What's New?

July 2016

‘What’s New?’ is a monthly bulletin produced by the Library and Information Service to keep staff up to date with new national guidelines and other information.

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**NICE GUIDELINES/STANDARDS**

**GreenLight XPS for treating benign prostatic hyperplasia [MTG29]**
The case for adopting GreenLight XPS for treating benign prostatic hyperplasia is **supported** in non-high-risk patients. GreenLight XPS is at least as effective in these patients as transurethral resection of the prostate (TURP), but can more often be done as a day-case procedure, following appropriate service redesign.

There is currently insufficient high-quality, comparative evidence to support the routine adoption of GreenLight XPS in high-risk patients that is those who:
- have an increased risk of bleeding or
- have prostates larger than 100 ml or
- have urinary retention.

**NICE** recommends that
- specialists collaborate in collecting and publishing data on the comparative effectiveness of GreenLight XPS for high-risk patients to supplement the currently limited published evidence.

Cost modelling indicates that
- in non-high-risk patients, cost savings with GreenLight XPS compared with TURP are determined by the proportion of procedures done as day cases. Assuming a day-case procedure rate of 36%, and that the GreenLight XPS console is provided at no cost to the hospital (based on a contracted commitment to fibre usage), the estimated cost saving is £60 per patient.

**NICE**'s **resource impact report** estimates that
- the annual cost saving for the NHS in England is around £2.3 million. In a plausible scenario of 70% of treatments being done as day cases, the cost saving may be up to £3.2 million.

**NICE** recommends that
- hospitals adopting GreenLight XPS plan for service redesign to ensure that day-case treatment can be delivered appropriately. [http://bit.ly/28Slp89](http://bit.ly/28Slp89)

**Breast cancer [QS12]** Published date: September 2011 **UPDATED June 2016**
This quality standard covers
- the management of early (ductal carcinoma in situ and invasive), locally advanced and advanced breast cancer, recurrent breast cancer and familial breast cancer in adults.
- This includes breast cancer identified through screening and by assessment of symptoms, and covers care from the point of referral to a specialist team.  
  - It does not cover adults with non-cancerous breast tumours. For more information see the breast cancer topic overview.

In 2016 this quality standard was updated and statements prioritised in 2011 were replaced. Statements are marked as [new 2016] or [2011, updated 2016]:
- [new 2016] if the statement covers a new area for quality improvement
- [2011, updated 2016] if the statement covers an area for quality improvement included in the 2011 quality standard and has been updated.

Statements numbered 5, 11, and 12 in the 2011 version have been updated and are included in the updated quality standard, marked as [2011, updated 2016] [http://bit.ly/28VenDq](http://bit.ly/28VenDq)

**Microstructural scaffold (patch) insertion without autologous cell implantation for repairing symptomatic chondral knee defects** [IPG560]
The evidence on microstructural scaffold insertion without autologous cell implantation for repairing symptomatic chondral knee defects **raises no** major safety concerns; however, current evidence on its efficacy is **inadequate** in both quality and quantity. Therefore, this procedure **should only** be used with special arrangements for clinical governance, consent, and audit or research. Clinicians wishing to do microstructural scaffold insertion without autologous cell implantation for repairing symptomatic chondral knee defects should:
• Inform the clinical governance leads in their NHS trusts.
• Ensure that patients understand the uncertainty about the procedure’s safety and efficacy and provide them with clear written information. In addition, the use of NICE’s information for the public is recommended.
• Audit and review clinical outcomes of all patients having microstructural scaffold insertion without autologous cell implantation for repairing symptomatic chondral knee defects (see section 7.1).

NICE encourages further data collection, including randomised controlled trials on microstructural scaffold insertion without autologous cell implantation for repairing symptomatic chondral knee defects. Studies should clearly describe patient selection, clinical indications and adjunctive treatments. Outcome measures should include symptom relief, functional ability, long-term outcomes measured by appropriate imaging techniques and patient-reported outcomes.


**Transcervical extracorporeal reverse flow neuroprotection for reducing the risk of stroke during carotid artery stenting** [IPG561]

Current evidence on the safety of transcervical extracorporeal reverse flow neuroprotection for reducing the risk of stroke during carotid artery stenting shows well-documented risks. The evidence on efficacy is adequate to support the use of this procedure provided that standard arrangements are in place for clinical governance, consent and audit.

Patient selection should be carried out by a multidisciplinary team, which should include an:

- interventional radiologist or a neuroradiologist,
- a vascular surgeon and a physician with a specialist interest in stroke.

This procedure should only be carried out by clinicians with specific training and expertise in the technique who regularly perform complex endovascular interventions. http://bit.ly/28V2ldF

**Ultrasound-guided percutaneous radiofrequency ablation for benign thyroid nodules** [IPG562]

Current evidence on the safety and efficacy of ultrasound-guided percutaneous radiofrequency ablation for benign thyroid nodules is adequate to support the use of this procedure provided that standard arrangements are in place for clinical governance, consent and audit. http://bit.ly/291zv8O

**Bronchiolitis in children** [QS122]

This quality standard covers the assessment, diagnosis and management of bronchiolitis in children. For more information see the bronchiolitis topic overview.

**Endorsing bodies**

This quality standard is endorsed by NHS England as required by the Health and Social Care Act (2012).

**Supporting organisations**

A number of organisations recognise the benefit of this quality standard in improving care. They work with us to promote it to commissioners and service providers:

- Royal College of General Practitioners
- British Society for Antimicrobial Chemotherapy
- British Lung Foundation


**Home care for older people** [QS123]

This quality standard covers home care given to older people in their own homes to meet their assessed social care needs. An age threshold is not specified for older people. Although almost 80% of people using home care services are over 65, the quality standard may also be relevant to some people under 65 with complex needs. The quality standard does not cover intermediate care, shortterm reablement, home care for younger adults or children using home care services. For more information see the home care topic overview.

Adalimumab for treating moderate to severe hidradenitis suppurativa [TA392]
Adalimumab is recommended, within its marketing authorisation, as an:
- option for treating active moderate to severe hidradenitis suppurativa in adults whose disease has not responded to conventional systemic therapy.
- The drug is recommended only if the company provides it at the price agreed in the patient access scheme.
Assess the response to adalimumab after 12 weeks of treatment, and only continue if there is clear evidence of response, defined as: a reduction of 25% or more in the total abscess and inflammatory nodule count and no increase in abscesses and draining fistulas http://bit.ly/28R2yZV

Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia [TA393]
Alirocumab is recommended as an option for treating primary hypercholesterolaemia or mixed dyslipidaemia, only if:
- Low-density lipoprotein concentrations are persistently above the thresholds specified in table 1 despite maximal tolerated lipid-lowering therapy. That is, either the maximum dose has been reached or further titration is limited by intolerance (as defined in NICE's guideline on familial hypercholesterolaemia: identification and management).
- The company provides alirocumab with the discount agreed in the patient access scheme.
- this guidance is not intended to affect the position of patients whose treatment with alirocumab 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. http://bit.ly/28PSUJ1

Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia [TA394]
Evolocumab is recommended as an option for treating primary hypercholesterolaemia or mixed dyslipidaemia, only if:
- The dosage is 140 mg every 2 weeks.
- Low-density lipoprotein concentrations are persistently above the thresholds specified in table 1 despite maximal tolerated lipid-lowering therapy. That is, either the maximum dose has been reached, or further titration is limited by intolerance (as defined in NICE's guideline on familial hypercholesterolaemia).
- The company provides evolocumab with the discount agreed in the patient access scheme.
This guidance is not intended to affect the position of patients whose treatment with evolocumab 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. http://bit.ly/28S1eHq

Ceritinib for previously treated anaplastic lymphoma kinase positive non-small-cell lung cancer [TA395]
Ceritinib is recommended, within its marketing authorisation, as an option for treating advanced anaplastic lymphoma kinase positive non-small-cell lung cancer in adults who have previously had crizotinib. The drug is recommended only if the company provides it with the discount agreed in the patient access scheme http://bit.ly/28Rcno

Trametinib in combination with dabrafenib for treating unresectable or metastatic melanoma [TA396]
Trametinib in combination with dabrafenib is recommended, within its marketing authorisation, as an option for treating unresectable or metastatic melanoma in adults with a BRAF V600 mutation only when the company provides trametinib and dabrafenib with the discounts agreed in the patient access schemes. http://bit.ly/28Ry26K
**Suspected cancer** [QS124]
This quality standard covers recognition of suspected cancer in adults, young people and children, and referral to specialist services. For more information see the suspected cancer topic overview.
The quality statements in brief are:
- GPs have direct access to diagnostic endoscopy, ultrasound, MRI, X-ray and CT for people with suspected cancer.
- People presenting in primary care with symptoms that suggest oesophageal or stomach cancer have an urgent direct access upper gastrointestinal endoscopy.
- Adults presenting in primary care with symptoms that suggest colorectal cancer, who do not have visible rectal bleeding and do not need an urgent referral, have a test for blood in their faeces.
- People with suspected cancer who are referred to a cancer service are given written information encouraging them to attend http://bit.ly/299PkLI

**Cellvizio confocal endomicroscopy system for characterising pancreatic cysts** [MIB69]
NICE has developed a medtech innovation briefing (MIB) on the Cellvizio confocal endomicroscopy system for characterising pancreatic cysts.
The evidence summarised in this briefing comes from 2 feasibility and 3 pilot studies with a total of 138 adult patients. This briefing describes the regulated use of the technology for the indication specified, in the setting described, and with any other specific equipment referred to. It is the responsibility of healthcare professionals to check the regulatory status of any intended use of the technology in other indications and settings. http://bit.ly/294eeJb

**Mobi-C for cervical disc replacement** [MIB70]
NICE has developed a medtech innovation briefing (MIB) on Mobi-C for cervical disc replacement.
The evidence from 1 systematic review and 3 additional studies summarised in this briefing includes 1,675 individual patients and is of mixed quality. The systematic review concluded that Mobi-C is non-inferior to anterior cervical disectomy and fusion (ACDF). The studies found that Mobi-C (at 1 or 2 levels) was more effective than ACDF for overall success and for reducing limitations of daily activity as a result of neck pain, and allowed a greater range of motion with less adjacent-segment degeneration and less need for subsequent surgery. Each Mobi-C prosthesis costs £1,750 (excluding VAT)
This briefing describes the regulated use of the technology for the indication specified, in the setting described and with any other specific equipment referred to. It is the responsibility of healthcare professionals to check the regulatory status of any intended use of the technology in other indications and settings. http://bit.ly/295mrhb

**Belimumab for treating active autoantibody-positive systemic lupus erythematosus** [TA397]
Belimumab is recommended as an option as add-on treatment for active autoantibody-positive systemic lupus erythematosus in adults only if all of the following apply:
- There is evidence for serological disease activity (defined as positive anti-doublestranded DNA and low complement) and a Safety of Estrogen in Lupus National Assessment – Systemic Lupus Erythematosus Disease Activity Index (SELENA-SLEDAI) score of greater than or equal to 10 despite standard treatment.
- Treatment with belimumab is continued beyond 24 weeks only if the SELENA-SLEDAl score has improved by 4 points or more.
- The company provides belimumab with the discount agreed in the patient access scheme.
- Under the conditions for data collection, monitoring, patient eligibility and consent, ongoing treatment, cost to the NHS, and review by NICE as laid out in sections 5 and 6 of the document.
This guidance is not intended to affect the position of patients whose treatment with belimumab 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
Moderate to severe acute post-operative pain: fentanyl transdermal system [ESNM77]

This evidence summary and review is based on 3 of the active-controlled, open-label trials that compared the fentanyl transdermal system with IV morphine PCA in adults requiring opioids for moderate or severe post-operative pain.

To summarise:

- The fentanyl transdermal system has comparable efficacy to IV morphine PCA. Its adverse event profile is as expected for an opioid used in post-operative pain, and is similar to that of IV morphine PCA.
- In randomised controlled trials, the fentanyl transdermal system had better user satisfaction than IV morphine PCA, mainly because of improved mobilisation, and more favourable ease of care scores reported by nurses and physiotherapists.
- However, the clinical significance of these differences is unclear. http://bit.ly/2926TcC

Visual impairment due to myopic choroidal neovascularisation: aflibercept [ESNM76]

This evidence summary is based on 1 double-masked randomised controlled trial comparing aflibercept intravitreal injection with sham injection for the treatment of myopic CNV (The MYRROR study, Ikuno et al. 2015).

- In this RCT involving 122 adults with myopic choroidal neovascularisation (myopic CNV), aflibercept was more effective than sham injections at improving best corrected visual acuity over 24 weeks' treatment.
- People in the aflibercept group were on average able to read 14 more letters on a standard vision chart compared with the sham group, an improvement considered clinically relevant by the European Public Assessment Report (EPAR) for aflibercept.
- More people in the aflibercept group gained 15 letters or more than in the sham group at week 24 (38.9% compared with 9.7% respectively, number needed to treat=4).
- Most ocular adverse events reported were mild. There are no published comparisons with other active treatments for myopic CNV. http://bit.ly/2927D11

S-Cath System for suprapubic catheterisation [MIB68]

This Medtech Innovation Briefing in summary states:

- The S-Cath System is intended for use in people for whom a suprapubic catheter is indicated, and differs from conventional suprapubic catheters because a guidewire (the Seldinger technique) is used for improved placement.
- The available evidence is of limited quantity and quality.
- Three non-comparative studies suggest that suprapubic catheterisation using the S-Cath System is a safe procedure when carried out under appropriate conditions in a dedicated outpatient clinic, with low complication rates.
- In 1 of these studies, suprapubic catheterisation was moved from an inpatient to an outpatient setting. This was shown to be cost saving, however it is unclear if the S-Cath System was a significant factor in these savings.
- A Rapid Response Report by the National Patient Safety Agency (2009) recommends that ultrasound is used wherever possible to visualise the bladder and guide the insertion of suprapubic catheters. Ultrasound machines should be available in the relevant areas and staff trained in their use. http://bit.ly/297JBUX

Complicated urinary tract infections: ceftolozane/tazobactam [ESNM74]

This evidence summary is based on the key phase III licensing study for ceftolozane/tazobactam for complicated urinary tract infections, including acute pyelonephritis (ASPECT-cUTI).

- In a randomised controlled trial (RCT) in adults with complicated urinary tract infections or acute pyelonephritis (ASPECT-cUTI), an intravenous (IV) infusion of ceftolozane/tazobactam

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was found to be non-inferior to IV levofoxacin for the composite outcome of microbiological eradication of all baseline uropathogens and clinical cure.

- In 2 RCTs in people receiving ceftolozane/tazobactam for complicated urinary tract or intra-abdominal infections (ASPECT-cUTI and ASPECT-cIAI), the most commonly reported adverse effects were nausea, headache, constipation, diarrhoea and pyrexia, which were generally mild or moderate in severity.
- Ceftolozane/tazobactam may be an option for treating acute pyelonephritis in some adults when the pathogen is resistant to first-line empirical treatment options but susceptible to ceftolozane/tazobactam, or when first-line options are contraindicated.
- Although licensed to treat complicated lower urinary tract infection in adults, clinical efficacy data in this group are limited.
- The acquisition cost of ceftolozane/tazobactam is more than that of many other IV antibiotics that are commonly used for complicated urinary tract infection. http://bit.ly/292h5lz

**Complicated intra-abdominal infections: ceftolozane/tazobactam** [ESNM75]

This evidence summary is based on the key phase III licensing study for ceftolozane/tazobactam, ASPECT-cIAI.

- This study was a prospective, randomised, double-blind, noninferiority trial, which included adults with complicated intra-abdominal infections
- In adults with complicated intra-abdominal infections, intravenous ceftolozane/tazobactam plus metronidazole was found to be non-inferior to intravenous meropenem plus saline (placebo) in terms of clinical cure rates 24–32 days after starting treatment. However, it is unclear whether the results apply to some populations; for example, people aged over 65 years, or those with renal impairment or who are at a higher risk of dying.
- Appendiceal perforation or abscess was the most common diagnosis in the study and less information is available on using ceftolozane/tazobactam in people with other diagnoses.
- In 2 RCTs in people receiving ceftolozane/tazobactam for complicated intra-abdominal or urinary tract infections, the most commonly reported adverse effects were nausea, headache, constipation, diarrhoea and pyrexia, which were generally mild or moderate in severity.
- Ceftolozane/tazobactam may be an option for treating complicated intra-abdominal infections in some adults, when the pathogen is resistant to first-line empirical treatment options but susceptible to ceftolozane/tazobactam, or when first-line options are contraindicated.
- The acquisition cost of ceftolozane/tazobactam is more than that of many other intravenous antibiotics commonly used for complicated intra-abdominal infections. http://bit.ly/296ubRO

**DEPARTMENT OF HEALTH (GUIDANCE)**

**Management and decontamination of flexible endoscopes (HTM 01-06) (UPDATED GUIDANCE)**

The ‘Health Technical Memorandum 01-06: Decontamination of flexible endoscopes’ consists of 5 parts:
- policy and management
- design and installation
- operational management
- validation and verification (including storage / drying cabinets)

**DH non-executive appointments (UPDATED GUIDANCE)**

This updated guidance gives detail about appointments made to the Department’s public bodies and expert committees. http://bit.ly/1OrptcP

For further information on non-executive appointments please contact the Department of Health at: appointments.team@dh.gsi.gov.uk
**Widening the availability of Naloxone (UPDATED GUIDANCE*)**
Regulations introduced on 1 October 2015 widened the availability of naloxone, a medicine which reverses the effects of a heroin (or other opiate) overdose. This factsheet explains the regulations and how they can be implemented. *It has been updated to include a section on supply of naloxone to children and young people.  [http://bit.ly/298tJ5k](http://bit.ly/298tJ5k)*

**National framework for NHS continuing healthcare and NHS funded nursing care (UPDATED GUIDANCE*)**
This guidance sets out the principles and processes of the National Framework for NHS continuing healthcare and NHS funded nursing care. *A question has been added to the decision support tool to find out if its completed while the individual concerned is in an acute hospital setting.*  [http://bit.ly/1yHHZJm](http://bit.ly/1yHHZJm)

**Outsourcing outpatient pharmacy services**
This guidance for NHS trusts, including chief pharmacists, informs all stakeholders involved in outsourcing of outpatient pharmacy services of their responsibilities during this process. The document includes a template letter to help make sure a consistent message is sent to pharmaceutical manufacturers and suppliers about these arrangements.  [http://bit.ly/29c3uxn](http://bit.ly/29c3uxn)

**General ophthalmic service fees and voucher values from April 2016 (UPDATED GUIDANCE)**
These documents provide the following details:
- the NHS sight test fee and NHS domiciliary fees for 2016 to 2017
- increases in optical voucher values from 1 April 2016
- increases in the hospital eye service charges from 1 April 2016
- continuing education and training payment for 2015, payable in 2016
- the General Ophthalmic Services (continuing education and training allowances) Payments Directions 2016
- grant payable to supervisors of pre-registration trainees from 1 April 2016
- a change in arrangements for claiming the Special Facial Characteristics supplement in primary care from 1 April 2016

The guidance is intended for all staff dealing with general ophthalmic services, the hospital eye service, optometrists and ophthalmic medical practitioners.  [http://bit.ly/294XMwN](http://bit.ly/294XMwN)

**ROYAL COLLEGES AND OTHER PROFESSIONAL BODIES**

**Royal College of Nursing**

**Positive and Proactive Care Reducing the Need for Restrictive Interventions**
Nurses deal with practical, ethical and moral dilemmas of restriction and restraint. This new publication, emerging from a series of RCN roadshows in 2014-15, presents the opportunity to educate nurses and nursing staff about the impact of regularly being involved in restriction/restraint and the toll this takes on their psychological wellbeing.  [https://www.rcn.org.uk/professional-development/publications/pub-005459](https://www.rcn.org.uk/professional-development/publications/pub-005459)

**Administering subcutaneous methotrexate for inflammatory arthritis**
This is the third edition of the RCN’s guidance and has been updated to ensure the publication contains the latest evidence-based guidance to support practitioners in the safe and confident administration of subcutaneous methotrexate in a variety of primary and secondary care settings, including community and managed care environments. The guidance covers aspects of both adult and children/young people’s care  [http://bit.ly/28N2ttm](http://bit.ly/28N2ttm)
**Fair care for trans people**
The RCN recognises that trans people frequently experience prejudice and discrimination. This resource is designed to help you respond to the needs of patients and clients who identify as transgender. Initially created in response to an RCN Congress resolution, this guidance has been updated following further research from other organisations. [http://bit.ly/28M8RBq](http://bit.ly/28M8RBq)

**NMC revalidation An update from the RCN on NMC revalidation, plus frequently asked questions**
This publication provides information on the requirements of NMC revalidation and support the RCN is offering with the process. It also answers a number of frequently asked questions on revalidation [http://bit.ly/29fs7ty](http://bit.ly/29fs7ty)

**Royal College of Obstetricians and Gynaecologists**

**Epilepsy in Pregnancy** (Green-top Guideline No.68)
This guideline has been produced by the RCOG and endorsed by the following organisations: Association of British Neurologists, Epilepsy Action, Royal College of General Practitioners, Royal College of Midwives, Royal College of Physicians and SUDEP Action.

It:
- summarises the evidence on maternal and fetal outcomes in women with epilepsy (WWE).

The guideline does not cover:
- the methods of diagnosis of epilepsy
- detailed categorisation of seizures or strategies for the management of epilepsy.

**The Management of Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum** (Green-top Guideline No.69)
This guideline summarises the evidence and how to manage women with hyperemesis gravidarum (HG)

For this guideline, nausea and vomiting of pregnancy (NVP) is defined as:
- the symptom of nausea and/or vomiting during early pregnancy where there are no other causes, and hyperemesis gravidarum (HG) is the severe form of NVP.

There is variation in the management of women who have NVP or HG with an occasional lack of understanding of its severity and options for treatment and support.

The aim of this guideline is
- to provide evidence-based or best clinical practice information regarding the diagnosis and subsequent management of NVP and HG across community, ambulatory daycare and inpatient settings.
- It gives advice for multidisciplinary professionals involved in the care of women with these conditions, including how to counsel and support women before, during and after their pregnancies. [http://bit.ly/28NoF8s](http://bit.ly/28NoF8s)

**Royal College of Radiologists**

**Standards for the communication of radiological reports and fail-safe alert notification**
This document describes the radiology reporting system with regards to the prevention of incidents.
- It is the responsibility of the requesting doctor and/or their clinical team to read and act upon the report findings
- it is crucial that all parts of the process are undertaken quickly and efficiently
it is the responsibility of the trust or other equivalent healthcare organisation to provide systems whereby, as soon as a verified imaging report has been produced, it is easily available to be read and acted upon by the referrer, their team and other relevant clinicians http://bit.ly/292CkDS

Academy of Medical Royal Colleges

The Foundation Programme Curriculum 2016

Improving Assessment: Further Guidance and Recommendations
In 2009, the Academy published Improving Assessment, which provided an authoritative and accurate overview of workplace-based assessments (WPBAs) in postgraduate medical education and a review of the relevant literature. It has now been six years since the publication of that document and the role of WPBAs in postgraduate medical education in the UK has evolved. This report reviews the position regarding WPBAs and their use in postgraduate medical education. http://www.aomrc.org.uk/publications/reports-guidance/improving-assessment-guidance-recommendations/

The Royal College of Emergency Medicine

Pharmacological Agents for Procedural Sedation and Analgesia in the Emergency Department (GUIDANCE)
This document provides guidelines for the use of common pharmacological agents in sedation in the Emergency Department in the UK. It provides guidelines for the use of these agents for adults and children (excluding neonates). This guideline only applies to pharmacological agents used in sedation in the Emergency Department and is not intended to be used in any other setting. It does not set standards for safe sedation, these are set out in the “Safe Sedation of Adults in the Emergency Department” guideline developed by the Royal College of Anaesthetists and the College of Emergency Medicine in November 2012 (1) and NICE Clinical Guideline 112 “Sedation in children and young people”. This guideline is intended to be used as an adjunct to these guidelines. It does not provide guidance for anaesthesia.
Recommendations in summary are:
- Every Emergency Department should have a procedural sedation policy that is regularly reviewed, and audited
- The procedural sedation policy should provide guidelines for pharmacological agents that are routinely used in the Department
- A pro-forma should be used for procedural sedation and analgesia (PSA) as a checklist and as an auditable record of the procedure
- Adverse events should be reported using the SIVA reporting tool http://bit.ly/29aMNR7

Emergency Department Patients in Police Custody (REVISED JUNE 2016)
This guideline has been developed to help medical and nursing staff within Emergency Departments (EDs) manage adult patients (18 or over) who attend whilst in the custody of the police. It includes recommendations on where to treat a patient, the timeliness of management and what information is required to be transferred with the patient if discharged. The care of the patient attending the ED under the care of the Prison service is not included in this guideline. The College has produced specific guidance about patients with suspected internally concealed drugs.
Recommendations in summary are:
- Patients brought to the Emergency Department (ED) by the police service are entitled to the same level of care as all other members of the public.
• It is appropriate to assess the patient as a priority, within their triage category, by senior staff.
• It is essential to liaise with the healthcare professional (HCP) at the relevant police station if discharging a patient from the ED to a police station.
• Ensure that there is an easy and secure method to share information between ED clinical staff and the healthcare professionals (HCP) working with the police at the police station. If an HCP is unavailable, clear instructions should be provided to police personnel to ensure the well-being of the patient.
• It is not the role of the ED Staff to act as surrogate Forensic Medical Examiners. http://bit.ly/29aMNR7

The Royal College of Anaesthetists

ACSA Domain 5 Cardiothoracic Standards
https://www.rcoa.ac.uk/system/files/ACSA-CARDIO-STANDARDS-2016_0.pdf

ACSA standards with full GPAS references
The Royal College of Anaesthetists ACCREDITATION STANDARDS 2016
https://www.rcoa.ac.uk/system/files/ACSA-STANDARDS-FULL-2016_0.pdf

Cochrane Database of Systematic Reviews
This the full list of systematic reviews for June 2016 including:
• Diagnostic test accuracy reviews
• Intervention reviews
• Overview reviews
• Withdrawn reviews
• Protocols
• Withdrawn protocols

EYES ON EVIDENCE (NICE) June 2016

Eyes on Evidence: end of service
The way in which NICE supports awareness of new evidence is changing and, from July 2016, Eyes on Evidence will no longer be produced. This article explains the other routes by which busy professionals can keep up to date.

Perioperative anticoagulation for people with atrial fibrillation
A US randomised controlled trial found that not using ‘bridging’ heparin in people with atrial fibrillation who stopped taking warfarin before elective surgery or an invasive procedure had no adverse effect on the risk of thromboembolism or bleeding.

Nurse-led titration of drug doses in chronic heart failure
A Cochrane review found that in people with chronic heart failure, titration of beta-blockers, angiotensin-converting-enzyme inhibitors and angiotensin-II-receptor antagonists by nurses rather than by doctors was associated with a lower rate of hospital admissions and mortality.

Basic versus advanced life support for medical emergencies
A retrospective cohort study of US data found that people with major trauma or stroke who received basic life support from ambulance crews had better survival than those who received advanced life
support.

**Ultrasound during pregnancy to identify small-for-gestational-age infants**

A UK cohort study found that ultrasound screening of all pregnant women was more effective at identifying small-for-gestational-age infants than clinically targeted screening and, combined with fetal abdominal circumference growth velocity, could determine infants at risk of neonatal morbidity.

**Balance training to prevent injuries from falls in older people**

A multicentre randomised controlled trial in France found that a 2-year balance training programme reduced the risk of falls that resulted in injury among community-dwelling women aged 75–85 years.

**Ongoing effects of child contact arrangements in cases of domestic abuse**

A small qualitative study in Scotland identified that child contact arrangements between women who had experienced domestic abuse and the perpetrator were a source of further physical and mental abuse after separation, with negative consequences for the wellbeing of the children.

**Evidence summaries from NICE’s Medicines and Prescribing Programme**

NICE has recently published summaries on:

- Chronic disease in people with severe mental illness: reducing excess mortality
- Meniere’s disease: betahistine not shown to be superior to placebo

**Case studies from the Quality and Productivity collection**

We highlight a new example from the Quality and Productivity collection showing how an NHS organisation has implemented new local practices that have both cut costs and improved quality.

- Mechanical thrombectomy for large vessel occlusion stroke