdisciplinary collaboration, may have influenced the findings.

<https://www.cadth.ca/interdisciplinary-care-approach-perinatal-patients-acute-care-settings-clinical-effectiveness-cost>

Liposuction for the Treatment of Lipedema: A Review of Clinical Effectiveness and Guidelines (Rapid response)

Evidence of limited quality suggests that liposuction may be effective in reducing the size of the extremities and complaints associated with lipedema such as spontaneous pain, easy bruising, sensitivity to pressure, impairment in quality of life, restrictions to mobility, edema, feeling of tension and general impairment.

<https://www.cadth.ca/liposuction-treatment-lipedema-review-clinical-effectiveness-and-guidelines-0>

Magnetic Resonance Imaging for Patients with Implantable Cardiac Devices: A Review of Safety and Guidelines (Rapid Response)

Two systematic reviews and 11 primary studies were identified when considering the safety of magnetic resonance imaging (MRI) examinations in patients with implanted cardiac electronic devices, including pacemaker, cardiac defibrillators, and loop recorders. The identified studies were for devices that were considered non-MRI-conditional or conventional. All identified publications were observational studies with small sample sizes. Few adverse events were reported, but some included palpitations and sensations near the device during the MRI scan. It may be difficult to generalize as there may be variations on devices in different countries. Evidence of limited quality suggested that patients with non-conditional or conventional implanted cardiac electronic devices generally have a low risk of adverse events. No evidence-informed guidelines were identified to mitigate risks in this patient population.

<https://www.cadth.ca/magnetic-resonance-imaging-patients-implantable-cardiac-devices-review-safety-and-guidelines>

Macrocytic and Linear Gadolinium Based Contrast Agents for Adults Undergoing Magnetic Resonance Imaging: A Review of Safety (Rapid Response)

The evidence suggests that, overall, linear and macrocyclic GBCAs are well-tolerated by patients. The risks and safety of GBCAs appear to vary across properties of the GBCA, including whether they are linear or macrocyclic agents, protein binding or non-protein binding, and ionic or nonionic.

<https://www.cadth.ca/macrocytic-and-linear-gadolinium-based-contrast-agents-adults-undergoing-magnetic-resonance-imaging>

Homelike Models in Long Term Care: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines (Rapid response)

Evidence of limited quality suggested there was no difference between homelike and traditional models of care with respect to depression or affective state. Findings were inconsistent for cognitive functioning, quality of life, neuropsychiatric outcomes, social engagement, and functional status.

<https://www.cadth.ca/homelike-models-long-term-care-review-clinical-effectiveness-cost-effectiveness-and-guidelines>

McGill University Health Centre (Canada)

Nil

Health Information & Quality Authority (Ireland)

HTA of a PrEP programme

Health Technology Assessment concluded that PrEP is safe and highly effective at preventing sexual acquisition of HIV infection in gay, bisexual and other men who have sex with men and in HIV-negative partners of serodifferent couples (where one partner is HIV-negative and the other is HIV-positive and not on effective antiretroviral therapy). PrEP effectiveness is highly dependent on adequate medication adherence. A PrEP programme would provide medication along with holistic assessment, monitoring and frequent testing for HIV and other STIs, advice on safer sex practices, medication adherence support and counselling for individuals at substantial risk of infection. PrEP was found to be more effective and less costly than not providing PrEP.

<https://www.higa.ie/reports-and-publications/health-technology-assessment/hta-prep-programme>

Campbell Collaboration

Nil

Glasgow Centre for Population Health

Supporting vulnerable people on Glasgow streets: views of service providers (report)

It was agreed that those who regularly sleep on the street often had histories of trauma and complex needs and were at risk of poor health, substance abuse and in some cases violence and exploitation. Organisations working with the street homeless in the city centre were clear about the need to work together using a shared, consistent trauma-informed . There was consensus that direct giving by the public was a factor in street begging and that it was important to inform the public of the work being done to support this population and to develop innovative outreach work through alternative giving schemes. Key informants supported the establishment of a health-led safe injecting facility as part of a wider public health response to meet the needs of vulnerable populations.

https://www.gcph.co.uk/publications/895_supporting_vulnerable_people_on_glasgow_streets_views_of_service_providers

Stepping Stones for Families' Family Wellbeing Service: evaluation

The Family Wellbeing Service (FWS) works with nurseries to provide holistic support to parents of pre-school children in north east and north west Glasgow. The Service had been very successful in boosting parents' confidence, health and wellbeing, reducing social isolation and anxiety as well as providing practical support in relation to money worries, housing issues and family relationships. Children appeared to be healthier, calmer and more engaged at nursery following parental involvement with the Service. The Service had also helped to resolve or prevent some child protection issues.

https://www.gcph.co.uk/publications/894_stepping_stones_for_families_family_wellbeing_service_evaluation

NICE FORWARD PLANNING – Publications due July 2019

Care and support of people growing older with learning disabilities

Quality Standard

Chronic obstructive pulmonary disease in over 16s: diagnosis and management (2019 update)

Clinical Guideline

Olaparib for maintenance treatment of ovarian, fallopian tube or peritoneal cancer that has a BRCA germline mutation after response to first-line platinum-based chemotherapy

Single Technology Appraisal

Letermovir prophylaxis for cytomegalovirus disease after allogeneic stem cell transplant

Single Technology Appraisal

Ribociclib in combination with fulvestrant for treating advanced hormone-receptor positive, HER2-negative breast cancer

Single Technology Appraisal