

SW London Primary Care Clinical Effectiveness Bulletin

Issue No. 30: AUGUST - OCTOBER 2014

Welcome to this digest of best practice relevant to primary care distributed to all GP practices in South West London. Simply [control + click] within the sections to follow the links to websites for detailed information.

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1. South West London Effective Commissioning Initiative (ECI)

A new version of 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. The 2014/15 ECI Policy Document is somewhat different for some topic, including:

Open MRI

CCGs will fund:

- Low field MRI for interventional and intraoperative procedures only.
 - Fund Open MRI of greater than >0.5T as an alternative to conventional MRI in the following circumstances:
 - Patients who suffer from claustrophobia where taking an oral prescription sedative¹ to support conventional MRI has been tried and was not effective.
- OR
- Patients who cannot fit safely or comfortably in a conventional MRI², due to obesity or to some other confirmed clinical condition.

¹GPs should prescribe an oral sedative before referring for an Open MRI

²Standard MRI has a 60 cm bore and can tolerate a maximum weight of 250 kg. Latest Standard MRI machines have an 80cm bore and are able to scan obese patients. Please check before referring for an Open MRI.

CCGs will not routinely fund:

- Standing, Weight-Bearing, Positional, or Upright MRI except on an exceptional basis via the IFR route.

2. NICE Clinical Guidelines & Public Health Guidelines

[Exercise referral schemes to promote physical activity \(PH54\) Sept 2014](#)

This guideline is an update PH2 'Four commonly used methods to increase physical activity' (recommendation 5). It focuses on exercise referral schemes that try to increase physical activity among adults who are inactive or sedentary and are otherwise healthy or who have an existing health condition or other risk factors for disease. The guideline is for primary care practitioners, policy makers and commissioners, and other practitioners with physical activity as part of their remit working in local authorities and the NHS, and other individuals and organisations.

[Drug allergy: diagnosis and management of drug allergy in adults, children and young people \(CG183\) Sept 2014](#)

Redesigning prescriptions to include information on drugs or drug classes that patients with known drug allergy should avoid, can reduce the risk of allergic reactions. Hospital Episode Statistics from 1996 to 2000 reported that drug allergies and adverse drug reactions accounted for approximately 62,000 hospital admissions in England each year. Up to 15% of inpatients have their hospital stay prolonged as a result of an adverse drug reaction. There is also evidence that these reactions are increasing. Reasons for people with drug allergy being prescribed or administered drugs that they are allergic to include poor clinical documentation of drug allergy, the lack of patient information on drug allergy, and the lack of a routine system in place for people to keep a record of their own drug allergies. This new guideline makes recommendations for tackling these issues.

[Dyspepsia and gastro-oesophageal reflux disease \(CG184, replaces CG17\) Sept 2014](#)

This updated guideline applies to primary care, hospitals and specialist NHS services. This comes after concerns that a lack of national guidance meant some patients may not be receiving the most effective care or treatment for these common conditions. It's thought that

nearly half of all UK adults will experience dyspepsia every year. New recommendations include eradication of *H. pylori* and updated use of proton pump inhibitors and use of endoscopy.

[Bipolar disorder: the assessment and management of bipolar disorder in adults, children and young people in primary and secondary care \(CG185, replaces CG38\)](#) Sept 2014

Bipolar disorder is a potentially lifelong and disabling condition characterised by episodes of mania or hypomania and episodes of depressed mood. It is often comorbid with other psychological disorders. The peak age of onset is 15–19 years, and there is often a substantial delay between onset and first contact with mental health services. Updated recommendations cover support for carers of people with bipolar disorder, management of bipolar depression in adults, management of depression and longer-term treatment in adults.

[Long-acting reversible contraception \(update\) \(CG30\)](#) Sept 2014

This clinical guideline on long-acting reversible contraception (LARC) offers best-practice advice for all women of reproductive age who may wish to regulate their fertility using LARC methods. This addendum to NICE CG30 updates the recommendations on progestogen-only subdermal implants in section 1.5 of the guideline.

[Oral health: approaches for local authorities and their partners to improve the oral health of their communities \(PH55\)](#) Oct 2014

This guidance calls on local authorities to improve the oral health of their communities through better advice and support in oral hygiene. Dental problems such as tooth decay and gum disease are largely preventable but can affect a person's ability to speak, eat, smile and socialise. Public Health England recently highlighted that standards of oral health vary widely particularly among younger children. Vulnerable people – such as the socially isolated, the elderly and the frail, and those from lower socioeconomic groups – are also likely to have poor oral health. The guidance recommendations include:

- supervised tooth-brushing and fluoride varnishing schemes for areas where children are at high risk of poor oral health
- The development of an oral health strategy based on a needs assessment.
- Promotion of oral health in all public service environments and in workplaces, and advice on oral health should be included in all local health and wellbeing policies.

[Multiple sclerosis \(CG186, replaces CG8\)](#) Oct 2014

MS is the most common neurological condition in young adults in the UK, affecting around 100,000 people. Currently, many people with MS are diagnosed in an ad-hoc way and are often misdiagnosed, and once diagnosed not regularly monitored. A 2011 audit found that although some MS patients received excellent care from the NHS, this was not universal with variations in both the quality and quantity of care. This updated guideline recommends that:

- People with suspected MS should be referred to a consultant neurologist.
- MS should not be diagnosed on the basis of MRI findings alone and only a consultant neurologist should make the diagnosis of MS.
- Every person with MS should have a comprehensive review of all aspects of their care at least once a year and that multidisciplinary teams should oversee their care.
- It does not recommend the use of the cannabinoid drug Sativex or fampridine as they provide only a modest benefit at a significant cost to the NHS.
- Other key recommendations include offering people with MS an appropriate single point of contact to speak about their care, concerns and different treatment options, and encouraging people with MS to exercise.

[Acute heart failure \(CG187\)](#) Oct 2014

Acute heart failure accounts for more than 67,000 people being admitted to hospital in England each year. Recent research has shown that while mortality rates for acute heart failure are improving, management and care of the condition still varies widely. A recent national audit found that half of

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patients admitted with heart failure in England and Wales ended up in non-specialist wards, and had a 54 per cent greater chance of dying as a result. Key recommendations:

- Hospitals should provide a specialist heart failure team that is based on a cardiology ward and provides outreach services, if admitting patients with the condition.
- Ensure that all people being admitted to hospital with suspected acute heart failure have early and continuing input from a dedicated specialist heart failure team.
- The use of early blood tests and echocardiography to diagnose acute heart failure and covers the continuation of treatment with beta blockers after a person has had an episode of acute heart failure.

3. NICE Technology Appraisals and Other Guidance

TAs published Aug to Oct 2014 (via hyperlink):

TA320	Dimethyl fumarate for treating relapsing-remitting multiple sclerosis (TA320)	Aug 2014
TA321	Dabrafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma	Oct 2014
TA322	Lenalidomide for treating myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality	Sep 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 CKS service now mobile friendly](#)

The NICE Clinical Knowledge Summaries (CKS) service has been updated and is now

optimised for mobile and tablet devices. The CKS service provides a summary of best practice on more than 330 common and significant primary care presentations.

[John Kennedy's care home inquiry](#)

Between May 2013 and May 2014 the Joseph Rowntree Housing Trust's Director of Care Services carried out an inquiry to discover how to address the crisis in the UK's care homes, and to find out what makes a good care home.

[Case Summaries - Parliamentary and Health Services Ombudsman](#)

This on-line compilation of case summaries of complaints to the ombudsman holds many important public health lessons for all of us.

[Tackling the rise in antibiotic resistance](#)

NICE is developing two new guidelines to help tackle the growing threat of antibiotic resistance.

['Cracks in the Pathway' - CQC review of dementia care](#)

During 2013 and 2014, the Care Quality Commission carried out a thematic review of the care people living with dementia receive as they moved between care homes and acute hospitals. Overall this found more good care than poor care in the care homes and hospitals visited by CQC inspectors, but the quality of care for people living with dementia varies greatly.

[NHS Five Year Forward View](#) published in October 2014 sets out a vision for the future of the NHS. The purpose is to articulate why change is needed, what that change might look like and how it can be achieved.

Have your say!

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