AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar
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Reports

Connected: Improving the Patient-Physician Relationship – and Health Care Itself – Through Communication
American Association for Physician Leadership and The Beryl Institute
Tampa FL and Southlake TX: American Association for Physician Leadership and The Beryl Institute; 2017. p. 24.

URL	https://theberylinstitute.site-ym.com/store/ViewProduct.aspx?id=10354794
Notes	The American Association for Physician Leadership and The Beryl Institute have collaborated to produce this short report exploring the value and impact of patient-physician communication in health care. The document give an overview of the patient–physician partnership and the influence of physician leadership and also discusses • Recommendations on how to bring health care teams and organizations back to basics when communicating with patients • Insights on how collaboration is a partnership that requires honest dialogue • Tips for patients and physicians on how to improve the patient experience • Patient and physician voices and perspectives.

For information on the Commission's work on clinical communications, see https://www.safetyandquality.gov.au/our-work/clinical-communications/

Power through knowledge: Patient education and self-management keys to successfully managing chronic pain
Deeble Institute Evidence Brief No 17
Bennett C
Canberra: Australian Healthcare and Hospitals Association; 2017. p. 9.

URL	https://ahha.asn.au/publication/evidence-briefs/evidence-brief-17-power-through-knowledge-patient-education-and-self
Notes	The Deeble Institute of the Australian Healthcare and Hospitals Association has published this short evidence brief observing the extent and state of **chronic pain management**. The brief argues that chronic pain (defined as ongoing or recurrent pain that continues beyond three months or the expected time for healing) affects **20% of Australian adults and children** and one in three people aged over the age of 65. This means it has significant economic and social cost. The Brief includes a proposal for six actions the Australian Government could focus on as part of a long-term national strategy to reduce Australia's pain burden on the economy, on productivity and on those who live with pain and their families. The proposal is for a national pain strategy that seeks to: • empower consumers • prevent chronic pain and intervene early • expand treatment services • build capacity in our health and aged care workforce • minimise impact in our workplaces, and • better understand the impact of pain and how we can best treat and support people living with chronic pain.

Reducing Inappropriate Medication Use by Implementing Deprescribing Guidelines. A Case Study for US Health Care Delivery System Innovation
McCarthy D
Cambridge: Institute for Healthcare Improvement; 2017. p. 14.

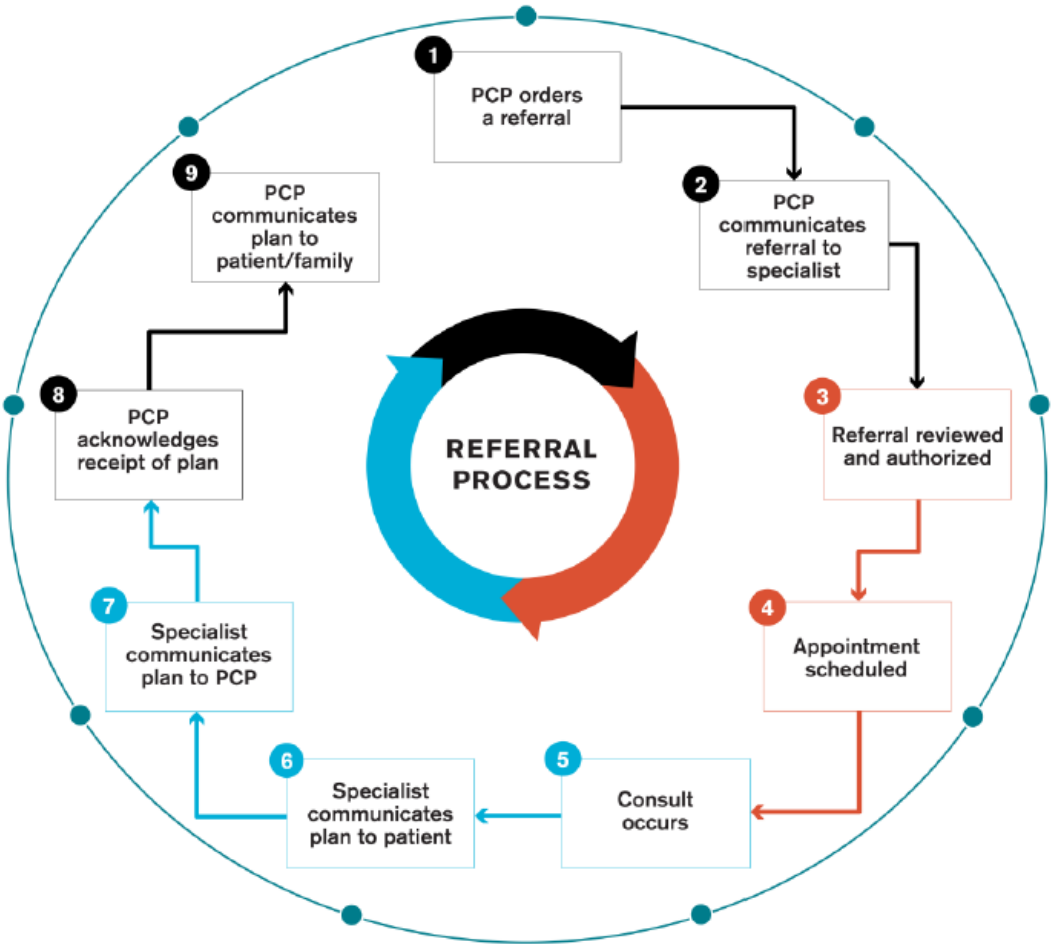
URL	http://www.ihi.org/resources/Pages/Publications/Evidence-Based-Medication-Deprescribing-Innovation-Case-Study.aspx
Notes	The (US) Institute for Healthcare Improvement has published this short report reviewing a Canadian **deprescribing** initiative with a view to how such innovations could be applied to the US health system. The report describes the Canadian initiative as "a credible, low-cost process for developing and implementing evidence-based deprescribing guidelines and tools for assessing, tapering, and stopping medications that may cause harm or no longer benefit patients". The intervention guided primary care providers in considering ways of identifying such medications and engaging patients in conversations about discontinuing them. Expected outcomes include **reductions in adverse drug events and medication costs** as well as **improvements in patient quality of life**. The report suggests that "Adoption of these deprescribing guidelines in the United States may be facilitated by medication management and stewardship programs, value-based payment incentives, and patient concerns about medication safety and cost-sharing burdens."

For information on the Commission's work on medication safety, see
https://www.safetyandquality.gov.au/our-work/medication-safety/

Items which should not be routinely prescribed in primary care
NHS England
London: NHS England

URL	https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/
Notes	NHS England has taken action to reduce **inappropriate prescribing** of 18 medicines which is intended to improve health and save millions of pounds a year. They have published national guidance on medicines which should no longer be routinely prescribed in primary care to ensure people receive the safest and most effective treatment available, and save the NHS up to £141 million a year. NHS England has produced a number of items on this topic, including: • *Items which should not be routinely prescribed in primary care: findings of consultation and next steps* – paper outlining the findings of a public consultation in relation to the prescribing of 18 items considered to be of low clinical value. The paper also outlines the next steps following the findings of the consultation. Two evidence reviews on the effectiveness of homeopathy and lidocaine plasters accompany this report. • *Items which should not be routinely prescribed in primary care: equality and health inequalities full analysis* – report containing the equality impact assessment that accompanied the consultation on prescribing items of low clinical value. • *Items which should not be routinely prescribed in primary care: guidance for CCGs* – guidance to assist clinical commissioning groups (CCGs) to support them with their duties around appropriate use of prescribing resources. It aims to support CCGs in their decision-making to address unwarranted variation and to provide clear national advice to make local prescribing practices more effective. It is accompanied by a set of frequently asked questions. The 18 items that are deemed inappropriate for routine prescription are: • Co-proxamol • Dosulepin • Prolonged-release Doxazosin • Immediate release Fentanyl • Glucosamine and Chondroitin • Herbal Treatments • Homeopathy • Lidocaine Plasters • Liothyronine • Lutein and Antioxidants • Omega-3 Fatty Acid Compounds • Oxycodone and Naloxone combination product • Paracetamol and Tramadol combination product • Perindopril Arginine • Rubefacients (excluding topical NSAIDs) • Once daily Tadalafil • Vaccines administered exclusively for the purposes of travel • Trimipramine.

Closing the Loop: A Guide to Safer Ambulatory Referrals in the EHR Era
Institute for Healthcare Improvement, National Patient Safety Foundation
Cambridge: Institute for Healthcare Improvement; 2017. p. 42.

URL	http://www.ihi.org/resources/Pages/Publications/Closing-the-Loop-A-Guide-to-Safer-Ambulatory-Referrals.aspx
Notes	The recently merged (US) Institute for Healthcare Improvement and (US) National Patient Safety Foundation have produced this guide describing a process of better and safer referral to specialists. The IHI observes that the referral process is often hindered by ambiguity of roles, communication breakdowns, clinicians' workloads, and variations in requirements among specialists. Such difficulties can lead to missed or delayed diagnoses, delays in treatment, and other lapses in patient safety. This report describes a **nine-step, closed-loop process** in which **all relevant patient information** is communicated to the **correct person** through the **appropriate channels** and in a **timely manner**. **Figure 1. The Nine Steps of the Closed-Loop EHR Referral Process** 

Meeting the quality challenge; sharing best practice from clinical leaders in emergency departments
Care Quality Commission
Newcastle Upon Tyne: Care Quality Commission; 2017. p. 28.

URL	http://www.cqc.org.uk/publications/themed-work/sharing-best-practice-clinical-leaders-emergency-departments
Notes	The UK's Care Quality Commission brought together consultants, clinical leads, senior nursing staff and managers from leading emergency departments in 17 NHS acute trusts across England where good practice had been identified. The group discussed how their trusts are meeting the challenges of managing capacity and demand, and managing risks to patient safety. This report shares the practical examples and initiatives so that others can learn from them and adapt them to their own settings to help improve the quality of emergency care for patients. This resource identifies: • **strategies** staff use to meet the challenge of increased demand and manage risks to patient safety • positive **actions** to address potential safety risks and to manage increased demand better • how **working with** others can manage patient flow and ensure patients get the care they need • that **rising demand** pressures in emergency departments are an issue for the whole hospital and local health economy.

Comprehensive Care: Older people living with frailty in hospitals
Themed review
National Institute for Health Research
London: NHS NIHR; 2017. p. 48.

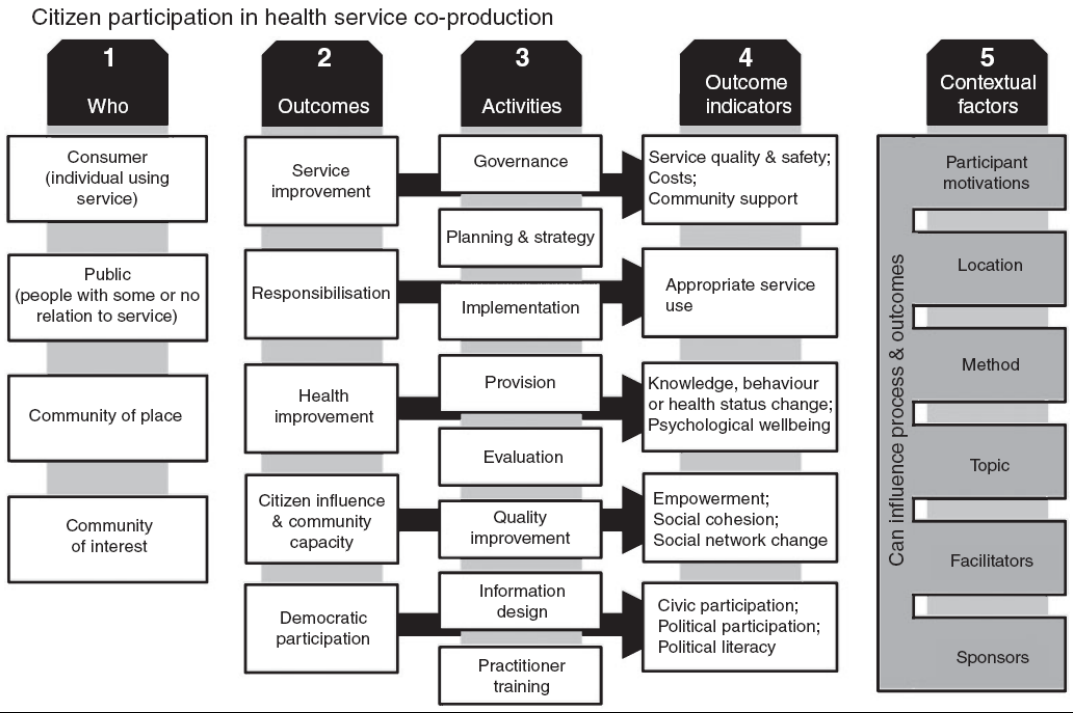
URL	http://www.dc.nihr.ac.uk/themed-reviews/comprehensive-care.htm
Notes	The UK's National Institute for Health Research (NIHR) have produced this themed review drawing together research into the care of older people living with frailty in hospitals. The themed review looks at the concept of 'frailty' in older people living in hospital. The collected research looked what can be done to identify and manage the needs of this group and to avoid potential problems. The review covers **four key aspects** of caring for older people living with frailty in hospital: • **Assessment** • Identifying and managing **symptoms** associated with frailty in hospital • **Discharge** planning, and • **Caring environments**. The review features: • 33 published studies • 20 ongoing research projects • Questions to ask about the care of older people with frailty in hospitals.

Journal articles

Back to blame: the Bawa-Garba case and the patient safety agenda
Cohen D
BMJ. 2017;359:j5534.

DOI	https://doi.org/10.1136/bmj.j5534
Notes	A UK case involving the death of a child from sepsis has been discussed in the *BMJ* recently, noting that the **culture of blame continues to pervade patient safety**, particularly when legal systems become involved. The trainee paediatrician involved was convicted of gross negligence manslaughter in 2015, but allowed to maintain her medical registration. The General Medical Council in the UK is attempting to overturn that decision and to have her struck off, citing a careful investigation of the case. As with any incident of this nature, there were clearly individual and system-related factors, which are not described in detail here. However the concern expressed in a recent *BMJ* article was that a personal reflection, in which she was asked by her supervising consultant to reflect on the circumstances surrounding the child's death and to sign a trainee encounter form setting out what she should have done differently, was presented in court and used as evidence leading to her conviction. It is also noteworthy that the hospital and NHS Trust involved has since implemented procedures that would presumably detect deterioration in a more systematic way.

Citizen participation in health services co-production: a roadmap for navigating participation types and outcomes
Farmer J, Taylor J, Stewart E, Kenny A
Australian Journal of Primary Health. 2017;23(6):509-15.

DOI	https://doi.org/10.1071/PY16133
Notes	Paper describing a practical 'roadmap' tool to assist primary healthcare managers with the conceptualisation, development, implementation and evaluation of ways to engage and include citizens/consumers/patients in service co-design and co-production. The maps has been developed using existing guidance and literature as well as the lived experiences of the authors. 

For information on the Commission's work on patient and consumer centred care, see https://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/

For information on the Commission's work on primary health care, see https://www.safetyandquality.gov.au/our-work/primary-health-care/

A Department of Medicine Infrastructure for Patient Safety and Clinical Quality Improvement
Mathews SC, Pronovost PJ, Biddison ELD, Petty BG, Anderson ME, Nelson TS, et al.
American Journal of Medical Quality. 2017 [epub].

DOI	https://doi.org/10.1177/1062860617743324
Notes	Paper describing how the Johns Hopkins Hospital Department of Medicine in Baltimore has developed a practical model of quality and safety. This paper details its structure and operation within a large academic health system. It is based on a fractal model that integrates multiple smaller units similar in structure (composition of faculty/staff), process (use of similar tools), and approach (using a common framework to address issues). This organisation stresses **local, multidisciplinary leadership**, facilitates horizontal connections for **peer learning**, and maintains vertical connections for broader **accountability**.

A qualitative study of patient involvement in medicines management after hospital discharge: an under-recognised source of systems resilience
Fylan B, Armitage G, Naylor D, Blenkinsopp
BMJ Quality & Safety. 2017 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2017-006813
Notes	Paper reporting on a study that looked at the potential role of the patient in improving medication management. This UK qualitative study interviewed 60 cardiology patients about their experiences managing medications after being discharged from two hospitals. From the medicines management resilience strategies described by 23 patients, two main themes emerged: identifying **system vulnerabilities**; and establishing **self-management strategies**. According to the authors, "Patients could anticipate problems in the system that supplied them with medicines and took specific actions to prevent them. They also identified when errors had occurred both before and after medicines had been supplied and took corrective action to avoid harm. … Patients recounted how they ensured information about medicines changes was correctly communicated and acted upon, and described their strategies to enhance their own reliability in adherence and resource management."

A narrative review of the safety concerns of deprescribing in older adults and strategies to mitigate potential harms
Reeve E, Moriarty F, Nahas R, Turner JP, Kouladjian O'Donnell L, Hilmer SN
Expert Opinion on Drug Safety. 2017 [epub].

DOI	http://dx.doi.org/10.1080/14740338.2018.1397625
Notes	This narrative review sought to highlight the fact that deprescribing or withdrawing medications can have its own risks (and benefits). The review focuses on four concerns/potential harms of deprescribing in older adults: • adverse drug **withdrawal** events • **return of medical condition(s)** • reversal of **drug-drug interactions** and • damage to the **doctor-patient relationship**. The authors suggest that most of these harms can be minimised or prevented by using a **patient-centred, structured deprescribing process** with planning, tapering and close monitoring during, and after medication withdrawal.

For information on the Commission's work on medication safety, see
https://www.safetyandquality.gov.au/our-work/medication-safety/

Regional consolidation of orthopedic surgery: impacts on hip fracture surgery access and outcomes
Kreindler SA, Siragusa L, Bohm E, Rudnick W, Metge CJ
Canadian Journal of Surgery. 2017;60(5):349-54.

DOI	https://dx.doi.org/10.1503/cjs.000517
Notes	The concentration, consolidation or centralisation of particular medical services is often rather sensitive and can be portrayed as rationing or withdrawing care. However, there has been evidence to demonstrate that such consolidation can deliver better care and better outcomes. This Canadian study adds to that literature in examining the impact of the concentration of orthopaedic surgery in a Canadian health region on patients requiring hip fracture surgery. The study examined 1885 hip-fracture surgeries in the period January 2010–March 2013 and found that there was a "**significant increase** in the proportion of patients receiving **surgery within the benchmark**. **Complication rates did not change**, but there appeared to be some **decrease in mortality** (significant at 6 mo). Length of stay increased at one hospital that experienced a major increase in patient volume, perhaps reflecting challenges associated with patient flow."

Electronic triggers to identify delays in follow-up of mammography: Harnessing the power of big data in health care
Murphy DR, Meyer AND, Vaghani V, Russo E, Sittig DF, Wei L, et al
Journal of the American College of Radiology. 2017 [epub].

DOI	https://doi.org/10.1016/j.jacr.2017.10.001
Notes	The potential use and impact of big data has been speculated on for some years now, and not just in the health sphere. This paper examines how big data could be used to identify and ameliorate delays in follow-up. The project saw the development of an electronic health record–based trigger tool to identify delays in abnormal mammogram follow-up at (US) Veterans Affairs facilities. According to the paper, the trigger tool was moderately effective in detecting diagnostic and treatment delays and rarely failed to identify a delay. The most common causes of delays were inability to schedule timely follow-up and 'systems issues'.

Barriers to speaking up about patient safety concerns
Etchegaray JM, Ottosen MJ, Dancsak T, Thomas EJ
Journal of Patient Safety. 2017 [epub[.

DOI	http://dx.doi.org/10.1097/PTS.0000000000000334
Notes	The importance of being able to 'speak up' about safety (and quality) has been recognised. However, some of the barriers remain and seem persistent or resistant to change. This article, reporting on a survey undertaken in a single large US health system with more than 1300 respondents, reminds us of some of the major barriers that can exist. In this study fear of being wrong and fear of retaliation were among the most common barriers reported. In those areas where a greater proportion said that they would speak up, scores for safety culture and teamwork culture were more positive.

Australian Journal of Primary Health
Volume 23(6) 2017

URL	http://www.publish.csiro.au/py/issue/8588
Notes	A new issue of the *Australian Journal of Primary Health* has been published with a focus on Community–Consumer Participation in Primary Health. Articles in this issue of the *Australian Journal of Primary Health* include: • Reconceptualising **community participation in primary health** (Amanda Kenny, Nerida Hyett and Virginia Dickson-Swift) • Collective and negotiated design for a clinical trial addressing **smoking cessation** supports for **Aboriginal and Torres Strait Islander mothers** in NSW, SA and Qld – developing a pilot study (Michelle Bovill, Yael Bar-Zeev, Maree Gruppetta, Peter O'Mara, Brett Cowling and Gillian S Gould) • Not just tea and biscuits; the Gold Coast Primary Health Network process of **designing, implementing and operating a Community Advisory Council** (Jessica McClean and Kellie Trigger) • **Citizen participation in health services co-production**: a roadmap for navigating participation types and outcomes (Jane Farmer, Judy Taylor, Ellen Stewart and Amanda Kenny) • Understanding the factors that make **public participation** effective in **health policy and planning**: a realist synthesis (Celso P Pagatpatan and P R Ward) • Realisation of a **joint consumer engagement strategy** in the Nepean Blue Mountains region (Ilse Blignault, Diana Aspinall, Lizz Reay and Kay Hyman) • **Coproducing Aboriginal patient journey mapping tools** for improved quality and coordination of care (Janet Kelly, Judith Dwyer, Tamara Mackean, Kim O'Donnell and Eileen Willis) • **Rural and regional community health service boards**: perceptions of community health – a Delphi study (Diana Guzys, Guinever Threlkeld, Virginia Dickson-Swift and Amanda Kenny) • 'I'm not sure it paints an honest picture of where my health's at' – identifying **community health and research priorities** based on health assessments within an **Aboriginal and Torres Strait Islander community**: a qualitative study (Geoffrey K Spurling, Chelsea J Bond, Philip J Schluter, Corey I Kirk and Deborah A Askew) • Developing **research priorities** in Australian **primary health care**: a focus on nutrition and physical activity (Lauren Ball, Katelyn Barnes, Michael Leveritt, Lana Mitchell, Lauren T. Williams, Dianne Ball and Elizabeth Patterson) • 'Lost and confused': **parent representative groups' perspectives** on **child and family health services** in Australia (Amiee Hesson, Cathrine Fowler, Chris Rossiter and Virginia Schmied)

Public Health Research & Practice
December 2017, Volume 27, Issue 5

URL	http://www.phrp.com.au/issues/december-2017-volume-27-issue-5/
Notes	A new issue of *Public Health Research & Practice* has been published with the focus 'contemporary challenges in public health'. Articles in this issue of *Public Health Research & Practice* include: • Editorial: PHRP celebrates 3 years of **supporting public health policy and practice** (Don Nutbeam) • Live and trending: the next step for **public health campaigns**? (Dheepa Jeyapalan, Amy Jo Vassallo and Becky Freeman)

	• Deadly progress: changes in Australian **Aboriginal and Torres Strait Islander adult daily smoking**, 2004–2015 (Raymond Lovett, Katherine A Thurber, Alyson Wright, Raglan Maddox and Emily Banks) • Support for **food policy initiatives** is associated with knowledge of obesity-related cancer risk factors (Wendy Watson, Marianne Weber, Clare Hughes, Lyndal Wellard and Kathryn Chapman) • Retrospective comparison of Australia's Pharmaceutical Benefits Scheme claims data with prescription data in **HER2-positive early breast cancer patients**, 2008–2012 (Carole A Harris, Benjamin Daniels, Robyn L Ward and Sallie-Anne Pearson) • Comparison of recording of **hepatitis B** infection in the NSW Perinatal Data Collection with linked hepatitis B notifications (Lucy Deng, Joanne Reekie, Andrew Hayen, Marlene Kong, John M Kaldor, James Ward and Bette Liu) • **Non-intentional farm injury fatalities** in NSW, Australia, 2001–2015 (Tony Lower, Margaret Rolfe and Noeline Monaghan) • Communicating with the public about the risks of **naturally occurring asbestos** (Claire Hooker, Adam Capon and Isabel MR Hess) • Knowledge of **colorectal cancer risk factors and screening** recommendations: a cross-sectional study of regional Australian general practice patients (Natalie Dodd, Mariko Carey and Elise Mansfield) • Barriers to optimal screening and vaccination of **hepatitis B contacts**: a survey of general practitioners in NSW, Australia (Zeina Najjar, Janice Pritchard-Jones, Siaw-Teng Liaw and Leena Gupta) • Increased use among GPs of **hepatitis B vaccine** for priority populations (Vicky Sheppeard)

Health Affairs
Volume: 36, Number: 12 (December 2017)

DOI	https://www.healthaffairs.org/toc/hlthaff/36/12
Notes	A new issue of *Health Affairs* has been published, with the focus 'Behavioral Health, Provider Payment & More'. Articles in this issue of *Health Affairs* include: • To **Keep Patients**, Some Physicians Get Creative (Charlotte Huff) • Only One In Twenty Justice-Referred Adults In Specialty **Treatment For Opioid Use** Receive Methadone Or Buprenorphine (Noa Krawczyk, Caroline E. Picher, Kenneth A. Feder, and Brendan Saloner) • **Mortality** Quadrupled Among **Opioid-Driven Hospitalizations**, Notably Within Lower-Income And Disabled White Populations (Zirui Song) • National Trends In Specialty **Outpatient Mental Health Care** Among Adults (Beth Han, Mark Olfson, Larke Huang, and Ramin Mojtabai) • **Medicare ACO** Program Savings Not Tied To **Preventable Hospitalizations** Or Concentrated Among High-Risk Patients (J Michael McWilliams, Michael E Chernew, and Bruce E Landon) • Comparing The Effects Of **Reference Pricing** And Centers-Of-Excellence Approaches To **Value-Based Benefit Design** (Hui Zhang, David W Cowling, and Matthew Facer) • The **Uninsured** Do Not Use The **Emergency Department** More—They Use Other Care Less (Ruohua Annetta Zhou, Katherine Baicker, Sarah Taubman, and Amy N Finkelstein) • **Hepatitis C Testing** Increased Among Baby Boomers Following The 2012 Change To CDC Testing Recommendations (Joshua A Barocas, Jianing Wang,

	Laura F White, Abriana Tasillo, J A Salomon, K A Freedberg, and B P Linas) • Value Of Waiving Coinsurance For **Colorectal Cancer Screening** In Medicare Beneficiaries (Elisabeth F. P. Peterse, Reinier G. S. Meester, Andrea Gini, Chyke A. Doubeni, Daniel S. Anderson, Franklin G. Berger, Ann G. Zauber, and Iris Lansdorp-Vogelaar • **Risk Adjustment** May Lessen **Penalties** On Hospitals Treating Complex Cardiac Patients Under Medicare's **Bundled Payments** (Adam A Markovitz, Chandy Ellimoottil, Devraj Sukul, Samyukta Mullangi, Lena M Chen, Brahmajee K Nallamothu, and Andrew M Ryan) • Performance And Participation Of Physicians In Year One Of **Medicare's Value-Based Payment Modifier Program** (Karen E Joynt Maddox, Arnold M Epstein, Lok Wong Samson, and Lena M Chen) • **Medical-Legal Partnerships** At Veterans Affairs Medical Centers Improved Housing And Psychosocial Outcomes For Vets (Jack Tsai, Margaret Middleton, Jennifer Villegas, Cindy Johnson, Randye Retkin, Alison Seidman, Scott Sherman, and Robert A Rosenheck) • The Promises And Pitfalls Of **Treating Addiction** (Jessica L Gregg)

BMJ Quality and Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • Measurement of **harms in community care**: a qualitative study of use of the NHS Safety Thermometer (Liz Brewster, Carolyn Tarrant, Janet Willars, Natalie Armstrong) • Editorial: **Raising up the voices** of the closest observers of care (Naomi S Bardach)

Online resources

Online e-learning module on communicating benefits and risks
https://www.safetyandquality.gov.au/communicatingrisk
Health decisions often have no single 'best choice' and require choosing from multiple options. For patients (and carers) to understand risks and have the opportunity to actively be involved in sharing decisions, clinicians need to provide relevant and clear information about treatment options, and the potential benefits, risks, trade-offs and uncertainties of each. This information should reflect the best available evidence and take into account the patient's personal opinions, preferences, values and priorities.
To support clinicians develop and refine their skills in communicating effectively about the benefits and risks of treatment options with patients, the Australian Commission on Safety and Quality in Health Care has developed an open access 2-hour e-learning module: **Helping Patients Make Informed Decisions: Communicating benefits and risks**.
To access and learn about the module, see https://www.safetyandquality.gov.au/communicatingrisk

New videos on Shared Decision Making
https://www.safetyandquality.gov.au/communicatingrisk
Research shows that shared decision making between clinicians and patients can lead to improvements in safety, quality, cost effectiveness and contribute to better quality decisions.
To promote shared decision making in practice, the Australian Commission on Safety and Quality in Health Care has developed three short videos for clinicians. The videos provide an overview on shared decision making; challenges myths about shared decision making in practice; and explains how to use patient decision aids and where to find them.
To access the videos, see https://www.safetyandquality.gov.au/communicatingrisk

For information on the Commission's work on shared decision making, see
https://www.safetyandquality.gov.au/our-work/shared-decision-making/

[UK] Antimicrobial prescribing guidelines
https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/antimicrobial-prescribing-guidelines
The UK's National Institute for Health and Care Excellence (NICE) has developed this antimicrobial prescribing hub page on the NICE website. The page lists all of NICE's common infection guidance and advice to help manage common infections and tackle antimicrobial resistance.

- **Guidance** – guidelines offer evidence-based antimicrobial prescribing information for all care settings. These focus on bacterial infections and appropriate antibiotic use. Each guideline topic features a visual summary of the recommendations, a guideline and an evidence review.
- **Advice** – antimicrobial evidence summaries provide commissioners, providers and health professionals with a summary of the best available evidence for antimicrobials.

[UK] NICE Guidelines and Quality Standards
https://www.nice.org.uk
The UK's National Institute for Health and Care Excellence (NICE) has published new (or updated) guidelines and quality standards. The latest reviews or updates are:

- Quality Standard QS124 *Suspected* ***cancer*** https://www.nice.org.uk/guidance/qs124

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