National Institute for Health and Care Excellence

# Pneumonia Quality Standard

**Stakeholder engagement – deadline for comments** 5pm on Thursday 21 November 2024

**email**:QualityStandards@nice.org.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline.

# Introduction

This quality standard covers the diagnosis and management of pneumonia. It will replace the existing [NICE quality standard for pneumonia in adults (QS110)](https://www.nice.org.uk/guidance/qs110). The topic was identified for update because the NICE guideline on pneumonia is being updated. The updated guideline will include babies, children, young people and adults and the updated quality standard will include these populations.

The key potential development source for this quality standard is the [NICE guideline on pneumonia: diagnosis and management](https://www.nice.org.uk/guidance/indevelopment/gid-ng10357). This guideline is currently being updated. It is expected that the updated quality standard and guideline will publish at the same time in August 2025.

The updated NICE guideline will cover the following areas (see [the guideline final scope – 10 June 2024](https://www.nice.org.uk/guidance/indevelopment/gid-ng10357/documents)):

* Diagnosis of pneumonia
* Principles of antibiotic treatment and reassessment
* Assessing and managing community-acquired pneumonia including where to treat, investigations, types of treatment, discharge, information for people with pneumonia, families and carers and follow up
* Hospital-acquired pneumonia including investigations, types of treatment, discharge, information for people with pneumonia, families and carers and follow up

The NICE quality standard can therefore include quality statements from these areas.

Use the form to tell us:

* **What are the** **key areas for quality improvement** that you would want to see covered by this quality standard? **Please prioritise up to 5 areas** which you consider as having the greatest potential to improve the quality of care. Please state the specific aspects of care or service delivery that should be addressed, including the actions that you feel would most improve quality. Note that all actions or interventions to improve quality within the quality standard must be based on recommendations from a NICE or NICE accredited guideline.

# Organisation details

|  |  |
| --- | --- |
| **Organisation name – Stakeholder or respondent**(if you are responding as an individual rather than a registered stakeholder please leave blank) |  |
| **Disclosure**Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry. |  |
| **Name of person completing form** |  |
| **Supporting the quality standard**Would your organisation like to express an interest in formally supporting this quality standard? [More information.](https://www.nice.org.uk/standards-and-indicators/get-involved/support-a-quality-standard) |  |

# Quality improvement comments

Type directly into this table. Don’t paste other tables into this table as your comments could get lost.

|  |  |  |  |
| --- | --- | --- | --- |
| **Key area for quality improvement** | **Why is this a key area for quality improvement?** | **Data sources** | **Supporting information** |
| Separately list each of the 5 key areas for quality improvement that you would want to see covered by this quality standard | Evidence of information that care in the suggested key areas for quality improvement is poor or variable and requires improvement. Please include any evidence of inequalities and health inequalities in the suggested key areas for quality improvement. | As the quality statements must be measurable, please include any information on available data sources. Information can include: * National data sources that collect data relating to your suggested key areas for quality improvement
* National audits
* Other data sources
 | Information can include sections or recommendations in a NICE / NICE accredited guideline relating to the key areas for quality improvement |
| **Example:**Older adults presenting to emergency care acutely unwell should be rapidly and comprehensively assessed for the presence of serious underlying infections by clinicians with expertise in assessment of acute frailty | **Example:** Older adults with frailty often do not present with typical symptoms of bacterial meningitis or sepsis which are easily missed or mistaken for other problems leading to missed diagnosis and delayed treatment with poor outcomes including long lengths of hospital stay. GIRFT identified variation in frailty identification and assessment with many older patients who arrive through the emergency pathway not having an initial assessment. Where patients are not assessed, it’s less likely there will be an effective early response because patients may be assessed by staff in A&E or other medical or surgical specialties where frailty assessment is not embedded in pathways and practice.  | **Example:** NHS England CQUIN05 specifies rapid identification of frailty in emergency care settings followed by initiation of comprehensive geriatric assessment. | **Example:** There is considerable variability in clinical findings among older adults presenting with bacterial meningitis. Febrile responses are often blunted or absent and pyrexia is not a universal finding varying between 59% and 100% in published studies. Similarly, headache and neck stiffness have been noted in only 50% of older adults with meningitis and may be misinterpreted due to co-morbidity such as cervical spondyloarthropathy. https://academic.oup.com/cid/article/33/8/1380/347483 |
| Key area for quality improvement 1 |  |  |  |
| Key area for quality improvement 2 |  |  |  |
| Key area for quality improvement 3 |  |  |  |
| Key area for quality improvement 4 |  |  |  |
| Key area for quality improvement 5 |  |  |  |

# Checklist for submitting comments

* Use this form and submit it as a Word document (not a PDF).
* Complete the disclosure about links with, or funding from, the tobacco industry.
* Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
* Do not paste other tables into this table – type directly into the table.
* **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
* Do not include medical information about yourself or another person from which you or the person could be identified.
* Spell out any abbreviations you use
* Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
* For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
* Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

Please return to QualityStandards@nice.org.uk

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.