

**National Institute for Health and Care Excellence (NICE) Guidance (Table 1) MARCH 2018**

No.	Title ( <a href="#">click link</a> )	Findings/ Recommendations/Conclusions	Implications/For Discussion	Commissioners	
TA508	<a href="#">Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee</a>	Recommended as an option if person hasn't had previous surgery and minimal osteoarthritic damage and the defect is over 2 cm <sup>2</sup> .	No significant impact resource because technology is similar to current standard treatment.	NHS England	
TA509	<a href="#">Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer</a>	Combination is recommended as an option in patients who haven't had previous anti-HER 2 therapy or chemotherapy for metastatic disease.	Transfer from Cancer Drugs Fund. Around 860 patients nationally per annum expected to be on this combination. Costs will need to be assessed locally.	NHS England	
TA510	<a href="#">Daratumumab monotherapy for treating relapsed and refractory multiple myeloma</a>	Recommended as monotherapy for use within the Cancer drugs fund.	Only suitable in patients with 3 previous therapies.	NHS England	
TA511	<a href="#">Brodalumab for treating moderate to severe plaque psoriasis</a>	Recommended as an option when disease is severe and hasn't responded to other systemic therapies (e.g. cyclosporine, methotrexate and PUVA). Therapy must be stopped at 12 weeks following an inadequate response.	Low-cost impact is expected at approximately £9, 100 per 100, 000 population. Administered subcutaneously every 2 weeks.	CCG	
TA512	<a href="#">Tivozanib for treating advanced renal cell carcinoma</a>	Recommended as an option in adults with no previous treatment	Very slightly cheaper than existing agents.	NHS England	
TA513	<a href="#">Obinutuzumab for untreated advanced follicular lymphoma</a>	Recommended as an option in untreated advanced disease.	Costs should be estimated locally using resource impact template.	NHS England	
TA514	<a href="#">Regorafenib for previously treated advanced hepatocellular carcinoma</a>	Regorafenib is not recommended in advanced hepatocellular carcinoma in adults who have had sorafenib.	Not thought to be cost-effective. Commissioners will require assurances that regorafenib is not being given in this context.	NHS England	
TA515	<a href="#">Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen</a>	Not recommended in advanced or metastatic breast cancer in adults who have received only 1 chemotherapy regimen.	Not thought to be cost-effective. Commissioners will require assurances that eribulin is not being given in this context.	NHS England	
TA516	<a href="#">Cabozantinib for treating medullary thyroid cancer</a>	Recommended as an option in adults with unresectable, locally advanced or metastatic disease.	Low-cost impact as this condition is thought to be extremely rare.	NHS England	

NG87	Attention deficit hyperactivity disorder: diagnosis and management	<b>UPDATE:</b> First published in 2008. Intended for NHS and commissioners. Includes recommendations on service organisation (transition from child to adult mental health), identification and referral, diagnosis (should only be made by a specialist), information and support, treatment planning and medication. Lisdexamfetamine or methylphenidate are first-line choices in adults and dexamfetamine/atomoxetine are alternatives. Although guanfacine as recommended in some children, it is not considered appropriate in adults.	Expected to be cost neutral. May be a requirement for GP education regarding medication use.	CCG	
NG88	Heavy menstrual bleeding: assessment and management	<b>UPDATE:</b> First published in 2007. Amended recommendations on diagnosis and biopsy.	Ulipristal removed when prescribed for uterine fibroids because of current safety concerns.	CCG	
NG89	Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism	<b>UPDATE:</b> First published in 2010. Minor amendments related to anti-embolism stockings.	Expected to be cost neutral.	CCG and NHS England	
NG90	Physical activity and the environment	<b>UPDATE:</b> First published 2008. Replaces PH 8. New recommendations on strategies/policies, active travel and public open spaces. Intended for local authorities, housing and public transport planners.	Local authorities will need to examine their current practice in relation to the new recommendations. Expected to be cost neutral.	Local authorities	
NG91	Otitis media (acute): antimicrobial prescribing	Intended for health professionals. Main message is that condition is self-limiting and in most cases will resolve within 3 days without antibiotics.	In rare cases, antibiotic should be offered for children who are systemically very unwell or are at high risk of complications.	CCG	
NG92	Stop smoking interventions and services	<b>UPDATE:</b> First published in 2006/8. Intended for commissioners, providers, NHS and health and well-being boards. Amended recommendations on training standards, referrals from all frontline healthcare staff, delivery of evidence-based communication strategies which should include community pharmacies and workplace policies. NICE suggests that e- cigarettes are considered less harmful than smoking but are not risk-free and the evidence in this area is still developing, particularly around long-term health impact.	Expected to be cost neutral. Commissioners and providers will wish to review their current service in view of this guidance.	Local authorities	
NG93	Learning disabilities and behaviour that challenges: service design and delivery	Intended for commissioners and providers of health and social care services. Recommendations are around strategic planning (LA and CCG should jointly designate a lead commissioner to oversee commissioning of health, social care and education), managing risk (LA and CCG should take joint responsibility), enabling person centred care and early intervention and support for families and carers. Also includes recommendations on services in the community, housing needs, short break services and making the right use of inpatient services.	Increased costs may occur due to additional costs for those requiring intensive support during a crisis, meeting housing need and provision of additional respite care. Local authority and CCG commissioners may wish to work together to review current service and to deliver these changes where appropriate.	CCG and local authorities	

NG94	<a href="#">Emergency and acute medical care in over 16s: service delivery and organisation</a>	Recommendations are around emergency and acute medical care in the community and hospitals. Some suggestions include provision of multidisciplinary intermediate care and rehabilitation in the community, daily consultant reviews in hospital and use of community pharmacists in general practice.	Anticipated that the number of inappropriate emergency department visits and hospital admissions will be reduced and fewer delayed discharge bed days.	CCG and NHS England	
MTG37	<a href="#">Thopaz+ portable digital system for managing chest drains</a>	Case for using is supported by the evidence. Cost modelling suggests that device is cost saving compared with conventional chest drain.	Should be considered for people who need chest drainage after pulmonary resection or because of a pneumothorax.		
IPG607	<a href="#">Mosaicplasty for symptomatic articular cartilage defects of the knee</a>	Current evidence and safety and efficacy is adequate.	Standard arrangements for clinical governance, consent and audit.		
IPG608	<a href="#">Laparoscopic mesh pectopexy for apical prolapse of the uterus or vagina</a>	Current evidence is insufficient in quality and quantity.	Should only be used in the context of research.		

**IPG** = Interventional Procedure Guidance **CG** = Clinical Guideline **TA** = Technology Appraisal **PHG** = Public Health Guidance **PSG** = Patient Safety Guidance

**MIB**: Medtech Innovation Briefing **MTG** = Medical Technology Guidance **DG** = Diagnostics Guidance **SSG** = Safe Staffing Guideline **HST** = Highly Specialised Technology Guidance

**NG** = NICE guideline

**Table 2: QUALITY STANDARDS**

Title	Publication date	Description
QS3: <a href="#">Venous thromboembolism in adults: reducing the risk in hospital</a>	March 2018	<b>UPDATE:</b> First published in 2010. Updated in line with NG 89.
QS39: <a href="#">Attention deficit hyperactivity disorder</a>	March 2018	<b>UPDATE:</b> First published in 2013. Updated in line with NG 87. Statement on psychological treatments for children and young people removed.
QS47: <a href="#">Heavy menstrual bleeding</a>	March 2018	<b>UPDATE:</b> First published in 2013. Updated in line with NG 88.

**Table 3: Evidence summaries (ES) and Key therapeutic topics (KTT)**

*[This does not constitute formal NICE guidance]*

No summaries published this month.