

NIHR

[Identifying optimal primary prevention interventions for major cardiovascular disease events and all-cause mortality: a systematic review and hierarchical network meta-analysis of RCTs](#)

Blood pressure treatments, intense blood pressure targets, statins when appropriate and multifactorial lifestyle changes were found to be the most effective strategies for primary prevention of cardiovascular disease, with unclear effects from other interventions.

Systematic search: Yes

July 2025

[The quantity, quality and findings of network meta-analyses evaluating the effectiveness of GLP-1 RAs for weight loss: a scoping review](#)

Semaglutide, liraglutide and tirzepatide appear to be effective drugs for weight loss. Tirzepatide 10 and 15 mg, and semaglutide 2.4 mg are associated with the greatest effects and appear to have similar safety profiles. More evidence is needed comparing semaglutide 2.4 mg with tirzepatide, and to explore longer-term safety and effectiveness.

Systematic search: Limited

July 2025

The King's Fund

[How Integrated Care Systems Can Prevent Cardiovascular Disease](#)

CVD is a major cause of economic inactivity and is responsible for around a quarter of all premature deaths in England – up to 80% of which are preventable. Preventing CVD offers one of the most significant opportunities to improve health. Wide inequalities in CVD mortality rates persist. Integrated care systems (ICSs) need to take a 'whole-system' approach to CVD prevention based on co-ordinated action from all local partners, including strengthening efforts to reduce smoking and obesity. This will require closer partnership working between the NHS, public health teams and local government. Proactive identification, monitoring and treatment of high-risk individuals in primary care can help to prevent heart attacks, strokes and deaths, but must be implemented consistently. GP practices need practical support from integrated care boards (ICBs) and others.

Systematic search: No

July 2025

SIGN

Nil

Public Health Scotland

[Understanding more about unscheduled care use in people on the cancer waiting times list in Scotland](#)

Public Health Scotland (PHS) and Macmillan Cancer Support are working together to use data to improve the understanding of the impacts of cancer and its treatment on the cancer population. This project involved linking patient-level data together to attempt to understand more about urgent cancer referrals and people who are admitted as an emergency in the time between their referral and treatment.

Systematic search: No

July 2025

[Evaluation of the National Mission on Drug Deaths: Lived experience survey](#)

This report presents findings from a survey of individuals with experience of using drugs, undertaken as part of the PHS evaluation of the National Drug Deaths Mission. The survey aimed to explore: their views on the support currently available to them, including from Alcohol and Drug Recovery Services - and their views on whether the support offer has got better or worse over the last two years. The survey provides some evidence that the support experience may have improved. However, there are ongoing challenges and scope to improve the support offer.

Systematic search: No

July 2025

[Why was there an increase in advanced stage \(stage III\) cervical cancer in 2020 in Scotland?](#)

PHS and Macmillan Cancer Support are working together to investigate why there were more cases of advanced stage (stage 3) cervical cancer in 2020, despite a fall in the overall rate of cervical cancer. Analysis suggests that overall, the increase in stage III cervical cancer is an artefact of the change in the way stage is measured in the Scottish Cancer Registry and not an impact of the COVID-19 pandemic.

Systematic search: No

July 2025

[Reducing child poverty is essential for the health of the population, our economy and public services](#)

Statement from Public Health Scotland, the Faculty of Public Health, the Royal Society for Public Health and the Scottish Directors of Public Health.

Systematic search: No

July 2025

[Clinical and pathological diagnosis of cancer during the COVID-19 pandemic in Scotland](#)

This project (PHS and Macmillan Cancer Support) aimed to understand the impact of COVID-19 on the pathological confirmation of cancer. It confirms that COVID-19 impacted how cancers were diagnosed during early pandemic restrictions, particularly for non-emergency routes to diagnosis. However, this change was short-lived and recovery to pre-pandemic levels occurred for most cancers by the end of 2020.

Systematic search: No

July 2025

Scottish Government

[Using Discrete Event Simulation to explore "what-if" waiting list scenarios in NHS Scotland](#)

This publication explores the usability of the discrete event simulation method for modelling NHS Scotland planned care waiting lists, given the data available. As an initial case study, the focus was on ophthalmology, and in particular cataract surgery.

Systematic search: No

July 2025

[Health outcomes of experiencing poverty in the early years: evidence review](#)

This evidence review focuses on how poverty during the first 3 years of life can influence future development and health trajectories, drawing on key statistical health indicators and broader evidence. Addressing child poverty and its far-reaching health outcomes requires actions that are system-wide, implemented at both local and national levels, timely, multidimensional, data-driven, and impact-focused. Such efforts can underpin a system that prioritises prevention and the quality and safety of care for children and young people

Systematic search: Limited

July 2025

NICE – Guidelines

[QS212 Overweight and obesity management](#)

This quality standard covers prevention, behavioural management, assessment, and treatment of overweight, obesity and central adiposity in children and young people aged over 2 years, and adults. This includes those with established comorbidities, and those with risk factors for other medical conditions.

Systematic search: No

August 2025

UKHSA

[UKHSA Pathogen Genomics Strategy](#)

The strategy sets the direction for how UKHSA will invest in and transform the use of pathogen genomics in response to infectious public health threats.

Systematic search: No

July 2025

[Local preparedness for synthetic opioids in England](#)

This report summarises analysis and recommendations developed from a review of [Combating Drugs Partnership \(CDPs\)](#) synthetic opioid preparedness plans, and a tabletop exercise conducted with a range of relevant local partners. The report offers evidence and insights for CDPs, especially public health and law enforcement leads, intending to help strengthen their preparedness for an evolving threat. The report also informs national initiatives on this topic. Many of the principles and recommendations discussed are relevant to multiple drug types.

Systematic search: Limited

June 2025

[Transport interventions at schools: health impacts and benefits](#)

A review of the effectiveness of transport-related interventions around schools in reducing children's exposure to air pollution and assessing associated health benefits and other co-benefits.

Systematic search: Limited

June 2025

Health and Care Research Wales Evidence Centre

[Persistent Pain in Wales: Prevalence and Healthcare Utilisation from a Population-Scale Retrospective Cohort Study](#)

15% of the population of Wales are living with persistent pain. Persistent pain is more common among older adults, women, and individuals living in more deprived areas. The study found that people living with persistent pain had 63% more GP events than those without. Those referred to pain services had more healthcare interactions overall and were younger and less frail compared to those not referred. Trends over time showed small but statistically significant decline was observed in the prevalence of persistent pain over the study period. After adjusting for demographics and seasonal changes—there were small but significant monthly increases in GP events, hospital admissions, emergency attendances, for the persistent pain cohort. Outpatient attendances showed small but statistically significant month-on-month decreases. Findings may point to unmet need in accessing specialist care, particularly among older adults and individuals from more deprived areas.

Patterns of pain prevalence and service use reflect existing inequalities across age, sex, and socioeconomic status.

Systematic search: No

July 2025

[What is the effectiveness and cost-effectiveness of at-home time-limited reablement service for improving an individual's independence and health outcomes and reducing the need for long term care: a rapid review](#)

There is a significant amount of evidence on the effectiveness of reablement interventions on person-related outcomes. The interventions identified by the review were effective in improving outcomes associated with independent living and were effective in improving quality of life outcomes. Reablement interventions may be effective in improving falls outcomes, in reducing the risk of mortality, and improving clients' coping in terms of sense of coherence. Strong international evidence indicates that reablement is effective in improving people's ability to undertake mobility and daily living activities. Reablement may reduce the need for long term home care services and was effective in reducing residential care admissions. In terms of other service-level outcomes, there were some contradictory findings on reablement's effectiveness. One study found that reablement was effective in reducing the number of outpatient treatments compared with usual care. The economic evaluations found reablement services were cost-effective when compared to standard at-home care, although there were some methodological flaws that limited the certainty of findings.

Systematic search: Limited

July 2025

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality – USA)

[Digestible Carbohydrate Intake and Maternal-Infant Outcomes: A Systematic Review](#)

A small number of studies found no differences in infant size at birth and gestational weight gain by amount of digestible carbohydrate consumed during pregnancy. There was insufficient evidence to draw a conclusion about the relationship between the amount of digestible carbohydrate consumed during infancy and growth parameters and body composition up to 24 months of age.

Systematic search: Yes

May 2025

Health Foundation

[The elective care waiting list: insights from linked data](#)

Relatively little is known about the impact of long waiting lists on patient health or who is most at risk of adverse events while waiting. NDL teams from four areas (Cheshire and Merseyside, **Grampian**, North West London and West Yorkshire) accessed, linked and analysed local data sources to explore how long different population groups wait for elective care; the reasons people leave the waiting list; and the health care use of those waiting. Wait times vary across population groups and between specialties. Patients from more deprived areas tend to wait longer than those from more affluent areas, and people of Asian, Black or mixed backgrounds were observed to have longer median wait times than white patients. Analysis performed in one area showed people waiting for procedures in multiple different specialties also waited for longer. GP appointments and issuing prescriptions were by far the most common health care events among patients waiting. People on the elective waiting list were observed to have between 9 and 14 GP appointments per year. Despite much lower unit costs, the weekly cost of GP appointments for patients on the waiting list in NDL

areas (£547 per week per 100 people waiting) far outstripped the weekly cost of A&E attendances (£251 per week per 100 people waiting). People from more deprived areas were observed to use more health care than people from less deprived areas. People from more deprived areas had higher rates of A&E attendances and emergency admissions than people from less deprived areas before, during and after waiting. Use of health care overall is typically higher in the immediate months before and after being on the waiting list than it is while waiting. Those waiting for longer also had relatively greater increases in GP appointments and A&E attendances following treatment, compared with those waiting for less time.

Systematic search: No

July 2025

[Geographic inequalities in premature mortality](#)

There are significant differences in how likely people are to die before the age of 75 between different parts of England and Wales. Premature mortality rates are highest in local authorities in the North East, the North West and Yorkshire and the Humber, and lowest in London.

Socioeconomic factors, ethnicity and being born outside the UK account for 61% of the variation in premature mortality rates. On their own, ethnicity and being born outside the UK account for 7% of the variation. This means socioeconomic factors (highest qualification achieved, occupation and area-level deprivation) play a major role in geographic inequalities in premature mortality rates. The remainder – almost 40% – could result from differences in environmental exposures, other socioeconomic factors and building blocks of health (such as social connection) and access to quality health and care services. Addressing the scale of health inequalities will require long-term action for economic recovery in areas with longstanding industrial decline; a strong focus on prevention; investment in public health service; action to address risk factors, (eg. smoking, alcohol, poor diet).

Systematic search: No

July 2025

Canadian Agency for drugs and Technologies in Health (CADTH)

[Cost-Effectiveness of Antiviral Drugs to Prevent or Treat Influenza A, Influenza B, or Zoonotic Influenza](#)

Economic evaluations suggest that oseltamivir or baloxavir marboxil are cost-effective treatments for influenza, particularly in high-risk populations. Baloxavir marboxil may be a valuable alternative in cases of oseltamivir resistance to ensure optimal resource allocation and long-term sustainability of antiviral treatments - but its higher cost requires careful consideration. The generalizability of existing economic evaluations may be limited due to variability in influenza strains and health care systems.

Systematic search: Limited

June 2025

McGill University Health Centre (Canada)

[Machine Perfusion for Liver Transplantation](#)

Machine perfusion is a new way to preserve donor livers using oxygen-rich fluids rather than storing them on ice. There are three types of machine perfusion: Hypothermic oxygenated machine perfusion (HOPE) (cold preservation with oxygen); Normothermic machine perfusion (NMP) (warm perfusion with oxygen); Normothermic regional perfusion (NRP) (warm perfusion done inside the body before organs are removed). HOPE and NRP may improve liver transplant outcomes, especially in higher-risk donor livers. NMP may reduce early liver complications, but the evidence for long-term survival outcomes is less clear. Machine perfusion might also increase the number of donor livers available for transplant by making it possible to use organs that would normally be discarded.

Systematic search: Limited
June 2025

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

Campbell Collaboration
Nil

Glasgow Centre for Population Health

[Lived Experience Panel - Final evaluation report](#)

Following the end of the [CommonHealth Assets](#) (CHA) project, this evaluation report details the impact and outcomes of the CHA Lived Experience Panel (LEP). It offers the panel's learning and reflections as a resource to support others to develop better Patient and Public Involvement activities in public health research. A [journal article](#) with further details is also available.

Systematic search: No
July 2025

Selected other recent reports

Alcohol Focus Scotland (2025) [Community Not a Commodity: LGBT+ Views on Alcohol Marketing](#)

This report brings together insights from conversations with LGBT+ people about their experiences of alcohol, the spaces where they socialise, and how they feel about alcohol marketing.

Behavioural Insights Team (BIT) (2025) [Evaluation of a financial incentives scheme to support healthy eating and physical activity](#)

The Financial Incentives Scheme pilot aimed to assess whether offering financial rewards could lead to improving physical activity and dietary habits. Through an app, participants engaged in personalised physical activity and diet challenges for 20 weeks. The study found modest, statistically significant improvements in diet-related outcomes, notably fruit and vegetable intake (+21 grams/day) and fibre intake (+0.35 grams/day), with greater impacts observed in the high-reward group. However, financial incentives had no statistically significant effect on physical activity levels. Sensitivity analyses were conducted for the physical activity data using data from a fitness tracker worn over a longer period of time. This showed a statistically significant impact on both MVPA (+1.9 min/day) and steps (+256 steps per day). Subgroup analyses revealed disparities in outcomes based on deprivation, age, and incentive levels. The implementation process evaluation highlighted demographic and social influences on participation and engagement, particularly in older and less deprived individuals. While limitations exist, the pilot suggests that financial incentives may promote healthier dietary behaviours.

Healthwatch (2025) [What trans and non-binary people told us about GP care](#)

The report is based on the experiences of 1,393 trans, non-binary and gender-diverse people. Overall, two in five (39%) of those responding to the survey advised they were not at all confident in using their GP for their healthcare needs.

National Records of Scotland (2025) [Healthy Life Expectancy, 2021-2023 - National Records of Scotland \(NRS\)](#)

The time people in Scotland spend in good health has fallen to a near ten year low. The latest figures show that in 2021-2023 females can expect to enjoy 60 years of good health and males 59.6 on average at birth. There are big differences in healthy life expectancy across council areas.

Nesta (2025) [The economic and productivity costs of obesity and excess weight in the UK](#)

The report estimates that obesity and excess weight cost the NHS around £12 billion per year, with the total impact of these conditions on the economy and wider society in the UK equivalent to £126 billion.

Nesta (2025) [How healthy is eating out in Scotland?](#)

Key findings revealed high levels of calories, fat, saturated fat, total sugars, and salt, with low fibre content in many of the 158 samples lab-tested across 14 food items from small independent businesses in Glasgow and Edinburgh.

Nuffield Trust (2025) [Building resilience in adult social care: Learning the lessons from other countries' experiences of Covid-19](#)

The reports look at what helped and hindered responses in France, Japan, Denmark and the Netherlands, and how their systems have started to recover and prepare for future shocks.

Nuffield Trust (2025) [Shifting care from hospital to communities: what are the challenges to achieving this for children and young people?](#)

The report considers the main barriers to bettering community services for those under 25.

Nuffield Trust (2025) [Silence, sexism and stigma: the state of working-age women's health in England](#)

Women spend more years of their life living in poor health than men, including through their working years. This report examines how the burden of disease affects working-age women and men differently. It considers the health conditions and societal issues behind some of these differences, before discussing policy implications in relation to tackling rising inactivity due to ill health.

Royal College of Paediatrics and Child Health (2025) [Vaccination in the UK: Access, uptake and equity](#)

RCPCH's Commission on Immunisation policy report assesses how and why vaccine uptake has stalled or declined. It outlines the evidence and makes recommendations to increase uptake of routine childhood vaccinations across three broad themes: access to services, improved data systems and strengthening public information, education and communication.

NICE FORWARD PLANNING – Publications due August 2025

Pneumonia: diagnosis and management

Clinical Guideline - update (new clinical practice evidence)

Pneumonia: diagnosis and management

Quality Standard - update (new clinical practice evidence)