

SW London Primary Care Clinical Effectiveness Bulletin

Issue No. 31: NOVEMBER 2014 - JANUARY 2015

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 topics including:

Apronectomy or Abdominoplasty

** (Tummy tuck)

The patient should be 18 or over at the time of application.

AND

At the time of the application the patient should have a BMI of between 18 and equal or less than 27 kg/m² and must have maintained a BMI in this range for at least 24 months.

OR

Further consideration may be given to people who have had very significant weight loss post bariatric surgery who should have lost at least 50% of their original excess weight* and maintained this weight for at least 6 months, and be at least 18 months post-surgery.

AND

Have severe functional problems which should include at least one of the following:

- Severe difficulties with daily living i.e. ambulatory restrictions.
- Documented record of recurrent intertrigo beneath the skin folds that recurs or fails to respond despite appropriate medical therapy for at least 6 months

2. NICE Clinical Guidelines & Public Health Guidelines

[Gallstone disease](#) (CG188)

Roughly 15% of the UK adult population are thought to have gallstone disease. It is the most common cause of emergency hospital admission for people with abdominal pain. This new guideline covers how gallstones disease should be identified, diagnosed and managed. It recommends that people with asymptomatic gallstones disease taking a watch-and-wait approach and avoid potentially unnecessary surgical treatments. It also recommends that those with acute symptoms have surgery within 1 week.

[Intrapartum care: care of healthy women and their babies during childbirth](#) (CG190)

Latest evidence suggests that midwife-led units are safer than hospital for women having a straightforward (low risk) pregnancy. This updated guidance also confirms that home birth is equally as safe as a midwife-led unit and traditional labour ward for the babies of low risk pregnant women who have already had at least one child previously. It says that women should be given this information to help them make the final decision about where they would most like to give birth.

[Pneumonia](#) (CG191)

Approximately 480,000 adults develop pneumonia in the UK every year. About 1 in 10 of those admitted to hospital with pneumonia will end up in intensive care where they have a 30% risk of dying. This guideline prioritises recommendations to help adherence to the principles of antimicrobial stewardship. The recommendations cover:

- Use of the C-reactive protein (CRP) test to determine if antibiotic treatment is necessary
- Assessing the severity of illness and referred to hospital

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- Diagnosis (including X-rays) and treatment to take place within 4 hours of admission.
- Offering those with low severity pneumonia a shorter 5-day course of a single antibiotic instead of the standard 7-day course.

Antenatal and postnatal mental health: clinical management and service guidance (CG192)

Depression and anxiety disorders affect 1 in 5 women in the first year after childbirth. More is known about detecting mental health problems in mothers and pregnant women and about using drugs to treat mental health problems during pregnancy and on stopping medication. This updated guideline makes recommendations for the recognition, care and treatment of mental health problems in women during pregnancy and the postnatal period. It also includes the care of women with an existing mental health problem who are planning a pregnancy, and the organisation of mental health services.

Gastro-oesophageal reflux disease (GORD): recognition, diagnosis and management in children and young people (NG1)

Reflux is a common physiological process most common in babies, affecting 4 in 10 infants, but can happen to almost everyone at some point in their lives. GORD refers to gastro-oesophageal reflux (GOR), which is so severe that medical treatment is required. However, it is difficult to differentiate between GOR and GORD, and the terms are used interchangeably by health professionals and families alike. The guidance recommends that healthcare professionals should reassure parents that reflux is very common in well infants and does not require treatment, but should be alert to red flag symptoms which may suggest GORD or other disorders.

Vitamin D: increasing supplement use among at-risk groups (PH56)

This guidance recommends GPs should work with at-risk groups to increase awareness of the importance of vitamin D for good health, and of the importance of taking supplements. Around 1 in 5 adults, and around 1 in 6 children, may have low vitamin D status – an estimated 10 million people across England

with people from African, Caribbean and Asian backgrounds are particularly at risk. The guidance recommends better supplement availability for those at risk, more awareness of low vitamin D status and consistent information on who is most at risk. It also recommends not routinely test people's vitamin D status unless they have symptoms of deficiency, they are considered to be at particularly high risk of deficiency, or there is a clinical reason to do so (for example, they have osteomalacia).

Updated CG131 Colorectal cancer

Recommendations on surgery and colonic stents in acute large bowel obstruction and on stage I rectal cancer in sections 1.2.2 and 1.2.4 have been added.

Updated CG37 Postnatal care

Recommendations on [the association between co-sleeping and Sudden Infant Death Syndrome \(SIDS\)](#) have been updated.

3. NICE Technology Appraisals and Other Guidance

TAs published Nov to Dec 2014:

TA323	Erythropoiesis-stimulating agents (epoetin and darbepoetin) for treating anaemia in people with cancer having chemotherapy (including review of TA142)	Nov 2014
TA324	Dual-chamber pacemakers for symptomatic bradycardia due to sick sinus syndrome without atrioventricular block (part review of TA88)	Nov 2014
TA325	Nalmefene for reducing alcohol consumption in people with alcohol dependence	Nov 2014
TA326	Imatinib for the adjuvant treatment of gastrointestinal stromal tumours (review of TA196)	Nov 2014
TA327	Dabigatran etexilate for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism	Dec 2014

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HST1	Eculizumab for treating atypical haemolytic uraemic syndrome	Jan 2105
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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

[GP Patient Survey 2014](#)

NHS England together with Ipsos MORI, have published the latest Official Statistics from the GP Patient Survey. The survey provides information on patients' overall experience of primary care services and their overall experience of accessing these services. Websites NHS England

[Achieving and demonstrating compliance with NICE guidance](#)

The NHS is legally obliged to fund and resource medicines and treatments recommended by NICE within three months of our guidance being published. We've published a statement, which outlines what being compliant with NICE guidance means for CCGs, and which suggests ways they can demonstrate this.

[Comment on the suspected draft cancer guideline](#)

NICE is updating its guideline on suspected cancer to help GPs ensure they are making prompt and accurate diagnoses. The guideline will include a number of tables which link symptoms to the cancers they are associated with, and is currently out for consultation. All relevant patient groups and organisations, including local CCGs and other GP-led bodies, are encouraged to register an interest in the guideline and submit comments via the NICE website during this consultation period.

[Seasonal flu vaccine uptake in GP patients](#) Public Health England present provisional data for the uptake of the seasonal

influenza vaccine in GP registered patients in England from 1 September 2014 to 30 November 2014.

[How NICE can help to encourage responsible antibiotic prescribing](#)

Read about ways our guidance can help tackle the rise in antibiotic resistance by cutting back on unnecessary drugs. To mark European Antibiotic Awareness Day, we outlined ways in which healthcare professionals can limit the use of antibiotics in clinical practice.

[Statins patient decision aid launched](#)

We've published a tool designed to help patients decide whether or not to take statins to help reduce their risk of developing coronary heart disease or stroke. The tool is based on recommendations in NICE's updated guidance on the use statins published earlier this year.

[Podcast: Pneumonia interview with Dr Michael Moore, GP](#)

Dr Michael Moore, a GP and member of the pneumonia guideline development group, discusses the impact that the recently published pneumonia guideline will have on clinical practice, and how it can reduce the use of unnecessary antibiotics.

[Blog: Risky business, the challenge of being a GP](#)

Serious illnesses often start with everyday symptoms. David Haslam, Chair of NICE, explains how this is a complex challenge for GPs and how NICE is producing guidance that might

Have your say!

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