

## Factsheet: Care Bundle for Community-Acquired Pneumonia

All figures per year	England	Per 100,000	Comments
Potential lives saved from intervention	3,000	5.83	Estimate based on results of Advancing Quality Programme being replicated in the rest of the country
Potential lives saved U75	1,359	2.53	
Reduction in potential years of life lost (u75)	45,400	83.21	<p>Definition of deaths used in the calculation: Deaths with a primary cause of pneumonia (ICD10 codes, J12 - J18)</p> <p>Assumptions: This intervention is estimated to prevent more deaths than there were deaths with a primary cause of pneumonia in 2012. This is because the vast majority of people who die with pneumonia have an underlying condition that is reported as the primary cause of death. It is therefore assumed that the deaths that will be prevented follow the same age and sex distribution as deaths from pneumonia.</p>
Cost (£)	-	79,900	This is the cost of providing the performance pay, as done in the AQ programme. It is not the cost to providers.
Cost-saving (£)	-	-	
Net cost (£)	-	79,900	
Strength of evidence	4		

Acute care for community-acquired pneumonia is currently poor. A care bundle has been developed and is currently being trialled by The British Thoracic Society with 25 providers. The bundle consists of:

- Perform and assess chest x-ray within 4 hours of admission
- Assess oxygen and prescribe target range for oxygen
- CURB 65 to risk stratify
- Administer appropriate antibiotics within 4 hours of admission

Evidence for this intervention comes from a 2012 study of the Advancing Quality (AQ) Programme (pay for performance scheme) in NW England which found a statistically significant absolute reduction in hospital mortality of 1.9 percent (comparing 18 months before with 18 months after introduction of programme) through incentivising this intervention.

Crude analysis based on this study suggests that if we had national rollout, 3,000 lives a year could be saved (1,300 under 75).