Public Health Key Documents: May 2024

NIHR

Evaluation of venous thromboembolism risk assessment models for hospital inpatients: the VTEAM evidence synthesis
Thromboprophylaxis appears to be generally more cost-effective than using a risk assessment model, in hospitalised patients at low risk of bleeding. To be cost-effective, any risk assessment model would need to be highly sensitive. Current evidence on risk assessment models is at high risk of bias and these findings should be interpreted in this context
Systematic search: Limited
April 2024

KardiaMobile 6L for measuring QT interval in people having antipsychotic medication to inform early value assessment: a systematic review
There is insufficient evidence to support a full diagnostic assessment evaluating the clinical and cost effectiveness of KardiaMobile six-lead, in the context of QT interval-based cardiac risk assessment for service users who require antipsychotic medication. The evidence to assess whether the device has the potential to be clinically effective and cost-effective was also limited. This report includes a research recommendations, both to reduce the uncertainty around this early value assessment and to provide the additional data needed to inform a full diagnostic assessment, including cost-effectiveness modelling.
Systematic search: Limited
April 2024

The King's Fund

The Role Of Integrated Care Systems (ICSs) In Improving Dementia Diagnosis
3 case studies indicate that ICSs can improve rates of early and accurate diagnosis of dementia, enabling people to access support to improve their quality of life, by: ensuring all partner organisations have shared priorities and an agreed plan for delivering improvement; providing visible cross-system leadership; connecting people working in different parts of the system, building mutual understanding and collaboration; sharing learning and good practice; supporting action at scale across larger geographies and addressing inequalities by ensuring attention is paid to improving diagnosis rates in underserved communities.
Systematic search: No
March 2024

Scottish Government

Adult social care labour supply: pay increase impact assessment
The University of Kent conducted and analysis to estimate the impact, on recruitment and retention, of an increase in the minimum wage for adult social care workers from £10.90 to £12.00 per hour in Scotland. The report estimates that an increase in the ASC wage floor to £12.00 in 2024 would lead to an increase in employment of between 2.7% and 4.0% in the sector. A larger increase of the wage floor to £12.50 would lead to an ASC employment increase of between 5.4% and 7.5%, while an increase to £13.00 would lead to an ASC employment increase of between 8.4% and 11.2%
Systematic search: No
May 2024

SIGN

SIGN is currently consulting on the guideline on Prevention and remission of type 2 diabetes
It is seeking views on the recommendations, style, presentation and the content of the supporting information.

Public Health Scotland

Health, income and wealth in Scotland: a data profile in support of a health impact assessment of community wealth building
This report presents data on health, income and wealth in Scotland, alongside baseline data for each of the five pillars of community wealth building. It forms part of a health impact assessment on community wealth building, which will be published later this year.
Systematic search: No
May 2024

Scottish Medicines Consortium (SMC Advice)

budesonide/formoterol (Symbicort)
Accepted for restricted use within NHSScotland as reliever therapy for adults and adolescents (12 years and older) with mild asthma. Restricted to patients who would otherwise receive low dose inhaled corticosteroid (ICS) maintenance therapy plus short-acting beta-2 adrenoceptor agonist (SABA) as needed.
Systematic search: No
May 2024

zanubrutinib (Brukinsa)
NOT recommended for use in combination with obinutuzumab for the treatment of adult patients with refractory or relapsed follicular lymphoma (FL) who have received two prior systemic therapies.
Systematic search: No
May 2024

ruxolitinib (Opzelura)
NOT recommended for use for the treatment of non-segmental vitiligo (NSV) with facial involvement in adults and adolescents from 12 years of age.
Systematic search: No
May 2024

Tixagevimab and cilgavimab (Evusheld)
Following SMC collaboration with **NICE on *TA971: remdesivir and tixagevimab plus cilgavimab for treating COVID-19***, tixagevimab and cilgavimab (Evusheld®) is NOT recommended within NHSScotland.
Systematic search: No
May 2024

remdesivir (Veklury)
Following SMC collaboration with NICE on ***TA971: remdesivir and tixagevimab plus cilgavimab for treating COVID-19,*** remdesivir (Veklury®) is accepted for restricted use for the treatment of COVID-19 in:

- adults and paediatric patients (at least 4 weeks of age and weighing at least 3 kg) with pneumonia requiring supplemental oxygen (low- or high-flow oxygen or other non-invasive ventilation at start of treatment).

- adults and paediatric patients (weighing at least 40 kg) who do not require supplemental oxygen and who are at increased risk of progressing to severe COVID-19.

SMC restriction: as an option for treating COVID-19 in hospitals in

- adults, only if they have a high risk of serious illness
- babies, children and young people, only if they:
  - are aged 4 weeks to 17 years and weigh at least 3 kg, and have pneumonia and need supplemental oxygen, or
  - weigh at least 40 kg and have a high risk of serious illness.

Systematic search: No
May 2024

NICE - Technology Appraisal Guidance

TA973 Atogepant for preventing migraine
Systematic search: No
May 2024

TA974 Selinexor with bortezomib and dexamethasone for previously treated multiple myeloma
Systematic search: No
May 2024

TA975 Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 25 years and under
Systematic search: No
May 2024

TA970 Selinexor with dexamethasone for treating relapsed or refractory multiple myeloma after 4 or more treatments
Systematic search: No
May 2024

TA971 Remdesivir and tixagevimab plus cilgavimab for treating COVID-19
Systematic search: No
May 2024

TA967 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over
Systematic search: No
May 2024

NICE – Guidelines

NG191 COVID-19 rapid guideline: managing COVID-19 (update)
The guidance on remdesivir has been updated. There is also a new recommendation on tixagevimab plus cilgavimab in line with NICE's technology appraisal guidance on remdesivir and tixagevimab plus cilgavimab for treating COVID-19.

NG73 Endometriosis: diagnosis and management (update)
Contains new and updated recommendations when fertility is a priority.

Health and Care Research Wales Evidence Centre

Effects of the COVID-19 pandemic on people in prison: a review of the research evidence
A systematic review of published research (mostly from the USA) on adults experiencing incarceration, aged 18 and over, worldwide, during the COVID-19 pandemic found that compared with the general population, people living in prison were usually found to have higher rates of SARS-CoV-2 infection and poorer clinical (health) outcomes. Conflicting data were found regarding vaccine uptake and COVID testing rates compared with the general population. The mental health of people in prison also declined during the pandemic. Subgroups, such as ethnic minorities and older people, were more badly affected. Further high-quality research is required to assess continuing effects.
Systematic search: Yes
April 2024

EPPI Centre
Nil

AHRQ (Agency for Healthcare Research and Quality – USA)
Nil

Health Foundation

Health inequalities in 2040 - Current and projected patterns of illness by deprivation in England
On current trends, inequalities in health will persist over the next two decades: people in the 10% most deprived areas can expect to be diagnosed with major illness a decade earlier than people in the 10% least deprived areas. A small group of long-term conditions contribute to most of the observed health inequalities – of these, chronic pain, type 2 diabetes and anxiety and depression are projected to increase at a faster rate in the 10% most deprived areas by 2040. These conditions are typically managed in primary care, underlining the need to invest in general practice, particularly in the most deprived areas, and community-based services and focus on prevention and early intervention. Inequalities in working-age ill-health are also projected to persist. 80% of the increase in the number of working-age people living with major illness between 2019 and 2040 will be concentrated in more deprived areas. Action focused on risk factors linked to major illness is essential but insufficient on its own to tackle health inequalities. Making progress on inequalities in major illness will also require long-term efforts to address the underlying causes of health inequality, such as poor housing, low income and insecure employment.
Systematic search: No
April 2024

How would clinicians use time freed up by technology?
This analysis explores how freed-up time might be used, drawing on a survey of clinical staff, expert interviews and a rapid evidence review. If potentially time-saving technologies are to generate productivity benefits, then the time freed up has to be used effectively. The evidence review estimated that less than 1% of the literature actually considers how freed-up time is repurposed and more research is needed. The analysis cautions against the assumption that time freed up by technology will automatically translate into the equivalent amount of time being used for patient care. When asked, survey respondents allocated only 27% of that time to patient care or direct clinical activity. Explicit planning with staff and wider stakeholders is required to ensure the effective repurposing of time. The survey respondents and expert interviewees suggested that freed-up time could also be used in a range of ways, from enhancing the quality of patient consultations to having more time to undertake wider professional activities like training, research and quality improvement which will also benefit productivity and improve job quality.

Systematic search: No
May 2024

Which technologies offer the biggest opportunities to save time in the NHS?
This analysis spotlights clinicians' views about which technologies might help the NHS boost productivity and release time for care, and sets out what steps will be important to realise these gains. Electronic health records (EHRs) and tools for professional-to-professional communication (including videoconferencing and digital messaging tools) ranked highest in terms of which technologies are saving staff time right now. This contrasts with the typical health policy emphasis on cutting-edge clinical and patient-facing technologies. Many immediate gains will come from optimising and spreading existing technologies rather than adopting new technologies. Not only are EHRs helping to save time now, but staff said they were one of the technologies most likely to offer further gains over the next 5 years and beyond. Two of the technologies that clinical staff ranked highest as likely to save staff time within this period were clinical documentation tools and software for analysis of images and test results – both areas where AI will play a significant role. Interviewees also highlighted the potential of AI to improve data analysis, risk prediction and population health management. Productivity gains will come not just from technology itself but from how well it is used. The biggest barriers staff face in using technologies effectively in their work include underlying IT and digital infrastructure and capability, as well as challenges with implementation and usage. Specifically, there are considerable frustrations about the lack of IT support, lack of funding to implement new technologies and poor-quality connectivity and equipment. Too often, the development and spread of health technology are driven by suppliers and procurement processes rather than by what the NHS workforce wants and needs. Technology in the NHS is more likely to be successful if staff have greater involvement in demand signalling and the development and deployment of technologies.
Systematic search: No
May 2024

Canadian Agency for drugs and Technologies in Health (CADTH)

Exploration of the Risk of Suicidality and Self-Harm With Glucagon-Like Peptide-1 Receptor Agonists
To date, only 2 observational studies have been published assessing this potential association. The potential association between GLP-1 RAs and suicidality is limited, as the studies had contradictory evidence and methodological limitations. Conducting a large observational study that can mitigate time-related biases and provide robust evidence may address the methodological challenges.
Systematic search: Limited
May 2024

McGill University Health Centre (Canada)
Nil

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

Evidence review of universal ultrasound screening for developmental dysplasia of the hip (DDH) in infants in Ireland
HIQA examined the evidence on the effectiveness of universal ultrasound screening compared to selective ultrasound screening for DDH. Few studies were identified and the high quality evidence that was found came from a very small number of older studies. Therefore the effectiveness of universal ultrasound screening, versus selective screening, remains unclear. The available evidence suggested that universal ultrasound screening could potentially lead to an increase in unnecessary

treatment of children. However, it is not possible to determine the extent of this from the current evidence.
Systematic search: Limited
May 2024

Campbell Collaboration
Nil

Glasgow Centre for Population Health
Nil

Selected other recent reports

Infected Blood Inquiry: The Inquiry Report
The Inquiry found "systemic, collective and individual failures to deal ethically, appropriately, and quickly, with the risk of infections being transmitted in blood, with the infections when the risk materialised, and with the consequences for thousands of families". It is estimated that more than 3,000 deaths are attributable to infected blood, blood products and tissue. The failings were compounded by government and NHS inaction, a lack of transparency, delays, failure to pay compensation and provide for ongoing care and the absence of an apology.
Systematic search: No
May 2024

Bristol Meyers Squibb/ SHINE Cancer Support: 1,000 voices, not 1: a report highlighting differences in cancer care in the UK
Bristol Myers Squibb, in partnership with Shine Cancer Support, commissioned UK-wide research to better understand the causes of inequality in cancer care. Among the findings were that: socioeconomic status was found to impact a person's understanding of cancer and their likelihood of seeking a diagnosis; patients with a weak understanding of cancer prior to diagnosis were significantly more likely to need 2-3 appointments before referral, compared with those who reported a good understanding of cancer before diagnosis; knowledge of cancer is lower in people from minority ethnic groups; people's perceptions of cancer are linked to their exposure to the condition; the negative financial impact of cancer is felt most strongly by minority ethnic groups, but also by people from lower socioeconomic status and under 55s.
Systematic search: No
May 2024

The All-Party Parliamentary Group on Birth Trauma: Listen to Mums: Ending the postcode lottery on perinatal care.
The inquiry received more than 1,300 submissions from people who had experienced traumatic birth, as well as nearly 100 submissions from maternity professionals. It also held seven evidence sessions which heard testimony from a wide range of interested parties. It heard accounts of stillbirth, premature birth, babies born with cerebral palsy caused by oxygen deprivation, and life-changing injuries to women as the result of severe tearing. In many of these cases, the trauma was caused by mistakes and failures made before and during labour. Frequently, these errors were covered up by hospitals. There were also many stories of care that lacked compassion. The poor quality of postnatal care was an almost-universal theme. Women from marginalised groups, particularly those from minoritised ethnic groups, appeared to experience particularly poor care, with some reporting direct and indirect racism. Maternity professionals reported a system in which overwork and understaffing was endemic. The picture to emerge was of a maternity system where poor care is all-too-frequently tolerated as normal, and women are treated as an inconvenience. The

report includes recommendations that aim to address these problems and work towards a maternity system that is woman-centred and where poor care is the exception rather than the rule.
Systematic search: No
May 2024

MNSI: National learning report: Factors affecting the delivery of safe care in midwifery units
This report by the Care Quality Commission (CQC) Maternity and Newborn Safety Investigations (MNSI) programme identified workload and staff capacity as among the key factors affecting the delivery of safe maternity care in hospitals. The report is based on a thematic analysis of 92 maternity investigation reports, where the investigation resulted in making safety recommendations to midwife-led units in NHS hospital trusts in England.
Systematic search: No
May 2024

Royal College of Midwives: Matdat. Maternity disadvantage assessment tool: Assessing wellbeing and social complexity in the perinatal period
MatDAT is a standardised assessment tool designed to allow midwives to provide better support to the women in their care. It also includes a modifiable template for maternity services at a local level to map and plan the support services available for women and families experiencing social disadvantage.
Systematic search: No
May 2024

NHS Providers: Co-production and engagement with communities as a solution to reducing health inequalities
This report outlines the principles of co-production and actions which can be taken to apply engagement methodologies across an organisation. It summarises the potential benefits of co-production, including improved patient experiences and outcomes, and the delivery of more inclusive healthcare services that better meet the needs of local communities. It also makes the connection between engagement, co-production and the broader health inequalities agenda, unlocking the potential for collaboratively developing solutions to address complex barriers to health services experienced by some communities. Includes case studies of East London NHS Foundation Trust, Solent NHS Trust and Blackpool Teaching Hospitals NHS Foundation Trust.
Systematic search: No
May 2024

UKSA: Health equity impacts of climate change: a rapid mapping review
The purpose of this rapid mapping review was to identify and categorise primary studies that reported on the health impacts of climate change and the solutions and responses to address climate change in population groups experiencing social vulnerabilities in the UK. The review includes 24 studies which were mapped onto an interactive evidence gap map (Evidence gap map: health equity impacts of climate change) by population group and climate change exposure pathway. Eighteen of the 24 studies identified investigated the health equity impacts of climate change related hazards (increase in ambient temperature, extreme cold, extreme heat, and heavy rainfall and flooding). No studies were identified for drought or other extreme weather events. Only one of the 24 studies investigated the health equity impacts of climate change related health risks, which reported on wildfire-related air pollution. No studies were identified for changes to vector ecology, changes to food supply and safety, changes to water supply and safety, or environmental degradation. Five of the 24 studies identified reported on the health equity impacts of solutions and responses to address climate change (4 on climate change mitigation and one on climate change

adaptation policy and interventions). No evidence was identified for community resilience, or disaster risk reduction, response and recovery.
Systematic search: Limited
May 2024

UKSA: Communal accommodation settings: infectious disease transmission: a rapid review
The review examined 41 studies, all of which were observational in study design. Overall, the evidence suggested that being housed in shared or overcrowded accommodation settings, including private housing and HMO settings, dormitories, and shelters, was associated with an increased risk in the transmission of infectious diseases, including ARIs, TB, gastrointestinal, skin, and meningococcal infections. For private households and HMOs, the associations were typically small to moderate in magnitude, whilst the associations were larger for dormitories and shelters. Results were inconsistent for vessels.
Systematic search: Limited
May 2024

NICE FORWARD PLANNING – Publications due June 2024

Voxelotor for treating sickle cell disease
Technology appraisal

Elranatamab for treating relapsed or refractory multiple myeloma after 3 therapies
Technology appraisal

Selective internal radiation therapy with QuiremSpheres for treating unresectable advanced hepatocellular carcinoma (Partial review of TA688)
Technology appraisal

Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer (Review of TA611)
Technology appraisal

Tirzepatide for managing overweight and obesity
Technology appraisal

Iptacopan for treating paroxysmal nocturnal haemoglobinuria
Technology appraisal

Selpercatinib for untreated advanced thyroid cancer with RET alterations
Technology appraisal

Ganaxolone for treating seizures caused by CDKL5 deficiency disorder in people 2 years and over
Technology appraisal