NICE National Institute for Health and Care Excellence

Appendix B: Stakeholder consultation comments table

2018 surveillance of Pneumonia in adults: diagnosis and management (2014)

Consultation dates: 13 to 26 September 2018

Do you agree with the proposal not to update the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
Department of Health and Social Care		I wish to confirm that the Department of Health and Social Care has no substantive comments to make, regarding this consultation.	Thank you.
Intensive Care Society	Yes	No comments provided	Thank you.
British Thoracic Society	Yes	There should be early review of this decision within the next 2 years in view of upcoming RCTs.	Thank you. We plan to monitor the progress of ongoing research in this area and consider the impact of results on the guideline when available.

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Pfizer	No	The current version of the NICE clinical guideline on the diagnosis and management of COPD (CG101) includes a recommendation on the need to offer pneumococcal vaccination and an annual influenza vaccination to all those diagnosed with COPD. However, despite CG191 also addressing the diagnosis and management a similar recommendation is omitted. Evidence shows that those individuals who are diagnosed with pneumonia are at an increased risk of contracting further pneumococcal infections (Dang Drugs Aging. 2015 Jan;32(1):13-9). In addition, that the diagnosis of pneumonia, especially in those with an underlying condition can significantly impact ~~their~~ long term mortality (Wagenvoort Vaccine 35 (2017) 1749–1757). Therefore an important part of managing the patient is reducing the risk of further infections and their associated impact. We do note that within the guideline scope prevention strategies, including vaccination are excluded. However, section 4.3.1 h) states that patient information such as information on self-care is included. While recommendations 1.2.22 to 1.2.23 provide condition specific information for the patient, they do not detail the need for patients to ensure that their vaccination status is up to date – something which can help manage the risk of subsequent infections.	Thank you for your comment. As you note, prevention strategies are excluded from the scope of CG191 which focuses on ensuring pneumonia is accurately diagnosed to guide antibiotic prescribing and ensure people receive the right treatment. NICE has recently published a guideline which describes ways to increase awareness of influenza vaccination and how to use all opportunities in primary and secondary care to identify people who should be encouraged to have the vaccination. This includes recommendations on increasing uptake among eligible groups in primary care. In this guideline, eligible groups are as outlined in the Green Book and include: • children and adults aged 6 months to 64 years in a clinical risk group (as listed in the annual flu letter) • pregnant women • people in receipt of a carer's allowance • people who are the main informal carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill. Eligibility for the pneumococcal vaccination in the UK is covered by chapter 25 of the Green book which recommends immunisation for the following groups: • infants as part of the routine childhood immunisation programme • those aged 65 years or over • children and adults in clinical risk groups (including COPD, chronic heart disease, chronic kidney disease, diabetes or immunosuppression)

		Due to the significant impact that pneumonia and subsequent infections can have upon an individual we believe that the guideline should be updated to include the provision of additional information on self-care that reflects the need for patients to be up to date with their vaccination status.	
Scottish Antimicrobial Prescribing Group	Yes	No comments provided	Thank you.
NHS England	Yes	Both commentators agreed that no revision is necessary.	Thank you.
Association of Respiratory Nurse Specialists	Yes	Guidelines appear up to date and relevant.	Thank you.
Royal College of Physicians		We would like to endorse the response submitted by the British Thoracic Society (BTS).	Thank you.
Action on Smoking and Health	No	See section 4.	Thank you. Please see our response in section 4.

Society and College of Radiographers	Yes	SCoR agree with the proposal not to update the guideline until new evidence is published.	Thank you.
Royal College of Speech and Language Therapists'	No	The RCSLT believe you need to make clear reference to adults with dysphagia and their increased risk of chest infections, etc. We are concerned that currently, aspiration pneumonia, which is often associated with difficulties swallowing is not included in the guideline. As a result of sarcopenia, the natural process of ageing, swallowing muscles can become weaker and less effective which risks causing difficulties with swallowing in the aged population. This can lead to aspiration, and subsequently pneumonia. There is evidence indicating it's prevalence in the aged population and therefore may be a substantial component in community-acquired pneumonia. Difficulties with swallowing and thus interventions to minimise aspiration pneumonia must be examined and managed by a dysphagia specialist, most principally a speech and language therapist.	Thank you. We recognise that dysphagia could increase a person's risk of respiratory infections including pneumonia. However, there are likely to be other factors that also increase a person's risk of developing pneumonia, such as age. The guideline recommendations cover any adult with suspected or confirmed diagnosis and allow for severity assessment of infection based on presenting factors.
British HIV Association	Not answered	No comments provided.	Thank you.
RCN	Yes	Guidelines appear up to date and relevant.	Thank you.

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West Hertfordshire NHS Trust	Yes	No comments provided	Thank you.

Are you aware of the use of ambulatory units, community outreach and/or homecare teams for the treatment of moderate community-acquired pneumonia? If appropriate, please make reference to the services in your local area.			
Stakeholder	**Overall response**	**Comments**	**NICE response**
Department of Health and Social Care	Not answered	No comments provided	Thank you.
Intensive Care Society	No	No comments provided	Thank you.
British Thoracic Society	No	This has been trialled in some areas (we are aware of a study in Liverpool on this) but it is not widespread practice. We are not aware of the existence of formal pathways/protocols.	Thank you for this feedback.
Pfizer	No	No comments provided	Thank you.
Scottish Antimicrobial Prescribing Group	No	No comments provided	Thank you.
NHS England	Not answered	No comments provided	Thank you.

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Association of Respiratory Nurse Specialists	Yes	Some local ambulatory emergency care units in Warwickshire provide OPAT (outpatient parenteral antibiotic therapy) for moderate community acquired pneumonia, and/or provide an outreach community service to such patients. This is particularly geared to admission avoidance through acute medicine.	Thank you for this feedback.
Royal College of Physicians	Not answered	No comments provided	Thank you.
Action on Smoking and Health	Not answered	No comments provided	Thank you.
Society and College of Radiographers	No	No comments provided	Thank you.
Royal College of Speech and Language Therapists'	Yes	Speech and language therapists often work in community establishments such as care homes for the elderly, of which dysphagia management is a considerable portion of their role. As a result of ageing, swallowing difficulties can lead to aspiration pneumonia which can be treated/ managed in the community often by an SLT as part of a multidisciplinary team	Thank you. The scope of CG191 covers community or hospital acquired pneumonia. Although aspiration can play a role in causing pneumonia, there is still debate about the definition of aspiration pneumonia. However, we appreciate you sharing this clinical experience.
British HIV Association	Not answered	No comments provided	Thank you.

RCN	Yes	We are aware that some local ambulatory emergency care units in Warwickshire provide Outpatient Parenteral Antibiotic Therapy (OPAT) for moderate community acquired pneumonia, and/or provide an outreach community service to such patients. This is particularly geared to admission avoidance through acute medicine.	Thank you for this feedback.
West Hertfordshire NHS Trust	Yes	This set up does not currently exist in our locality but I think that it is an excellent idea and would appreciate guidance as a healthcare organisation on how we may go about facilitating this process. I have a good relationship with my CCG and GPs and already working on service setup within my integrated community COPD team in this area but with focus on COPD exacerbations. To extend this service with engagement from the stakeholders some form of quality statement and guideline would be most helpful for me to approach my CCG and setup this service.	Thank you for this feedback. Based on the information provided by stakeholders, it appears that the use of ambulatory units, community outreach and/or homecare teams for the treatment of moderate community-acquired pneumonia is variable across the country. At present, there is insufficient evidence on the most appropriate set-up of services, who would benefit the most and details of cost-effectiveness to inform recommendations in this area. However, this is an area we will monitor and consider again at the next surveillance review of the guideline.

Have you experienced any difficulties in implementing recommendation 1.1.1 of the guideline, which advises clinicians in primary care to consider using the C-reactive protein (CRP) test if after clinical assessment a diagnosis of pneumonia has not been made and it is not clear whether antibiotics should be prescribed?

If yes, can you please provide some further details of the difficulties experienced.

Stakeholder	Overall response	Comments	NICE response

Department of Health and Social Care	Not answered	No comments provided	Thank you.
Intensive Care Society	No	No comments provided	Thank you.
British Thoracic Society	No	We cannot comments from a primary care perspective but we have had no reports of difficulty in obtaining CRP tests.	Thank you.
Pfizer	Not applicable	No comments provided	Thank you.
Scottish Antimicrobial Prescribing Group	Yes	The CRP measuring devices and consumables are not readily available in Primary Care largely due to funding issues. Other barriers are lack of portability of devices and the few extra minutes it takes for the test on already pressured consultation times, but there is willingness to use amongst many GPs and Nurse Practitioners. Our group carried out a feasibility study https://www.sapg.scot/media/2906/executive_summary_evaluation_of_crp_testing_in_primary_care_july_2016.pdf and we also contributed to a recent Evidence review http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg_-_evidence_notes/evidence_note_80.aspx	Thank you for this information and for providing the study details which give an indication that, among the GPs included, it was feasible to use CRP in primary care. Additionally, the evidence note provided indicates that a CRP point of care testing in primary care can reduce antibiotic prescribing rates for lower respiratory tract infections. Currently recommendation 1.1.1 in CG119 states that clinicians should consider a point of care CRP test in primary care if a diagnosis of pneumonia has not been made and it is not clear if antibiotics should be provided. The information highlighted is supportive of this recommendation.
NHS England	Not answered	No comments provided	Thank you.

Association of Respiratory Nurse Specialists	Yes	The availability of point of care CRP testing in primary care sometimes presents as an issue for implementing this recommendation in all cases. However, with the availability of a CRP result, the recommendation should be easily followed routinely (unless a complex co-morbidity or presentation presents) Funding appears to be an issue re point of care testing especially in primary care. Both in regards to purchasing equipment and consumables. Also training is required regarding interpretation and context.	Thank you for highlighting potential issues with availability of CRP tests in primary care. The guideline recommendations are based on the best available evidence with the aim of guiding decisions in health, public health and social care. NICE has a commitment only to recommend new treatments or interventions with an increased cost implication if they are underpinned by a solid evidence base and economic evaluation. However, responsibility for implementing recommendations and commissioning lies at the local level.
Royal College of Physicians	Not answered	No comments provided	Thank you.
Action on Smoking and Health	Not answered	No comments provided	Thank you.
Society and College of Radiographers	No	No comments provided	Thank you.
Royal College of Speech and Language Therapists'	N/A	No comments provided	Thank you.

British HIV Association	Not answered	No comments provided	Thank you.
RCN	Yes	The availability of point of care C-reactive Protein (CRP) testing in primary care sometimes presents as an issue for implementing this recommendation in all cases. However, with the availability of a CRP result, the recommendation should be easily followed routinely (unless a complex co-morbidity or presentation presents). Funding appears to be an issue for point of care testing especially in primary care. Both in regards to purchasing necessary equipment and consumables. Also training is required regarding interpretation and context.	Thank you for highlighting potential issues with availability of CRP tests in primary care. The guideline recommendations are based on the best available evidence with the aim of guiding decisions in health, public health and social care. NICE has a commitment only to recommend new treatments or interventions with an increased cost implication if they are underpinned by a solid evidence base and economic evaluation. However, responsibility for implementing recommendations and commissioning lies at the local level.
West Hertfordshire NHS Trust	Yes	Currently, this is an area not fully addressed as we often see patients frontline in the emergency department or referred into the respiratory service after 2 courses of empirical antibiotics occasionally over a period of a couple of months. Sometimes CXR is performed in the community but usually a CRP is not nor other investigations. I think a clear streamlined pathway also incorporating the community based approach described above in ID 2 would ensure better management of these patients and there is a need to endorse this across secondary and primary care.	Thank you for your comment. Although health and social care professionals are actively encouraged to follow our recommendations to help them deliver the highest quality care, there is no legal obligation to do so. NICE are aware that guidance sometimes recommends changes in practice which the NHS, local government and social care providers may find difficult to implement, especially when faced with limited resources and differing local budget priorities. Therefore, implementation support materials to put the guidance into practice locally are available here. Additionally, the NICE interactive flowchart for pneumonia aims to bring together guidance on pneumonia and antimicrobial stewardship in an innovative way to help address inappropriate antimicrobial prescribing.

			Based on the information provided by stakeholders, it appears that the use of ambulatory units, community outreach and/or homecare teams for the treatment of moderate community-acquired pneumonia is variable across the country. At present, there is insufficient evidence on the most appropriate set-up of services, who would benefit the most and details of cost-effectiveness to inform recommendations in this area. However, this is an area we will monitor and consider again at the next surveillance review of the guideline.

Do you have any comments on areas excluded from the scope of the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
Department of Health and Social Care	Not answered	No comments provided	Thank you.
Intensive Care Society	No	No comments provided	Thank you.
British Thoracic Society	No	None	Thank you.
Pfizer	Yes	Please see above comment on the disparity between CG101 and CG191 in relation to the issue of vaccination.	Thank you. Please see our response above.
Scottish Antimicrobial	No	No comments provided	Thank you.

Prescribing Group			
NHS England	Not answered	No comments provided	Thank you.
Association of Respiratory Nurse Specialists	No	N/A	Thank you.
Royal College of Physicians	Not answered	No comments provided	Thank you.
Action on Smoking and Health	Yes	NICE Guidance CG191 is meant to offer best practice advice on the care of adults with community-acquired pneumonia and hospital-acquired pneumonia, reflecting a patient-centred approach which recognises the need for treatment and care to take individual needs into account. It is therefore worrying to see that 'Pneumonia in adults: diagnosis and management' makes no reference to tackling tobacco dependency in patients. Smoking is a well-known independent risk factor for community-acquired pneumonia. This is most likely due to its adverse effects on respiratory epithelium and the clearance of bacteria from the respiratory tract.	Thank you for your comment. We agree that tackling tobacco dependency is an important issue. All NICE products on smoking and tobacco can be accessed here, in particular, NICE's guideline on stop smoking interventions and services aims to ensure that everyone who smokes is advised and encouraged to stop and is given the support they need. This could include people presenting to primary care with suspected pneumonia.

		Studies have found: ❖ A dose-response relationship between current number of cigarettes smoked per day and invasive pneumococcal disease (which causes pneumonia) ❖ Smokers have an increased risk of developing pneumonia after surgery as well as a greater chance of suffering a collapsed lung after undergoing anaesthesia and surgery ❖ Pneumonia is the leading cause of childhood death world-wide and exposure to parental smoking is a known risk factor for childhood pneumonia ❖ Current smokers are more than twice as likely to contract pneumonia compared with non-smokers ❖ Smoking-attributable pneumonia episodes cost the NHS £77,911,024, and it is one of the four individual diseases responsible for the highest costs, alongside ischaemic heart disease, lung cancer and COPD Given the increased pneumonia prevalence associated with smoking, smoking cessation is a viable method of treatment and management. Evidence suggests that providing smoking cessation treatment to patients may decrease the chances of hospitalisation, and that the risk of getting pneumonia can be reduced by 50% five years after stopping smoking.	

		Smoking cessation interventions combining behavioural therapy and pharmacotherapy are also highly cost-effective in treating tobacco dependence. In fact, NICE estimates that for every £1 invested in specialist stop smoking services and stop smoking medicines, £2.37 will be saved on treating smoking-related diseases and lost productivity. This means it is often far more cost-effective than many of the treatments and interventions used routinely to treat smoking-related diseases. The British Thoracic Society Guidelines for the Management of Pneumonia therefore recommends that smoking cessation advice is offered to all community-acquired pneumonia patients. Smoking cessation advice should therefore also be a key part of NICE Guideline CG191. NICE guidance must be the gold standard, and treatment for tobacco dependency needs to be part of this best practice advice. If the best practice outlined in NICE guideline CG191 fails to mention smoking cessation, it is highly unlikely that practitioners will routinely make smoking cessation interventions, missing a crucial opportunity to reduce risks and improve outcomes. ASH would like to see clinicians identifying smokers and delivering brief interventions, referring patients for treatment at all points of contact, so that smoking cessation is embedded throughout service designs, patient	

		pathways and disease treatment pathways. In this way, clinicians could improve outcomes for pneumonia patients in a cost-effective and timely way. Based on this evidence NICE Guidance CG191 should require pneumonia patients be offered tobacco dependency treatment, in line with the Royal College of Physician's call for smoking cessation to be embedded into every NHS contact.	
Society and College of Radiographers	No	No comments provided	Thank you.
Royal College of Speech and Language Therapists'	Yes	The RCSLT suggest adding something about swallowing problems and the link to pneumonia. When swallowing becomes compromised, people may become isolated, under-nourished and frail. Dysphagia may be caused by pathology in the mouth, pharynx or oesophagus (Matuso et al, 2008). Dysphagia significantly increases the risk of aspiration pneumonia, dehydration and malnutrition and is associated with considerable morbidity and mortality (Ortega 2017). Dysphagia is also associated with poor outcomes in acute care. (Smithard et al 1997), and, the second most common infection in nursing homes for residents is pneumonia associated with dysphagia (Hollaar et al, 2017).	Thank you. We recognise that dysphagia could increase a person's risk of respiratory infections including pneumonia. However, there are likely to be other factors that also increase a person's risk of developing pneumonia, such as age. The guideline recommendations cover any adult with suspected or confirmed diagnosis and allow for severity assessment of infection based on presenting factors. Understandably aspiration pneumonia is a concern in the clinical scenario you have outlined. However, the scope of CG191 covers community or hospital acquired pneumonia. Although aspiration can play a role in causing pneumonia, there is still debate about the definition of aspiration pneumonia. If future evidence clarifies the definition of aspiration pneumonia, it may be possible to consider this further in future surveillance reviews.

		NHS data (2011) from routine notes showed that there were 91, 724 episodes of non-elective admissions classified as complex elderly with the respiratory system as a primary diagnosis. A meta-analysis about aspiration pneumonia and dysphagia in a population of frail older people confirmed that dysphagia is a significant risk factor (Van der Maarl-Weirink et al, 2011). As described above, we are also concerned at the lack of reference to aspiration pneumonia which is currently not included in this scope.	
British HIV Association		Need to ensure that HIV testing is part of the work up/ investigations, as recommended in the NICE 'HIV testing: encouraging uptake Quality standard [QS157]' and that this approach is taken to ensure consistency across guidelines. This was discussed and agreed in the formulation of the NICE guidance and quality standard.	Thank you. The aim of the guideline is to ensure pneumonia is accurately diagnosed to guide antibiotic prescribing and ensure people receive the right treatment. Investigations for any underlying issues that may be increasing risk of pneumonia would not be within the scope of this guideline.
RCN	No	Not at this stage.	Thank you.
West Hertfordshire NHS Trust	Yes	Rapid diagnostics with point of care systems in ED requires a raised profile although I do appreciate it's still somewhat in infancy. This has been mentioned in the guideline pertaining to respiratory viral screening and is certainly an area that will take pneumonia management forward. I have set up a respiratory viral testing service which has had a	Thank you for your comment and highlighting the good practice in your Trust. No new evidence was identified through the surveillance review relating to respiratory viral screening in emergency departments. Therefore we will consider this area again at the next surveillance review of the guideline.

		positive impact especially for the conditions misclassified as pneumonia. In our trust 44% CXR are over-reported as pneumonia in acute medicine and I there requires more emphasis on the correct diagnosis of the condition and use of rapid diagnostics to ensure antibiotic therapy is targeted and personalised earlier on in the patient pathway	
Do you have any comments on equalities issues?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
Department of Health and Social Care	Not answered	No comments provided	Thank you.
Intensive Care Society	No	No comments provided	Thank you.
British Thoracic Society	No	None	Thank you.
Pfizer	No	No comments provided	Thank you.
Scottish Antimicrobial Prescribing Group	No	No comments provided	Thank you.

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NHS England	Not answered	No comments provided	Thank you.
Association of Respiratory Nurse Specialists	No	N/A	Thank you.
Royal College of Physicians	Not answered	No comments provided	Thank you.
Action on Smoking and Health	Not answered	No comments provided	Thank you.
Society and College of Radiographers	No	No comments provided	Thank you.
Royal College of Speech and Language Therapists'	No	No comments provided	Thank you.
British HIV Association		None	Thank you.
RCN	No	Not at this stage.	Thank you.

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West Hertfordshire NHS Trust	No	No comments provided	Thank you.