National Respiratory Audit Programme (NRAP)

Pulmonary Rehabilitation audit – Patient consent to submission of information form

Version 2.0: July 2023

*To be completed only after reading the patient information sheet available* [*here****.***](https://www.rcplondon.ac.uk/file/47496/download)

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| **Patient’s Surname**: **Patient’s First Name**:XXXXXXXXXX**NHS Number**:  |
| **To be completed by a member of the pulmonary rehabilitation team** *(Please initial each box as appropriate)*1. I confirm that I have provided the patient with the patient information sheet for the National Respiratory Audit Programme’s (NRAP) pulmonary rehabilitation (PR) audit. If this cannot be provided in person please provide electronically, by sending a copy via email or providing the link (above). If no email address is available, please hold a phone conversation to discuss participation using the script provided. Please see accompanying flow chart.

Y/N1. I confirm that I have answered any questions the patient has about the purpose of the NRAP PR audit and how the patient’s information will be used.

Y/NEnter hereEnter here Print Name: Job Title: Enter hereEnter here Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  |
| **To be completed by the patient\*** *(Please initial each box as appropriate)* 1. I have received/downloaded /had read to me a copy of the patient information sheet for the pulmonary rehabilitation audit, which is part of the National Respiratory Audit Programme (NRAP).

Y/NY/N1. I have had the chance to read the patient information sheet and/or to ask questions.

Y/N1. All questions that I had have been answered and I am happy with the answers.
2. I understand that taking part in the audit is my choice, and that I can choose not to take part at any time, as described in the patient information sheet, without giving any reason, and without my healthcare or legal rights being affected.

Y/N1. I understand that my identifiable data (NHS number, date of birth and postcode) will be sent to a number of organisations, as set out in the patient information sheet.

Y/N1. I understand that my non-identifiable information will be used to produce service-level near-real time reports. These will be available to the public on the NRAP website.

Y/N1. I understand that information collected in the audit may be shared with third parties with appropriate legal, ethical and security arrangements for research, audit or service evaluation purposes per the patient information sheet.

Y/NY/N1. I agree for my information to be included in this audit, as described in the patient information sheet.
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| Enter hereEnter hereSignature: \*If the patient is unable to complete the form in person and consent is obtained verbally please enter a ‘V’ into each of the boxes, in the signature field enter when consent was obtained (e.g. assessment phone call, discharge assessment phone call) and in the date field enter the date and time at which verbal consent was obtained.  |