

**NHS Rotherham Clinical Commissioning Group
Framework of NICE Guidance
July 2016**

Guideline No	Title	Summary	Implications & Action	Completed Actions
TA259	Abiraterone (Zytiga) for castration-resistant metastatic prostate cancer in adults who have had previous treatment with a docetaxel-containing regimen.	This guidance has been re-issued after a change to the commercial arrangements in July 2016. It has been verified that this change does not impact cost effectiveness	No action needed	
TA387	Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated	This guidance has been re-issued after a change to the commercial arrangements in July 2016. It has been verified that this change does not impact cost effectiveness.	No action needed	
TA398	Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation	Lumacaftor–ivacaftor is not recommended , within its marketing authorisation, for treating cystic fibrosis in people 12 years and older who are homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene. 1.2 This guidance is not intended to affect the position of patients whose treatment with lumacaftor–ivacaftor 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. For children and young people, this decision should be made jointly by the clinician and the child or young person or the child or young person's parents or carers.	No action needed	
TA399	Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts	Azacitidine is not recommended, within its marketing authorisation, for treating acute myeloid leukaemia with more than 30% bone marrow blasts in people of 65 years or older who are not eligible for haematopoietic stem cell transplant. 1.2 This guidance is not intended to affect the position of patients whose treatment with azacitidine was started within the NHS before	No action needed	

**NHS Rotherham Clinical Commissioning Group
Framework of NICE Guidance
July 2016**

Guideline No	Title	Summary	Implications & Action	Completed Actions
		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		
TA400	Nivolumab in combination with ipilimumab for treating advanced melanoma	Nivolumab in combination with ipilimumab is recommended, within its marketing authorisation, as an option for treating advanced (unresectable or metastatic) melanoma in adults, only when the company provides ipilimumab with the discount agreed in the patient access scheme.		
MIB71	Alair bronchial thermoplasty system for adults with severe difficult to control asthma	<p>Bronchial thermoplasty (BT) is a catheter-based bronchoscopy treatment for severe, difficult to control asthma in adult patients. The Alair system is designed to help control asthma symptoms by delivering thermal energy from a radiofrequency source to reduce the amount of excess airway smooth muscle.</p> <p>The Alair bronchial thermoplasty system is designed to reduce the amount of smooth muscle in the airway walls, with the aim of improving symptoms in people with severe, difficult to control asthma. Evidence from 3 systematic reviews (reporting on 3 randomised controlled trials of mixed quality) suggests that use of the Alair system is associated with some patient benefits (such as improved quality of life, and morning peak expiratory flow), but not all benefits were considered to be clinically significant. There is mixed evidence in relation to other outcomes (including asthma exacerbations, hospitalisations and emergency department visits).</p> <p>The procedure must be done 3 times, once every 3 weeks. The device cost for 3 procedures is up to £6,930 (for 3 single-use catheters), with a capital cost of up to £31,500 for the radiofrequency controller. Additional costs include more detailed pre-bronchoscopy assessments, increased patient monitoring and treating short-term adverse events.</p>		
NG48	Oral health for adults in	This guideline covers oral health, including dental health and daily	This is to be circulated to all	

**NHS Rotherham Clinical Commissioning Group
Framework of NICE Guidance
July 2016**

Guideline No	Title	Summary	Implications & Action	Completed Actions
	care homes	mouth care, for adults in care homes. The aim is to maintain and improve their oral health and ensure timely access to dental treatment.	departments who deal with care homes.	
NG49	Non-alcoholic fatty liver disease (NAFLD): assessment and management	<p>This guideline covers how to identify the adults, young people and children with non-alcoholic fatty liver disease (NAFLD) who have advanced liver fibrosis and are most at risk of further complications. It outlines the lifestyle changes and pharmacological treatments that can manage NAFLD and advanced liver fibrosis.</p> <p>Recommendations The guideline includes recommendations on:</p> <ul style="list-style-type: none"> •identifying groups at higher risk of NAFLD •diagnosing NAFLD in children and young people, and referring them to tertiary care •identifying adults, young people and children with advanced liver fibrosis •lifestyle modifications for NAFLD •pharmacological treatment for advanced liver fibrosis <p>Be aware that people with NAFLD who are taking statins should keep taking them.</p> <p>Only consider stopping statins if liver enzyme levels double within 3 months of starting statins, including in people with abnormal baseline liver blood results.</p> <p>In secondary or tertiary care settings only, consider pioglitazone[1] or vitamin E[2] for adults with advanced liver fibrosis, whether they have diabetes or not.</p> <p>Before prescribing pioglitazoneor vitamin E to adults, take into account any comorbidities that they have and the risk of adverse events associated with these conditions.</p>		

Guideline No	Title	Summary	Implications & Action	Completed Actions
		<p>In tertiary care settings only, consider vitamin E for children with advanced liver fibrosis, whether they have diabetes or not.</p> <p>In secondary or tertiary care settings only, consider vitamin E for young people with advanced liver fibrosis, whether they have diabetes or not.</p> <p>Offer to retest people with advanced liver fibrosis 2 years after they start a new pharmacological therapy to assess whether treatment is effective.</p> <p>Consider using the ELF test to assess whether pharmacological therapy is effective.</p> <p>If an adult's ELF test score has risen, stop either vitamin E or pioglitazone and consider switching to the other pharmacological therapy.</p> <p>If a child or young person's ELF test score has risen, stop vitamin E.</p>		
NG50	Cirrhosis in over 16s	This guideline covers assessing and managing suspected or confirmed cirrhosis in people who are 16 years or older. It aims to improve how cirrhosis is identified and diagnosed. It recommends tools to assess the severity of cirrhosis and gives advice on monitoring people with cirrhosis to detect and manage complications early, and referral criteria for tertiary care.		
NG51	Sepsis: Recognition, diagnosis and early management	This guideline covers the recognition, diagnosis and early management of sepsis for all populations. The guideline committee identified that the key issues to be included were: recognition and early assessment, diagnostic and prognostic value of blood markers for sepsis, initial treatment, escalating care, identifying the source of infection, early monitoring, information and support for patients and carers, and training and education.		

Guideline No	Title	Summary	Implications & Action	Completed Actions
NG52	Non-Hodgkin's lymphoma: diagnosis and management	This guideline covers diagnosing and managing non-Hodgkin's lymphoma in people aged 16 years and over. It aims to improve care for people with non-Hodgkin's lymphoma by promoting the best tests for diagnosis and staging and the most effective treatments for 6 of the subtypes. Tests and treatments covered include excision biopsy, radiotherapy, immunochemotherapy and stem cell transplantation.		
QS125	Diabetes in children and young people.	<p>Statement 1. Children and young people presenting in primary care with suspected diabetes are referred to and seen by a multidisciplinary paediatric diabetes team on the same day.</p> <p>Statement 2. Children and young people with type 1 or type 2 diabetes are offered a programme of diabetes education from diagnosis that is updated at least annually.</p> <p>Statement 3. Children and young people with type 1 diabetes are offered intensive insulin therapy and level 3 carbohydrate-counting education at diagnosis.</p> <p>Statement 4. Children and young people with type 1 diabetes who have frequent severe hypoglycaemia are offered ongoing real-time continuous glucose monitoring with alarms.</p> <p>Statement 5. Children and young people with type 1 diabetes are offered blood ketone testing strips and a blood ketone meter.</p> <p>Statement 6. Children and young people with type 1 or type 2 diabetes are offered access to mental health professionals with an understanding of diabetes.</p>		
QS126	Motor Neurone Disease	Statement 1. Adults diagnosed with motor neurone disease (MND) are given information about the diagnosis, prognosis and management of MND by a consultant neurologist with expertise in treating people with MND.		

**NHS Rotherham Clinical Commissioning Group
Framework of NICE Guidance
July 2016**

Guideline No	Title	Summary	Implications & Action	Completed Actions
		<p>Statement 2. Adults with MND who have respiratory impairment are offered non-invasive ventilation (NIV) based on regular assessments of respiratory function and symptoms.</p> <p>Statement 3. Adults with MND receive tailored equipment and adaptations without delay, based on regular multidisciplinary team assessments.</p> <p>Statement 4. Adults with MND receive personal care and support from a consistent team of workers who are familiar with their needs.</p> <p>Statement 5. Adults with MND are given opportunities to discuss their preferences and concerns about end of life care at diagnosis and key stages of disease progression.</p>		
NG28	Type 2 diabetes in adults	In July 2016, recommendation 1.7.17 has been reworded to clarify the role of GPs in referring people for eye screening and also to add information on when this should happen.		
NG17	Type 1 diabetes in adults	In July 2016, recommendation 1.15.1 has been reworded to clarify the role of GPs in referring people for eye screening and also to add information on when this should happen.		
CG181	Cardiovascular disease: risk assessment and reduction, including lipid modification	This guideline covers the assessment and care of adults who are at risk of or who have cardiovascular disease (CVD), such as heart disease and stroke. It aims to help healthcare professionals identify people who are at risk of cardiovascular problems, including people with type 1 or type 2 diabetes, or chronic kidney disease. It describes the lifestyle changes people can make and how statins can be used to reduce their risk.	<p>In July 2016, recommendation 1.2.2 was amended to clarify the advice on saturated and monounsaturated fat. Advise people at high risk of or with CVD to:</p> <ul style="list-style-type: none"> •reduce their saturated fat intake. •increase their mono-unsaturated fat intake with 	

**NHS Rotherham Clinical Commissioning Group
Framework of NICE Guidance
July 2016**

Guideline No	Title	Summary	Implications & Action	Completed Actions
			olive oil, rapeseed oil or spreads based on these oils and to use them in food preparation.	
CG64	Prophylaxis against infective endocarditis: antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures	<p>In July 2016, 'routinely' was added to recommendation 1.1.3 for consistency with recommendation 1.1.2. This addition emphasises NICE's standard advice on healthcare professionals' responsibilities</p> <p>Antibiotic prophylaxis against infective endocarditis is not recommended routinely[1]:</p> <ul style="list-style-type: none"> •for people undergoing dental procedures •for people undergoing non-dental procedures at the following sites[2]: ◦upper and lower gastrointestinal tract ◦genitourinary tract; this includes urological, gynaecological and obstetric procedures, and childbirth ◦upper and lower respiratory tract; this includes ear, nose and throat procedures and bronchoscopy 		
CG71	Familial hypercholesterolaemia: identification and management	<p>In July 2016, recommendations 1.3.1.6–1.3.1.11 were replaced and are adapted from ezetimibe for treating primary (heterozygous-familial and non-familial) hypercholesterolaemia (NICE technology appraisal guidance 385). TA385 has replaced TA132, the original source for these recommendations.</p> <p>The advice in the NICE guideline covers the care and treatment of adults and children/young people with familial hypercholesterolaemia (a specific type of inherited high cholesterol that runs in the family).</p> <p>It does not cover other forms of hypercholesterolaemia that are not</p>		

**NHS Rotherham Clinical Commissioning Group
Framework of NICE Guidance
July 2016**

Guideline No	Title	Summary	Implications & Action	Completed Actions
		genetic (inherited) or that are due to other genetic conditions.		
IPG563	Percutaneous endoscopic laser balloon pulmonary vein isolation for atrial fibrillation	Evidence-based recommendations on percutaneous endoscopic laser balloon pulmonary vein isolation for atrial fibrillation in adults. This involves destroying the tissue causing atrial fibrillation using laser energy. This guidance replaces NICE interventional procedures guidance on percutaneous endoscopic catheter laser balloon pulmonary vein isolation for atrial fibrillation (IPG399).		
MIB72	Lutonix drug-coated balloon for peripheral arterial disease	NICE has developed a medtech innovation briefing (MIB) on the Lutonix drug-coated balloon for peripheral arterial disease. •The intended place in therapy would be as an alternative to other reconstructive options for PAD such as standard or plain balloon PTA, or bypass grafting.		
MIB73	NICE has developed a medtech innovation briefing (MIB) on the Quantitative Timed Up and Go (QTUG).	•The technology described in this briefing is the Quantitative Timed Up and Go (QTUG). It uses body-worn sensors and a mobile software app to assess mobility, falls risk and frailty. It is used during the standard Timed Up and Go (TUG) test. •The intended place in therapy for QTUG would be as an alternative to the standard TUG test. QTUG is intended to be used to assess mobility, falls risk or frailty in people needing a mobility assessment, including older people, those with disabilities affecting gait and mobility, and those with chronic neurological conditions		
MIB74	Stretta System for gastro-oesophageal reflux disease	Stretta System. It applies radiofrequency (RF) energy to the lower oesophageal sphincter and gastric cardia to improve symptoms of gastro-oesophageal reflux disease (GORD). •The innovative aspects are that this is the only RF energy device for treating GORD. Stretta Therapy is minimally invasive and can be		

Guideline No	Title	Summary	Implications & Action	Completed Actions
		<p>done under sedation in an outpatient endoscopy suite, or under general anaesthesia as a day case procedure.</p> <ul style="list-style-type: none"> •The intended place in therapy would be for treating GORD symptoms, which cannot be controlled using proton pump inhibitor (PPI) medication therapy, alongside surgery, or before surgery. NICE interventional procedures guidance on endoscopic radiofrequency ablation for gastro-oesophageal reflux disease recommends that, because of uncertainty over longer-term safety and inconclusive efficacy evidence, the procedure should only be used with special arrangements for clinical governance, consent and audit or research. •The key points from the evidence summarised in this briefing come from 5 studies (n=588) published after the interventional procedures guidance was published. The evidence suggests that Stretta Therapy improves symptom scores and reduces PPI medication dependence up to 5 years after treatment when compared with baseline. No additional objective efficacy evidence has been published. •Key uncertainties around the evidence are that none of the published studies were set in the UK. There are no comparative studies of Stretta Therapy against other endoscopic treatments of GORD. •The Stretta System costs £2,495 for the single-use delivery catheter and £25,000 for the reusable RF generator, excluding VAT. 		
MIB75	Ultroid 2.0 for internal haemorrhoids	<ul style="list-style-type: none"> •The technology described in this briefing is the Ultroid 2.0. It is a direct current electrotherapy system intended for use in people with internal haemorrhoids (grades I to III). •The innovative aspects are that it is currently the only available technology to use direct current electrotherapy for treating haemorrhoids. Unlike comparator treatments, Ultroid 2.0 does not require general or regional anaesthesia. •The intended place in therapy for Ultroid 2.0 would be as an alternative to non-surgical treatments such as rubber band ligation, injection sclerotherapy, or bipolar diathermy as well as surgical treatments such as haemorrhoidectomy or stapled haemorrhoidectomy. 		

**NHS Rotherham Clinical Commissioning Group
Framework of NICE Guidance
July 2016**

Guideline No	Title	Summary	Implications & Action	Completed Actions
HST3	Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene	<p>Ataluren, within its marketing authorisation, is recommended for treating Duchenne muscular dystrophy resulting from a nonsense mutation in the dystrophin gene in people aged 5 years and older who can walk, only when:</p> <ul style="list-style-type: none"> •the company provides ataluren with the discount agreed in the patient access scheme •the conditions under which ataluren is made available are set out in the managed access agreement between the company and NHS England, which should include the conditions set out in sections 5.12–5.15 and 5.23 of this guidance. <p>1.2 This guidance is not intended to affect the position of patients whose treatment with ataluren 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.</p>		