NICE National Institute for Health and Care Excellence

Appendix A: Stakeholder consultation comments table

2022 surveillance of Chronic obstructive pulmonary disease in over 16s: diagnosis and management (2018)

Consultation dates: 4th to 17th November 2021

1. Do you agree with the proposal not to update the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
TEVA UK Limited	No	No - since the time of the cost effectiveness calculations used for decision making in the guidance, there have been significant market share changes in the tiotropium DPI market (the overwhelming majority of the single LAMA market) - with the average cost of prescriptions now much lower than that used in the original cost effectiveness analysis. Braltus for example according to Sept21 IQVIA data holds a 72% market share of DPI tiotropium and there are now additional lower cost tiotropium DPI's in addition to other tiotropium formulations - with a much lower cost than that used in generating the initial guidance and the original recommendations which then used the higher cost of Spiriva HandiHaler and the price of LAMA/LABA combinations are now above the average tiotropium prescription cost as opposed to lower than Spiriva(which	Thank you for your response. Thank you for providing information regarding medication and prescription costs. However, this is not the focus of this review and as such we will log the issue for consideration in the future.

Comments received in the course of consultations carried out by NICE 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 submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

		was the case at the time of the initial guidance). Cost effectiveness calculations should be repeated with the relevant market shares and lower prices of drugs now available and updated guidance issued thus reflecting these analyses, subject to that effect.	
The Royal College of Cardiologists	N/A	The RCR was invited to take part in this consultation, after consultation with our Special Interest Group the British Society of Thoracic Imaging we have been advised that the consultation questions do not relate to RCR area of interest.	Thank you for your response.
British Thoracic Society	Yes	Yes - CRP POCT is not currently at a stage for wider implementation.	Thank you for your response. We appreciate the feedback on implementation in clinical practice.
Primary Care Respiratory Society	Yes	In general, PCRS agree with the proposal not to update the guideline at the present time. However, we would encourage a re-evaluation of the situation in the short-term as data continue to emerge with regard to the reduction in unnecessary antibiotic prescribing and wider potential benefits of this definitive test for an acute bacterial infective aetiology.	Thank you for your response. We will add the topic of CRP POCT to our guideline issue log and continue to monitor this issue as new evidence emerges.
Association of Respiratory Nurse Specialists	Yes	There is not enough significant proven benefits of CRP to warrant change in practice when respiratory services are currently overwhelmed with challenges. would agree there is no requirement for an updated guideline.	Thank you for your response. Thank you for providing further information on implementation issues.

2. Do you have any comments on implementation around the C-reactive protein point of care test (CRP PCT) in primary care?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
TEVA UK Limited	No	No	Thank you for your response.
The Royal College of Cardiologists	No	The RCR was invited to take part in this consultation, after consultation with our Special Interest Group the British Society of Thoracic Imaging we have been advised that the consultation questions do not relate to RCR area of interest.	Thank you for your response.
British Thoracic Society	No	No	Thank you for your response.
Primary Care Respiratory Society	Yes	Implementation of CRP PCT in the primary care setting faces a number of challenges. Cost of equipment and consumables will be a major challenge in addition to workforce and workload. It is not clear at the present time where the most appropriate place might be for such testing to be offered – GP practice, community pharmacy, diagnostic or 'hot' hubs, or through community-based nursing services (depending on equipment portability) or even in a nursing home setting. The setting may differ by locality eg for rural and urban areas.	Thank you for sharing your concerns around clinical practice and implementation. These concerns were also raised by our topic experts during the review process. We will add these to our guideline issue log and continue to monitor these issues as new evidence emerges.

Association of Respiratory Nurse Specialists	Yes	Although POCT is a relatively simple skill to learn, the additional implications of set up of remote labs, IQA and EQA can be complex, expensive and time consuming. In practice clinicians need immediate access on an adhoc basis, but the cost of the testing device would usually prohibit more than one device per surgery, potentially making access difficult. There will be scope for reconsideration in the future . but there needs to be more clarity around the training/ cost implications and benefits for CCG's to consider funding.	Thank you for providing further details regarding the implementation issues in practice. Topic experts also shared concerns regarding funding this intervention. We will add these to our guideline issue log and continue to monitor these issues as new evidence emerges.

3. Do you have any comments on the use of CRP PCT to aid the management (particularly antibiotic prescribing) of acute exacerbation of COPD in primary care?

Stakeholder	Overall response	Comments	NICE response
TEVA UK Limited	No	No	Thank you for your response.
The Royal College of Cardiologists	No	The RCR was invited to take part in this consultation, after consultation with our Special Interest Group the British Society of Thoracic Imaging we have been advised that the consultation questions do not relate to RCR area of interest.	Thank you for your response.
British Thoracic Society	No	No	Thank you for your response.

Primary Care Respiratory Society	Yes	In principle, the use of CRP PCT has the potential to reduce unnecessary antibiotic prescribing for exacerbations without a bacterial infective aetiology. CRP PCT in primary care may also enable a more considered diagnostic approach to people with COPD in crisis and ensure they receive care that is appropriate to ameliorate their symptoms without the delay associated by an antibiotic trial when a bacterial infection is not the trigger. CRP PCT also has the potential to identify patients with a bacterial infective trigger who are not responding to a broad spectrum antibiotic and for whom sputum culture is required to determine a causative agent and appropriate antibiotic. An additional, but important, consideration is the potential to reduce the burden of antibiotic-associated side effects (reflux, gastrointestinal issues, rashes, anaphylaxis etc). Finally, reduced antibiotic use has potential environmental benefits in terms of the reducing the carbon footprint associated with their production and their presence in the wider environment.	Thank you for highlighting the potential benefits that reducing antibiotic prescribing can offer. We agree that these are important factors. We will note each of these points in our guideline issue log for future consideration when more evidence becomes available.
Association of Respiratory Nurse Specialists	Yes	Opinion provided from both aspects : There is definitely a place for CRP testing in some circumstances, but currently a large number of COPD patients are declining F2F appointments, wishing to be managed remotely, as discussed in the Surveillance proposal. Where it is clinically indicated it will be a valuable tool to add to the patient assessment. Current experience would advise caution as to the benefits of CRP testing. It cannot distinguish pathogens, sputum analysis being the	Thank you for highlighting the preference of COPD patients in terms of accessing primary care appointments. We agree that pathways need to be clearer for these patients. Thank you for confirming that this intervention could be performed in community teams as this may benefit implementation for those groups who do not wish to attend face to face appointments.

		preferred option and certainly in our area not well used in primary care. There needs to be more robust processes and pathways that promote this is more helpful. But agree that CRP as a PCT test will be extremely useful in terms of both research and in the fight against antimicrobial resistance and should be advocated. It is really easy to use and just requires finger/ ear lobe prick bloods so could be easily performed by community teams.	

4. Do you have any comments on equalities issues?

Stakeholder	Overall response	Comments	NICE response
TEVA UK Limited	No	No	Thank you.
The Royal College of Cardiologists	No	The RCR was invited to take part in this consultation, after consultation with our Special Interest Group the British Society of Thoracic Imaging we have been advised that the consultation questions do not relate to RCR area of interest.	Thank you.
British Thoracic Society	No	No	Thank you.
Primary Care Respiratory Society	Yes	There is a potential for a 'post-code' lottery effect, particularly in more rural areas where access to healthcare facilities and even pharmacies may be	Thank you for highlighting this issue, this was also a concern raised by our topic experts during the review process. It will be noted in the guideline issue log for future consideration.

		more challenging for patients with COPD who are in crisis.	
Association of Respiratory Nurse Specialists	Yes	Surgeries will struggle to purchase more than one device, therefore satellite surgeries will not have access, this poses a concern for any patient unable to access the service leading to an inequality of service provision.	Thank you for raising this issue, it was also of concern to our topic experts who highlighted this as an area for potential inequalities. We will add this issue to our guideline issue log to ensure it is taken into account at future reviews.

5. NICE acknowledges that primary care services may be affected by the current COVID-19 situation. Please tell us if there are any particular issues we should be considering?

Stakeholder	Overall response	Comments	NICE response
TEVA UK Limited	N/A	N/A	
The Royal College of Cardiologists	N/A	The RCR was invited to take part in this consultation, after consultation with our Special Interest Group the British Society of Thoracic Imaging we have been advised that the consultation questions do not relate to RCR area of interest.	Thank you.
British Thoracic Society	N/A	N/A	Thank you.
Primary Care Respiratory Society	N/A	N/A	Thank you.

Association of Respiratory Nurse Specialists	Yes	There is a mixture of patients request for F2F or virtual appointments - however geographically this can be a challenge and primary care needs to return to normal service possibly before adding this layer of diagnostics. and change of guidance	Thank you, we agree that with the current pressures facing primary care this level of implementation may not be feasible at this time.