NHS
Devon
Clinical Commissioning Group

NICE Update Bulletin: November 2021

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NICE Rapid COVID-19 Guidelines

COVID-19 rapid guideline: managing COVID-19 NG191 (UPDATE)

This guideline covers the management of COVID-19 for children, young people and adults in all care settings. It brings together our existing recommendations on managing COVID-19, and new recommendations on therapeutics, so that healthcare staff and those planning and delivering services can find and use them more easily.

November 2021: NICE added new recommendations on ivermectin, inhaled budesonide and updated recommendations on casirivimab and imdevimab, clarifying that these recommendations apply to people who are hospitalised because of COVID-19.

COVID-19 rapid guideline: managing the long-term effects of COVID-19 NG188 (UPDATE)

This guideline covers identifying, assessing and managing the long-term effects of COVID-19, often described as 'long COVID'. It makes recommendations about care in all healthcare settings for adults, children and young people who have new or ongoing symptoms 4 weeks or more after the start of acute COVID-19. It also includes advice on organising services for long COVID.

November 2021: NICE reviewed the evidence on case definitions; referral to services; children and young people; the impact of vaccines on the long-term effects of COVID-19; signs, symptoms and prevalence; and risk factors. NICE made new recommendations and updated existing recommendations on identification; planning care; multidisciplinary rehabilitation; follow up, monitoring and discharge; and service organisation. NICE also updated the list of common symptoms, emphasising that these may be different for children.

Technology Appraisals (TAs)

Nintedanib for treating progressive fibrosing interstitial lung diseases TA747

Recommendations

Nintedanib is **recommended**, within its marketing authorisation, as an option for treating chronic progressive fibrosing interstitial lung diseases (PF-ILD) in adults.

The Technology

Interstitial lung disease (ILD) is a group of many different lung disorders that cause inflammation or scarring (fibrosis) of the lungs. A subset of patients experience progressive-fibrosing ILD (PF-ILD), which is characterised by a gradual decline in lung function, dyspnoea, worsening of physical performance and quality of life.

People with PF-ILD often have underlying systemic conditions such as rheumatoid arthritis or sarcoidosis and they are seen by different medical specialties, notably respiratory and rheumatology.

Nintedanib is a small molecule intracellular inhibitor of tyrosine kinases, including platelet-derived growth factor receptor (PDGFR), fibroblast growth factor receptor (FGFR), and vascular endothelial growth factor receptor (VEGFR). It inhibits several steps in the initiation and progression of lung fibrosis and the proliferation of vascular cells, irrespective of the cause of the underlying lung disease.

Financial Factors

This technology is commissioned by NHS England.

NICE estimate that around 830 people in England have PF-ILD and are eligible for treatment with nintedanib. In Devon, this figure is 18.

The company has a commercial arrangement which makes nintedanib available to the NHS with a discount.

Nivolumab for adjuvant treatment of resected oesophageal or gastro-oesophageal junction cancer TA746

Recommendations

Nivolumab is **recommended**, within its marketing authorisation, for adjuvant treatment of completely resected oesophageal or gastro-oesophageal junction cancer in adults who have residual disease after previous neoadjuvant chemoradiotherapy. It is recommended only if the company provides nivolumab according to the commercial arrangement.

The Technology

Oesophageal cancer is a malignant tumour arising from cells lining the oesophagus (gullet). The two main types of oesophageal cancer are squamous cell carcinoma (usually in the upper or middle part of the oesophagus) and adenocarcinoma (usually in the lower oesophagus, including where it joins the stomach).

Nivolumab is a human monoclonal antibody that targets a receptor on the surface of lymphocytes known as PD-1. This receptor is part of the immune checkpoint pathway and blocking its activity may promote an anti-tumour immune response. Nivolumab is administered intravenously.

Financial Factors

This technology is commissioned by NHS England.

NICE do not expect this guidance to have a significant impact on resources. This is because the population size is small. Less than 200 adults per year in England who have residual disease after previous neoadjuvant chemoradiotherapy are expected to be eligible for treatment with nivolumab.

Nivolumab has a discount that is commercial in confidence. This makes nivolumab available to the NHS with a discount.

NBTXR-3 for treating advanced soft tissue sarcoma *(terminated appraisal)* TA745

NICE is **unable to make a recommendation** on NBTXR-3 for treating advanced soft tissue sarcoma. This is because Nanobiotix did not provide an evidence submission. NICE will review this decision if the company decides to make a submission.

Upadacitinib for treating moderate rheumatoid arthritis TA744

Recommendations

Upadacitinib, with methotrexate, is **recommended** as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with 2 or more conventional disease-modifying antirheumatic drugs (DMARDs), only if:

- disease is moderate (a disease activity score [DAS28] of 3.2 to 5.1) and
- the company provides upadacitinib according to the commercial arrangement.

Upadacitinib can be used as monotherapy when methotrexate is contraindicated or if people cannot tolerate it, when the criteria above are met.

If more than 1 treatment is suitable, start treatment with the least expensive drug (taking into account administration costs, dose needed and product price per dose). This may vary because of differences in how the drugs are used and treatment schedules.

Continue treatment only if there is a moderate response measured using European League Against Rheumatism (EULAR) criteria at 6 months after starting therapy. If this initial response is not maintained, stop treatment.

Take into account any physical, psychological, sensory or learning disabilities, or communication difficulties that could affect the responses to the DAS28 and make any appropriate adjustments.

These recommendations are not intended to affect treatment with upadacitinib that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

The Technology

Rheumatoid arthritis is an inflammatory autoimmune disease that typically affects the synovial tissue of the small joints of the hands and feet but can affect any synovial joint, causing swelling, stiffness, pain and progressive joint destruction. It is a systemic disease and can affect the whole body, including the lungs, heart and eyes. It is usually a chronic relapsing condition which has a pattern of flare-ups followed by periods of lower disease activity; however, for some people, the disease is constantly progressive.

Upadacitinib is a Janus-kinase (JAK) 1 inhibitor that blocks the JAK-signal transducer and activator of transcription (STAT) pathway and inflammatory responses. It is administered orally.

Financial Factors

This technology is commissioned by CCGs.

NICE do not expect this guidance to have a significant impact on resources because the technology is a further treatment option and the overall cost will be similar. There are now several treatment options, both biological and non-biological therapies, recommended by NICE for treating moderate rheumatoid arthritis.

NICE estimate that, in Devon, 178 people will receive biological DMARDs or targeted synthetic DMARDs with methotrexate following inadequate control of the disease with intensive therapy with two or more conventional DMARDs. Of these 178, it is anticipated that in future, 25 people will receive upadacitinib.

The company has a commercial arrangement which makes upadacitinib available to the NHS with a commercial in confidence discount.

Crizanlizumab for preventing sickle cell crises in sickle cell disease TA743

Recommendations

Crizanlizumab is **recommended** as an option for preventing recurrent sickle cell crises (vaso-occlusive crises) in people aged 16 or over with sickle cell disease only if the conditions in the **managed access agreement** are followed.

This recommendation is not intended to affect treatment with crizanlizumab that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

The Technology

Sickle cell disease is the name given to a group of lifelong inherited conditions that affect haemoglobin. The condition causes red blood cells to become rigid and misshapen, to resemble a crescent (or sickle).

Crizanlizumab is an anti-P-selectin monoclonal antibody that blocks P-selectin. P-selectin drives the vaso-occlusive process, a painful complication of sickle cell disease that occurs when sickle-shaped red blood cells block blood flow through blood vessels. The blockade of P-selectin can prevent painful vaso-occlusion in small blood vessels and maintain blood flow. It is administered intravenously.

Crizanlizumab can be given as an add-on therapy to hydroxyurea/hydroxycarbamide (HU/HC) or as monotherapy in patients for whom HU/HC is inappropriate or inadequate.

Financial Factors

This technology is commissioned by NHS England.

Crizanlizumab will be available to the NHS in line with the managed access agreement with NHS England because there is an unmet need for effective treatments for people with sickle cell disease, but NICE identified the need to address the uncertainties in the evidence. NHS England and the company have a commercial access agreement that makes crizanlizumab available to the NHS at a reduced cost.

It is estimated that between 300 and 500 people per year in England with sickle cell disease are expected to choose crizanlizumab through the managed access agreement.

Selpercatinib for treating advanced thyroid cancer with RET alterations TA742

Recommendations

Selpercatinib is **recommended** for use within the **Cancer Drugs Fund**, as an option for treating:

- advanced RET fusion-positive thyroid cancer in adults who need systemic therapy after sorafenib or Lenvatinib
- advanced RET-mutant medullary thyroid cancer in people 12 years and older who need systemic therapy after cabozantinib or vandetanib.

It is recommended only if the conditions in the managed access agreement are followed.

This recommendation is not intended to affect treatment with selpercatinib that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop. For young people, this decision should be made jointly by the clinician and the young person and the young person's parents or carers.

The Technology

Cancer of the thyroid, a small gland at the base of the neck, can cause pain and difficulties in swallowing and breathing. There are several types of thyroid cancer, including the most common, papillary and follicular, as well as the rarer medullary thyroid cancer and anaplastic thyroid cancer.

Some thyroid cancers can be caused by alterations in the RET (or 'rearranged during transfection') gene, which can lead to uncontrolled cell growth.

Selpercatinib is a small molecule inhibitor of the rearranged during transfection (RET) receptor tyrosine kinase. Chromosomal rearrangements involving fusions of RET with various partners can result in the growth of cancer cells. Point mutations in RET can also result in irregular RET proteins that can promote the growth of cancer cells. Administration of selpercatinib can target RET cancers and inhibit growth of tumour cells. It is administered orally as a capsule.

Financial Factors

This technology is commissioned by NHS England.

Selpercatinib will be available to the NHS in line with the managed access agreement with NHS England. As part of this, NHS England and the company have a commercial access agreement that makes selpercatinib available to the NHS at a reduced cost.

Selpercatinib is recommended for use in the Cancer Drugs Fund so that more evidence can be collected. After this, NICE will decide whether or not to recommend it for use on the NHS and update the guidance.

In England it is estimated that around 60 people with advanced RET-fusion positive thyroid cancer and 10 people with advanced RET-mutant medullary thyroid cancer in the first year (prevalent cases) will be eligible for treatment with selpercatinib. In subsequent years, around 10 newly diagnosed people per year with advanced RET-fusion positive thyroid cancer and 1 newly diagnosed person per year with advanced RET-mutant positive medullary thyroid cancer will be eligible for treatment with selpercatinib.

Highly Specialised Technology Guidance (HSTs)

Givosiran for treating acute hepatic porphyria HST16

Recommendations

Givosiran is **recommended** as an option for treating acute hepatic porphyria (AHP) in adults and young people aged 12 and older, only if:

- they have clinically confirmed severe recurrent attacks (4 attacks or more within 12 months) and
- the company provides it according to the commercial arrangement.

The recommendation is not intended to affect treatment with givosiran that was started in the NHS before this guidance was published. Adults and young people having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop. This decision should be made jointly by the clinician, the young person and their parents or carers.

The Technology

Acute hepatic porphyrias (AHP) are a group of rare inherited metabolic disorders caused by the deficiency of one of the enzymes needed to create haem. Haem is formed of porphyrin, which is created from precursors including delta-aminolevulinic acid (ALA) and porphobilinogen (PBG). In AHP, these precursors to porphyrin accumulate in the liver and other tissues.

Givosiran is a small-interfering ribonucleic acid that suppresses delta-aminolevulinic acid synthase 1 production by the liver. This reduces the level of toxic precursors of porphyrin. It is administered by subcutaneous injection.

Financial Factors

This technology is commissioned by NHS England.

Some assumptions in the economic modelling are uncertain, particularly around the duration of treatment with givosiran and the effectiveness of prophylactic haem arginate. Despite this, NICE state that givosiran is likely to provide important clinical benefit and improve quality of life for people with AHP. It also provides value for money within the context of a highly specialised service.

The company has a commercial arrangement which makes givosiran available to the NHS with a discount.

NICE Guidelines (NGs)

Heart valve disease presenting in adults: investigation and management NG208

This guideline updates and replaces the recommendations on valve surgery and percutaneous intervention in NICE guideline CG187 (published October 2014).

This guideline covers investigation and management of heart valve disease presenting in adults. It aims to improve quality of life and survival for people with heart valve disease through timely diagnosis and appropriate intervention.

Inducing Labour NG207

This guideline updates and replaces NICE guideline CG70 (published July 2008)

This guideline covers the circumstances for inducing labour, methods of induction, assessment, monitoring, pain relief and managing complications. It aims to improve advice and care for pregnant women who are thinking about or having induction of labour.

Chronic kidney disease: assessment and management NG203 (UPDATE)

This guideline covers care and treatment for people with, or at risk of, chronic kidney disease (CKD). It aims to prevent or delay the progression and reduce the risk of complications and cardiovascular disease. It also covers managing anaemia and hyperphosphataemia associated with CKD.

November 2021: NICE reviewed the evidence on Sodium-glucose Cotransporter-2 (SGLT2) inhibitors for adults with type 2 diabetes and chronic kidney disease. NICE made new recommendations and removed the original recommendation 1.6.7 from this guideline. The new recommendations are now included in the NICE guideline on type 2 diabetes in adults (NG28). NICE also clarified the use of the term 'male' in the 4-variable Kidney Failure Risk Equation.

Fever in under 5s: assessment and initial management NG143 (UPDATE)

This guideline covers the assessment and early management of fever with no obvious cause in children aged under 5. It aims to improve clinical assessment and help healthcare professionals diagnose serious illness among young children who present with fever in primary and secondary care.

November 2021: NICE added a definition of sepsis to recommendation 1.2.2. NICE also added a cross reference in table 2 to guide users to the risk stratification tool for children aged under 5 years with suspected sepsis (table 3 in the NICE guideline on sepsis NG51).

Ectopic pregnancy and miscarriage: diagnosis and initial management NG126 (UPDATE)

This guideline covers diagnosing and managing ectopic pregnancy and miscarriage in women with complications, such as pain and bleeding, in early pregnancy (that is, up to 13 completed weeks of pregnancy). It aims to improve how early pregnancy loss is diagnosed, and the support women are given, to limit the psychological impact of their loss.

November 2021: NICE have reviewed the evidence and made new recommendations on the use of progesterone in threatened miscarriage. They have also made changes to recommendations 1.5.1 and 1.5.18.

Type 2 diabetes in adults: management NG28 (UPDATE)

This guideline covers care and management for adults (aged 18 and over) with type 2 diabetes. It focuses on patient education, dietary advice, managing cardiovascular risk, managing blood glucose levels, and identifying and managing long-term complications.

November 2021: NICE have reviewed the evidence and made new recommendations on Sodium-glucose Cotransporter-2 (SGLT2) inhibitors for adults with type 2 diabetes and chronic kidney disease.

Acute heart failure: diagnosis and management CG187 (UPDATE)

This guideline covers diagnosing and managing acute heart failure or possible acute heart failure in people aged 18 and over. It aims to improve the immediate care of someone who is acutely unwell as a result of heart failure.

November 2021: NICE withdrew recommendations on valvular surgery and percutaneous intervention (1.6.1 to 1.6.4) because they have been replaced by the NICE guideline on heart valve disease (NG208)

Public Health Guidelines

Tobacco: preventing uptake, promoting quitting and treating dependence NG209

This guideline updates and replaces NICE guidelines PH5, PH14, PH23, PH26, PH39, PH45, PH48 and NG92.

This guideline covers support to stop smoking for everyone aged 12 and over and help to reduce people's harm from smoking if they are not ready to stop in one go. It also covers ways to prevent children, young people and young adults aged 24 and under from taking up smoking. The guideline brings together and updates all NICE's previous guidelines on using tobacco, including smokeless tobacco. It covers nicotine replacement therapy and e-cigarettes to help people stop smoking or reduce their harm from smoking. It does not cover using tobacco products such as 'heat not burn' tobacco.

Antimicrobial Prescribing Guidelines

None published this month.

Social Care Guidelines

None published this month.

Interventional Procedures Guidance (IPGs)

Coronary sinus narrowing device implantation for refractory angina IPG712

Recommendations

Evidence on the safety of coronary sinus narrowing device implantation for refractory angina shows well-recognised complications. Evidence on efficacy is limited in quantity and quality. Therefore, this procedure should only be used with **special arrangements** for clinical governance, consent, and audit or research.

Clinicians wanting to do coronary sinus narrowing device implantation for refractory angina should:

- Inform the clinical governance leads in their healthcare organisation.
- Give patients (and their families and carers as appropriate) clear written information to support shared decision making, including NICE's information for the public.
- Ensure that patients (and their families and carers as appropriate) understand the procedure's safety and efficacy, and any uncertainties about these.
- Audit and review clinical outcomes of all patients having the procedure.
- Discuss the outcomes of the procedure during their annual appraisal to reflect, learn and improve.

Healthcare organisations should:

- Ensure systems are in place that support clinicians to collect and report data on outcomes and safety for every patient having this procedure.
- Regularly review data on outcomes and safety for this procedure.

Patient selection should be done by a multidisciplinary team and the procedure should only be done in specialist centres by interventional cardiologists with specific training in the technique. Any problems with a medical device should be reported using the Medicines and Healthcare products Regulatory Agency's Yellow Card Scheme.

NICE encourages further research into coronary sinus narrowing device implantation for refractory angina. This should report details of patient selection and long-term patient outcomes, including survival.

The Condition

Angina is pain or constricting discomfort that typically occurs in the front of the chest (but may radiate to the neck, shoulders, jaw or arms). It is brought on by physical exertion or emotional stress.

NICE's guideline CG126 describes recommendations on managing stable angina. Options include lifestyle advice, drug treatment and revascularisation using percutaneous or surgical techniques. Coronary sinus narrowing device implantation is indicated for angina when other treatment options (medical or surgical) have failed or are not possible (refractory angina).

The Procedure

This procedure involves putting a device into the coronary sinus to narrow it with the aim of improving the flow of oxygenated blood throughout the heart muscle.

Percutaneous implantation of pulmonary artery pressure sensors for monitoring treatment of chronic heart failure IPG711

This guidance replaces NICE interventional procedures guidance IPG463 (published August 2013)

Recommendations

Evidence on the safety and efficacy of percutaneous implantation of pulmonary artery pressure sensors for monitoring treatment of chronic heart failure is adequate to support using this procedure provided that **standard arrangements** are in place for clinical governance, consent and audit.

Patient selection, continuing monitoring and management should be done by a multidisciplinary team. This should include healthcare professionals (both a doctor and a nurse) experienced in managing chronic heart failure, and interventional specialists experienced in right-heart catheterisation and inserting this device.

The Condition

Heart failure happens when the pumping action of the heart is impaired by structural or functional abnormalities. It can lead to reduced blood flow to the body tissues and increased filling pressure in the heart. This causes congestion and oedema in the lungs (causing breathlessn ess) and the body (causing swelling in the legs). Symptoms include breathlessness, reduced exercise tolerance, oedema, fatigue and malaise.

Diagnosis and management of chronic heart failure is described in NICE's guideline NG106. Treatments include lifestyle changes, medicines, device implantation (to help control heart rhythm) and heart surgery (such as a bypass operation or a heart transplant).

Chronic heart failure needs regular monitoring to identify signs of deterioration and modify treatment, with the aim of improving the patient's quality of life and avoiding hospital admissions. Implantable devices to monitor haemodynamic changes may assist heart failure monitoring.

The Procedure

This procedure involves putting a small electronic pressure sensor into the pulmonary artery to measure blood pressure under local anaesthesia. Data on pulmonary artery pressure (PAP), such as pressure trend information and PAP waveforms, is transmitted from the sensor to an external monitor in the patient's home. The monitor securely transmits the data to a remote database that can be accessed by the heart failure team to guide the ongoing monitoring and management of chronic heart failure.

Medical Technologies Guidance (MTGs)

Synergo for non-muscle-invasive bladder cancer MTG61

Recommendations

Synergo shows promise for high-risk non-muscle-invasive bladder cancer (NMIBC) that has not responded to or has recurred after Bacillus Calmette-Guerin (BCG) treatment, or when people cannot or do not want to have BCG treatment. However, there is not enough good-quality evidence to support the case for routine adoption. Synergo should only be used with **special arrangements** as outlined by NICE interventional procedures guidance IPG628.

Research is recommended on the benefits and costs of Synergo for high-risk non-muscle-invasive bladder cancer. This is to address the uncertainty in the evidence base and to inform a revised cost analysis to assess the impact of Synergo on cystectomy rates or repeat cystoscopies in people who cannot have a cystectomy. Because randomised controlled trials are challenging in this patient population, further collection and analysis of observational and NHS audit data is recommended.

The Technology

Most bladder cancers are non-muscle-invasive, meaning the cancerous cells are contained within the most superficial layer of the bladder wall (uroepithelium) and do not involve the underlying muscle layer.

People with suspected bladder cancer are usually offered a transurethral resection of bladder tumour (TURBT). This involves the complete removal of all visible papillary tumours, where feasible, and obtaining a sample for biopsy. In patients with intermediate or high-risk cancers, additional treatment is usually offered, such as intravesical chemotherapy, hyperthermic chemotherapy, electromotive drug administration, intravesical Bacillus Calmette-Guerin (BCG) or radial cystectomy.

Synergo treats non-muscle-invasive bladder cancer (NMIBC) using a radiofrequency-induced thermo-chemotherapeutic effect (RITE). It heats the superficial layers of the bladder wall using controlled radiofrequency radiation and flushes the bladder with a chemotherapy drug at the same time. Synergo aims to improve the delivery and efficacy of chemotherapy with the objective of reducing tumour recurrence and disease progression.

Synergo is an outpatient procedure in specialist centres. There is no need for general anaesthesia during treatment, but local anaesthetic lubricating gel may be used to insert the treatment catheter.

Financial Factors

Cost modelling for Synergo is uncertain and does not reflect how it is likely to be used in the NHS. Due of this and the limitations in clinical evidence, further research is recommended into using Synergo in high-risk non-muscle-invasive bladder cancer.

Diagnostic Guidance (DGs)

SeHCAT (tauroselcholic [75 selenium] acid) for diagnosing bile acid diarrhoea DG44

This guidance updates and replaces NICE diagnostics guidance DG7 (published November 2012).

Recommendations

NICE has **not recommended** SeHCAT (tauroselcholic [75 selenium] acid) for routine use to diagnose bile acid diarrhoea in people with:

- chronic diarrhoea with an unknown cause, suspected or diagnosed diarrhoea-predominant irritable bowel syndrome (IBS-D) or functional diarrhoea
- Crohn's disease without ileal resection who have chronic diarrhoea.

Centres already using SeHCAT for diagnosing bile acid diarrhoea may continue to do so but must collect further data or do further research.

Further data collection and research are recommended on:

- how SeHCAT test results affect decisions about treatment and clinical outcomes
- how well tolerated and effective treatments for bile acid diarrhoea are
- the health-related quality of life of people with bile acid diarrhoea.

The Tests

Bile acid diarrhoea is a form of chronic diarrhoea. Bile acids are produced by the liver and stored in the gallbladder until they are released into the small intestine to aid digestion. Usually, bile acids are reabsorbed into the liver in the final section of the small intestine. If they are not reabsorbed or the body produces more bile acid than can be reabsorbed, excess amounts of bile travels from the small bowel to the colon, stimulates salt and water secretion and bowel movements and results in diarrhoea.

The most common form of bile acid diarrhoea is caused by overproduction of bile acid in people with no physical damage to the bile acid recycling system.

Bile acid diarrhoea can also appear as a secondary condition after the small bowel or another part of the bile acid recycling system has been damaged by disease, surgery, or a certain type of treatment.

SeHCAT (tauroselcholic [75 selenium] acid) is a diagnostic radiopharmaceutical capsule used to measure how well the body absorbs bile acids. It contains 75 selenium (a gamma emitter) and a synthetic bile acid (tauroselcholic acid). When swallowed, the body absorbs SeHCAT like a natural bile acid. It can be detected in the body by a scan using a gamma camera. The test result shows how much SeHCAT remains in the body. Bile acid diarrhoea is usually diagnosed when around 15% or less SeHCAT remains in the body.

Financial Factors

Although SeHCAT shows promise and NICE recognises that a good test is needed for bile acid diarrhoea but there is not enough clinical evidence about how using the SeHCAT test affects long term clinical outcomes. NICE have recommended further research to find out more.

NICE Quality Standards

Inducing labour QS60 (UPDATE)

This quality standard covers the induction of labour in hospital outpatient or inpatient settings. It includes advice and care for pregnant women who are considering or having induction of labour. It describes high-quality care in priority areas for improvement.

November 2021: NICE made changes to align this quality standard with the updated NICE guideline on inducing labour (NG207).

Smoking: supporting people to stop QS43 (UPDATE)

This quality standard covers support for people to stop smoking. It includes referral to stop smoking services and treatments to help people to stop smoking. It describes high-quality care in priority areas for improvement. It does not cover reducing and preventing smoking or harm-reduction approaches to smoking, which are covered in NICE's quality standards QS82 and QS92.

November 2021: NICE made changes to align this quality standard with the updated NICE guideline on tobacco (NG209). Statements 1 to 4 have been amended to reflect changes to terminology used in the guideline on tobacco. Links, definitions and source guidance sections have been updated throughout.

Current NICE Consultations

Title / link	End date of consultation
Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults	02/12/2021
MT476 UroShield for preventing catheter-associated urinary tract infections	03/12/2021
Elosulfase alfa for treating mucopolysaccharidosis type IVa (review of HST2) [ID1643]	03/12/2021
Glaucoma: diagnosis and management	03/12/2021
Neonatal parenteral nutrition	06/12/2021
Joint replacement (primary): hip, knee and shoulder	13/12/2021
Gambling: Identification, diagnosis and management	16/12/2021
Otitis media (acute): antimicrobial prescribing (update)	14/12/2021
Adults with complex needs: social work interventions including assessment, care management and support	16/12/2021
Personalised external aortic root support (PEARS) using mesh to prevent aortic root expansion and aortic dissection in people with Marfan syndrome	16/12/2021
Liposuction for chronic lymphoedema	16/12/2021
Romosozumab for treating severe osteoporosis [ID3936]	16/12/2021
Familial Ovarian Cancer	20/12/2021
Epilepsies in children, young people and adults	22/12/2021
Type 2 diabetes in adults: management – glucose monitoring	22/12/2021
Diabetes (type 1 and type 2) in children and young people: diagnosis and management – glucose monitoring	22/12/2021
Type 1 diabetes in adults: diagnosis and management – glucose monitoring and diagnosis	22/12/2021
Depression in adults: treatment and management (update)	12/01/2022
Vaccine uptake in the general population	13/01/2022

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