Consultation on draft guideline – deadline for comments 5pm, Monday 12 May 2025 **email: pneumoniaupdate@nice.org.uk**

Checklist for submitting comments

- Use this comments form and submit it as a **Word document (not a PDF)**.
- **Do not submit further attachments** such as research articles, or supplementary files. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline. You are welcome to include links to research articles or provide references to them
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **document name, page number and line number** of the text each comment is about.
- Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 comments form from each organisation**.
- **Do not** paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public with underlining and highlighting. Also, ensure you state in your email to NICE, and in the row below, that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use.
- **We have not reviewed the evidence for the recommendations shaded in grey. Therefore, please do not submit comments relating to these recommendations as we cannot accept comments on them.**
- **We do not accept comments submitted after the deadline stated for close of consultation.**

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate. Where comments contain confidential information, we will redact the relevant text, or may redact the entire comment as appropriate.

Comments received during our consultations 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.

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	Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment. In addition to your comments below on our guideline documents, we would like to hear your views on these questions. **Please include your answers to these questions with your comments in the table below.** 1. Would it be challenging to implement of any of the draft recommendations? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives. 2. Would implementation of any of the draft recommendations have significant cost implications? See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name (if you are responding as an individual rather than a registered stakeholder please specify).	Royal College of General Practitioners
Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).	None
Confidential comments (Do any of your comments contain confidential information?)	No
Name of person completing form	Michael Mulholland/Adrian Hayter

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Comment number	**Document** [e.g. guideline, evidence review A, B, C etc., methods, EIA]	**Page number** **'General'** for comments on whole document	**Line number** **'General'** for comments on whole document	**Comments** • Insert each comment in a new row. • Do not paste other tables into this table, because your comments could get lost – type directly into this table. • Include section or recommendation number in this column.
1	Guideline	1	General	We would suggest clarifying the differentiation between bacterial pneumonia secondary to COVID-19 and COVID-19 pneumonia, perhaps by providing examples or clinical scenarios. This may cause confusion in primary care settings.
2	Guideline	6	General	There is no mention of the possibility of aspiration pneumonia as a differential diagnosis in either this document or Overview | Suspected acute respiratory infection in over 16s: assessment at first presentation and initial management | Guidance | NICE
3	Guideline	6	General	We feel that it is important to consider recording of pneumonia in certain populations especially those living with disability. People living with learning disability are likely to have a higher risk of dysphagia with specific management alongside pneumonia. See screening questions and resources enclosed here ○ Dysphagia Diamond Standards « Learning Disability Network People with Learning disability are more likely to risk recurrent respiratory infection and more severe illness and premature morbidity and mortality. ○ NHS England » RightCare learning disability and aspiration pneumonia scenario ○ CAP in people with learning disability | British Thoracic Society | Better lung health for all ○ Pneumonia deep dive canva version
4	Guideline	6	05	Rec 1.2.1 The guideline recommends using the CRB65 score for assessing CAP severity. While CRB65 is validated for adults, its applicability in elderly patients with comorbidities may be limited. It is important to consider discussing the limitations of CRB65 in certain populations and suggest supplementary assessment tools or clinical judgment parameters.
5	Guideline	11	05	We think it is important to provide a comment or advice regarding the use of POC rapid CRP testing in primary care.

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6	Guideline	13	1-20	The guideline emphasises prompt antibiotic initiation. However, in primary care, distinguishing bacterial from viral pneumonia can be challenging. Please provide guidance on the use of point-of-care tests (e.g., CRP testing) to aid in antibiotic prescribing decisions and make reference to primary care challenges
7	Guideline	14	05	Many local guidelines advice using amoxicillin and to consider adding doxycycline after 48 hours if there is no clinical response. We suspect this is added considering the distance from healthcare/remoteness of the patient and indeed it is something that is done especially with elderly or at-risk patients wishing to stay home, with good results. We wonder if this is something we should be looking at doing more regularly or a least considering.
8	Guideline	14	07	There is a table of recommended antibiotic treatment for children and adults. This seems to have been derived largely from previous recommendations. In a world of changing antibiotic resistance, we believe it would have been useful to have a brief explanation why this order of antibiotics has been recommended in 2025.
9	Guideline	14	16	We would like to clarify if 'more of one of the following': is at baseline or review after 5 days.
10	Guideline	15	13	We believe this is quite a complicated antibiotic choice. This may be more open to interpretation rather than a more simplified chart.
11	Guideline	General	General	The Guideline is headed "Pneumonia: diagnosis and management. However, while there is a lot in this guideline about how pneumonia should be assessed once diagnosed there is little (see below) about how to make a likely diagnosis of Community-acquired pneumonia (CAP) compared to say a less serious viral infection. The reader is referred to NG237(2019) regarding first contact with adults suspected of having acute respiratory infection, but again this document refers to assessment of severity of disease rather than how to make a diagnosis of CAP. Page 32 of the current document does have a vague definition of how to diagnose CAP but is full of "may have this" may have that". Primary care professionals need more definitive advice on how to diagnose community acquired pneumonia, even if this is based on expert consensus. We recommend including a table to help with suggestive signs and symptoms.
13	Guideline	General	General	The guideline does not explicitly address management nuances in vulnerable populations, such as the elderly, immunocompromised, or those with learning disabilities. Please include specific considerations or adaptations in management

Insert extra rows as needed

Pneumonia: diagnosis and management (update)

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