

From the Deputy Chief Medical Officer  
**Dr Paddy Woods**

**Circular HSC (SQSD) (NICE CG191) 5/15**

**Subject: NICE Clinical Guideline CG191 –  
Pneumonia: Diagnosis and management of  
community- and hospital-acquired pneumonia in  
adults**

**For action by:**

Chief Executive of HSC Board – **for distribution to:**

All HSC Board Directors – for cascade to relevant staff

Director of Integrated Care, HSC Board – **for cascade to:**

Head of Pharmacy and Medicines Management  
Family Practitioner Services Leads – for cascade to relevant  
Family Practitioner groups

Chief Executive of Public Health Agency – **for distribution to:**

Director of Public Health and Medical Director – for cascade  
to relevant staff  
Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – **for distribution to:**

Medical Directors – for cascade to relevant staff  
Directors of Nursing – for cascade to relevant staff  
Heads of Pharmaceutical Services – for cascade to relevant  
staff  
Directors of Acute Services – for cascade to relevant staff  
HSC Clinical and Social Governance Leads  
Directors of Social Services – for cascade to relevant staff  
Directors of Finance – for cascade to relevant staff  
AHP Leads – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – **for  
cascade to:** relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

**For Information to:**

Chair of HSC Board  
Chair of Public Health Agency  
Chairs of HSC Trusts  
Chair of RQIA  
NICE Implementation Facilitator NI  
Members of NI NICE Managers' Forum

**Summary of Contents:** This guideline offers evidence-based advice  
on the care and management of adults with community- and hospital-  
acquired pneumonia.

**Enquiries:**

Any enquiries about the content of this Circular should be addressed  
to:

Standards & Guidelines Quality Unit  
DHSSPS  
Room D1.4  
Castle Buildings  
Stormont Estate  
BELFAST  
BT4 3SQ

[SGU-NICEGuidance@dhsspsni.gov.uk](mailto:SGU-NICEGuidance@dhsspsni.gov.uk)

**Circular Reference: HSC (SQSD) (NICE CG191) 5/15**

**Date of Issue: 26 January 2015**

**Related documents:**

**HSC (SQSD) 3/13**

**Superseded documents**

None

**Status of Contents:**

Action

**Implementation:**

As per circular. Generally, Clinical Guidelines should be  
implemented within 12 months of endorsement.

**Additional copies:**

Available to download from

<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance.htm>

**Dear Colleagues**

**NICE Clinical Guideline CG191 - Pneumonia: Diagnosis and management of community- and hospital-acquired pneumonia in adults**  
**[\(<http://www.nice.org.uk/guidance/CG191>\)](http://www.nice.org.uk/guidance/CG191)**

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In accordance with the process outlined in circular HSC (SQSD) 3/13 ([http://www.dhsspsni.gov.uk/hsc\\_sqsd\\_3\\_13.pdf](http://www.dhsspsni.gov.uk/hsc_sqsd_3_13.pdf)), the following actions should be taken

1. HSC Board / PHA
  - a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
  - b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
  - c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
  - d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DHSSPS as required at 6 monthly accountability meetings.
  
2. HSC Trusts
  - a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
  - b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
  - c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
  - d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.
  
3. RQIA
  - a. Disseminate the Guideline to the independent sector as appropriate.
  
4. HSC Special Agencies and NDPBs
  - a. Take account of this Guideline in training and other developments as appropriate.

To inform the planning process, please find attached details from the Departmental review including estimates of costs / savings based on the NICE costing template, where this is applicable. You should also consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.

A full current list of NICE guidance endorsed for application in Northern Ireland can be found on the Department's website (<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance/sqsd-guidance-nice-guidance.htm>).



**Dr Paddy Woods**  
**Deputy Chief Medical Officer**

## Appendix 1

### Endorsed NICE guidance - Details from Departmental review

Reference Number	<a href="#">NICE Clinical Guideline - CG191</a>
Title	Pneumonia: Diagnosis and management of community- and hospital-acquired pneumonia in adults
Summary of guidance	This guideline offers evidence-based advice on the care and management of adults with community- and hospital-acquired pneumonia.
Number of people expected to take up or benefit from the service / therapy	It is estimated that fully implementing this guidance to Northern Ireland would benefit at least 7,000 – 14,000 people per annum, based on NICE assumptions for England. Hospital-acquired pneumonia is excluded from this estimate because of a lack of local data.
Costs / savings associated with implementation	<p>NICE has been unable to estimate the cost of implementing this guidance due to variations in clinical practice across the country, however it is thought that fully implementing this guidance to Northern Ireland would result in:</p> <ul style="list-style-type: none"> <li>• one-off costs of purchasing C-reactive protein test analysers for GP's and training for staff;</li> <li>• recurring costs associated with analyser reagents and maintenance; and</li> <li>• urinary antigen test costs, leading to more targeted hospital treatment.</li> </ul> <p>It is expected that some savings would be realised as a result of implementation due to;</p> <ul style="list-style-type: none"> <li>• Reduced use of antibiotics;</li> <li>• Reduced number of repeat appointments with GPs; and</li> <li>• Reduced length of stay in hospital.</li> </ul>
Related strategically relevant DHSSPS policies	None
Inter-Departmental interest	None

<p>Legislative / policy caveats</p>	<p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p> <p>The Mental Capacity Act 2005 and the Department of Health document 'Reference Guide to Consent for Treatment or Examination' do not apply in NI, but work is under way to bring forward similar legislation for NI, incorporating mental capacity and mental health provisions. The DHSSPS guidance 'Reference Guide to Consent for Examination, Treatment or Care (2003)', which is available on the DHSSPS website, gives advice on determining whether a person has capacity and on what action may be taken where the person lacks capacity. Available from: <a href="http://www.dhsspsni.gov.uk/consent-referenceguide.pdf">http://www.dhsspsni.gov.uk/consent-referenceguide.pdf</a></p> <p>Where the guidance refers to the Mental Capacity Act 2005 supplementary code of practice on deprivation of liberty safeguards, Northern Ireland health professionals should refer to interim guidance on deprivation of liberty safeguards (2010). Available from: <a href="http://www.dhsspsni.gov.uk/revised-circular-deprivation-of-liberty-safeguards-october-2010.pdf">http://www.dhsspsni.gov.uk/revised-circular-deprivation-of-liberty-safeguards-october-2010.pdf</a></p>
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