

# SW London Primary Care Clinical Effectiveness Bulletin

Issue No. 29: MAY-JULY 2014

Welcome to this digest of best practice relevant to primary care distributed to all GP practices in South West London. This information is collated from national and local sources, with hyperlinks to the more detailed guidance within each section – simply [control + click] within the sections to follow the links to websites.

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## 1. South West London Effective Commissioning Initiative (ECI)

The [SW London Effective Commissioning Initiative \(ECI\)](#), is driven by the need to ensure that NHS funded treatments are effective, evidence-based, provide value for money, and that access to them is equitable across the cluster. Please follow the link above for the 2013/14 ECI Policy Document which is currently under review. This month we showcase another ECI topic:

### KELOIDECTOMY

Keloidectomy will be considered if the keloid:

- Results in significant functional impairment **OR**
- Causes significant pain requiring chronic analgesic medication. **OR**
- Bleeding. **OR**
- Suspicion of malignancy. **OR**
- Obstruction of orifice or vision. **OR**
- Failure to respond to intralesional steroid injection.

Panels will take into consideration the number of previous surgeries. If approved, Panels will agree funding for one repair only and for steroid and/or radiotherapy as clinically indicated.

## 2. NICE Clinical Guidelines & Public Health Guidelines

### [Overweight and obese adults - lifestyle weight management \(PH53\)](#) May 2014

Losing even a small amount of weight can help to improve the health of people who are overweight or obese and lower their risk of developing type 2 diabetes, heart disease and cancer, says NICE. People attending a lifestyle weight management programme should look to make gradual, long-term changes to dietary habits and physical activity levels and aim to lose around 3 per cent of their body weight. The programmes should, however, explain that the more weight lost, the greater the health benefits particularly if someone loses more than 5 per cent of their body weight and maintains this for life. The guideline recommends provision of multi-component lifestyle weight management programmes, courses, clubs or groups that aim to change someone's behaviour to reduce their energy intake and encourage them to be physically active. Usually known as 'tier 2' services, these programmes are one part of a comprehensive approach to preventing and treating obesity. Clinical judgement will be needed to determine eligibility of individuals for such programmes.

### [Atrial fibrillation: the management of atrial fibrillation \(CG180\) \(Updates CG36\)](#) June 2014

The update highlights the need to ensure people with atrial fibrillation (AF) are offered the right treatments to reduce their chance of dying from strokes. Atrial fibrillation happens when abnormal electrical signals fire from the top chambers of the heart (the atria). The chambers contract randomly and override the heart's natural pacemaker. The condition affects around 800,000 people in the UK; but it's thought around 250,000 others may be undiagnosed.

Since 2012 a number of novel oral anticoagulants (or NOACs), have been approved by NICE representing an attractive option for some people with AF as they don't require such regular monitoring and dose adjustments. However, there is evidence that these drugs are not being as widely prescribed as they could.

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New recommendations have also been added for a personalised package of care and information, referral for specialised management, stroke prevention, rate and rhythm control and the management of acute atrial fibrillation.

## [Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease \(CG181\) \(Replaces CG67 and TA94\)](#) July 2014

This updated guidance offers evidence-based advice on the care and treatment of people at risk of cardiovascular disease and people who have had previous cardiovascular disease. It includes new and updated recommendations on risk assessment, lifestyle modifications and the use of lipid-lowering drugs and complements the NHS Health checks programme.

NICE advises that the threshold for starting preventive treatment of these conditions should be halved from a 20% risk of developing CVD over 10 years to a 10% risk. Prevention includes stopping smoking, reducing alcohol consumption, taking exercise and eating a healthy diet. Once these factors have been addressed, the guidance says high intensity statin therapy should be offered. It will also provide further clarity for practitioners in primary and secondary care about how to manage patients both with and without pre-existing cardiovascular disease.

## [Chronic kidney disease \(CG182\) \(Replaces CG73\)](#) July 2014

This updated guidance will assist correct diagnosis of CKD, a common condition affecting up to 1 in 10 people, and ensure that the right people get the right treatment for their condition. There have been concerns that CKD may have been over-diagnosed in the past. Implementation of the recommendations will reduce the number of people being diagnosed and treated. These include:

- Testing for CKD by checking chemical markers in the blood using tables to determine when a person should be diagnosed.
- How to help people manage their own condition including providing people with

information about exercise, diet and lowering their blood pressure.

- Warning people who have had an acute kidney injury (AKI) that they are at increased risk of developing CKD and should be monitored for at least 2-3 years after the AKI, even when their kidney function returns to normal.

## [Safe staffing for nursing in adult inpatient wards in acute hospitals](#) (SG1)

July 2014

This guideline covers safe staffing for nursing in adult inpatient wards in acute hospitals. It recommends a systematic approach at ward level to ensure that patients receive the nursing care they need, regardless of the ward to which they are allocated, the time of the day, or the day of the week. It identifies organisational and managerial factors that are required to support safe staffing for nursing, and makes recommendations for monitoring and taking action if there are not enough nursing staff available to meet the nursing needs of patients on the ward.

## 3. NICE Technology Appraisals and Other Guidance

This table lists 8 Technology Appraisal's published in May-July 2014 NB: For detailed recommendations, please access via the hyperlinks below.

TA312	<a href="#">Multiple sclerosis (relapsing-remitting) - alemtuzumab</a>	May 2014
TA313	<a href="#">Psoriatic arthritis (active) - ustekinumab</a>	May 2014
TA314	<a href="#">Implantable cardioverter defibrillators (ICD) and cardiac resynchronisation therapy (CRT) for arrhythmias and heart failure</a> (review of TA95 & TA120)	June 2014
TA315	<a href="#">Canagliflozin in combination therapy for treating type 2 diabetes</a>	June 2014
TA316	<a href="#">Enzalutamide for metastatic hormone-relapsed</a>	July 2014

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	<a href="#">prostate cancer previously treated with a docetaxel-containing regimen</a>	
TA317	<a href="#">Prasugrel with percutaneous coronary intervention for treating acute coronary syndromes (review of TA182)</a>	July 2014
TA318	<a href="#">Lubiprostone for treating chronic idiopathic constipation</a>	July 2014
TA319	<a href="#">Ipilimumab for previously untreated advanced (unresectable or metastatic) melanoma</a>	July 2014

It is possible to access all previous NICE guidance by clicking on the hyperlinks below:

[Clinical Guidelines](#)  
[Public Health Guidance](#)  
[Technology Appraisals](#)  
[Interventional Procedure Guidance](#)  
[Diagnostic Guidance](#)  
[Medical Technologies Guidance](#)  
[Quality Standards](#)

## 4. Other News and Clinical Effectiveness information sources

### [NICE Clinical Knowledge Summaries](#)

Welcome to the NICE CKS service which provides primary care practitioners with a readily accessible summary of the current evidence base and practical guidance on best practice in respect of over 300 common and/or significant primary care presentations.

The service is being regularly maintained and upgraded as and when significant new evidence emerges and up to 10 new topics will be added each year.

### [New Evidence Updates on NICE guidance](#)

Guidance is continually under review in the light of new scientific evidence. Subscribe to [Eyes on Evidence](#) monthly newsletter covering major new evidence as it emerges.

### [Tackling drug use \(LGB18\) – Local Government Briefing](#)

This briefing summarises NICE's recommendations for local authorities and partner organisations on tackling drug use. It describes how by preventing and tackling drug use local authorities can meet several indicators in the public health outcomes framework, reduce crime and the fear of crime and keep people safe. It also outlines how stopping people using drugs can save money by reducing crime, preventing the transmission (and subsequent treatment costs) of blood-borne viruses and reducing the number of attendances at accident and emergency departments (and subsequent hospital bed-days) for injection-site infections

### [Healthwatch 'Then what...?' special inquiry](#)

This special inquiry aims to investigate the experience of people discharged from hospitals or care homes without adequate support in place. The aim is to gain a deeper understanding of what happens to people who experience 'unsafe discharge' from a hospital, nursing or care home, or mental health setting in England and how it was that they were able to fall through the gaps.

### [Annual diabetes checks among indicators proposed for latest NICE QOF menu](#)

For the [latest QOF menu](#), NICE proposes a bundled indicator of eight checks for people with diabetes.

### **Have your say!**

We welcome your comments and suggestions regarding this regular publication. Please contact any member of the editorial team.

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