



National Respiratory Audit Programme (was National Asthma and COPD Audit Programme)

UPCARE: 0.01 Programme name - please do not change this field.*	National Respiratory Audit Programme (was National Asthma and COPD Audit Programme)
0.02 Workstream name (if applicable) - please do not change this field.*	Pulmonary Rehabilitation
0.1 Contract status	Ongoing
0.2 Audit or non-audit	Audit
0.3 HQIP commissioned*	Yes
0.41 HQIP AD	JC
0.42 HQIP PM	SB
1.0 Included in current NHS Quality Accounts*	Yes
1.1a Geographical coverage - HQIP agreement*	England; Wales
1.2a Topic - please select which ONE of the following best describes the topic area for the programme or workstream. If more than one apply, please select 'Other' and add comment to the next question.*	Respiratory
1.3a Healthcare setting*	NHS community care; NHS secondary or tertiary care
1.4a Does your patient cohort include the following?*	Adults (18 and older)
1.4b Inclusion and exclusion criteria*	Include patients: • Who attend an initial assessment for pulmonary rehabilitation

- who are 18 years or over on the date of assessment
- who have read the patient information sheet and **provided consent** (written or verbal) on the audit consent form or via the required verbal consent process-

Patients to be included in the audit are patients referred with a respiratory condition of COPD, asthma, bronchiectasis, interstitial lung disease, long COVID, pre/post thoracic surgery (including lung cancer/LVR/lung transplant), pulmonary hypertension, chronic heart failure, other chronic respiratory disease.

1.5 Methods of data submission*

Bespoke data submission by healthcare provider

1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.*

Pulmonary Rehabilitation

For an annual cohort NRAP have in place quarterly data submission deadlines. These quarterly data deadlines started in conjunction with the new contract 01 June 2023.

Data submission deadline for the cohort:

01 April 2023 to 30 September 2023 - 02 February 2024

01 October 2023 to 31 December 2023 - 03 May 2024

01 January 2023 to 31 March 2024 - 02 August 2024

1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.*

Pulmonary Rehabilitation

For an annual cohort NRAP have in place quarterly data submission deadlines.

Data submission deadline for the cohort:

01 April 2024 to 30 June 2024 - 01 November 2024

01 July 2024 to 30 September 2024 - 07 February 2025

01 October 2024 to 31 December 2024 - 09 May 2025

01 January 2025 to 31 March 2025 - 08 August 2025

1.6c 2025/26 data submission closes - please indicate date, series of dates or frequency.*

Pulmonary Rehabilitation

For an annual cohort NRAP have in place quarterly data submission deadlines.

Data submission deadline for the cohort:

01 April 2025 to 30 June 2025 - 07 November 2025

01 July 2025 to 30 September 2025 - 06 February 2026

01 October 2025 to 31 December 2025 - 08 May 2026

01 January 2026 to 31 March 2026 - 07 August 2026

1.6d 2026/27 data submission closes -

Pulmonary Rehabilitation

For an annual cohort NRAP have in place quarterly data submission deadlines.

**please indicate date,
series of dates or
frequency.***

Data submission deadline for the cohort:

01 April 2026 to 30 June 2026 - 06 November 2026

01 July 2026 to 30 September 2026 - 05 February 2027

01 October 2026 to 31 December 2026 - 07 May 2027

01 January 2027 to 31 March 2027 - 06 August 2027

1.7 Data flow diagram

[pr_data-flow_v30-december-2024-january-26-review.pdf](#)

Data flow diagram is uploaded within 'files' section.

1.8 Data quality & analysis plan

COPD, adult asthma, Children and young people's asthma and PR

The audits are currently running continuously. The audit datasets will be reviewed and streamlined annually. This will involve consultation (including with patients/carers), review of poorly completed/highly burdensome items, and reappraisal of the evidence.

Comprehensive validation rules are built into the web-tool to ensure that incorrect, conflicting and/or illogical data cannot be saved. Pop-up warnings appear for values that are plausible, but rare. There should be no missing data, as all questions are 'mandatory' and records cannot be locked until all data items are completed. If sites attempt to lock an incomplete record, a pop-up appears, directing them to the incomplete fields.

[sotn_methodology_v1-may-2025.pdf](#) - combined report methodology report

1.9a Link to the outlier policy*

[nrap-outliers-policy-v20_final.pdf](#)

1.9b Link to the cause for concern policy*

Not applicable.

NRAP does not operate a cause for concern policy due to no current identifiers that are regularly reported categorised as cause for concern indicators. NRAP continue to review the HQIP cause for concern guidance - [NCAPOP-Cause-for-Concern-Guidance-Final-E-and-W-Feb-2019.pdf](#). NRAP apply the outlier policy as listed in Q1.9a, and escalate outliers inline with HQIP guidance and NRAP policy.

2.1 Outcome measures

N/A

2.2 Process measures

Pulmonary Rehabilitation

Reporting KPIs via regional reports and benchmarking tables

- Start date for pulmonary rehabilitation (PR) offered within 90 days of receipt of referral for all people referred
- People undertake a practice exercise test (for incremental shuttle walk test (ISWT) or six-minute walk test (6MWT))
- People enrolled for pulmonary rehabilitation (PR) go on to have a discharge assessment

- A written individualised discharge exercise plan is provided as part of discharge assessment
- One walking test Minimal Clinical Importance Difference (MCID) achieved
- At least one health status questionnaire Minimal Clinical Importance Difference (MCID) achieved

New run chart info:

- Walk test provision- present the number of patients in receipt of walk tests at both initial and discharge assessment depending on the type of programme they were enrolled onto (home, centre or hybrid based). It aims to identify where services are not providing evidence-based care.
- MRC score- to present the number of patients who a) have an MRC score recorded at both initial and discharge assessment and b) see an improved MRC score at discharge assessment.

Drawing Breath report (2021/22) - [Drawing Breath - clinical audit report 2021/22 | RCP](#)

Breathing Well report (2022/23) - [Breathing well – clinical audit report 2022/23 | RCP](#)

Catching Our Breath report (2023/24) - [Catching our breath - clinical audit report 2023/24 | RCP](#)

2.3 Organisational measures

Pulmonary rehabilitation organisational audit 2024

[NRAP organisational audit 2022-24 | RCP](#)

2.4 Patient reported outcome measures

N/A

2.5 Patient reported experience measures

N/A

2.6a Do measures align with any of the following sources of evidence (select all that apply)

Professional society; NICE clinical guideline; NICE quality standard

2.6b Evidence supplemental information

Pulmonary rehabilitation

Clinical guidance

- British Thoracic Society (BTS) quality standards (QS) for pulmonary rehabilitation in adults (2014). QS1b: If accepted, people referred for pulmonary rehabilitation are enrolled to commence within 3 months of receipt of referral.
- BTS QS for pulmonary rehabilitation in adults (2014). QS8: People attending pulmonary rehabilitation have the outcome of treatment assessed using as a minimum, measures of exercise capacity, dyspnoea and health status.
- BTS QS for pulmonary rehabilitation in adults (2014). QS8: As above. QS9: Pulmonary rehabilitation programmes conduct an annual audit of individual outcomes and process.

- BTS QS for pulmonary rehabilitation in adults (2014). QS7: People completing pulmonary rehabilitation are provided with an individualised structured, written plan for ongoing exercise maintenance.

Quality standards - <https://www.brit-thoracic.org.uk/document-library/quality-standards/pulmonary-rehabilitation/bts-quality-standards-for-pulmonary-rehabilitation-in-adults/>

BTS clinical statements - <https://www.brit-thoracic.org.uk/quality-improvement/clinical-statements/pulmonary-rehabilitation/>

NICE quality statement - [Quality statement 4: Pulmonary rehabilitation for stable COPD and exercise limitation | Chronic obstructive pulmonary disease in adults | Quality standards | NICE](#)

3.1 Results visualisation	Interactive online portal (run charts available); Annual report; Static data files
3.2a Levels of reporting*	National; Hospital or specialist unit; Trust or health board; Integrated care system (ICS); NHS region or other geographic area
3.3 Timeliness of results feedback	Within 1 year; Within 6 months; Within 1 month
3.4 Link to dynamic reporting*	https://www.nrap.org.uk/ ; https://www.nrap.org.uk/nacap/PRcharts.nsf
4.01 2023/24 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/04/2023 - 31/03/2024
4.02 2024/25 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/04/2024 - 31/03/2025
4.03 2025/26 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/04/2025 - 31/03/2026
4.04 2026/27 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/04/2026 - 31/03/2027
4.10 Dataset #1 name	Pulmonary rehabilitation clinical audit
4.11 Dataset #1 type	Clinical audit

4.12 Dataset #1 population coverage*	All eligible patients
4.13 Dataset #1 items collected (n)	44
4.14 Dataset #1 items from existing national datasets (n)	0
4.15 Dataset #1 use of existing national datasets	N/A
4.16 Dataset #1 specification	PR clinical audit data set is uploaded within 'files' section. There are no sources of relevant routine data for this audit.
4.20 Dataset #2 name	Pulmonary Rehabilitation Organisational Audit
4.21 Dataset #2 type	Organisational audit
4.23 Dataset #2 items collected (n)	49
4.24 Dataset #2 items from existing national datasets (n)	0
4.26 Dataset #2 specification	PR organisational audit data set is uploaded within 'files' section.
5.00 When was your healthcare quality improvement plan (referred to as a QI Plan) last reviewed? Please upload under 'Files' below using the HQIP naming convention (click on response to see pop-up help text).	01/04/2024
5.10 When were your clinical performance indicators (referred to as metrics) signed off by funders? Please upload under 'Files' below using the HQIP template and naming convention (click on	05/03/2025

response to see pop-up help text).	
5.11 Please add the hyperlink to where your clinical performance indicators (referred to as metrics) are published on your project website.*	https://www.nrap.org.uk/nacap/PRcharts.nsf/Benchmarks?readform=&openform=&pd=2025
5.20 National report publication date (within calendar year 01/01 - 31/12/2023)*	12 January 2023 - Drawing Breath - clinical audit report 2021/22 https://www.rcplondon.ac.uk/projects/outputs/drawing-breath-clinical-audit-report-202122
5.21 Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*	30 June 2024 - Breathing well: A nationwide assessment of respiratory care - combined clinical audit report 2022/23 https://www.rcp.ac.uk/improving-care/national-clinical-audits/the-national-respiratory-audit-programme-nrap/current-nrap-reports/breathing-well-clinical-audit-report-202223/
5.22 Planned national report publication date (within calendar year 01/01 - 31/12/2025)*	12 June 2025 - Catching our breath - combined clinical audit report 2023/24 Catching our breath - clinical audit report 2023/24 RCP 09 October 2025 - Combined outcomes report 2021/2023 and outlier report for 2023/24 Clinical outcomes (2021-23) and outliers summary report RCP
5.23 Planned national report publication date (within calendar year 01/01 - 31/12/2026)*	11 June 2026 Room to Breathe - combined clinical audit report 2024/25 September 2026 - NRAP outliers summary report (2024/25)
5.24 Planned national report publication date (within calendar year 01/01 - 31/12/2027)*	June 2027 (exact date and name TBA) - combined clinical audit report 2025/26 Date TBC 2027 - NRAP outliers summary report (2025/26) November 2027 (exact date and name TBA) - combined organisational audit report
6.0 If you selected 'Wales' for geographical coverage (1.1a & 1.1b above), do you make any information available in Welsh? This may include reports, guidance, policies, dashboards, webpages	No

or patient resources
etc.

**6.1b If no, please
briefly explain why
Welsh translations are
not provided.**

To translate into Welsh was not a contract deliverable and therefore was not budgeted for in the current contract.

**7.0 Please add the
most recent date that
you have reviewed and
updated an online
version of UPCARE
Workstream section(s)
on your project's
website (click into the
response to see pop-
up guidance).**

06/02/2026

**7.1 Please add a
hyperlink to UPCARE
Workstream section(s)
on your website (click
into the response to
see pop-up guidance).***

<https://www.rcp.ac.uk/media/10fbsbmy/2026-02-09-nrap-upcare-pulmonary-rehabilitation.pdf>

Files

NRAP PR advisory group terms of reference v1.0.pdf

NRAP PR organisational audit dataset February 2024.pdf

NRAP_Healthcare improvement strategy 2023-26_v1.2 .pdf

NRAP PR_Clinical Audit Dataset V5 April 2025.pdf

2026-27_Metrics_NRAP_pulmonary_rehabilitationv1.0.xlsx

PR_Data Flow_v3.1 July 26.pdf

For pulmonary rehab, they do align with the relevant NICE COPD guideline.

Best wishes

James

Sarah Walker 21/06/2023 15:57

Added as per JC's email above:

Helen Baron 07/05/2025 09:36

Hyperlink to UPCARE Workstream section(s) on website updated to <https://www.rcp.ac.uk/improving-care/national-clinical-audits/the-national-respiratory-audit-programme-nrap/information-governance/> in The Directory for all workstreams. Can this be updated for each workstream in Podio?

Helen Baron 05/05/2026 14:05

Updates made as per email 20/04/2026 regarding changes for The Directory:

- 1.9a - Link to outlier policy
- 5.11 - Link to clinical performance indicators
- 5.23 - Reports published 2026
- 6.1 - Link to UPCARE