

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

Guideline No	Title	Summary	Implications & Action	Completed Actions
NG56	Multi morbidity: clinical assessment and management	This guideline covers optimising care for adults with multi morbidity (multiple long-term conditions) by reducing treatment burden (polypharmacy and multiple appointments) and unplanned care. It aims to improve quality of life by promoting shared decisions based on what is important to each person in terms of treatments, health priorities, lifestyle and goals. The guideline sets out which people are most likely to benefit from an approach to care that takes account of multimorbidity, how they can be identified and what the care involves.		
QS130	Skin Cancer	<p>Statement 1. Local authority health promotion activities on preventing skin cancer and recognising early signs are consistent with the messages in any national campaigns.</p> <p>Statement 2. GPs who manage low-risk basal cell carcinoma, including GPs with a special interest (GPwSI), maintain and audit records of their caseload.</p> <p>Statement 3. People with suspected malignant melanoma are referred using a suspected cancer pathway for an appointment within 2 weeks.</p> <p>Statement 4. People with pigmented skin lesions undergoing a specialist assessment have the lesions examined using dermoscopy.</p> <p>Statement 5. People with malignant melanoma or squamous cell carcinoma have access to a skin cancer clinical nurse specialist.</p> <p>Statement 6. People with stage IB–IIC melanoma with a Breslow thickness of more than 1 mm have a discussion about the advantages and disadvantages of sentinel lymph node biopsy as a staging procedure.</p> <p>Statement 7. People with unresectable or metastatic melanoma</p>		

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		are offered genetic testing of the tumour.		
QS131	Intravenous fluid therapy in children and young people in hospital	<p>Statement 1. Term neonates, children and young people receiving intravenous (IV) fluid therapy have their plasma electrolyte concentrations and blood glucose measured when starting IV fluids and then at least every 24 hours.</p> <p>Statement 2. Term neonates, children and young people receiving IV fluid therapy have their fluid balance assessed when starting IV fluids and then at least every 12 hours.</p> <p>Statement 3. Term neonates, children and young people are not given hypotonic fluids or glucose-containing fluids for IV fluid resuscitation.</p> <p>Statement 4. Term neonates, children and young people receiving IV fluids for routine maintenance are not given hypotonic fluids as the initial fluid.</p> <p>Statement 5. Hospitals have an IV fluids lead who has overall responsibility for training, clinical governance, audit and review of IV fluid prescribing, and patient outcomes.</p>		
QS132	Social care for older people with multiple long-term conditions	<p>Statement 1. Older people with multiple long-term conditions having a care and support needs assessment have their physical and mental health needs included.</p> <p>Statement 2. Older people with multiple long-term conditions having a care and support needs assessment discuss services that could help, any cost of these services and how they can be paid for.</p> <p>Statement 3. Older people with multiple long-term conditions and eligible social care needs have a named care coordinator.</p> <p>Statement 4. Older people with multiple long-term conditions and eligible social care needs have an agreed health and social care plan that includes how their personal priorities and outcomes will be met.</p>		

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		Statement 5. Older people with multiple long-term conditions and eligible social care needs have a review of their health and social care plan at least once a year.		
NG55	Harmful sexual behaviour among children and young people	This guideline covers children and young people who display harmful sexual behaviour, including those on remand or serving community or custodial sentences. It aims to ensure these problems don't escalate and possibly lead to them being charged with a sexual offence. It also aims to ensure no-one is unnecessarily referred to specialist services. 'Young people' refers mainly to those aged 10 to 18 but also includes people up to 25 with special educational needs or a disability.		
CG42	Dementia: supporting people with dementia and their carers in health and social care.	Update: In September 2016, recommendation 1.3.3.2 was updated and replaced by recommendations 1.2.9, 1.6.3, 1.6.4, 1.7.5 and 1.8.17 in the NICE guideline on mental health problems in people with learning disabilities, and recommendations 1.5.1.2 and 1.6.2.7 were replaced by recommendation 1.8.16 in the NICE guideline on mental health problems in people with learning disabilities.		
MIB78	QuikRead go for C reactive protein testing in primary care	The intended place in therapy would be in primary care, where it would be used by GPs or nurse practitioners to help guide appropriate prescribing of antibiotics for people with lower respiratory tract infection. The key points from the evidence summarised in this briefing are from 2 randomised controlled trials, a retrospective diagnostic case-control study and a prognostic study (n=4,874). These studies reported reduced antibiotic prescribing rates compared with standard care, and that the technology performed with a similar accuracy as a standard laboratory CRP test in detecting pneumonia. The diagnostic case-control study reported sensitivity as 52% and 20% for low (20 mg/litre) and high (100 mg/litre) thresholds respectively for the detection of radiographic pneumonia, and specificity as 72% and 99%. Key uncertainties around the evidence are the use of the predecessor version of the technology in the randomised controlled trials.		

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		<p>However, the core technology is the same for the predecessor version of QuikRead go and the clinical outcomes reported are likely to be applicable to both systems.</p> <p>The QuikRead go instrument costs £1,050 and the QuikRead go CRP test kits cost £215 for 50 single use tests (excluding VAT). These would represent an additional acquisition cost to standard care, along with costs associated with maintenance and quality assurance. Using this technology could contribute to fulfilling antibiotic stewardship programmes.</p> <p>NICE has also published a medtech innovation briefing on the Alere Afinion CRP for CRP testing in primary care.</p>		
MIB79	VitalPAC for assessing vital signs of patients in hospital	<p>The technology described in this briefing is the VitalPAC mobile clinical software system. It analyses manually entered, or samples automatically captured, patient vital sign data to identify deterioration in a patient's health. The software operates on the Apple iPod touch, iPad and iPhone and is designed to integrate with hospital clinical systems.</p> <p>The innovative aspects are that VitalPAC has the potential to automatically calculate a patient's early warning score (EWS), and to prompt clinicians to respond in line with hospital protocol.</p> <p>The intended place in therapy would be in place of paper records and manual calculations of observations for people who are acutely ill in hospital.</p>		
MIB80	FLEXISEQ for osteoarthritis	<p>The technology described in this briefing is FLEXISEQ, a topically applied drug-free gel indicated for treating the symptoms of osteoarthritis. A potential innovative aspect is that it is described as having a novel, physical mode of action and contains no active drug. It consists of an aqueous gel containing hydrophilic, nanoscale lipid vesicles made from phospholipid bilayer (Sequessome vesicles), which are designed to pass through the skin into the joint. FLEXISEQ is regulated as a medical device.</p> <p>The intended place in therapy is as a pain-relieving treatment for</p>		

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		<p>people with all stages of osteoarthritis, especially those for whom non-steroidal anti-inflammatory drugs (NSAIDs) are not suitable. It would be used in addition to core treatments such as exercise and weight loss.</p> <p>FLEXISEQ is not yet available on the NHS</p>		
MIB81	Alere Afinion CRP for C-Reactive protein testing in primary care	<p>The intended place in therapy would be in primary care, where it would be used by GPs or nurse practitioners to help guide appropriate prescribing of antibiotics to people with lower respiratory tract infection.</p> <p>The key points from the evidence summarised in this briefing are from 6 studies (n=1,615). One randomised controlled trial reported that Alere Afinion CRP testing resulted in a lower antibiotic prescribing rate and fewer referrals for chest X-ray compared with non-CRP-guided treatment. A diagnostic case-control study reported sensitivity as 55% and 20% for low (20 mg/litre) and high (100 mg/litre) thresholds respectively for the detection of radiographic pneumonia, and specificity as 73% and 99%. CRP testing improved simulated clinical management of pneumonia compared with a basic model without CRP testing. One study in a paediatric population, incorporating a randomised controlled trial component, reported an increase in antibiotic prescribing rate during 10 day follow-up.</p> <p>Key uncertainties around the evidence are that neither of the included randomised controlled trials provided diagnostic accuracy data on the system and clinical follow-up was limited. A diagnostic case-control study did provide diagnostic accuracy information, but had important methodological weaknesses in its design.</p> <p>The cost of the Afinion AS100 analyser is £1,200 and Alere Afinion CRP test cartridges are £3.50 per test (excluding VAT). These would represent an additional acquisition cost to standard care, along with costs associated with maintenance and quality assurance.</p>		
NG54	Mental health problems in people with learning disabilities: prevention, assessment and management.	<p>This guideline covers preventing, assessing and managing mental health problems in people with learning disabilities in all settings (including health, social care, education, and forensic and criminal justice). It aims to improve assessment and support for mental health conditions, and help people with learning disabilities and their families</p>		

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		and carers to be involved in their care.		
QS129	Contraception	<p>Statement 1. Women asking for contraception from contraceptive services are given information about, and offered a choice of, all methods including long-acting reversible contraception.</p> <p>Statement 2. Women asking for emergency contraception are told that an intrauterine device is more effective than an oral method.</p> <p>Statement 3. Women who request an abortion discuss contraception with a healthcare practitioner and are offered a choice of all methods when they are assessed for abortion and before discharge.</p> <p>Statement 4. Women who give birth are given information about, and offered a choice of, all contraceptive methods by their midwife within 7 days of delivery.</p>		
IPG565	Minature lens implantation for advanced age related macular degeneration.	This involves implanting an artificial lens system into one eye only. This guidance replaces NICE interventional procedures guidance on implantation of miniature lens systems for advanced age-related macular degeneration (IPG272).		