

## NIHR

### **Determining optimal strategies for primary prevention of cardiovascular disease: Systematic review of cost-effectiveness analyses in the United Kingdom**

It was difficult to draw firm conclusions because of the uncertainty and heterogeneity among studies found but interventions conducted for or within the NHS were likely to be cost-effective in people at increased risk of cardiovascular disease when compared with usual care or no intervention.

Systematic search: Yes

December 2022

<https://www.journalslibrary.nihr.ac.uk/hta/published-articles/QOVK6659/#/abstract>

### **Oral nutritional interventions in frail older people who are malnourished or at risk of malnutrition: a systematic review**

Overall, the review found little evidence of oral nutritional supplements having significant effects on reducing malnutrition or its adverse outcomes in frail older adults.

Systematic search: Yes

December 2022

<https://www.journalslibrary.nihr.ac.uk/hta/CCQF1608/#/abstract>

### **EarlyCDT Lung blood test for risk classification of solid pulmonary nodules: systematic review and economic evaluation**

The evidence on EarlyCDT Lung among patients with pulmonary nodules is insufficient to draw any firm conclusions as to its diagnostic accuracy or clinical or economic value.

Systematic search: Yes

December 2022

<https://www.journalslibrary.nihr.ac.uk/hta/IJFM4802/#/abstract>

## The King's Fund

### **Independent health care and the NHS**

This report sets out some of the trends in public and private spending on independent sector health care providers. It also considers what factors may be driving these trends, the impact this has on household spending among different groups, and the implications for the public and the NHS.

Systematic search: No

January 2023

<https://www.kingsfund.org.uk/publications/independent-health-care-and-nhs>

### **Strategies to reduce waiting times for elective care**

Successful strategies are typically associated with a concert of activities that simultaneously ensure sufficient supply of health care, manage demand and optimise the conditions within the health care system itself. In England in the 2000s, a number of activities were associated with reduced waiting times. These activities were concentrated within the categories of increasing supply and optimising conditions within the health care system itself to achieve the goal of an 18-week referral to treatment target by 2008. The achievement of the 18 weeks target was made possible as a result of: valuing and investing in people working in the NHS; a clear, central vision and goal for waiting and an ambition that those working within health care felt equipped to take on; cultivating relationships and leadership at all levels of the health care system; accountability, incentives and targeted support to encourage performance against waiting times targets and other measures of quality of care; and seizing the momentum of wider NHS reform. There are opportunities to reduce waiting times in the present day: by addressing shortages of health care staff and physical resources urgently; by working

with integrated care systems in the spirit of prevention, collaboration, inclusion and community-based models of care; and by aligning a vision for the health services with a plan that brings staff, patients and the public along on the journey to get there.

Systematic search: No

**December 2022**

<https://www.kingsfund.org.uk/publications/strategies-reduce-waiting-times-elective-care>

### **Scottish Medicines Consortium (SMC Advice)**

#### **mobocertinib (Exkivity®)**

Accepted for use as monotherapy for the treatment of adult patients with epidermal growth factor receptor (EGFR) exon 20 insertion mutation-positive locally advanced or metastatic non-small cell lung cancer (NSCLC), who have received prior platinum-based chemotherapy.

Systematic search: No

January 2023

<https://www.scottishmedicines.org.uk/medicines-advice/mobocertinib-exkivity-full-smc2516/>

#### **ferric maltol (Feraccru®)**

NOT recommended for use in adults for the treatment of iron deficiency.

Systematic search: No

January 2023

<https://www.scottishmedicines.org.uk/medicines-advice/ferric-maltol-feraccru-resub-smc2500/>

#### **tepotinib (Tepmetko®)**

Accepted for use for the treatment of adult patients with advanced non-small cell lung cancer (NSCLC) harbouring mesenchymal-epithelial transition factor gene (MET) exon 14 (METex14) skipping alterations.

Systematic search: No

January 2023

<https://www.scottishmedicines.org.uk/medicines-advice/tepotinib-tepmetko-resub-smc2535/>

#### **micronised progesterone (Utrogestan®)**

Accepted for use for adjunctive use with oestrogen in post-menopausal women with an intact uterus, as hormone replacement therapy (HRT).

Systematic search: No

December 2022

<https://www.scottishmedicines.org.uk/medicines-advice/micronised-progesterone-utrogestan-abb-smc2529/>

#### **faricimab (Vabysmo®)**

Accepted for use for the treatment of adult patients with neovascular (wet) age-related macular degeneration (nAMD).

Systematic search: No

December 2022

<https://www.scottishmedicines.org.uk/medicines-advice/faricimab-vabysmo-abb-smc2512/>

#### **upadacitinib (Rinvoq®)**

Accepted for restricted use for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs (DMARDs). Upadacitinib may be used as monotherapy or in

combination with methotrexate. Restricted to adults with moderate disease when intensive therapy with 2 or more conventional DMARDs has not controlled the disease well enough.

Systematic search: No

December 2022

<https://www.scottishmedicines.org.uk/medicines-advice/upadacitinib-rinvoq-as-full-smc2480/>

#### **alpelisib (Piqray®)**

NOT recommended for use in combination with fulvestrant for the treatment of postmenopausal women, and men, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer with a PIK3CA mutation after disease progression following endocrine-based therapy.

Systematic search: No

December 2022

<https://www.scottishmedicines.org.uk/medicines-advice/alpelisib-piqray-full-smc2481/>

#### **abemaciclib (Verzenio®)**

Accepted for use in combination with endocrine therapy for the adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive early breast cancer at high risk of recurrence. In pre- or perimenopausal women, aromatase inhibitor endocrine therapy should be combined with a luteinising hormone-releasing hormone (LHRH) agonist.

Systematic search: No

December 2022

<https://www.scottishmedicines.org.uk/medicines-advice/abemaciclib-verzenio-full-smc2494/>

### **Scottish Government**

#### **Ending HIV transmission in Scotland by 2030**

The HIV transmission elimination proposal has been developed by Professor Rak Nandwani and an expert group made up of clinicians, academia and third sector partners. The proposal contains 22 recommendations to ensure progress is made to meet the goal of zero transmissions in Scotland by 2030.

Systematic search: No

December 2022

<https://www.gov.scot/publications/ending-hiv-transmission-scotland-2030/>

#### **Access to free period products: baseline survey results**

Report to present the baseline survey results on experiences and views towards access to free period products in Scotland. Data was collected prior to the Period Products (Free Provision) (Scotland) Act 2021 coming into force on 15 August 2022.

Systematic search: No

November 2022

<https://www.gov.scot/publications/access-free-period-products-baseline-survey-results/>

### **SIGN**

Nil

### **Public Health Scotland**

**What factors are associated with self-harm in childhood? Learning from review-level evidence**

There are significant gaps in the evidence base for the primary prevention of self-harm in children and young people. 15 reviews were identified that considered the association between potential risk and protective factors and the risk of self-harm in children and young people. Evidence indicates that young people experiencing all forms of bullying victimisation, traditional bullying perpetration and a lack of parental or peer attachment are at a higher risk of self-harm. Evidence also suggests those suffering from alexithymia, body image issues, low self-esteem, dissociation, sleep disturbance and substance use are also at higher risk. Very limited evidence suggests an increased risk of self-harm for those suffering discrimination due to their sexual orientation. No reviews were found that examined associations with the learning environment or community risk factors. Contextual qualitative studies highlighted the importance of understanding the motivations underlying young people's engagement in self-harm and the impact of responses from those around them, both family and peers. The evidence suggests the need for self-harm prevention policies focused on supporting healthy familial and peer relationships for children as well as a need to take action to overcome sexual diversity discrimination. The individual risk factors identified here are less amenable to public health interventions at a population level. However, understanding these factors could be used to identify higher-risk groups, which may be relevant when prioritising service development.

Systematic search: Limited

January 2023

<https://publichealthscotland.scot/publications/what-factors-are-associated-with-self-harm-in-childhood/what-factors-are-associated-with-self-harm-in-childhood/>

#### **Minimum Unit Pricing: Impacts on the alcoholic drinks industry in Scotland**

The report suggests that the overall economic impacts of MUP across the alcoholic drinks retail and production sectors in Scotland were immediate and, in general, modest within the context of significant external factors such as Brexit and the COVID-19 pandemic. Individual businesses are likely to have been impacted differently depending on the market served.

Systematic search: No

December 2022

<https://publichealthscotland.scot/publications/minimum-unit-pricing-impacts-on-the-alcoholic-drinks-industry-in-scotland>

#### **Population health impacts of the rising cost of living in Scotland - A rapid health impact assessment (HIA)**

The HIA identified that falling real incomes could have adverse effects on individuals and households through: increased problem debt, food insecurity, fuel poverty and poorer housing conditions, increased homelessness, mental distress, reduced social interaction, reduced access to goods and services, increased harmful gambling and substance use in some populations, stress on family relationships and family violence, adverse impacts on child development and education, increased crime, reduced capacity of public services to meet these needs. Many of these will have adverse impacts on health and health inequalities in the short term, but they are also likely to reduce population resilience and increase health inequalities in the longer term. The impacts on children and young people could have lifelong effects on their life chances and health. Potential positive impacts are: reduced population level consumption of alcohol and tobacco, reduced motor traffic leading to reductions in air pollution, injuries and physical inactivity. Longer-term responses to inflation including austerity measures and economic recession would bring further impacts on health. Low-income populations will be most affected, including homeless people and other populations at high risk of poverty. Disabled people, older people, children and rural populations are more likely to be affected by increased prices and many of the adverse impacts. The HIA recommends that actions to mitigate the impacts should aim to: increase and protect incomes, especially for low-income households, improve energy efficiency and quality of housing, reduce barriers to public and active transport, support public and community services to meet the needs

identified above, prioritise education and support for children and young people, reduce other health harms, avoid stigmatising approaches and communications, prioritise wellbeing and inclusion in national and local economic policy and strategies and assess mitigation measures for their impact on health and inequalities.

Systematic search: No

December 2022

<https://publichealthscotland.scot/publications/population-health-impacts-of-the-rising-cost-of-living-in-scotland-a-rapid-health-impact-assessment/population-health-impacts-of-the-rising-cost-of-living-in-scotland-a-rapid-health-impact-assessment/>

## **NICE – Guidelines**

### **NG230 Thyroid cancer: assessment and management**

This guideline covers diagnosis and management of thyroid cancer in people aged 16 and over. It aims to reduce variation in practice and increase quality of care and survival rates.

Systematic search: Limited

December 2022

<https://www.nice.org.uk/guidance/ng230>

### **NG229 Fetal monitoring in labour**

This guideline covers methods for monitoring the wellbeing of the baby during labour. It includes risk assessment to determine the appropriate level of fetal monitoring, using clinical assessment in addition to fetal monitoring, and interpreting and acting on monitoring findings.

Systematic search: Limited

December 2022

<https://www.nice.org.uk/guidance/ng229>

## **NICE - Technology Appraisal Guidance**

### **TA860 Maribavir for treating refractory cytomegalovirus infection after transplant**

Systematic search: Limited

January 2023

<https://www.nice.org.uk/guidance/ta860>

### **TA857 Nivolumab with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma**

Systematic search: Limited

January 2023

<https://www.nice.org.uk/guidance/ta857>

### **TA858 Lenvatinib with pembrolizumab for untreated advanced renal cell carcinoma**

Systematic search: Limited

January 2023

<https://www.nice.org.uk/guidance/ta858>

### **TA855 Mobocertinib for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy**

Systematic search: Limited

January 2023

<https://www.nice.org.uk/guidance/ta855>

**TA856 Upadacitinib for treating moderately to severely active ulcerative colitis**

Systematic search: Limited

January 2023

<https://www.nice.org.uk/guidance/ta856>

**TA853 Avatrombopag for treating primary chronic immune thrombocytopenia**

Systematic search: Limited

December 2022

<https://www.nice.org.uk/guidance/ta853>

**TA849 Cabozantinib for previously treated advanced hepatocellular carcinoma**

Systematic search: Limited

December 2022

<https://www.nice.org.uk/guidance/ta849>

**TA850 Amivantamab for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy**

Systematic search: Limited

December 2022

<https://www.nice.org.uk/guidance/ta850>

**TA851 Pembrolizumab for neoadjuvant and adjuvant treatment of triple-negative early or locally advanced breast cancer**

Systematic search: Limited

December 2022

<https://www.nice.org.uk/guidance/ta851>

**TA852 Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more treatments**

Systematic search: Limited

December 2022

<https://www.nice.org.uk/guidance/ta852>

**TA854 Esketamine nasal spray for treatment-resistant depression**

Systematic search: Limited

December 2022

<https://www.nice.org.uk/guidance/ta854>

**EPPI Centre**

**Adult specialist services for victim-survivors of sexual violence and abuse: a systematic map of evidence**

There is a lack of evidence on the effectiveness (and cost-effectiveness) of UK statutory and voluntary specialist services for victim-survivors of sexual violence. However, a lack of evidence should not be interpreted to mean that these services are not effective. Eight process evaluations and a range of UK views studies were found which give insight into the views and experiences of victim-survivors and the professionals that support them. Some studies focus on services that serve all types of victim-survivor of sexual violence, whereas others focus on different subgroups of victim-survivor populations and victim-survivors who have additional vulnerabilities or disadvantage. These sets of UK studies warrant quality appraisal and in-depth synthesis or syntheses which could provide

a nuanced understanding of UK victim-survivors' service needs across a range and population subgroups and types of sexual violence.

Systematic search: Yes

January 2023

<https://eppi.ioe.ac.uk/cms/Default.aspx?tabid=3859>

### **Young people and online eating disorder content: a qualitative evidence synthesis**

The synthesis of included studies led to three main themes: (1) comparing (2) curating and (3) community. The *comparing* theme illustrates how young people use online content to evaluate their own and others' bodies and behaviours. The *curating* theme explores the ways in which young people manage and create this content. The *community* theme explores the reasons why young people are drawn to social spaces where content is shared, and what purposes these spaces serve. The complex and contradictory nature of online platforms could be summed up as offering a 'double-edged sword'; on one hand these online communities offer refuge for young people with lived experience of ED who may feel unsupported, but equally, online content could also trigger and prolong harmful behaviour.

Systematic search: Yes

January 2023

<https://eppi.ioe.ac.uk/cms/Default.aspx?tabid=3878>

## **AHRQ (Agency for Healthcare Research and Quality – USA)**

### **Partial Breast Irradiation for Breast Cancer**

Clinical trials that compared partial breast irradiation (PBI) with whole breast irradiation (WBI) demonstrate no significant difference in the risk of IBR. PBI is associated with fewer acute adverse events (AEs) and may be associated with less financial toxicity. The current evidence supports the use of PBI in appropriately selected patients with early-stage breast cancer. Further investigation is needed to evaluate the outcomes of PBI in patients with various clinical and tumour characteristics, and to define optimal radiation treatment dose and technique for PBI.

Systematic search: Yes

January 2023

<https://effectivehealthcare.ahrq.gov/products/partial-breast-irradiation/research>

### **Use of Telehealth during the COVID-19 Era**

Whereas telehealth use spiked after the beginning of the pandemic, the characteristics of patients using telehealth follow a pattern similar to that for other healthcare and digital health services. The use of telehealth may be comparable to in-person care across different clinical and process outcomes. Telehealth implementation has addressed the needs of both patients and providers to some extent, even as clinical conditions, patient and provider characteristics, and type of assessment varied. Telehealth has provided a viable alternative mode of care delivery during the pandemic and holds promise for the future.

Systematic search: Yes

January 2023

<https://effectivehealthcare.ahrq.gov/products/virtual-health-covid/research>

### **Improving Rural Health through Telehealth-Guided Provider-to-Provider Communication**

Limited evidence suggests that telehealth supporting provider-to-provider communications and collaboration may be beneficial. Telehealth studies report better patient outcomes in some clinical scenarios (e.g., outpatient care for depression or diabetes, education/mentoring) where telehealth interventions increase access to expertise and high-quality care. In other applications (e.g., inpatient care, emergency care), telehealth results in patient outcomes that are similar to usual care, which

may be interpreted as a benefit when the purpose of telehealth is to make equivalent services available locally to rural residents. Most barriers to implementation are common to practice change efforts. Methodological weaknesses stem from weaker study designs, such as before-after studies, and small numbers of participants. The rapid increase in the use of telehealth in response to the COVID-19 pandemic is likely to produce more data and offer opportunities for more rigorous studies.

Systematic search: Yes

December 2022

<https://effectivehealthcare.ahrq.gov/products/rural-telehealth/research>

### **Diagnostic Errors in the Emergency Department: A Systematic Review**

Although estimated ED error rates are low (and comparable to those found in other clinical settings), the number of patients potentially impacted is large. Not all diagnostic errors or harms are preventable, but wide variability in diagnostic error rates across diseases, symptoms, and hospitals suggests improvement is possible. With 130 million U.S. ED visits, estimated rates for diagnostic error (5.7%), misdiagnosis-related harms (2.0%), and serious misdiagnosis-related harms (0.3%) could translate to more than 7 million errors, 2.5 million harms, and 350,000 patients suffering potentially preventable permanent disability or death. Over two-thirds of serious harms are attributable to just 15 diseases and linked to cognitive errors, particularly in cases with "atypical" manifestations. Scalable solutions to enhance bedside diagnostic processes are needed, and these should target the most commonly misdiagnosed clinical presentations of key diseases causing serious harms.

Systematic search: Yes

December 2022

<https://effectivehealthcare.ahrq.gov/products/diagnostic-errors-emergency/research>

### **Health Foundation**

#### **Leave no one behind: the state of health and health inequalities in Scotland**

The report examines the evidence on how Scotland has fared on health and health inequalities in the two decades since devolution. The health of people living in the most deprived local areas is being left behind the rest of society. The report identifies three areas of particular concern: the prevalence of drug-related deaths; inequalities in the health and experiences of infants and children; and health and socioeconomic outcomes among young and middle-aged men. With a tight fiscal settlement for public services, identifying the barriers to successful policy delivery and enacting reform will be critical to improving Scotland's future health. Resources do exist but must be used more effectively.

Systematic search: No

December 2022

<https://www.health.org.uk/publications/leave-no-one-behind>

### **Canadian Agency for drugs and Technologies in Health (CADTH)**

Nil

### **McGill University Health Centre (Canada)**

Nil

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

#### **International review of clinical guidelines and models of care for long COVID**

Twenty four guidelines and two models of care from international, national and regional authorities were identified. These documents show the evidence base on how to diagnose and or treat long COVID is as yet only developing. As a result, countries differ in how they define long COVID with



most guideline recommendations noted to be conditional or based on expert opinion. As more evidence is published, the approaches to treatment and management may change. The dynamic nature of this area can be seen from the many updates to guidelines that are occurring. Most guidelines recommend a holistic, person-centred approach to diagnosis, management and treatment, with an emphasis on shared decision-making.

Systematic search: Limited

<https://www.hiqa.ie/reports-and-publications/health-technology-assessment/international-review-clinical-guidelines-and>

## **Campbell Collaboration**

### **The effects of inclusion on academic achievement, socioemotional development and wellbeing of children with special educational needs**

The overall effects of inclusion on the academic achievement and overall psychosocial adjustment of students with special needs are inconsistent. It is very unlikely that inclusion in general increases or decreases learning and psychosocial adjustment in children with special needs. These findings point to the need for an individual assessment of the specific child's educational and psychosocial needs rather than a one-size-fits-all approach to placement in special education. Research should explore the effects of different kinds of inclusive education for different kinds of children with special needs, to expand the knowledge base on what works for whom.

Systematic search: Yes

December 2022

<https://www.campbellcollaboration.org/better-evidence/inclusion-children-with-special-educational-needs.html>

## **Glasgow Centre for Population Health**

### **Common Health Assets: Lived Experience Panel Baseline Evaluation report**

This report highlights the initial learning from evaluating the recruitment and first meetings of the Common Health Assets (CHA) Lived Experience Panel (LEP), being led by the GCPH. The evaluation of the LEP is being carried out to capture important learning from its implementation, delivery, and impact as a means to further understand the value of patient and public involvement, engagement, participation, and contribution to community-based research projects.

Systematic search: No

January 2023

[https://www.gcph.co.uk/publications/1078\\_common\\_health\\_assets\\_lived\\_experience\\_panel\\_baseline\\_evaluation\\_report](https://www.gcph.co.uk/publications/1078_common_health_assets_lived_experience_panel_baseline_evaluation_report)

### **Thrive Under 5: Year one evaluation**

Thrive under 5 (TU5) is a two-year pilot project funded by the Scottish Government and delivered by Health Improvement staff from NHSGCC. Through a whole systems approach to tackling child poverty in three Glasgow neighbourhoods, the programme aims to support children under the age of five to achieve a healthy weight. Partners involved recognise the need to take a comprehensive, collective and long-term approach to change, which includes tackling the issue of food insecurity, and which provides families with the resources and knowledge to make healthier choices. The report summarises the breadth of work undertaken, as well as progress towards the project's intended outcomes.

Systematic search: No

December 2022

[https://www.gcph.co.uk/publications/1074\\_thrive\\_under\\_5\\_year\\_one\\_evaluation](https://www.gcph.co.uk/publications/1074_thrive_under_5_year_one_evaluation)

### **Place Standard Report**

This report presents learning from a Place Standard exercise in Netherholm, Glasgow. GCPH worked with members of Thenue Communities and Netherholm Area Association to assess neighbourhood issues and priorities for the area. Learning from the report is intended to support ongoing improvements in the area, but also offers learning on the application of the tool for other users.

Systematic search: No

November 2022

[https://www.gcph.co.uk/publications/1072\\_place\\_standard\\_report](https://www.gcph.co.uk/publications/1072_place_standard_report)

### **NICE FORWARD PLANNING – Publications due February 2023**

#### **Barrett's oesophagus: medical management, endoscopic treatment, follow up and stage 1 adenocarcinoma**

Clinical Guideline - update (new clinical practice evidence)

#### **Early Value Assessment: Digital cognitive behavioural therapy for children and young people with symptoms of anxiety and low mood**

Medical Technology (new)

#### **Antenatal care (update)**

Quality Standard - update (new clinical practice evidence)

#### **Urinary tract infections in adults (update)**

Quality Standard - update (new clinical practice evidence)

#### **Upadacitinib for treating active non-radiographic axial spondyloarthritis**

Technology Appraisal

#### **Nintedanib for treating idiopathic pulmonary fibrosis in people with a forced vital capacity above 80% predicted (part-review of technology appraisal guidance 379)**

Technology Appraisal

#### **Somatrogon for treating growth disturbance in children and young people aged 3 and over**

Technology Appraisal

#### **Regorafenib for previously treated metastatic colorectal cancer**

Technology Appraisal

#### **Nivolumab with platinum-based chemotherapy or ipilimumab for untreated advanced, unresectable or recurrent or squamous cell oesophageal cancer**

Technology Appraisal

#### **Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (CDF review of TA505)**

Technology Appraisal

#### **Cannabidiol for treating seizures caused by tuberous sclerosis complex**

Technology Appraisal

#### **Vutrisiran for treating hereditary transthyretin-related amyloidosis**

Technology Appraisal