NHS Rotherham Clinical Commissioning Group
Framework of NICE Guidance
January 2017

NHS Rotherham Clinical Commissioning Group

Guideline No	Title	Summary	Implications & Action	Completed Actions
QS86	Falls in older people	Statement 1 Older people are asked about falls when they have routine assessments and reviews with health and social care practitioners, and if they present at hospital. **[new 2017]** Statement 2 Older people at risk of falling are offered a multifactorial falls risk assessment. **[new 2017]** Statement 3 Older people assessed as being at increased risk of falling have an individualised multifactorial intervention. **[new 2017]** Statement 4 Older people who fall during a hospital stay are checked for signs or symptoms of fracture and potential for spinal injury before they are moved. **[2015]** Statement 5 Older people who fall during a hospital stay and have signs or symptoms of fracture or potential for spinal injury are moved using safe manual handling methods. **[2015]** Statement 6 Older people who fall during a hospital stay have a medical examination. **[2015]** Statement 7 Older people who present for medical attention because of a fall have a multifactorial falls risk assessment. **[2015]** Statement 8 Older people living in the community who have a known history of recurrent falls are referred for strength and balance training. **[2015]** Statement 9 Older people who are admitted to hospital after having a fall are offered a home hazard assessment and safety interventions. **[2015]**		
NG62	Cerebral palsy in under 25s: assessment and management	This guideline covers diagnosing, assessing and managing cerebral palsy in children and young people from birth up to their 25th birthday. It aims to make sure they get the care and treatment they need for the developmental and clinical comorbidities associated with cerebral palsy, so that they can be as active and independent as possible.		
NG63	Antimicrobial stewardship: changing risk-related behaviours in the general population	This guideline covers making people aware of how to correctly use antimicrobial medicines (including antibiotics) and the dangers associated with their overuse and misuse. It also includes measures to prevent and control infection that can stop people needing antimicrobials or spreading infection to others. It aims to change people's behaviour to reduce		

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		antimicrobial resistance and the spread of resistant microbes.		
TA429	Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation	Ibrutinib alone is recommended within its marketing authorisation as an option for treating chronic lymphocytic leukaemia in adults: • who have had at least 1 prior therapy or • who have a 17p deletion or TP53 mutation, and in whom chemo-immunotherapy is unsuitable and • only when the company provides ibrutinib with the discount agreed in the patient access scheme.		
TA430	Sofosbuvir–velpatasvir for treating chronic hepatitis C	Sofosbuvir–velpatasvir is recommended as an option for treating chronic hepatitis C in adults, as specified in table 1, only if the company provides the drug with the discount agreed in the simple discount agreement. https://www.nice.org.uk/guidance/ta430/chapter/1-Recommendations (SEE THIS TABLE)	It is recommended that the decision to treat and prescribing decisions are made by multidisciplinary teams in the operational delivery networks put in place by NHS England, to prioritise treatment for people with the highest unmet clinical need. This guidance is not intended to affect the position of patients whose treatment with sofosbuvir–velpatasvir was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop.	

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TA431	Mepolizumab for treating severe refractory eosinophilic asthma	Mepolizumab, as an add-on to optimised standard therapy, is recommended as an option for treating severe refractory eosinophilic asthma in adults, only if:
		• the blood eosinophil count is 300 cells/microlitre or more in the previous 12 months and
		• the person has agreed to and followed the optimised standard treatment plan and
		  ○ has had 4 or more asthma exacerbations needing systemic corticosteroids in the previous 12 months or
		  ○ has had continuous oral corticosteroids of at least the equivalent of prednisolone 5 mg per day over the previous 6 months and
		• the company provides the drug with the discount agreed in the patient access scheme.
		1.2At 12 months of treatment:
		• stop mepolizumab if the asthma has not responded adequately or
		• continue treatment if the asthma has responded adequately and assess response each year.
		
		An adequate response is defined as:
		• at least 50% fewer asthma exacerbations needing systemic corticosteroids in those people with 4 or more exacerbations in the previous 12 months or
		• a clinically significant reduction in continuous oral corticosteroid use while maintaining or improving asthma control.
			This guidance is not intended to affect the position of patients whose treatment with mepolizumab was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop.	

CG62	Antenatal care for uncomplicated pregnancies	This guideline covers the care that healthy women and their babies should be offered during pregnancy. It aims to ensure that pregnant women are offered regular check-ups, information and support. January 2017: A footnote was added to recommendation 1.6.2.2 linking to the NICE diagnostics guidance on high-throughput non-invasive prenatal testing for fetal RHD genotype (DG25).	January 2017: A footnote was added to recommendation 1.6.2.2 linking to the NICE diagnostics guidance on high-throughput non-invasive prenatal testing for fetal RHD genotype (DG25).	

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MIB91	Boston Keratoprosthesis Type I for corneal blindness	• The intended **place in therapy** would be after penetrating keratoplasty has failed, or if it is unlikely to succeed, such as in people with severe corneal opacity with wet blinking eyes. The Boston KPro I is assembled around a corneal graft before insertion into the person's eye. • The **key points from the evidence** summarised in this briefing are from 9 studies (n=1,202 eyes of 1,162 patients in total) published since NICE produced the interventional procedures guidance on implantation of a corneal graft–keratoprosthesis for severe corneal opacity in wet blinking eyes. Two of the studies were prospective and 7 were retrospective. They showed that Boston KPro I improved visual acuity and was more effective than penetrating keratoplasty in patients with severe corneal opacity who have already had a failed corneal graft.		
MIB92	CentriMag for heart failure	• The intended **place in therapy** would be as an alternative to other short-term ventricular assist devices, or in addition to medical therapy in people with end-stage or acute heart failure. It would be used until a person recovers, until they have a heart transplant, or while a decision is being made about suitable longer-term treatments. • The **key points from the evidence** summarised in this briefing are from 1 systematic review and 5 retrospective case series, 3 of which were set in the UK. These studies included 1,060 patients with pre- or post-cardiotomy cardiogenic shock, graft failure or rejection after transplant, or right ventricular failure after left ventricular assist device placement. Results show that CentriMag can be used in different groups of people with heart failure with varying survival rates. Device failure was rare (0.08% to 0.58% of cases) but adverse events occurred. There was a higher incidence of bleeding and thrombosis in children than in adults.		
MIB93	Ekso exoskeleton for rehabilitation in people with neurological weakness or	The intended place in therapy would be instead of, or in addition to, existing rehabilitation activities including physiotherapy, exercise, strength training, walking therapies with or without support, and functional		

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	paralysis	electrical stimulation. The key points from the evidence summarised in this briefing are from 1 systematic review and 5 case series, involving a total of 41 patients in a rehabilitation setting. After using Ekso, these patients were able to walk without assistance from physiotherapists and their walking speed and distance increased. No serious adverse events were reported.		
ES4	Refractory extrapulmonary sarcoidosis: infliximab	According to specialists involved in this evidence summary, infliximab may be an option for some patients with severe, refractory extrapulmonary sarcoidosis (particularly cutaneous or neurological sarcoidosis); for example, those affected by disabling or disfiguring disease, or whose life expectancy is likely to be reduced. **Regulatory status:** Use of infliximab for treating any manifestation of sarcoidosis is off-label. At the time of publication, 4 infliximab products are available: the original brand Remicade and 3 biosimilar medicines, Flixabi, Inflectra and Remsima.		
KTT18	Multimorbidity and polypharmacy	This document summarises the evidence-base on **multimorbidity and polypharmacy**. It is a key therapeutic topic which has been identified to support medicines optimisation. It is **not formal NICE guidance**.		
KTT19	Psychotropic medicines in people with learning disabilities whose behaviour challenges	There is evidence of widespread prescribing of psychotropic medicines (antipsychotics, antidepressants and hypnotics) for people with learning disabilities; many of whom do not have relevant indications recorded for the psychotropic medicines they are prescribed. The use of most psychotropic medicines to manage challenging behaviour in people with learning disabilities is an off-label use of a licensed medicine. People with learning disabilities may benefit from referral to a learning disability team for specialist review to minimise the use of psychotropic medicines. Review and, if appropriate, optimise prescribing and local policies relating to the treatment of challenging behaviour in people with learning disabilities to ensure these are in line with the NICE guidance on		

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		challenging behaviour and learning disabilities.		
KTT20	Safer insulin prescribing	Clinicians should ensure that people with diabetes who are receiving insulin therapy are given information about awareness and management of hypoglycaemia. People with diabetes who use insulin and who drive should be aware of the need to notify the Driver and Vehicle Licensing Agency (DVLA). Clinicians should refer to chapter 3 of the DVLA's Assessing fitness to drive – a guide for healthcare professionals for more information. Clinicians should be aware of 'sick-day' rules and should ensure that people with diabetes who are receiving insulin therapy are given appropriate information about these. Several new insulin products have been launched recently, including high-strength, fixed combination and biosimilar insulins. Clinicians should be aware of the differences between these products and ensure that people receive appropriate training on their correct use. People should be advised to only use insulin in the way they have been trained because using it any other way may result in a dangerous overdose or underdose. Adults who are using insulin therapy should receive a patient information booklet and an Insulin Passport.		
KTT21	Medicines optimisation in long-term pain	Ensure people with long‑term pain receive optimal pain treatment with careful consideration of the benefits and risks of treatment options. Assess risk and address harms of medicines where safety issues are a concern, such as opioids, gabapentin and pregabalin. Review and, if appropriate, optimise prescribing of opioids, gabapentin or pregabalin to ensure that it is in line with national guidance.		
DG26	Integrated multiplex PCR tests for identifying gastrointestinal pathogens in people with suspected	There is currently insufficient evidence to recommend the routine adoption in the NHS of the integrated multiplex polymerase chain reaction tests, xTAG Gastrointestinal Pathogen Panel, FilmArray GI Panel and Faecal Pathogens B assay, for identifying gastrointestinal pathogens in people with suspected gastroenteritis.		

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	gastroenteritis (xTAG Gastrointestinal Pathogen Panel, FilmArray GI Panel and Faecal Pathogens B assay)			
MIB90	Smartinhaler for asthma	The technology described in this briefing is Smartinhaler. It is a technology that monitors the activation of a person's asthma inhaler. This information is uploaded to a mobile or cloud-based application. The innovative aspect is that this has the potential to allow real-time monitoring of adherence to asthma treatments. This information can be used to give reminders and share data between patients and clinicians. The intended place in therapy would be for people with asthma in the community setting, together with personalised asthma plans and regular clinical review.		
TA427	Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib	Pomalidomide, in combination with low-dose dexamethasone, is recommended as an option for treating multiple myeloma in adults at third or subsequent relapse; that is, after 3 previous treatments including both lenalidomide and bortezomib, only when the company provides pomalidomide with the discount agreed in the patient access scheme.		
TA428	Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy	Pembrolizumab is recommended as an option for treating locally advanced or metastatic PD-L1-positive non-small-cell lung cancer in adults who have had at least one chemotherapy (and targeted treatment if they have an epidermal growth factor receptor [EGFR]- or anaplastic lymphoma kinase [ALK]-positive tumour), only if: pembrolizumab is stopped at 2 years of uninterrupted treatment and no documented disease progression, and the company provides pembrolizumab with the discount agreed in the patient access scheme revised in the context of this appraisal.	This guidance is not intended to affect the position of patients whose treatment with pembrolizumab was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to	

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			stop.	
QS141	Tuberculosis	Quality statements Statement 1 People aged 16 to 35 years who have arrived in the country within the past 5 years, from countries with a high incidence of tuberculosis (TB), are tested for latent TB infection when they register with a GP. Statement 2 Adults aged under 65 years who are diagnosed with HIV, are tested for latent tuberculosis (TB) infection. Statement 3 People who are referred to a tuberculosis (TB) service, who meet specific criteria, have rapid diagnostic nucleic acid amplification tests (NAATs). Statement 4 People who have imaging features suggestive of active pulmonary tuberculosis (TB) are assessed by the next working day. Statement 5 People with active tuberculosis (TB) from under-served groups are offered directly observed therapy. Statement 6 People with active pulmonary tuberculosis (TB) who are homeless are offered accommodation for the duration of their treatment.		
QS142	Learning disabilities: identifying and managing mental health problems	Statement 1 Young people and adults with learning disabilities have an annual health check that includes a review of mental health problems. Statement 2 People with learning disabilities who need a mental health assessment are referred to a professional with expertise in mental health problems in people with learning disabilities. Statement 3 People with learning disabilities and a serious mental illness have a key worker to coordinate their care. Statement 4 People with learning and mental health problems who are receiving psychological interventions have them tailored to their preferences, level of understanding, and strengths and needs. Statement 5 People with learning disabilities who are taking antipsychotic drugs that are not reduced or stopped have annual documentation on reasons for continuing this prescription.		
KTT12	Type 2 diabetes mellitus:	This document summarises the evidence-base on type 2 diabetes mellitus: medicines optimisation priorities. It is a key therapeutic topic		

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	medicines optimisation priorities	which has been identified to support medicines optimisation. It is not formal NICE guidance. January 2017: This topic was retained for the 2017 update of medicines optimisation: key therapeutic topics. The evidence context has been updated in the light of new guidance and important new evidence.		
KTT13	Non-steroidal anti-inflammatory drugs	Review the appropriateness of non-steroidal anti-inflammatory drug (NSAID) prescribing widely and on a routine basis, especially in people who are at higher risk of gastrointestinal, renal and cardiovascular morbidity and mortality (for example, older people). If an NSAID is needed, use ibuprofen (1200 mg a day or less) or naproxen (1000 mg a day or less). Use the lowest effective dose and the shortest duration of treatment necessary to control symptoms. Co-prescribe a proton pump inhibitor with NSAIDs for people who have osteoarthritis or rheumatoid arthritis, and think about the use of gastroprotective treatment when prescribing NSAIDs for low back pain. January 2017: This topic was retained for the 2017 update of medicines optimisation: key therapeutic topics. The evidence context has been updated in the light of new guidance and important new evidence.	See NSAID policy	
KTT14	Wound care products	Review and, if appropriate, optimise prescribing of wound dressings to ensure that the least costly dressings that meet the required clinical performance characteristics are routinely chosen. Prescribe the minimum quantity of dressings sufficient to meet people's needs. Do not routinely choose antimicrobial (for example, silver, iodine or honey) dressings ahead of non-medicated dressings.	Addressed by wound care service	
KTT15	Biosimilar medicines	Biosimilar medicines have the potential to offer the NHS considerable cost savings and widen the access to innovative medicines. Develop and agree local policies to be aware when biosimilar medicines are coming to market and then support their managed introduction into care pathways safely and effectively, taking into account relevant regulatory advice, national guidance, patient factors and cost.	Managed by Eloise Summerfield	

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		Review and, if appropriate, optimise prescribing of medicines for which biosimilar medicines exist to ensure it is in line with these policies. Ensure all biological medicines, including biosimilar medicines, are prescribed by brand name so that products cannot be automatically substituted at the point of dispensing. The choice of whether a patient receives a biosimilar or originator biological medicine rests with the responsible clinician in consultation with the patient.		
KTT16	Anticoagulants, including non-vitamin K antagonist oral anticoagulants (NOACs)	NICE has issued technology appraisal guidance on the use of the 4 non-vitamin K antagonist oral anticoagulants (NOACs), apixaban, dabigatran etexilate, edoxaban and rivaroxaban, in several clinical settings. All 4 NOACs must be included in local formularies for use in line with this guidance, with no additional funding or formulary restrictions. All anticoagulants are associated with several patient safety hazards. In 2007, the National Patient Safety Agency (NPSA), which is now part of NHS Improvement, issued a patient safety alert about anticoagulants. Although the alert pre-dates the widespread use of NOACs the principles within it are still applicable to practice. Review and, if appropriate, optimise prescribing and local policies relating to anticoagulants and antiplatelets, including NOACs, to ensure these are in line with NICE guidance and the principles of the NPSA safety alert. Several factors are likely to affect the choice of anticoagulant for an individual person. NICE has produced a patient decision aid to support discussions about anticoagulant options for people with atrial fibrillation.		
KTT17	Acute kidney injury (AKI): use of medicines in people with or at increased risk of AKI	he NHS programme to improve the care of people at risk of, or with, acute kidney injury (AKI) is one of the Think Kidneys national programmes. Medicines optimisation is important to reduce the risk of AKI and mitigate its severity if it occurs. A patient safety alert has been issued to further raise awareness of AKI, signposting healthcare professionals to the clinical resources available on the Think Kidneys website.		

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		Review and, if appropriate, optimise prescribing and local policies that relate to assessing the risk of AKI and preventing, identifying and managing it, to ensure these are in line with the NICE guideline on AKI.		
KTT3	Lipid-modifying drugs	When a decision is made to prescribe a statin for primary or secondary prevention of cardiovascular disease, the NICE guideline on cardiovascular disease: risk assessment and reduction, including lipid modification recommends using a statin of high intensity and low acquisition cost. The NICE guideline on familial hypercholesterolemia (which is being updated; publication expected April 2017) gives recommendations for people with this condition. People with primary hypercholesterolaemia should be considered for ezetimibe treatment in line with the NICE technology appraisal guidance on ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia. People with primary hypercholesterolaemia or mixed dyslipidaemia should be considered for treatment with the PCSK9 inhibitors alirocumab or evolocumab in line with the NICE technology appraisal guidance on alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia and evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia. The NICE guideline on cardiovascular disease: risk assessment and reduction, including lipid modification recommends that bile acid sequestrants, nicotinic acid, fibrates and omega-3 fatty acid compounds should not generally be offered (see the guideline for details). It may be appropriate to use bile acid sequestrants, nicotinic acid or fibrates to treat familial hypercholesterolaemia in some circumstances (see the NICE guideline on familial hypercholesterolemia). Review and, if appropriate, optimise prescribing of lipid-modifying drugs including statins, ezetimibe, bile acid sequestrants, fibrates, nicotinic acid, omega‑3 fatty acid compounds and PCSK9 inhibitors to ensure it is in line with NICE guidance.		
KTT5	Asthma: medicines	Review all people with asthma who have been prescribed more than 12 short-acting reliever inhalers in the previous 12 months.		

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	optimisation priorities	Inhaled corticosteroids (ICS) are the first-choice regular preventer therapy for adults and children with asthma, but the dose should be titrated to the lowest dose at which effective control of asthma is maintained to minimise side effects. Non-adherence to ICS is associated with increased risk of poor asthma control and should be continually monitored. Use of combination inhalers should be encouraged. Where long-acting beta agonists (LABAs) are prescribed for people with asthma, they should be prescribed with an ICS in a single combination inhaler. LABAs should not be used without ICS. The NICE quality standard on asthma states that people with asthma should receive a structured review at least annually and have a written personalised action plan. It is important to ensure that all people with asthma are treated optimally; this includes increasing and decreasing treatment appropriately by moving up and down the different treatment options. An assessment of inhaler technique to ensure effectiveness should be routinely undertaken and formally documented at annual review, and also checked by the pharmacist when a new device is dispensed.		
KTT6	Hypnotics	The risks associated with hypnotics (including melatonin) such as falls, cognitive impairment, dependence and withdrawal symptoms, are well recognised. Hypnotics should be used only if insomnia is severe, using the lowest dose that controls symptoms for short periods of time. Review and, if appropriate, optimise prescribing of hypnotics to ensure that it is in line with national guidance.		
KTT7	Low-dose antipsychotics in people with dementia	The risks and limited benefits of using low-dose antipsychotics for treating dementia in people who exhibit challenging behaviours are well recognised. Review and, if appropriate, optimise prescribing of low-dose antipsychotics in people with dementia, in accordance with the NICE/Social Care Institute for Excellence (SCIE) guideline on dementia		

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		and the NICE quality standard on dementia.		
KTT9	Antimicrobial stewardship: prescribing antibiotics	Antibiotic resistance poses a significant threat to public health, especially because antibiotics underpin routine medical practice. Review and, if appropriate, revise prescribing and local policies that relate to antimicrobial stewardship to ensure these are in line with the NICE guideline on antimicrobial stewardship: systems and processes for effective antimicrobial medicine use. A NICE guideline on antimicrobial stewardship: changing risk-related behaviours in the general population is in development (publication expected January 2017). Review and, if appropriate, optimise current prescribing practice and use implementation techniques to ensure prescribing is in line with Public Health England (PHE) guidance on managing common infections, the Department of Health's guidance Start smart − then focus, local trust antimicrobial guidelines and the Antimicrobial Stewardship in Primary Care collaboration TARGET antibiotics toolkit. Review the following against local and national prescribing criteria: total volume of antibiotic prescribing prescribing of quinolones, cephalosporins, co-amoxiclav and other broad-spectrum antibiotics prescribing of 3-day courses of trimethoprim, nitrofurantoin and pivmecillinam.	January 2017: This topic was retained for the 2017 update of medicines optimisation: key therapeutic topics. The focus has been changed to antimicrobial stewardship, and this topic now also includes key information from the 3-day courses of antibiotics for uncomplicated urinary tract infection topic. The evidence context has been updated in the light of new guidance and important new evidence.	