National Respiratory Audit Programme (NRAP)
Data burden reduction strategy
Version 1.0: March 2025

1. Purpose

This strategy outlines how the National Respiratory Audit Programme (NRAP) reduces the impact of data burden for providers who participate in the programme.

Data burden refers to the time, effort and costs required for a provider to participate in our audits by collecting and submitting data. NRAP is fully committed to reducing burden and continuously evaluating how our datasets, webtool and processes can be optimised to reduce the effort required.

This strategy has been produced in response to the HQIP guidance for data burden reduction, published in October 2024. Any updates to the HQIP guidance will be reflected in future iterations of this strategy.

2. Strategy for reducing data burden

Datasets:
NRAP uses four datasets for continuous clinical audit: COPD, adult asthma, children and young people asthma and pulmonary rehabilitation. Three additional datasets are used for a snapshot organisational audit which is delivered every two years: a combined COPD and adult asthma service dataset, a children and young person service dataset and a pulmonary rehabilitation service dataset.

Each dataset is streamlined to include only the data fields necessary to measure key metrics. Bespoke data collection is kept to a minimum, as the required data fields align with existing good practice in clinical record-keeping and should already be captured during routine clinical care. We are also working to ensure all our datasets align with NHS standard demographic questions enabling seamless integration with NHS systems.

The clinical datasets are proactively reviewed each year with the NRAP advisory groups and patient and carer panel to understand what metrics and outcomes are most important to them. Ongoing feedback is sought through conversations with services and these insights inform the following year's updates. Datasets are kept consistent wherever possible to ensure updates are kept to a minimum. However, changes are made to align with the following:

> Ensuring every metric is clearly mapped to evidence-based standards and guidance, and are updated in line with any annual changes to guidance.
> Metrics (and associated data fields) that consistently perform at a high level or show minimal unwarranted variation are removed from the datasets.
> Data fields that no longer contribute to a metric are also removed to maintain dataset relevance and efficiency.

Organisational audit datasets will be reviewed during 2025 in advance of the next data collection in line with the principles described above.

Processes to support services:

The NRAP team have implemented processes to support services and reduce data burden:

> **Annual Datasets Updates:** Following each annual review, clinical datasets go live from 1 April. Providers receive at least four weeks' notice before new datasets are implemented to allow services to adapt data collection.
> **Helpdesk Support:** A helpdesk is available Monday to Friday, 9 AM–5 PM, via phone and email to assist providers with dataset queries, data entry in the web tool, and interpretation of outputs. *Please note: the RCP team are unable to receive patient identifiable information.*
> **Quarterly Interactive Sessions**: We host quarterly virtual sessions for new users, which are also open to anyone with prior experience of taking part in an NRAP audit. These sessions cover registration process and entering and accessing data and are also available to watch on our website.
> **Welcome Pack for New Users:** All new users receive a welcome pack with quick tips and guidance to help manage data entry effectively.
> **Quarterly Data Deadlines**: Introduced in 2023, quarterly submission deadlines help distribute data entry more evenly throughout the collection period, reducing end-of-period workload. These data deadlines also help enhance near-real time run charts which ensures services have greater visibility of their performance over time.

Linkages with external data sources such as Hospital Episode Statistics (HES), the Patient Episode Data for Wales (PEDW) and Office for National Statistics (ONS) datasets are done to maximise the use of the data NRAP collects. Linking audit data with external readmission and mortality data ensures data is collected once and used for multiple purposes to benefit the entire respiratory community.

Webtool:

Crown Informatics provide the webtool for the inputting of clinical audit data for NRAP. Working closely with Crown, the following considerations have been made:

> **Smart Webtool Logic:** The webtool features in-built logic for completing records, ensuring unrequired questions are hidden from users.
> **Bulk Data Import:** Providers with a high numbers of records per month can import patient-level data directly into the webtool, eliminating the need for manual entry of individual records.
> **Online Support Resources:** A frequently asked questions (FAQ) document and technical guidance are available online to support the webtool import function.
> **Video Import Guide**: A support video is to be launched to support and troubleshoot common issues with the import function.
> **Helpdesk Assistance:** The Crown helpdesk is available to support users with data uploads.

3.   Conclusion

NRAP is committed to reducing data burden for providers, and we have implemented the steps outlined above to streamline data collection and submission processes. We have taken steps outlined above to reduce the data burden for providers required to participate in NRAP.

We welcome feedback and suggestions for other steps NRAP can take to reduce data burden. Please reach out to us on: NRAPinbox@rcp.ac.uk.

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