

Public Health Key Documents: February 2024

NIHR

[Strategies used for childhood chronic functional constipation: the SUCCESS evidence synthesis](#)

Management of childhood chronic functional constipation is complex. The available evidence remains limited, with small, poorly conducted and reported studies. Treatment recommendations within current clinical guidelines remain largely unchanged, but there is a need for research to move away from considering effectiveness of single interventions. Clinical care and future studies must consider the individual characteristics of children.

Systematic search: Limited

January 2024

The King's Fund

[Making Care Closer To Home A Reality](#)

This report explores the factors that have prevented successive governments from putting primary and community services at its core and proposes several steps to begin this shift.

Systematic search: No

February 2024

[Mental Health 360 | Review Of Mental Health Care](#)

Mental health 360 aims to provide a '360-degree' review of mental health care in England. It focuses on nine core areas – Prevalence, Access, Workforce, Funding and costs, Quality and patient experience, Acute mental health care for adults, Services for children and young people, Inequalities and Data - bringing together data available at the time of publication with expert insights.

Systematic search: No

February 2024

Scottish Government

[Shopping behaviours and meal deals - consumer behaviours: evidence brief](#)

Summary of key data from a consumer survey commissioned by Scottish Government. This was used to inform the detail of proposals for further consultation on regulations to restrict volume and location restrictions of food high in fat, sugar or salt.

Systematic search: No

February 2024

SIGN

Nil

Public Health Scotland

[What can community food initiatives do to support cash first approaches to food insecurity?](#)

This paper outlines the benefits of using cash-first approaches, what CFIs are already doing to use or promote these, and ideas on how to join with others locally to support this work.

Systematic search: No

February 2024

[Restricting promotions of food and drink high in fat, sugar or salt: evidence briefings 30 January 2024](#)

Public Health Scotland was asked by the Scottish Government to identify evidence around the potential impact of exclusions to the proposed restrictions on the promotion of food and drink high

in fat, sugar or salt (HFSS), by price and store location. PHS carried out structured searches and produced two briefings summarising the available evidence as follows:

Briefing 1: Where people shop, examines published evidence on where different population groups purchase food and non-alcoholic drinks, particularly focusing on shopping patterns by store size or type and population dimensions of socio-economic status, rurality, ethnicity, disability and old age.

Briefing 2: Meal deals, examines published evidence on the role of meal deals in driving consumption of HFSS products, and the potential impact of including or excluding meal deals in the restrictions.

Systematic search: Limited

February 2024

Scottish Medicines Consortium (SMC Advice)

[dupilumab \(Dupixent\)](#)

Accepted for use within NHSScotland for the treatment of adults with moderate-to-severe prurigo nodularis (PN) who are candidates for systemic therapy.

Systematic search: No

February 2024

[secukinumab \(Cosentyx\)](#)

Accepted for restricted use for the treatment of active moderate to severe hidradenitis suppurativa (HS) (acne inversa) in adults with an inadequate response to conventional systemic HS therapy.

Systematic search: No

February 2024

[cabozantinib \(Cabometyx\)](#)

NOT recommended for use as monotherapy for the treatment of adult patients with locally advanced or metastatic differentiated thyroid carcinoma (DTC), refractory or not eligible to radioactive iodine (RAI) who have progressed during or after prior systemic therapy.

Systematic search: No

February 2024

[difelikefalin \(Kapruvia\) \(scottishmedicines.org.uk\)](#)

Accepted for restricted use for the treatment of moderate-to-severe pruritus associated with chronic kidney disease in adult patients on haemodialysis. For use in patients with an inadequate response to best supportive care for reducing itch.

Systematic search: No

February 2024

[loncastuximab tesirine \(Zynlonta\) \(scottishmedicines.org.uk\)](#)

Accepted for restricted use as monotherapy for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) and high-grade B-cell lymphoma (HGBL), after two or more lines of systemic therapy. Restricted to use where chimeric antigen receptor (CAR) T-cell therapy is unsuitable, not tolerated or ineffective.

Systematic search: No

February 2024

NICE - Technology Appraisal Guidance

[TA952 Talazoparib for treating HER2-negative advanced breast cancer with germline BRCA mutations](#)

Systematic search: No
February 2024

[TA949 Belumosudil for treating chronic graft-versus-host disease after 2 or more systemic treatments in people 12 years and over](#)

Systematic search: No
February 2024

[TA950 Nivolumab–relatlimab for untreated unresectable or metastatic melanoma in people 12 years and over](#)

Systematic search: No
February 2024

[TA951 Olaparib with abiraterone for untreated hormone-relapsed metastatic prostate cancer](#)

Systematic search: No
February 2024

[TA947 Loncastuximab tesirine for treating relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma after 2 or more systemic treatments](#)

Systematic search: No
January 2024

[TA948 Ivosidenib for treating advanced cholangiocarcinoma with an IDH1 R132 mutation after 1 or more systemic treatments](#)

Systematic search: No
January 2024

NICE – Guidelines

Nil

Health and Care Research Wales Evidence Centre

[Prognostic factors for a change in eye health or vision: A rapid review](#)

The general public is advised to have regular eye examinations. However, advice on when or how regularly these tests should take place is not evidence-based. The purpose of this review was to look at existing literature to formulate updated guidance on when and how regularly eye tests are required. Only 2 studies found covered the UK. There was also a lack of evidence relating to the under 40s. Therefore, there are insufficient data to make decisions regarding future provision of care. Substantial future research is needed to inform decision-making around treatment in this area. Some of the factors that appear to have an effect on the health of eyes include: age, disease, life-style choices.

Systematic search: Limited
February 2024

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality – USA)

[Deprescribing To Reduce Medication Harms in Older Adults](#)

The purpose of this rapid response was to summarize recent literature on the use of deprescribing to improve the safety of medication use among older adults (age ≥ 65 years). Deprescribing interventions included, but were not limited to, comprehensive medication reviews, patient education, provider education, and clinical decision support systems. Studies were conducted in healthcare settings across the care continuum, including outpatient clinics, emergency departments, acute care hospitals, long-term care facilities, and community pharmacies. Pharmacists were commonly included in interventions. Due to heterogeneity, few systematic reviews were able to quantitatively synthesize findings. Combined with findings from the original research studies, deprescribing in general decreased number of medications or potentially inappropriate medications. Clinical outcomes were more variable, with conflicting findings or non-statistically significant results. Few adverse drug withdrawal events resulted from deprescribing interventions. There is a large body of literature about barriers and facilitators to implementation of deprescribing interventions. Potentially influential facilitators include agreement by both the patient and the clinician to deprescribe, a standardized process for deprescribing, a strong culture/motivation to reduce medication use, and interprofessional team involvement.

Health Foundation

[What do virtual wards look like in England?](#)

The Improvement Analytics Unit (IAU) is a partnership between the Health Foundation and NHS England. In this working paper, the IAU uses aggregate national data to explore what virtual wards currently look like across England and their effects on patients, staff and hospital capacity. Virtual wards provide hospital-level care to patients in their own homes. There are many different models of virtual wards. Some cover specific conditions, while others provide care for a much broader range of patients. Virtual wards have the potential to improve outcomes for both patients and the health care system. But high-quality data, careful monitoring and robust evaluations are required to understand if this is the case – and for which patients and in what contexts.

Systematic search: No

February 2024

[Inequalities in life expectancy: how the UK compares](#)

To compare inequality in life expectancy in the UK to similar countries, the briefing focused on two measures: life disparity (how much lifespan differs between individuals) and the gap between the lowest and highest mortality geographical areas (10th and 90th percentiles). Inequality in life expectancy between people with different educational levels was also calculated. Findings show higher than average variation in age at death and geographical area mortality in the UK than in other countries, raising concern about the extent of inequalities in the UK. Small-to-average educational inequality in life expectancy between people with low and high levels of education in the UK compared with other countries in 2010 and 2012 was also noted. Overall, available data indicate that levels of inequality in life expectancy are higher in the UK than in other comparable countries, for example Italy and the Netherlands, but lower than in others, including the US and some Eastern European countries.

Systematic search: No

February 2024

Canadian Agency for drugs and Technologies in Health (CADTH)

[Timing of Antibiotic Therapy for Neisseria Gonorrhoeae Infection | CADTH](#)

Available evidence points to high rates of overtreatment when presumptive antibiotics are given. Results also suggest that there is value in clinical assessment in detecting *N. gonorrhoeae* infections. The downstream clinical effectiveness implications of these results for antimicrobial resistance or

increasing spread of *N. gonorrhoeae* are unclear. Contextual factors, such as the local prevalence of *N. gonorrhoeae* infection and potential barriers to care that could hinder post-test follow-up for certain individuals or groups, may also be useful considerations when making decisions about appropriate timing for *N. gonorrhoeae* antibiotic therapy.

Systematic search: Limited

February 2024

[Clinical and Instrumental Swallowing Assessments for Dysphagia](#)

Health care practitioners may wish to conduct an instrumental swallowing assessment, such as a fiberoptic endoscopic evaluation of swallowing or a videofluoroscopic swallowing study for patients for whom there are sufficient resources to do so. Clinical assessments for dysphagia have the potential to help clinicians diagnose patients with dysphagia without the use of instrumental swallowing assessments, particularly in settings with limited resources. However, this is not the case for all clinical assessments and needs to be determined on a case-by-case basis.

Systematic search: Limited

February 2024

McGill University Health Centre (Canada)

Nil

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

[HTA of birth cohort testing for hepatitis C](#)

A birth cohort testing programme to identify and treat those with undiagnosed infection would be a cost-effective use of resources, but would require a significant upfront investment. Over a five-year period, it was estimated that the budget impact of introducing birth cohort testing would be between €44 million and €65. Given substantial uncertainty regarding the prevalence of undiagnosed chronic HCV infection in the 1965 to 1985 birth cohort and logistical challenges, consideration should be given to an initial pilot programme. Further research (such as surveying members of the general public) could also be considered to reduce uncertainty around the likely test uptake rate.

Systematic search: Limited

February 2024

[Review of national rare disease strategies in selected countries](#)

To support the development of a new national rare disease strategy for Ireland, the Department of Health requested HIQA to undertake a review of national rare disease strategies in 12 countries: Austria, Australia, Denmark, England, Finland, France, Germany, the Netherlands, Northern Ireland, Portugal, Scotland and Wales. This review describes what factors these countries identified as issues of importance in their national rare disease strategies, the actions undertaken, and how they supported strategy implementation. Improving treatment and coordination of care was an overall aim for most countries. All 12 countries outlined themes of screening and diagnosis, access to healthcare and coordination of services, rare disease research, and patient representation and empowerment.

Systematic search: Limited

February 2024

Campbell Collaboration

Nil

Glasgow Centre for Population Health

Nil

Selected other recent reports

IPPR (2024) [Broken hearted: A spotlight paper on cardiovascular disease](#)

Progress on cardiovascular disease was a significant driver of better health and prosperity in the latter half of the 20th century, however progress has recently stalled – with indications it may be in reverse. This report notes that: 30 per cent of people who are economically inactive have a heart or circulatory health condition; someone with heart disease has a 22 per cent likelihood of leaving work, more than someone with cancer or mental health issues; cardiovascular deaths vary greatly across the UK; the UK could have prevented one in 20 deaths in 2019 if it had maintained even half the previous rate of progress on prevention. The report calls for action on obesity, preventative medicines, exercise, tobacco and air pollution to save lives and help people stay in work.

Systematic search: No

February 2024

John Hopkins Center for Health Security (2024) [Practical playbook for addressing health misinformation](#)

The playbook provides guidance on ways public health and medical professionals can set themselves up for success, make decisions on when they need to act to address misinformation, choose which actions and approaches might be useful to their audiences and information needs, and evaluate how their efforts are working. It also provides tools, templates, and examples to help in these efforts.

Systematic search: No

February 2024

Resolution Foundation (2024) [We've only just begun: Action to improve young people's mental health, education and employment](#)

This report is the culmination of a three-year research programme exploring the relationship between the mental health and work outcomes of young people, funded by the Health Foundation. Among other findings, the report notes that people in their early 20s are more likely to be not working due to ill health than those in their early 40s. Poor mental health among young people is on the rise. This can hamper their education and lead to them being in lower-paid jobs or unemployed. Young people now have the poorest mental health of any age group - a reversal from two decades ago when they had the lowest incidence of common mental disorders.

Systematic search: No

February 2024

[The Times Health Commission report 2024](#)

The Times Health Commission was set up to consider the future of health and social care in England in the light of the pandemic, the growing pressure on budgets, the A&E crisis, rising waiting lists, health inequalities, obesity and the ageing population. It put forward 10 recommendations to save the NHS relating to the following areas - the funding model for health and social care, gps and pharmacists, hospitals, waiting lists and maternity provision, social care, workforce (including recruitment, retention and training), cancer, obesity, mental health, the role of new technology, health inequalities.

Systematic search: No

February 2024

UK Health Security Agency (2024) [The epidemiology of Chapare virus: a rapid review](#)

This rapid review summarises evidence related to the epidemiology of Chapare haemorrhagic fever (caused by Chapare virus).

Systematic search: Limited
February 2024

NICE FORWARD PLANNING – Publications due March 2024

Setmelanotide for treating obesity and hyperphagia in Bardet-Biedl syndrome
Technology appraisal

Momelotinib for treating disease-related splenomegaly or symptoms in adults with myelofibrosis
Technology appraisal

Linzagolix for treating moderate to severe symptoms of uterine fibroids
Technology appraisal

Trastuzumab deruxtecan for treating HER2-low metastatic or unresectable breast cancer after chemotherapy
Technology appraisal

Ritlecitinib for treating severe alopecia areata in people 12 years and over
Technology appraisal

Tirzepatide for managing overweight and obesity
Technology appraisal

Vitamin B12 deficiency in over 16s: diagnosis and management
Clinical Guideline – new

Meningitis (bacterial) and meningococcal disease: recognition, diagnosis and management
Clinical Guideline - update (new pharmaceutical and clinical practice evidence)

Ovarian cancer: identifying and managing familial and genetic risk
Clinical Guideline – new

Weight Management: preventing, assessing and managing overweight and obesity (update)
Clinical Guideline - update (new clinical practice evidence)

Twin and triplet pregnancy
Clinical Guideline - update (new clinical practice evidence)