

**Worcestershire Clinical Commissioning Policy Collaborative Brief Technology Assessment:  
 C - Reactive Protein Testing in Primary Care (NICE CG191)**

<b>Background</b>	<p>Worcestershire Clinical Commissioning Policy Collaborative (CCPC) considered the recommendation within NICE Clinical Guideline 191 that C-reactive protein testing<sup>1</sup> should be undertaken in primary care to aid better management of pneumonia. The guidance recommends:</p> <p>For people presenting with symptoms of lower respiratory tract infection in primary care, consider a point of care C-reactive protein test if after clinical assessment a diagnosis of pneumonia has not been made and it is not clear whether antibiotics should be prescribed. Use the results of the C-reactive protein test to guide antibiotic prescribing in people without a clinical diagnosis of pneumonia as follows:</p> <p>Do not routinely offer antibiotic therapy if the C-reactive protein concentration is less than 20 mg/litre.</p> <ul style="list-style-type: none"> <li>• Consider a delayed antibiotic prescription (a prescription for use at a later date if symptoms worsen) if the C-reactive protein concentration is between 20 mg/litre and 100 mg/litre.</li> <li>• Offer antibiotic therapy if the C-reactive protein concentration is greater than 100 mg/litre.</li> </ul>
<b>Evidence to support the Technology</b>	<p>C-reactive protein tests have several applications, including assessing the likelihood of bacterial infection. This stratification will reduce inappropriate prescribing of antibiotics to people who have lower respiratory tract infections that are not pneumonia.</p> <p>The evidence for use of the test was not reviewed.</p>
<b>Future Pathways of Care</b>	<p>Use of the test should more appropriately direct patients along existing pathways of care and reduces unnecessary and inappropriate antibiotic use and reduced antibiotic resistance.</p>
<b>Financial implications arising from new pathway of care</b>	<ul style="list-style-type: none"> <li>• One-off cost of around £700 for GP practice purchase of point of care test analyser; nationally around 2/3rds GP practices yet to purchase</li> <li>• Recurrent costs associated with testing are £13.50 per test.</li> <li>• Average cost per 7 day course of antibiotics £5</li> </ul>
<b>Implications</b>	<p>Concern was expressed regarding determination of which patients should be tested, and the potential for "over-testing". Validated tools are available that facilitate clinical assessment at no extra cost eg. CURB65.</p>
<b>Interim CCPC Recommendations</b>	<p>Commissioners will not separately fund c-reactive protein testing when other tools may be used at no additional expense; this does not preclude GP practices undertaking these tests at their own expense.</p> <p>Further scoping work to include a review of the evidence for a reduction in antibiotic prescribing will be added to the CCPC workplan and will be considered alongside other competing priorities.</p>
<p><b>Approved by Worcestershire CETs:</b>          NHS Redditch &amp; Bromsgrove CCG  <b>16/09/2015</b>          NHS South Worcestershire CCG  <b>08/09/2015</b>          NHS Wyre Forest CCG  <b>08/09/2015</b></p>	<p><b>Date to Initiate Review: March 2019</b>          Documents will be reviewed as a minimum every 3 years. However, earlier revisions to the policy may be made in light of published updates to local and national evidence of effectiveness and cost effectiveness and/or recommendations and guidelines from local, national and international clinical professional bodies.</p>

<sup>1</sup> Costing statement: Pneumonia – diagnosis and management of community- and hospital acquired pneumonia in adults. Implementing the NICE guideline on pneumonia (CG191). December 2014