

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

UPCARE: 1.00 Programme name - please do not change this field.*	National Respiratory Audit Programme (was National Asthma and COPD Audit Programme)
1.01 Abbreviation	NRAP (was NACAP)
1.1 Contract status	Ongoing
1.2 Audit or non-audit	Audit
1.3 HQIP commissioned*	Yes
1.40 Programme unique identifier*	HQIP101
1.41 HQIP AD	JC
1.42 HQIP PM	SB
1.5 Lead organisation*	Royal College of Physicians London
1.6 Programme homepage*	https://www.rcp.ac.uk/improving-care/national-clinical-audits/the-national-respiratory-audit-programme-nrap/
1.7 Programme summary	National Respiratory Audit Programme (NRAP) aims to improve the quality of the care, services and clinical outcomes for patients with respiratory disease across England and Wales. It does this by using data to support and train clinicians, empowering people living with respiratory disease, and their carers, and informing national and local policy. NRAP has a track record of delivery and is critical in assessing progress against the NHS Long Term Plan. To find out more about the NRAP visit our website.
2.2.0 Organisations involved in delivering the programme (please note: this was an existing question which we have now split out into 2.2.1-2.2.3 as well as added 2.2.4. We plan to remove this question in the future once the below are complete).	<u>Asthma + Lung UK</u> https://www.asthmaandlung.org.uk/ The UK's leading lung charity, Asthma + Lung UK are available to offer advice and support to the 1 in 5 people who will have a lung condition in their lifetime and the 5.4 million people in the UK living with asthma. They are dedicated to helping create a world where good lung health and the ability to breathe freely are a basic right enjoyed by all. Asthma + Lung UK fund research and campaigning to advice and support, driving the change to improve the lives of millions of people with lung conditions. Asthma + Lung UK are contracted (until 31 May 2026) to deliver on the following high-level deliverables:

- Inputting and providing feedback on patient improvement goals surveys, which are designed to make sure the programme captures the improvements most important to patients
- Running adult focus groups to further explore those elements of care which are most important to patients (i.e. based on the surveys outlined above)
- Recruiting adults to, and running, the patient panel (in collaboration with the Royal College of Paediatrics and Child Health)
- Recruiting adult patients to other NRAP governance groups and providing support to them, as required

Crown Informatics Limited

<https://www.crowninformatics.org.uk/>

Crown is responsible for the creation and maintenance of the NRAP web-tool, which hosts all secondary care audits (COPD, adult asthma and children and young people's asthma), as well as the pulmonary rehabilitation audit. Crown is accountable for the functionality, reliability and data integrity of the web tool. Working closely with the audit team, they ensure that the web tool is easy to use by local teams.

Imperial College London

<http://www.imperial.ac.uk>

Imperial College London are contracted to analyse data for all NRAP audits. They also support the NRAP Research Committee.

The Royal College of Paediatrics and Child Health (RCPCH)

<https://www.rcpch.ac.uk/>

The RCPCH are contracted to deliver the following:

- imputing and providing feedback on patient improvement goals surveys, which are designed to make sure the programme captures the improvements most important to patients
- Running children and young people's focus groups to further explore those elements of care which are most important to patients (i.e. based on the surveys outlined above)
- Recruiting children and young people to, and running, the patient panel (in collaboration with the A+LUK)
- Recruiting children and young people patients to other NRAP governance groups and providing support to them, as required

Organisations which have a formal role in governing or steering the programme include (i.e. on the Board):

Association of Respiratory Nurse Specialists (ARNS)

<https://arns.co.uk/>

The Association of Respiratory Nurse Specialists (ARNS) is a nursing forum to champion the specialty respiratory nursing community, promote excellence in practice, and influence respiratory health policy. ARNS also works to influence the direction of respiratory nursing care.

British Thoracic Society (BTS)

<https://www.brit-thoracic.org.uk/>

The BTS exists to improve standards of care for people who have respiratory diseases and to support and develop those who provide that care.

Asthma + Lung UK, Imperial College London and Royal College of Paediatrics and Child Health also have a formal role in governing and steering the programme – they all attend Board meetings and advisory group meetings where applicable.

Healthcare Quality Improvement Partnership (HQIP)

<https://www.hqip.org.uk/>

The Healthcare Quality Improvement Partnership aims to promote quality in healthcare, and in particular, to increase the impact that clinical audit has on healthcare quality improvement. HQIP is responsible for several national healthcare quality improvement programmes, including managing and commissioning the National Clinical Audit and Patient Outcomes Programme (NCAPOP) on behalf of NHS England, the Welsh Government and in some cases other devolved authorities.

The Primary Care Respiratory Society (PCRS)

<https://www.pcrs-uk.org/>

UK-wide professional society supporting healthcare professionals to deliver high value patient centred respiratory care. PCRS have a representative on our Board.

The Royal College of General Practitioners (RCGP)

<http://www.rcgp.org.uk/>

The professional membership body for GPs in the UK with the purpose to encourage, foster and maintain the highest possible standards in general medical practice. RCGP have a representative on our Board.

**2.2.1 IT
subcontractor(s):
which of the following
IT/web platform
providers do you
subcontract to?**

Crown Informatics

**2.3 Governance
arrangements**

Board

The board exists to provide direction, strategic oversight and performance management of NRAP. The board will meet at least twice a year for the duration of the programme.

All members of the Board must provide declaration of interests, in line with NRAP's Declaration of Interests policy.

Board membership:

Martin Allen (MA)

Getting It Right First Time (GIRFT)

Lara Amusan (LA)

NRAP programme manager

Welsh government lead

Tricia Bryant (TB)

Primary Care Respiratory Society (PCRS)

James Campbell (JC)

Healthcare Quality Improvement Partnership (HQIP)

Aklak Choudhury (AC)

RCP CQID clinical director, chair

Simon Brill (SB)

NRAP adult asthma clinical lead

Calvin Down (CD)

Royal College of Paediatrics and Child Health (RCPCH)

Jonathan Fuld (JF)

NHSE national clinical director for respiratory disease (interim)

Katherine Hickman (KH)

NRAP primary care clinical lead

Rachael Hodges (RH)

NRAP deputy programme manager

Joanne King (JK)

Association of Respiratory Nurses (ARNS)

Andrew McCracken (AM)

Asthma and Lung UK (ALUK)

Irem Patel (IP)

NRAP COPD clinical lead

Jenni Quint (JQ)

NRAP data analysis lead - Imperial College London

Sara BATTERY (SB)

NRAP pulmonary rehabilitation clinical lead

Jen Townend (JT)

NRAP children and young people asthma clinical lead

Emma Sparrow (ES)

Royal College of Children and Paediatric Health (RCPCH)

Sally Welham (SW)

British Thoracic Society (BTS)

Alice Turner (AT)

NRAP senior clinical lead

Advisory group

For the new NRAP contract four individual advisory groups have been put into place. This allows focused stakeholder input into a single workstream, facilitating in depth conversations and actions.

The purpose of all advisory groups (COPD, adult asthma, CYP asthma and pulmonary rehabilitation) is:

- To work productively with the audit programme team to collaboratively deliver the overarching aims of NRAP.
- To provide expert direction and input to ensure the work is feasible and acceptable to clinicians providing COPD and asthma services in England and Wales.
- To provide a forum in which to explore / test ideas for the future direction of the programme.
- To identify current and future potential projects and partnerships to sustain developments.
- To identify and highlight opportunities for service and healthcare improvement.
- To complete work as individuals or within task and finish groups to assist with the delivery of the programme as per the commissioned timelines.
- To ensure the programme maintains a patient focus.

Individual terms of reference have been uploaded as separate documents under each of the workstream documents, each contains the list of individuals within the group.

Patient panel

The patient panel reports into the board. The patient panel makes sure the views, experiences and ideas of people affected by asthma and COPD, who use the NHS, can help to shape the audit. It also has a key role in planning how NRAP share information about the audit with the public.

Sign off arrangements

All relevant documents and reports go through the Advisory Group membership and NRAP clinical leads for comment, and are ultimately signed off by the Board.

2.4 Stakeholder engagement

The National Respiratory Audit Programme (NRAP) is a large audit programme and, therefore, has many stakeholders. A detailed stakeholder mapping exercise was carried out in March 2018, during which 107 stakeholders were identified, this list is continuously reviewed and updated at regular intervals.

Following a review of these identified stakeholders, it was decided how each stakeholder would be approached, communicated, and engaged with going forward. This could be one or a combination of the following:

- Kick off meeting (one off meeting at the beginning of the programme, launch of new contract)
- On-going, regular face to face meetings – monthly, quarterly, six monthly or annually as needed
- Governance group invitations and updates
- Tailored updates (emails)
- Generic updates (email/newsletters/external communications mechanisms)
- Webpages/Web-tool
- Helpdesk
- Social media

Sub-contractors

- Crown Informatics Ltd – delivery of the audit web-tool
- Imperial College London – delivery of all audit data analysis
- Royal College of Paediatrics and Child Health – delivery of the patient involvement work
- Welsh government - delivery of the Welsh Primary Care Audit

Involved in:

- the delivery of programme works as specified above
- attending programme governance meetings (where appropriate)
- monthly meetings with the audit team
- receiving regular, tailored updates on audit progress and news
- providing on-going communication with their relevant networks about NRAP and its work to ensure information is cascaded down to all necessary stakeholders

Patients and carers

- COPD and asthma patients and/or carers of people with these conditions
- Adults and children

Involved in:

- working with the national patient charities outlined above to deliver the patient involvement work
- attending and participating in programme governance meetings
- attending and participating in patient panel meetings annually, and monthly virtual meetings
- attending and participating in focus groups to help make decisions on key patient priorities
- receiving regular updates about NRAP and its work via national patient charities
- providing a clear patient voice for NRAP and its work. Including, but not limited to, input into:
 - reviewing and updating datasets,
 - setting objectives for areas of work,

- developing patient information,
- information governance,
- communication strategies,
- report recommendations.

Key national stakeholder organisations

- Association of Respiratory Nurse Specialists
- Asthma + Lung UK
- British Thoracic Society
- Healthcare Quality Improvement Partnership
- Imperial College London
- NHS England
- Patient representatives (from patient panel)
- Primary Care Respiratory Society
- Royal College of General Practitioners
- Royal College of Paediatrics and Child Health
- Welsh Government

Involved in:

- providing strategic support and guidance on the overarching NRAP programme and its direction, including defining aims and objectives
- attending governance meetings, including programme Board meetings
- having regular (monthly, quarterly, six monthly as appropriate) meetings with the audit team
- receiving regular, tailored updates on audit progress and news
- providing on-going communication with their relevant networks about NRAP and its work to ensure information is cascaded down to all necessary stakeholders

Asthma and COPD clinical experts

- Primary care practitioners/experts
- Secondary care clinicians (consultants, nurses etc)
- Pulmonary rehabilitation leads
- Coding practitioners/experts
- Pharmacists
- Country representatives (England and Wales)
- Patient representatives

Involved in:

- providing audit workstream support, including, but not limited to:
 - design of the audit workstreams
 - selecting quality metrics
 - setting priorities
 - reviewing and ratifying clinical datasets and reporting outputs
 - disseminating feedback and communications
- attending workstream specific programme advisory group meetings (adult asthma, CYP asthma, COPD and pulmonary rehabilitation - with primary care in attendance for all four meetings)
- receiving regular, tailored updates on audit progress and news
- providing on-going communication with their relevant networks about NRAP and its work to ensure information is cascaded down to all necessary stakeholders

Other stakeholders

- clinicians and healthcare professionals (primary, secondary and community care)
- audit participants
- researchers
- patients and carers
- general public
- national organisations (other royal colleges, Getting it Right First Time (GIRFT), Academic Health Science Networks etc)
- Quality improvement organisations

Involved in:

- setting priorities, aligning datasets, and developing performance incentives
- public consultation of datasets
- collecting data
- disseminating results, feedback, and communications
- communication via social media (twitter campaigns)
- providing details of QI projects and case studies

2.5 Conflict of interest policy

NRAP declaration of interest policy - NRAP_declaration of interest policyform_v1_June 2023_0 (1).pdf

RCP declaration of interest policy - RCP Declarations of Interests policy_0 (1).pdf

3.1 Quality improvement goals

NRAP have worked with stakeholders to develop a healthcare improvement (HI) strategy which aligns services around five key HI goals. We will use existing audit metrics to track improvement across England and Wales. The HI strategy - including finalised goals - was first published in December 2023 (v1.2 April 2024).

The five goals are:

Prevention strategies

Identifying tobacco dependency and ensuring all patients have access to evidence-based behavioural support and treatment in line with the NHS Long Term Plan commitment remains a priority for the health system.

In 2021-22, 69.1% and 57% of current smokers with asthma and COPD respectively were referred for smoking cessation following an admission, and 37% of parents/carers who were current smokers of children and young people with asthma had tobacco dependency addressed. In 2021, 2.6% and 5.1% of current smokers with asthma and COPD respectively received a referral from primary care (Wales only).

HI Goal 1: 100% of patients with COPD and asthma who smoke, and parents of children and young people who smoke, have been offered a referral to treat tobacco dependency and/or prescribed treatment by May 2026.

Delivering earlier, accurate diagnosis

Guaranteeing an early and accurate diagnosis of respiratory conditions ensures people can access the right treatments and care they need.

In 2021-22, 43% of people with COPD admitted for an exacerbation had a spirometry result available. In 2021, 1.9% of people on the COPD register in primary care had a spirometry result meeting the diagnosis requirement, and 43.9% of adults and 34% of children diagnosed with asthma in the past two years had a record of any objective measurement.

HI Goal 2: 70% of patients with COPD have a quality assured post-bronchodilator spirometry which confirms obstruction, and 70% of people diagnosed with asthma in the past two years have a (ever recorded) record of any objective measurement, in line with national guidelines, by May 2026.

Supporting self-management

Personalised action or self-management plans for people with respiratory conditions support patients and their families with self-management, providing the information they need to manage their symptoms and prioritise what matters to them.

In 2021-22, 54.5%, 57.7% and 38% of people with adult asthma, COPD and children and young people's asthma respectively received a personalised action plan as part of their discharge bundle. In 2021, 25% and 22.9% of adults and children and young people with asthma respectively had a personalised action plan in primary care (Wales only).

HI Goal 3: 75% of patients with asthma and COPD who are discharged from hospital after an acute event, as well as patients in primary care with a recorded diagnosis, have a current self-management plan by May 2026.

Ensuring timely access to optimal care

Everyone living with respiratory conditions should receive timely access to the best interventions and care which help prevent hospital admissions, including pulmonary rehabilitation and inhaler technique checks.

In 2021-22, 40% of people with COPD started PR within 90 days of referral, and 20% of people with an acute exacerbation of COPD (AECOPD) started PR within 30 days of referral.

HI Goal 4: 70% of patients start a PR programme within 90 days of referral, and 70% of patients with AECOPD start within 30 days of referral, by May 2026.

In 2021-22, 68.2%, 66.9% and 65.2% of adults with asthma, COPD, and children and young people with asthma respectively received an inhaler technique check following a hospital admission.

In 2021, 25.1%, 28.2% and 24.9% of adults with asthma, COPD and children and young people with asthma respectively received a check in the last year in primary care (Wales only).

HI Goal 5: 80% of all people with asthma and COPD have their inhaler technique checked after admission and annually within primary care by May 2026.

3.2 Quality improvement driver diagram

<https://www.rcp.ac.uk/improving-care/national-clinical-audits/the-national-respiratory-audit-programme-nrap/healthcare-improvement/>

3.3a Methods for stimulating quality improvement*

On-line Quality Improvement guides; Sharing good practice repository; Workshops; Best practice tariff (BPT); Academic Health Science Networks (Health Improvement Networks); Welsh Government improvement programme; NHS England improvement programme; Getting It Right First Time (GIRFT); Commissioning for quality and innovation (CQUIN); National Clinical Audit Benchmarking (NCAB) tool (via CQC)

3.3b Quality improvement supplemental information

NRAP aims to create a sustainable framework and set of resources which empower and enable stakeholders to use NRAP data to facilitate improvements in the quality of respiratory care and pulmonary rehabilitation. NRAP also works to influence change at a population level by using our data insights to inform national policy and to support the delivery of financial incentives to improve care.

NRAP are working with stakeholder to develop a healthcare improvement (HI) strategy which aligns services around five key HI goals, and we will use existing audit metrics to track improvement across England and Wales.

We provide a number of resources and tools to support local healthcare improvement. This includes:

- Providing real-time service-level data on the webtool
- Benchmarking local, regional and national data on key metrics
- Collaborating with regional respiratory networks to support approaches to address unwarranted variation
- Creating and promoting good practice repositories
- Providing templates for QI.

In collaboration with the Royal College of Physicians' Education Directorate, NRAP will also continue to provide QI training to respiratory services in England and Wales. This is being delivered via an online learning platform and services will have support from a dedicated QI coach. Recruitment for the second round of the programme was completed early in 2024 with the programme commencing in October 2024.

4a. Please add the most recent date that you have reviewed and updated an online version of UPCARE Programme section on your project's website (click into the response to see pop-up guidance).

06/02/2026

4b. Please add a hyperlink to UPCARE Programme section on your website (click into

<https://www.rcplondon.ac.uk/projects/information-governance>

the response to see
pop-up guidance).*