NHS
Devon
Clinical Commissioning Group

NICE Update Bulletin: April 2020

Hyperlinks to the relevant NICE web page are included below.

NICE rapid COVID-19 guidelines

NICE has published some further rapid guidelines on the care of people with suspected and confirmed COVID-19, and in patients without COVID-19.

These guidelines have been developed to maximise patient safety whilst making the best use of NHS resources and protecting staff from infection.

These have been developed using the interim process and methods for developing rapid guidelines on COVID-19 and based on evidence and expert opinion.

COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response NG172

The purpose of this guideline is to maximise the safety of children and adults who have gastrointestinal or liver conditions treated with drugs affecting the immune response during the COVID 19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources.

COVID-19 rapid guideline: acute myocardial injury NG171

The purpose of this guideline is to help healthcare professionals who are not cardiology specialists identify and treat acute myocardial injury and its cardiac complications in adults with known or suspected COVID-19 but without known pre-existing cardiovascular disease.

COVID-19 rapid guideline: cystic fibrosis NG170

The purpose of this guideline is to maximise the safety of patients with cystic fibrosis and make the best use of NHS resources, while protecting staff from infection. It will also enable services to match capacity to patient needs if services become limited because of the COVID-19 pandemic.

COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response NG169

The purpose of this guideline is to maximise the safety of children and adults who have dermatological conditions treated with drugs affecting the immune response during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources.

COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease (COPD) NG168

The purpose of this guideline is to maximise the safety of patients with chronic obstructive pulmonary disease (COPD) during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to make the best use of NHS resources.

COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders NG167

The purpose of this guideline is to maximise the safety of children and adults with rheumatological autoimmune, inflammatory and metabolic bone disorders during the COVID-19 pandemic, while protecting staff from infection. It also enables services to make the best use of NHS resources.

COVID-19 rapid guideline: severe asthma NG166

The purpose of this guideline is to maximise the safety of adults and children with severe asthma during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to make the best use of NHS resources.

COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community NG165

The purpose of this guideline is to ensure the best treatment for adults with suspected or confirmed pneumonia in the community during the COVID-19 pandemic. It will also enable services to make the best use of NHS resources.

Where the new recommendations cover existing recommendations in the NICE guidelines on pneumonia in adults: diagnosis and management and pneumonia (community-acquired): antimicrobial prescribing follow the recommendations in the rapid guideline during the pandemic.

COVID-19 rapid guideline: haematopoietic stem cell transplantation NG164

The purpose of this guideline is to maximise the safety of patients who need haemopoietic stem cell transplantation and make the best use of NHS resources, while protecting staff from infection. It will also enable services to match the capacity for transplantation to patient needs if services become limited because of the COVID-19 pandemic.

COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community NG163

The purpose of this guideline is to provide recommendations for managing COVID-19 symptoms for patients in the community, including at the end of life. It also includes recommendations about managing medicines for these patients, and protecting staff from infection.

COVID-19 rapid guideline: delivery of systemic anticancer treatments NG161 (update)

The purpose of this guideline is to maximise the safety of patients with cancer and make the best use of NHS resources, while protecting staff from infection. It will also enable services to match the capacity for cancer treatment to patient needs if services become limited because of the COVID-19 pandemic.

April 2020: NICE has added recommendations on when to offer and continue systemic anticancer treatment for patients with COVID-19, interim treatment regimens and updated the table on interim treatment regimens in line with new advice from NHS England and NHS Improvement.

COVID-19 rapid guideline: dialysis service delivery NG160 (update)

The purpose of this guideline is to maximise the safety of patients on dialysis, while protecting staff from infection. It will also enable dialysis services to make the best use of NHS resources and match the capacity of dialysis services to patient needs if these become limited because of the COVID-19 pandemic.

April 2020: NICE updated their recommendation on developing plans to reduce the demand on dialysis services during the pandemic.

COVID-19 rapid guideline: critical care in adults NG159 (update)

The purpose of this guideline is to maximise the safety of patients who need critical care during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to make the best use of NHS resources.

April 2020: NICE linked to ethical guidance from the British Medical Association, the Royal College of Physicians and the General Medical Council to support healthcare professionals with decision making. They also linked to new government guidance on managing exposure to COVID-19 in hospital settings. The role of specialists in frailty assessment has been clarified.

Technology Appraisals (TAs)

Lenalidomide with rituximab for previously treated follicular lymphoma TA627

Recommendations

Lenalidomide with rituximab is **recommended**, within its marketing authorisation, as an option for previously treated follicular lymphoma (grade 1 to 3A) in adults. It is only recommended if the company provides lenalidomide according to the commercial arrangement.

The technology

Lenalidomide with rituximab is indicated for the treatment of adult patients with previously treated follicular lymphoma (Grade 1 – 3A).

The recommended starting dosage of lenalidomide is 20 mg, orally once daily on days 1 to 21 of repeated 28-day cycles for up to 12 cycles of treatment.

The recommended starting dosage of rituximab is 375 mg/m^2 intravenously every week in cycle 1 (days 1, 8, 15, and 22) and day 1 of every 28-day cycle for cycles 2 to 5.

Financial factors

This technology is commissioned by NHS England.

NICE estimates that 670 people in England with follicular lymphoma are eligible for treatment with lenalidomide with rituximab each year, and that 270 people will have lenalidomide with rituximab from year 2021/22 onwards once uptake has reached a maximum uptake of 40%.

Lenalidomide has a commercial arrangement (simple discount patient access scheme) which makes it available to the NHS with a discount. The size of the discount is commercial in confidence.

Highly specialised technology guidance (HSTs)

None published this month.

NICE Guidelines (NGs)

None published this month.

Public Health Guidelines

None published this month.

Antimicrobial prescribing guidelines

None published this month.

Social Care guidelines

None published this month.

Interventional Procedures Guidance (IPGs)

None published this month.

Medical Technologies Guidance (MTGs)

PneuX to prevent ventilator-associated pneumonia MTG48

Recommendations

PneuX shows promise for preventing ventilator-associated pneumonia in adults. However, there is currently **not enough good-quality evidence to support** the case for routine adoption in the NHS.

Research is recommended to address uncertainties about the clinical benefits of using PneuX. This research should:

- assess whether PneuX reduces the incidence of ventilator-associated pneumonia in all people needing ventilation
- compare PneuX with current NHS clinical practice, that is, the use of endotracheal tubes with subglottic drainage
- evaluate PneuX within the care bundle for ventilator-associated pneumonia prevention
- be clear about the criteria used to diagnose ventilator-associated pneumonia in the study.

The technology

PneuX is a tube placed through the mouth or through a small cut in the throat (tracheostomy) when someone needs a ventilator to help them breathe. It's designed to prevent ventilator-associated pneumonia (VAP) which can happen when secretions from the mouth leak past the tube into the lungs. PneuX has a tight seal to prevent leaks, and ports that a nurse can use to drain the secretions away from above the seal.

PneuX was formerly known as the 'Venner PneuX PY VAP Prevention System and the Lo-Trach system'. There are no functional differences between the 2 versions.

The PneuX system is not compatible with other endotracheal or tracheostomy tubes.

The evidence for the clinical effectiveness of PneuX is mainly from a trial that was done in people who were ventilated for a relatively short period of time after cardiac surgery. People in this trial were classed as high risk because of their age, or heart disease, or both. While they did have less VAP compared with people who were on a ventilator tube without drainage, it's not clear if the same benefits would be seen in people who are ventilated for other reasons and for longer periods of time. The use of a ventilator tube that allows secretions to be drained is regarded as best practice for VAP prevention. However, it's not clear from the current evidence if PneuX is better than other ventilator tubes with drainage. PneuX shows promise for preventing VAP but further research is recommended.

Diagnostics Guidance (DGs)

None published this month.

NICE Quality Standards

None published this month.

Changes to ways of working in response to COVID-19

NICE is supporting the NHS and social care to respond quickly to the challenges of the coronavirus pandemic. Their guidance is produced by advisory committees that include a lot of frontline NHS staff. During this crisis they do not want to take them away from their work caring for patients.

NICE are reviewing all the guidance they have in development and prioritising:

- therapeutically critical topics
- diagnosis of COVID-19
- treatment of COVID-19.

NICE is working on revised timelines for all other guidance that is not related to COVID-19 or therapeutically critical. They will continue with development work on guidance where they can; there is some work they can do without committee engagement.

Current NICE consultations

Title / link	End date of consultation
Andexanet alfa for reversing anticoagulation [ID1101]	13/05/2020
High-sensitivity troponin tests for the early rule out of NSTEMI	26/05/2020

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