

Public Health Key Documents: August 2022

NIHR

Nil

The King's Fund

How to make change happen in general practice

Sets out four principles requiring consideration to make change happen - changes work best when they're driven from the bottom up; financial incentives and targets can distort priorities; "the 'soft' stuff is important" (cultural factors); people need capacity and capability to make change happen

Systematic search: No

August 2022

<https://www.kingsfund.org.uk/publications/how-to-make-change-happen-general-practice>

Scottish Medicines Consortium (SMC Advice)

beclometasone dipropionate, formoterol fumarate dihydrate, glycopyrronium (Trimbow®)

Accepted for use in the maintenance treatment of asthma, in adults not adequately controlled with a maintenance combination of a long-acting beta2-agonist and high dose of inhaled corticosteroid, and who experienced one or more asthma exacerbations in the previous year.

Systematic search: No

August 2022

<https://www.scottishmedicines.org.uk/medicines-advice/beclometasone-dipropionateformoterol-fumarate-dehydrate-glycopyrronium-bromide-trimbow-abb-smc2334/>

somatrogon (Ngenla®)

Accepted for use for the treatment of children and adolescents from 3 years of age with growth disturbance due to insufficient secretion of growth hormone. Systematic search: No

August 2022

<https://www.scottishmedicines.org.uk/medicines-advice/somatrogon-ngenla-abb-smc2493/>

potassium citrate and potassium hydrogen carbonate (SibnayaI®)

Accepted for use for the treatment of distal renal tubular acidosis (dRTA) in adults, adolescents and children aged one year and older.

Systematic search: No

August 2022

<https://www.scottishmedicines.org.uk/medicines-advice/potassium-citratepotassium-hydrogen-carbonate-sibnayaI-full-smc2409/>

remimazolam (Byfavo®)

NOT recommended for use in adults for procedural sedation.

Systematic search: No

August 2022

<https://www.scottishmedicines.org.uk/medicines-advice/remimazolam-byfavo-full-smc2454/>

atezolizumab (Tecentriq®)

Accepted for use as monotherapy as adjuvant treatment following complete resection for adult patients with Stage II to IIIA (7th edition of the UICC/AJCC staging system) non-small cell lung cancer (NSCLC) whose tumours have PD-L1 expression on ≥50% of tumour cells and whose disease has not progressed following platinum-based adjuvant chemotherapy.

Systematic search: No

August 2022

<https://www.scottishmedicines.org.uk/medicines-advice/atezolizumab-tecentriq-full-smc2492/>

daratumumab (Darzalex®)

Accepted for use in combination with cyclophosphamide, bortezomib and dexamethasone for the treatment of adult patients with newly diagnosed systemic light chain (AL) amyloidosis.

Systematic search: No

August 2022

<https://www.scottishmedicines.org.uk/medicines-advice/daratumumab-darzalex-al-full-smc2447/>

roxadustat (Evrenzo®)

Accepted for restricted use in the treatment of adult patients with symptomatic anaemia associated with chronic kidney disease (CKD). Restricted to use in patients who are non-dialysis dependent (NDD) at the time of treatment initiation.

Systematic search: No

August 2022

<https://www.scottishmedicines.org.uk/medicines-advice/roxadustat-evrenzo-full-smc2461/>

Scottish Government

The Contribution of EU Workers in The Social Care Workforce In Scotland 2022

It was estimated the percentage of EU nationals employed within social care and childcare in Scotland was 5.0% in 2022. (It was 5.6% in 2018.) Compared to the equivalent 2018 study more managers reported difficulties in recruiting and retaining staff in the social care sector. There was also a drop in applications from EU nationals in the last 12 months across all staff types, and in particular among NMC registered nurses and auxiliary staff. The results suggest increased difficulty retaining EU staff in comparison to 2018 across all staff types. Over a quarter of responders said EU staff had left their service in the last 12 months, compared to 14% in 2018. Among the most common reasons EU staff gave for leaving included to take up a better job elsewhere, relocation to an EU country and Brexit or COVID-related concerns. COVID-19 had exacerbated problems for staff with greater workload due to staff absence, social distancing and increased protections for vulnerable people putting a strain on resources. Brexit had led to a dearth of applications overall, and a drop in quality. Managers said they were more likely to hire new recruits with no previous experience, than previously. Low pay and a lack of suitable applicants were still commonly cited by managers as the reason for problems with recruitment. Brexit, and a corresponding decline in the number of available EU nationals applying for jobs and working in the sector, means that the sector now has less flexibility to respond to ongoing labour supply challenges.

Systematic search: No

August 2022

<https://www.gov.scot/publications/contribution-eu-workers-social-care-workforce-scotland-2022/>

National Drugs Mission Plan: 2022-2026

The plan aims to reduce drug deaths and improve the lives of those impacted by drugs by preventing people from developing problem drug use; reducing harms from the consumption of drugs; getting more people into high quality treatment and recovery services; addressing the needs of people with multiple and complex needs and supporting families and communities affected by problem drug use.

Systematic search: No

August 2022

<https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026/>

Scottish allied health professions public health strategic framework implementation plan: 2022 to 2027

The first UK wide Allied Health Professions (AHPs) Public Health Strategic Framework 2019-2024 was published in 2019. Each nation agreed to develop their own implementation plan. Scotland's plan examines how AHPs can be supported and empowered to develop further their leadership role in public health improvement.

Systematic search: No

August 2022

<https://www.gov.scot/publications/scottish-allied-health-professions-public-health-strategic-framework-implementation-plan-2022-2027/>

SIGN

Nil

Public Health Scotland

A route map to achieve a 20% reduction in car kilometres by 2030: a health impact assessment scoping exercise (various reports)

The Scottish Government has set a target to reduce car kilometres travelled in Scotland by 20% by 2030 and recently consulted on a route map of interventions to achieve this target. The route map identifies actions to support four outcomes: reduce the need to travel; live well locally; switching modes to walk, wheel, cycle or public transport; combine or share car trips. PHS held a health impact scoping workshop for each of these outcomes. These reports summarise the key impacts, recommendations and feedback from the workshops.

Systematic search: No

August 2022

<https://www.publichealthscotland.scot/publications/a-route-map-to-achieve-a-20-reduction-in-car-kilometres-by-2030-a-health-impact-assessment-scoping-exercise>

NICE – Guidelines

Self-harm: assessment, management and preventing recurrence

Covers assessment, management and preventing recurrence for children, young people and adults who have self-harmed. It includes those with a mental health problem, neurodevelopmental disorder or learning disability and applies to all sectors that work with people who have self-harmed. In this guideline, self-harm is defined as intentional self-poisoning or injury, irrespective of the apparent purpose. The guideline does not cover repetitive, stereotypical self-injurious behaviour (such as head banging).

Systematic search: Limited

August 2022

<https://www.nice.org.uk/guidance/ng225>

NICE - Technology Appraisal Guidance

TA820 Brolocizumab for treating diabetic macular oedema

Systematic search: Limited

August 2022

<https://www.nice.org.uk/guidance/ta820>

TA821 Avalglucosidase alfa for treating Pompe disease

Systematic search: Limited

August 2022

<https://www.nice.org.uk/guidance/ta821>

TA818 Nivolumab with ipilimumab for untreated unresectable malignant pleural mesothelioma

Systematic search: Limited

August 2022

<https://www.nice.org.uk/guidance/ta818>

TA819 Sacituzumab govitecan for treating unresectable triple-negative advanced breast cancer after 2 or more therapies

Systematic search: Limited

August 2022

<https://www.nice.org.uk/guidance/ta819>

TA815 Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs

Systematic search: Limited

August 2022

<https://www.nice.org.uk/guidance/ta815>

TA816 Alpelisib with fulvestrant for treating hormone receptor-positive, HER2-negative, PIK3CA-mutated advanced breast cancer

Systematic search: Limited

August 2022

<https://www.nice.org.uk/guidance/ta816>

TA817 Nivolumab for adjuvant treatment of invasive urothelial cancer at high risk of recurrence

Systematic search: Limited

August 2022

<https://www.nice.org.uk/guidance/ta817>

TA813 Asciminib for treating chronic myeloid leukaemia after 2 or more tyrosine kinase inhibitors

Systematic search: Limited

August 2022

<https://www.nice.org.uk/guidance/ta813>

TA814 Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis

Systematic search: Limited

August 2022

<https://www.nice.org.uk/guidance/ta814>

TA812 Pralsetinib for treating RET fusion-positive advanced non-small-cell lung cancer

Systematic search: Limited

August 2022

<https://www.nice.org.uk/guidance/ta812>

TA811 Duvelisib for treating relapsed or refractory chronic lymphocytic leukaemia after 2 or more treatments (terminated appraisal)

Systematic search: Limited

July 2022

<https://www.nice.org.uk/guidance/ta811>

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality – USA)

Acute Treatments for Episodic Migraine

A number of acute treatments for episodic migraine exist with varying degrees of evidence for effectiveness and harms. Use of triptans, NSAIDs, antiemetics, dihydroergotamine, CGRP antagonists, and lasmiditan is associated with improved pain and function. The evidence base for many other interventions for acute treatment, including opioids, remains limited.

Systematic search: Yes

August 2022

<https://effectivehealthcare.ahrq.gov/products/migraine-treatments/research>

Health Foundation

The continuing impact of COVID-19 on health and inequalities: a year on from our COVID-19 impact inquiry

Inequalities in COVID-19 mortality persist with mortality rates 3 to 4 times higher in the most deprived areas. However, the overall number of COVID-19 deaths is now significantly lower than it was during the first year of the pandemic. The vaccination programme has been key to reducing COVID-19 mortality rates, but for some groups uptake is still low, especially for people living in poorer areas and people from some minority ethnic groups. The significant deterioration in mental health during the first year of the pandemic has been reversing but has not entirely returned to pre-pandemic levels. Data suggest that anxiety remains heightened, especially among women. People are likely to be less resilient in coping with the stress from financial strain in the growing cost-of-living crisis. Long-term health conditions are keeping a significant number of people out of work

Systematic search: No

August 2022

<https://www.health.org.uk/publications/long-reads/the-continuing-impact-of-covid-19-on-health-and-inequalities>

Canadian Agency for drugs and Technologies in Health (CADTH)

Real-Time Continuous Glucose Monitoring for People Living With Type 1 Diabetes

Evidence suggests that rtCGM may improve hemoglobin A1C and time in range in adults and pediatric patients with type 1 diabetes, but this is uncertain. Limited evidence suggests that in people with type 1 diabetes, there is little to no difference between rtCGM and self-monitoring of blood glucose (SMBG) on quality of life, diabetic ketoacidosis, and severe adverse events. Safety evidence suggests that rtCGM may decrease severe hypoglycemia in adults and pediatric patients with type 1 diabetes, but this is uncertain. rtCGM may be more cost-effective in the long term than SMBG in adults with type 1 diabetes.

Systematic search: Limited

August 2022

<https://www.cadth.ca/real-time-continuous-glucose-monitoring-people-living-type-1-diabetes>

Virtual Care Use in Primary Care or Specialty Care Settings

Five evidence-based guidelines met the eligibility criteria for this report - two provided recommendations on rheumatology practice, one on stroke, one on oncology, and one on digital innovations for all areas of health; none of them focused on primary care specifically. Three were developed in the context of COVID-19. While all 5 guidelines were informed by a systematic

literature search, some specific recommendations were based on expert consensus. The quality of evidence and strength of recommendations, where available, were generally assessed to be low across the guidelines. The evidence-based guidelines provided recommendations across various aspects of virtual care delivery including population considerations, patient conditions, and the types of care that can be offered virtually. They also provided recommendations on when to offer or discontinue virtual care, on patient privacy, and on staff training. Multiple evidence-based guidelines stated that virtual care should complement rather than replace in-person care, and that virtual care should only be implemented when adequate resources and personnel are available and patient privacy can be secured.

Systematic search: Limited

August 2022

<https://www.cadth.ca/virtual-care-use-primary-care-or-specialty-care-settings>

Concurrent or Sequential Administration of Drugs for COVID-19 and Influenza

No evidence was identified regarding the clinical effectiveness, safety, or evidence-based guidelines for the concurrent or sequential use of cilgavimab and tixagevimab, nirmatrelvir and ritonavir, and/or oseltamivir that met the criteria for this review.

Systematic search: Limited

August 2022

<https://www.cadth.ca/concurrent-or-sequential-administration-drugs-covid-19-and-influenza>

Mesalamine for the Treatment of Crohn Disease

Evidence suggested high-dose mesalamine was more likely to induce remission in patients with mild to moderate active Crohn disease than placebo. There was no significant difference between low-dose mesalamine and placebo for induction of remission. Evidence comparing mesalamine to budesonide on remission was mixed. There was some evidence suggesting that high-dose budesonide was more likely to induce remission in patients with mild to moderate active Crohn disease than low-dose mesalamine. However, no significant differences were observed between budesonide and mesalamine at comparable doses (high or low), and when high-dose mesalamine was compared with low-dose budesonide. Evidence suggested unspecified corticosteroids were more likely to induce remission in patients with mild to moderate active Crohn disease than mesalamine. Evidence suggested there were no differences in withdrawals due to adverse events for mesalamine versus placebo, budesonide, or corticosteroids. Limited evidence suggested there were no significant differences in pancreatitis between patients with active Crohn disease treated with mesalamine versus azathioprine. No evidence was identified that evaluated the clinical effectiveness of mesalamine for the treatment of severe active Crohn disease.

Systematic search: Limited

August 2022

<https://www.cadth.ca/mesalamine-treatment-crohn-disease>

Post-COVID-19 Condition: a summary of existing guidelines

Focuses on available Canadian and international guidelines.

Systematic search: Limited

August 2022

<https://www.cadth.ca/post-covid-19-condition-summary-existing-guidelines>

Portable Bone Imaging Devices for Screening and Diagnosing Osteoporosis

Limited evidence describing the clinical utility of 2 types of portable bone imaging devices suggest that they may be comparable to DXA for predicting the incidence of fracture, but the findings are uncertain. Incorporating 1 type of portable bone imaging device into a screening and diagnosis management pathway for osteoporosis was more cost-effective in a Finnish context, compared to an

osteoporosis management approach that did not include the portable bone imaging device. Two guidelines were found that have recommendations about portable bone imaging devices for screening and diagnosing osteoporosis. Both guidelines reported limited evidence on the use of portable bone imaging devices.

Systematic search: Limited

August 2022

<https://www.cadth.ca/portable-bone-imaging-devices-screening-and-diagnosing-osteoporosis>

Models of Care for People Re-Entering the Community After Incarceration

People who are re-entering the community after incarceration often have unmet physical and psychological health needs. Common conditions that require care as people make the transition from incarceration to the community include mental illness, substance use disorders, HIV, hepatitis C, and diabetes, among others. These health needs are not unique; however, people who have been incarcerated can face a difficult transition in accessing health care from incarceration to in the community. This report provides an annotated list of integrated models that have been implemented to increase the continuity of care for previously incarcerated people who are re-entering the community. Models were considered for inclusion if they included health care and other supporting resource components. An additional list of studies examining the evidence related to specific mental health interventions related to the transition from correctional services to community care for people with mental health or substance use disorders is provided as a supplement to the main report.

Systematic search: Limited

August 2022

<https://www.cadth.ca/models-care-people-re-entering-community-after-incarceration>

McGill University Health Centre (Canada)

Nil

Health Information & Quality Authority (Ireland) – Health Technology Assessments

Nil

Campbell Collaboration

Technology-based and digital interventions for intimate partner violence

Results from RCTs indicate that digital and technology-based interventions significantly reduce depression (up to three months), anxiety (up to three months), and physical violence victimization (at six months post-intervention) among female IPV survivors. Results from studies on psychological violence victimization are inconclusive. These effects, however, appear to fade over time for these outcomes. Also, the same digital interventions have no significant effect on PTSD or sexual violence victimization experiences at any time point. Overall, digital treatments provide concrete benefits in terms of providing survivors with meaningful support, even if only temporarily, especially during increased emotional, mental and relationship distress.

Systematic search: Limited

August 2022

<https://www.campbellcollaboration.org/better-evidence/technology-based-and-digital-interventions-for-intimate-partner-violence.html>

Mental disorder, psychological problems and terrorist behaviour

The evidence does not conclusively demonstrate that terrorist samples are characterised by higher rates of mental disorders or psychological problems than those expected in the community.

Systematic search: Limited

August 2022

<https://www.campbellcollaboration.org/better-evidence/mental-disorder-psychological-problems-and-terrorist-behaviour.html>

Glasgow Centre for Population Health

Nil

NICE FORWARD PLANNING – Publications due September 2022

Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis

Technology appraisal guidance

Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer

Technology appraisal guidance

Finerenone for treating chronic kidney disease in people with type 2 diabetes

Technology appraisal guidance

Dexamethasone intravitreal implant for treating diabetic macular oedema in people without a pseudophakic lens

Technology appraisal guidance

Nivolumab with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma

Technology appraisal guidance

Ozanimod for treating moderately to severely active ulcerative colitis

Technology appraisal guidance

Pembrolizumab for adjuvant treatment of renal cell carcinoma

Technology appraisal guidance

Obesity: identification and classification of overweight and obesity

Clinical Guideline - update (new clinical practice evidence)