

NIHR

[Software with artificial intelligence-derived algorithms for analysing CT brain scans in people with a suspected acute stroke: a systematic review and cost-effectiveness analysis](#)

The available evidence is not suitable to determine the clinical effectiveness of using artificial intelligence-derived software to support the review of computed tomography brain scans in acute stroke. The economic analyses did not provide evidence to prefer the artificial intelligence-derived software strategy over current clinical practice. However, results indicated that if the addition of artificial intelligence-derived software-assisted review for guiding mechanical thrombectomy treatment decisions reduced the proportion of undetected large-vessel occlusions, this may be considered cost-effective.

Systematic search: Limited

March 2024

The King's Fund

[Public satisfaction with the NHS and social care in 2023](#)

Results of the British Social Attitudes survey. The survey recorded the lowest levels of satisfaction since it began in 1983 with only 24% of the public satisfied with the NHS, and only 13% satisfied with social care; a large majority of the public still support the principles of the NHS; 48% of the public would support the government increasing taxes and spending more on the NHS.

Systematic search: No

March 2024

[Poverty taking a heavy toll on UK's health and NHS services](#)

The report cites evidence that: 30% of people living in the most deprived areas have turned to 999, 111, A&E or a walk-in centre because they were unable to access a GP appointment, compared to just 10% of people in the least deprived areas; hospital data shows a direct correlation between higher levels of deprivation and higher emergency admissions; the increase in length of stay in critical care beds has been greater among more deprived groups.

Systematic search: No

March 2024

Scottish Government

[Suicide Bereavement Support Service: final evaluation report](#)

The SBSS was found to provide compassionate, sensitive, person-led and person-centred support that meets the preferences and needs of those bereaved by suicide. This approach has been critical to the positive experiences and outcomes reported by people who have accessed the service. It is recommended that SBSS should be made available to anyone in Scotland who has experienced a bereavement by suicide.

Systematic search: No

April 2024

[Mental Health Scrutiny and Assurance Evidence Review](#)

This national review of the scrutiny and assurance of mental health services in Scotland maps and assesses current scrutiny arrangements, and recommends how these may be strengthened.

Includes a literature review. (The [response of the Scottish Government](#) is also available).

Systematic search: No

April 2024

[Self-harm strategy development: qualitative evidence](#)

Using a meta-ethnographic approach to better understand diverse experiences of self-harm, this review addresses gaps in current understanding of self-harm, offers a nuanced exploration of the experiences of those who self-harm, and aims to situate lived experience of self-harm within intersecting socio-economic and cultural contexts.

Systematic search: No

March 2024

SIGN

[SIGN 170 Optimising glycaemic control in people with type 1 diabetes](#)

SIGN has developed a decision-support toolkit (for desktop browser or mobile app) which helps healthcare professionals to support people with type 1 diabetes to improve their blood glucose control. The toolkit prioritises five factors which influence the ability to manage glucose control: environmental and social factors (including the social determinants of health and factors which may act as barriers to achieving good glucose control); structured education; psychological and behavioural interventions (including approaches to addressing hypoglycaemia unawareness, eating disorders, depression and anxiety); glucose-lowering and glucose-monitoring technologies (including continuous glucose monitoring and insulin pumps); glucose metrics (including glycated haemoglobin (HbA1c) and Ambulatory Glucose Profile).

Systematic search: No

March 2024

Public Health Scotland

[Exploring how people who are in prison make decisions about vaccines: a focus group study with prisoners and staff in Scottish prisons](#)

Prisons are high risk settings where transmission of COVID-19 and other communicable diseases may occur more easily due to a large population living in close proximity, with infrastructure that can make mitigating measures such as physical distancing and maintaining optimum ventilation challenging. People who are in prison experience higher rates of chronic illness than the general population which increases the risk of more severe clinical outcomes associated with COVID-19 infection. Delivering vaccination programmes in the prison setting presents an opportunity to overcome barriers related to access in a population who may otherwise have low engagement with health services. The uptake of the primary dose was comparable to or exceeded uptake in controls from the general population matched for age, sex, SIMD status and previous COVID infection but declined with the second and booster doses. This study aimed to explore the factors that influence how people who are in prison make decisions about vaccines. Four main themes were identified: beliefs about vaccines; beliefs about immunity; factors affecting decision making; and views about programme delivery.

Systematic search: No

April 2024

[Exploring the perspectives of people with lived experience of Eating Disorders when eating out of home](#)

The study explored experiences of eating OOH currently, the perceived impact calorie labelling in these settings would have on people with lived experience of eating disorders and, where appropriate, how their experience of calorie labelling could be improved. Overall, research participants expressed negative views on the proposed requirement for businesses to display calories on menus, signage and online. The availability of information was seen as triggering, even if

participants described themselves as being in recovery or recovered from their eating disorder(s). Participants with lived experience of eating disorders were concerned about relapsing into more severe periods of their condition when exposed to such information.

Systematic search: No

April 2024

[Age-restriction interventions for tobacco and nicotine vapour products in children and young people](#)

Results of a scoping review to identify evidence for two potential policies to restrict the sale and supply of tobacco to younger people: raising the legal smoking age each year to create a tobacco-free generation (TFG); increasing the minimum legal age of sale (MLA) to 21 (MLA21) or 25 (MLA25). Limited evidence was found and the review does not make overall conclusions about the effectiveness of TFG and MLA21 policies.

Systematic search: Limited

March 2024

[What do Gypsy/Travellers think of vaccine information resources and how can they be improved to reflect cultural realities?](#)

Report from a project investigating the Gypsy/Traveller communities' views of Covid-19 and influenza vaccination information resources to ensure Gypsy/Travellers have equitable access to appropriate information to support health and wellbeing. Includes recommendations for public health professionals and policy-makers. It is hoped these findings will encourage the review of current processes for working with and tailoring resources for Gypsy/Travellers. This report should be read alongside '[Working with Gypsy/Traveller communities: a good practice guide](#)'.

Systematic search: No

March 2024

Scottish Medicines Consortium (SMC Advice)

[ritlecitinib \(Litfulo\)](#)

Accepted for use within NHSScotland for the treatment of severe alopecia areata in adults and adolescents 12 years of age and older.

Systematic search: No

April 2024

[daridorexant \(Quviviq\)](#)

Accepted for restricted use for the treatment of adult patients with insomnia characterised by symptoms present for at least 3 months and considerable impact on daytime functioning. Restricted to patients who have failed cognitive behavioural therapy for insomnia (CBT-I) or for whom CBT-I is unsuitable or unavailable.

Systematic search: No

April 2024

[mavacamten \(Camzyos\)](#)

Accepted for use for the treatment of symptomatic (New York Heart Association, NYHA, class II to III) obstructive hypertrophic cardiomyopathy (oHCM) in adult patients.

Systematic search: No

April 2024

[tirzepatide \(Mounjaro\)](#)

Accepted for use, for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise: as monotherapy when metformin is considered inappropriate due to intolerance or contraindications; in addition to other medicinal products for the treatment of diabetes. SMC restriction: in addition to other oral anti-diabetic medicines as an option when glucagon-like peptide-1 (GLP-1) receptor agonists would be considered.

Systematic search: No

April 2024

[dostarlimab \(Jemperli\)](#)

Accepted for use in combination with platinum-containing chemotherapy for the treatment of adult patients with mismatch repair deficient (dMMR)/microsatellite instability-high (MSI-H) primary advanced or recurrent endometrial cancer and who are candidates for systemic therapy.

Systematic search: No

April 2024

[mirikizumab \(Omvoh\)](#)

Accepted for use for the treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a biologic treatment.

Systematic search: No

April 2024

[glycopyrronium/formoterol fumarate \(Bevespi Aerosphere\)](#)

Accepted for use as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).

Systematic search: No

April 2024

[nirmatrelvir and ritonavir \(Paxlovid\)](#)

Accepted for restricted use for the treatment of COVID-19 in adults who do not require supplemental oxygen and who are at increased risk for progression to severe COVID-19. Restricted to patients with any of the following: increased risk for progression to severe COVID-19, as defined in section 5 of NICE final guidance; age 70 years and over; BMI of 35 kg/m² or more; diabetes; heart failure.

Systematic search: No

March 2024

[foslevodopa-foscarbidopa \(Produodopa\)](#)

Accepted for restricted use for the treatment of advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyperkinesia or dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results. Restricted to patients not eligible for deep brain stimulation (DBS).

Systematic search: No

March 2024

[talazoparib \(Talzenna\)](#)

Accepted for use as monotherapy for the treatment of adult patients with germline BRCA1/2-mutations, who have HER2-negative locally advanced or metastatic breast cancer. Patients should have been previously treated with an anthracycline and/or a taxane in the (neo)adjuvant, locally advanced or metastatic setting unless patients were not suitable for these treatments. Patients with

hormone receptor (HR)-positive breast cancer should have been treated with a prior endocrine-based therapy, or be considered unsuitable for endocrine-based therapy.

Systematic search: No

March 2024

[olaparib \(Lynparza\)](#)

Accepted for use in combination with abiraterone and prednisone or prednisolone for the treatment of adult patients with metastatic castration resistant prostate cancer (mCRPC) in whom chemotherapy is not clinically indicated.

Systematic search: No

March 2024

[ivosidenib \(Tibsovo\)](#)

Accepted for use in combination with azacitidine for the treatment of adult patients with newly diagnosed acute myeloid leukaemia (AML) with an isocitrate dehydrogenase-1 (IDH1) R132 mutation who are not eligible to receive standard induction chemotherapy.

Systematic search: No

March 2024

[axicabtagene ciloleucel \(Yescarta\)](#)

NOT recommended for use for the treatment of adult patients with diffuse large B-cell lymphoma (DLBCL) and high-grade B-cell lymphoma (HGBL) that relapses within 12 months from completion of, or is refractory to, first-line chemoimmunotherapy.

Systematic search: No

March 2024

NICE - Technology Appraisal Guidance

[TA964 Cabozantinib with nivolumab for untreated advanced renal cell carcinoma](#)

Systematic search: No

April 2024

[TA963 Dostarlimab with platinum-based chemotherapy for treating advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency](#)

Systematic search: No

April 2024

[TA962 Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy](#)

Systematic search: No

March 2024

[TA958 Ritlecitinib for treating severe alopecia areata in people 12 years and over](#)

Systematic search: No

March 2024

[T959 Daratumumab in combination for treating newly diagnosed systemic amyloid light-chain amyloidosis](#)

Systematic search: No

March 2024

[TA957 Momelotinib for treating myelofibrosis-related splenomegaly or symptoms](#)

Systematic search: No
March 2024

[TA953 Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema](#)

Systematic search: No
March 2024

[TA955 Dupilumab for treating moderate to severe prurigo nodularis](#)

Systematic search: No
March 2024

[TA956 Etrasimod for treating moderately to severely active ulcerative colitis in people aged 16 and over](#)

Systematic search: No
March 2024

[TA954 Epcoritamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments](#)

Systematic search: No
March 2024

NICE – Guidelines

[NG241 Ovarian cancer: identifying and managing familial and genetic risk](#)

This guideline covers assessing the familial and genetic risk of having a pathogenic variant associated with ovarian cancer in adults. In women, trans men and non-binary people with female reproductive organs (ovaries, fallopian tubes and/or a uterus), having a pathogenic variant increases the risk of developing ovarian cancer (familial ovarian cancer). As well as risk assessment, this guideline covers risk management and decision-making support for people born with female reproductive organs who have, or are at risk of having, a pathogenic variant associated with ovarian cancer. Men, trans women and non-binary people born with male reproductive organs cannot develop ovarian cancer, but if they have a pathogenic variant associated with ovarian cancer, they can pass the variant on to their children, and may be at risk of developing other cancers. This guideline covers risk assessment, but it does not cover managing risk or decision-making support for people born with male reproductive organs.

Systematic search: Yes
March 2024

[NG240 Meningitis \(bacterial\) and meningococcal disease: recognition, diagnosis and management](#)

This guideline covers recognising, diagnosing and managing bacterial meningitis and meningococcal disease in babies, children, young people and adults. It aims to reduce death and disability by helping healthcare professionals recognise meningitis and treat it quickly and effectively.

Systematic search: Yes
March 2024

[NG239 Vitamin B12 deficiency in over 16s: diagnosis and management](#)

This guideline covers recognising, diagnosing and managing vitamin B12 deficiency in people aged 16 and over, including deficiency caused by autoimmune gastritis. It also covers monitoring for gastric cancer in people with autoimmune gastritis.

Systematic search: Yes

March 2024

Health and Care Research Wales Evidence Centre

[A rapid review of the effectiveness of interventions for addressing digital exclusion in older adults](#)

The review found some possible benefits of education in improving digital 'literacy' and acceptance of technology from older adults. However, to reduce digital exclusion in older adults it may be important to remove barriers like access to the internet and affordability of devices. Education may help to reduce lack of confidence and worry over older people's ability to use digital technologies. However, older adults should have the choice to interact with essential services physically (offline) or digitally. It is important that older members of the community who do not wish to use digital technologies are not left behind.

Systematic search: Limited

March 2024

[The costs and cost-effectiveness of different service models of palliative care, focusing on end of life care: A rapid review](#)

The way that palliative and end of life care costs are calculated and presented varies. One study identified the cost per day of hospice care at £151 – £237; other studies identified the mean total cost per hospice stay (of varying lengths) at £2,483 in cost year 2023. Due to the various lengths of stay and various health care needs, these palliative care costs are not comparable. Hospital end of life care costs tend to be higher than hospice end of life care, and home-based palliative care is the least costly model in many studies. Most hospital based palliative care studies found that costs increased significantly in the last 30 days of life. However, there was some evidence that palliative consultations before death lead to decisions to avoid some costly treatments. Advanced care planning was found to be more costly but more effective in facilitating adherence to patient preferences for end of life care. The evidence suggests that home-based palliative care should be available to all patients for the end of life phase who prefer to remain and die at home. Healthcare planners should aim to reduce hospitalisation at the end of life but only if access to patient preference quality home care at the end of life is guaranteed. Patients should have a choice about where they prefer to die without moving the costs from the healthcare system to families and the home caregivers, making these costs invisible.

Systematic search: Limited

March 2024

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality – USA)

[ADHD Diagnosis and Treatment in Children and Adolescents](#)

The systematic review assessed evidence on the diagnosis, treatment, and monitoring of attention deficit hyperactivity disorder (ADHD) in children and adolescents to inform a planned update of the American Academy of Pediatrics (AAP) guidelines. It found evidence that several treatments significantly improve ADHD symptoms, including medications, child-directed psychosocial therapies, parent support, and neurofeedback. Medications had the strongest evidence for improving ADHD symptoms and other outcomes, including disruptive behaviors and broadband scores. Effect sizes were larger for stimulants than non-stimulant medications compared to control, though head-to-head comparisons did not detect differences. For indirect comparisons, participants reporting adverse events were common with stimulants and norepinephrine reuptake inhibitors, but less common with the alpha-agonist guanfacine. Very few monitoring studies have been reported, and

more research is needed on how youth with ADHD should be monitored over time. Comparative effectiveness and safety information is limited and more research is needed to help choose between treatments.

Systematic search: Limited

March 2024

Health Foundation

[Nursing locally, thinking globally: UK-registered nurses and their intentions to leave](#)

This analysis looks at trends in applications for the Certificate of Current Professional Status (CCPS), which other countries require to prove practising status when UK-registered nurses apply for registration there. In 2022/23, over 12,000 UK-registered nurses applied for a CCPS in order to register outside the UK, 4 times more than in 2018/19. The largest increase was for overseas-trained nurses with 3 years or fewer on the UK register, suggesting that for an increasing number of international nurses, the UK may be a stepping-stone prior to moving to other destinations.

Systematic search: No

March 2024

Canadian Agency for drugs and Technologies in Health (CADTH)

[Renal Denervation](#)

The evidence for this report was based on 2 systematic reviews and 3 randomized controlled trials. Renal denervation could lead to a reduction in BP compared to sham in adults with uncontrolled nonresistant hypertension. It is uncertain if renal denervation is an effective treatment for resistant hypertension and suspected hypertensive heart disease.

Systematic search: Limited

April 2024

[Aerosol Therapy With Inhalers During Mechanical Ventilation](#)

The available evidence with methodological limitations suggests that high doses of aerosol therapy with salbutamol may be associated with better clinical respiratory outcomes when compared to low doses in patients with acute lung injury who are mechanically ventilated. To inform future clinical practice, decision-makers may want to consider the potential risks and benefits and environmental implications of aerosol therapy, as well as implementation factors (e.g., resource needs, risk of contamination).

Systematic search: Limited

March 2024

[Ketamine for Adults With Substance Use Disorders](#)

Evidence from 2 systematic reviews suggests that a combination of ketamine infusion and psychotherapy treatment may be effective in promoting abstinence and reduced consumption of alcohol and cocaine use. There were mixed results regarding the effect of ketamine on withdrawal and craving. The effects of ketamine on opioid use disorder were inconclusive. Similarly, the effects of ketamine on health care utilization (e.g., hospital readmission, emergency department visit) in patients with severe alcohol use disorder reported in a RCT were also inconclusive due to the small sample size. Adverse events associated with ketamine treatment included the dissociative and psychotomimetic effects and nondissociative effects. The authors of the included SR reported that these events were mild and transient. No studies on the cost-effectiveness or evidence-based guidelines of ketamine for treating substance use disorders were found.

Systematic search: Limited

March 2024

McGill University Health Centre (Canada)

Nil

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

Nil

Campbell Collaboration

Nil

Glasgow Centre for Population Health

[Economies for Healthier Lives: Year two evaluation report](#)

This report summarises the progress and key learning from year two of the Glasgow City Region (GCR) Economies for Healthier Lives project, one of five Health Foundation funded projects across the UK. Each partnership aims to promote health and reduce inequalities by strengthening the relationship between economic development and health. The GCR project has involved developing a Capital Investment Health Inequalities Impact Assessment (CHIIA) tool, which will be used to inform decision-making on capital infrastructure projects in the region. Specifically, it will prompt consideration of the implications for health inequalities and how to maximise community benefits. The report offers recommendations to support the next phase of work, including establishing a new way of working with the Community Panel, continued consideration of how to facilitate co-production, and applying systems thinking to support better outcomes.

Systematic search: No

March 2024

[Go Cycle Glasgow: evaluation of Glasgow Life's Go Cycle Community Fund](#)

Go Cycle is a Championship legacy project set up by Glasgow Life, which aims to support local participation in cycling for recreation, sport and active travel. Twenty-nine organisations were funded up to £10,000 to deliver sustainable and inclusive cycling activities across the city. This report captures learning from 26 of these 29 funded organisations, highlighting the variety of ways in which people benefited from activities delivered through the fund, as well as how the organisations involved demonstrated a commitment to breaking down barriers and ensuring participation from under-represented population groups. The evaluation highlights the important role that community organisations play in identifying and meeting the varying needs of different population groups when it comes to diversifying the cycling population.

Systematic search: No

March 2024

Selected other recent reports

[Final Report – Cass Review- Independent Review of Gender Identity Services for Children and Young People](#)

The Review was commissioned by NHS England to make recommendations on how to improve NHS gender identity services, and ensure that children and young people who are questioning their gender identity or experiencing gender dysphoria receive a high standard of care, that meets their needs, is safe, holistic and effective. The report describes what is known about the young people who are seeking NHS support around their gender identity and sets out the recommended clinical approach to care and support they should expect, the interventions that should be available, and how services should be organised across the country. It also makes recommendations on the quality

improvement and research infrastructure required to ensure that the evidence base underpinning care is strengthened.

Systematic search: Yes

April 2024

Centre for Mental Health (2024) [The economics and social costs of mental ill health: review of methodology and update of calculations](#)

This paper recalculates the economic and social costs of mental ill health in England. The total cost in 2022 was £300 billion comprising three major elements: Economic costs (£110bn) (losses to the economy due to mental ill health including the business costs of sickness absence and 'presenteeism' at work, staff turnover and worklessness among people with mental ill health); Human costs (£130bn) (the value, expressed in monetary terms, of reduced quality of life among people living with mental health difficulties); Health and care costs (£60bn) (the costs of providing health and care services for people with mental health difficulties including support provided by public services, privately-funded health care, and informal care provided by families and friends.)

Systematic search: No

April 2024

[Equity in Medical Devices: Independent Review](#)

The review examined the potential for bias in a range of medical devices (including racial and ethnic bias and unfair biases in performance, including by sex and socio-economic status). It considered the evidence for differential performance of medical devices by socio-demographic groups that had the potential to lead to poorer healthcare for the population group disadvantaged by the bias. The devices considered included pulse oximeters. It is recommended that innovators, researchers and manufacturers should cooperate with public and patient participants to design better, smarter oximeters using innovative technologies to produce devices that are not biased by skin tone.

Systematic search: No

March 2024

Harvard T.H. Chan School of Public Health Center for Health Communication (2024) [Digital Safety Kit for Public Health](#)

Online harassment of public health professionals and students is on the rise. Political division during the COVID-19 pandemic has created more risks for people doing health communication and community engagement online. The kit is designed to help prevent and reduce the harm of online harassment in public health.

Systematic search: No

March 2024

NHS Confederation and Google Health (2024) [Making the future a reality: harnessing the potential of patient-facing tech in healthcare](#)

Intended for NHS leaders and those leading on the technology and transformation agenda within their organisation, this guide offers guidance on: reviewing transformation plans against five key components for unlocking the future of patient-facing technology in healthcare; stimulating conversations with team and board members; bringing external stakeholders and partners together to assess priorities for patient-facing technology.

Systematic search: No

March 2024

Nuffield Trust (2024) [Preventing people with a learning disability from dying too young](#)

The report used a set of five key preventive health care services and functions (obesity, cancer screening, mental health, annual health checks, and early diagnosis) to understand whether they

were working as they should for people with a learning disability. It found clear evidence that people with a learning disability are not always able to get equitable preventive support. In particular it found that people with a learning disability are more likely than the rest of the population to be obese, particularly in teenage years and into young adulthood; over the past five years, there has consistently been a 15 percentage-point difference in breast cancer screening rates and a 36 percentage-point difference in cervical cancer screening rates between people with a learning disability and the rest of the population; cancer is often diagnosed at a later stage for people with a learning disability than for the rest of the population (often in an emergency at the hospital); cancer rates seem to be lower in people with a learning disability aged 55 and over than in the rest of the population of the same age which seems to show that cancer diagnoses for people with a learning disability are being missed; only around 26% of people with a learning disability in England are on the learning disability register (so may not be able to get annual health checks or Covid-19 and flu vaccinations); people with a learning disability are more likely to have mental health problems but access to good mental health treatments is often poor (people with a learning disability are less likely to be referred for talking therapies and more likely to be prescribed psychotropic medicines for psychosis, depression and epilepsy than other people with more than 30,000 adults with a learning disability taking psychotropic medicines even though they do not have a diagnosis of the conditions the medicines are prescribed for). Many opportunities for support that could help to stop people with a learning disability from getting health problems are being missed as a result of disjointed care, and information and communication that are not well suited to the people they are being provided to.

Systematic search: No

March 2024

UK Health Security Agency (2024) [Adverse weather and health plan equity review and impact assessment 2024](#)

Evidence on risk by population is variable both in quantity and robustness and there is currently either no, or very little, research to support informed assessment of risks for many groups. There is clear evidence of increased risk from heat and cold exposure for some populations (for example, those with certain long-term health conditions and older adults). Those who are socioeconomically deprived are at greater risk from all hazards. There are some groups (for example, those with multiple overlapping vulnerabilities) for whom it is reasonable to assume significantly increased risk compared with the general population. There is no evidence in the literature considered in this review to suggest greater risk for other groups (defined according to marital status, religion or belief for example). However, absence of evidence does not necessarily mean an absence of risk.

Systematic search: Limited

March 2024

UK Health Security Agency (2024) [Supporting safer visiting in care homes during infectious illness outbreaks](#)

This guidance provides principles to support decision making for those involved in safely planning and protecting visiting during outbreaks of infectious illness in adult social care.

Systematic search: No

March 2024

NICE FORWARD PLANNING – Publications due May 2024

Harmful gambling: identification, assessment and management

Clinical Guideline - new

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

Technology appraisal

Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma

Technology appraisal

Atogepant for preventing migraine

Technology appraisal

Fenfluramine for treating Lennox-Gastaut seizures in people aged 2 and over

Technology appraisal

Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years

Technology appraisal

Setmelanotide for treating obesity and hyperphagia in Bardet-Biedl syndrome

Technology appraisal

Dabrafenib with trametinib for treating BRAF V600E mutation-positive glioma in children and young people aged 1 to 17

Technology appraisal