

A guide for services

Catching our breath: Time for change in respiratory care

NRAP clinical team

Tuesday 15th July 2025



Royal College
of Physicians

National Respiratory Audit
Programme (NRAP)

Commissioned by



Funded by



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Welcome/housekeeping

Before we start...



Session is being recorded. This will be uploaded to our website



Have a drink (or other refreshments you might need) to hand



Get seated comfortably

During the meeting...

Q&A session at the end, please save your questions



Please keep your microphone muted if you aren't speaking, and put your camera on if you are speaking



Feel free to drop questions in the chat during the session which will be responded to by relevant clinical lead/fellow



Today's presenters



Professor Tom Wilkinson
NRAP senior clinical lead



Holly Drover
NRAP pulmonary rehabilitation
clinical fellow



Dr George Nava
NRAP adult asthma
clinical fellow



Aleksandra Gawlik-Lipinski
NRAP CYP asthma
clinical fellow



Professor Alice Turner
NRAP healthcare improvement
clinical lead

Introduction to *Catching our breath*

- > *Catching our breath* summarises the state of care within COPD, adult asthma, children and young people asthma and pulmonary rehabilitation services in England and Wales between 2023-2024
- > Data compiled from:
 - > 98,601 asthma and COPD records
 - > 27,507 pulmonary rehabilitation records
- > Three recommendations across the theme of:
 - > Data availability and quality
 - > Timely access to optimal care
 - > Access to tobacco dependence support

Key demographic data

	COPD		Adult asthma		Children and young people asthma (1–5)		Children and young people asthma (6+)		Pulmonary rehabilitation	
	n	%	n	%	n	%	n	%	n	%
Country										
England	62,341	–	18,162	–	5,717	–	7,830	–	26,842	–
Wales	3,065	–	722	–	456	–	308	–	665	–
All	65,406	–	18,884	–	6,173	–	8,138	–	27,507	–
Gender										
Male	29,279	44.8	5,640	29.9	3,861	62.5	4,914	60.4	14,007	50.9
Female	36,041	55.1	13,178	69.8	2,307	37.4	3,205	39.4	13,461	48.9
Transgender	11	0	5	0	<5	0	5	0.1	7	0
Other	<5	0	<5	0	0	0	0	0	<5	0
Preferred not to say/not recorded	72	0.1	59	0.3	<5	0.1	14	0.2	31	0.1
Age										
Median	73	–	51	–	3	–	9	–	70	–
Lower quartile	65	–	35	–	2	–	7	–	63	–
Upper quartile	79	–	65	–	4	–	12	–	76	–
IMD quintile										
1	23,052	35.2	5,597	29.6	1,802	29.2	2,329	28.6	6,965	25.3
2	15,351	23.5	4,184	22.2	1,413	22.9	1,921	23.6	6,088	22.1
3	11,675	17.9	3,546	18.8	1,156	18.7	1,498	18.4	5,480	19.9
4	9,050	13.8	2,923	15.5	942	15.3	1,202	14.8	4,948	18
5	5,713	8.7	2,450	13	814	13.2	1,125	13.8	3,806	13.8
Missing/unavailable	565	0.9	184	1	46	0.7	63	0.8	220	0.8

Figure 1: Admissions for exacerbations of COPD and asthma (adults and children and young people) and assessments of people with COPD for pulmonary rehabilitation, between 1 April 2023 – 31 March 2024 by socio-demographic characteristics. *Case ascertainment is presented as a single combined figure for children and young people with asthma of all ages.

n: Numerator
<5: Less than five patients.
 This is suppressed to avoid patient identification.





Case ascertainment

- > **For adult asthma, children and young people's asthma, and COPD:**

- > Data gathered from HES for England and PEDW for Wales

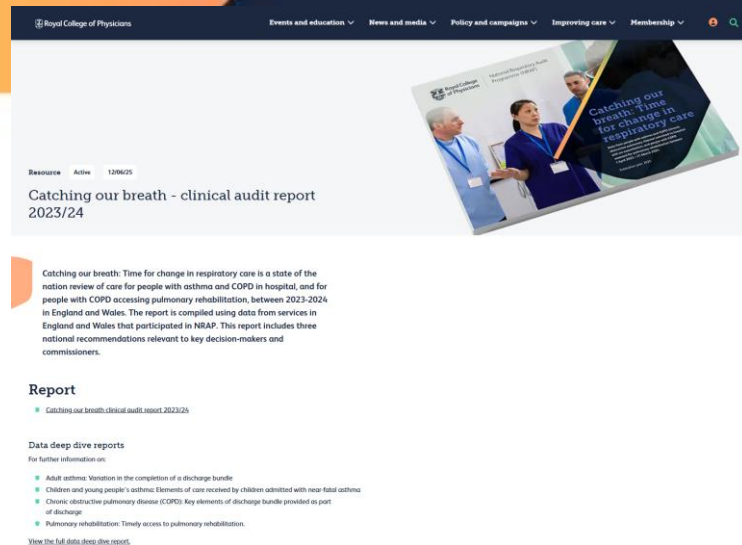
- > **For pulmonary rehabilitation:**

- > Include data only from services who completed the NRAP case ascertainment survey in October 2024

Workstream	2022-23 case ascertainment	2023-24 case ascertainment	
Adult asthma	45.1%	43.5%	
CYP asthma	67.5%	70.3%	
COPD	54.4%	50.8%	
Pulmonary rehabilitation	76.1%	66.7%	

What's available?

- > Main summary report
- > Data deep dive report (containing all workstreams)
- > Healthcare improvement content
- > CYP asthma discharge from hospital checklist – for services
- > Patient resources
 - > Patient and public version of the report
 - > 'What should I expect to receive when discharged from hospital after an asthma attack?' guidance for CYP, families, and caregivers



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What's available?

- > Full data files
 - > Contains all service-level data
- > Raw data files (for analysis)

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[Improving care](#)
[Membership](#)



Report

● Catching our breath clinical audit report 2023/24

[Data deep dive reports](#)

For further information on:

- Adult asthma: Variation in the completion of a discharge bundle
- Children and young people's asthma: Elements of care received by children admitted with near-fatal asthma
- Chronic obstructive pulmonary disease (COPD): Key elements of discharge bundle provided as part of discharge
- Pulmonary rehabilitation: Timely access to pulmonary rehabilitation

[View the full data deep dive report.](#)

Healthcare quality improvement resource: for services

Content aimed at supporting services to implement these data deep dive report findings and support healthcare improvement

[View the healthcare improvement resource.](#)

- Additional resources
- Patient and public resources
- Full service-level data files
- Raw data files for analysis

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Catching our breath: Time for change in respiratory care

Data from people with asthma and COPD (chronic obstructive pulmonary disease) admitted to hospital with an exacerbation, and people with COPD assessed for pulmonary rehabilitation between 1 April 2023 – 31 March 2024.

Publication year: 2025

Report themes & recommendations

Improving data availability and quality

Holly Drover

Improving data availability and quality

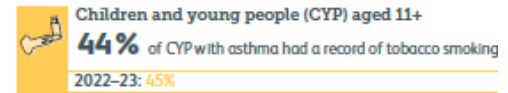
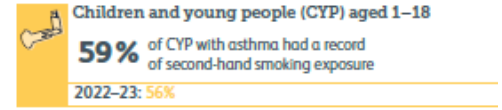
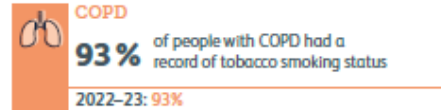
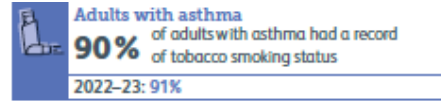
What the audit shows:

Case ascertainment

- Adult asthma: 43.5%
- COPD: 50.8%
- Children and young people's asthma: 70.3%
- Pulmonary rehabilitation: 66.7%

NRAP encourages national organisations to make every effort to widen and open up access to primary care data, including for audit purposes.

What the audit shows:



Recommendation 1:

We reiterate the importance of our *Breathing Well* recommendation which is maintained for this year's report: Integrated care boards and local health boards should mandate all eligible services to participate in NRAP to achieve 100% service participation and a minimum of 50% case ascertainment by all services in NRAP audits by May 2026. This will require all services to have named NRAP clinical leadership and dedicated audit support.

Timely access to optimal care

George Nava

Timely access to optimal care

What the audit shows:

While our audits focus on care delivered by respiratory teams, it is recognised that there is an extended team responsible for the delivery of the first hours of care, including emergency department and acute medical admissions.

What the audit shows:



Adults with asthma

10% of adults with asthma had a peak flow (PEF) recorded within 1 hour of arrival***

2022-23: 11% 2021-22: 11%



Adults with asthma

20% of adults with asthma recorded as receiving systemic steroids within 1 hour of arrival****

2022-23: 21% 2021-22: 23%



Children and young people (CYP) aged 6-18

36% of CYP were administered steroids within 1 hour of arrival

2022-23: 35% 2021-22: 31%



COPD

18% of people with COPD who received non-invasive ventilation (NIV) received it within 2 hours of arrival at hospital

2022-23: 16%

*excludes people unable to do PEF

**excludes people who had received steroids in 24hrs prior to admission

Recommendation 2:

The British Thoracic Society, as the expert body, should lead the development of a standardised acute care bundle for patients with asthma and COPD on arrival to hospital, working towards May 2026. This should involve consultation with other bodies such as the Royal College of Emergency Medicine, Society for Acute Medicine, and NRAP. NRAP will measure the implementation of the acute care bundle by tracking the percentage of patients receiving timely and optimal care.

Essential treatment: tobacco dependence

George Nava

Essential treatment: tobacco dependence

What the audit shows:

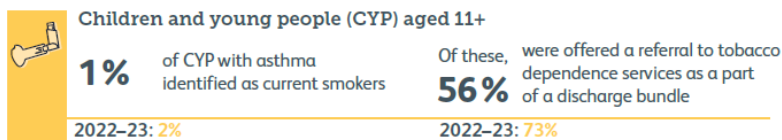
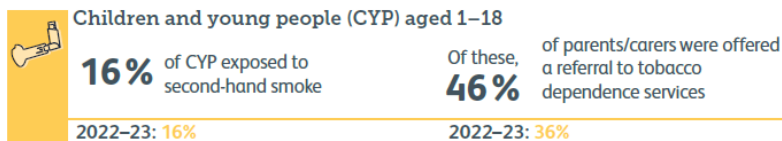
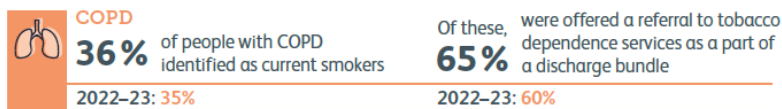
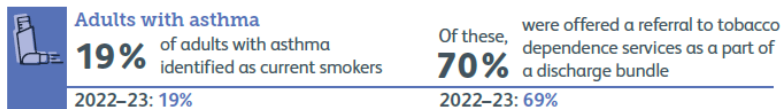
There continues to be significant missed opportunities during acute inpatient care to identify and treat smoking as a driver of adverse outcomes for both children and adults with asthma and COPD.

Around 1 in 3 adults with asthma or COPD who smoke are not being offered treatment and support for tobacco dependence when admitted to hospital (in 2023–24).

Recommendation 3:

We reiterate the importance of our *Breathing well* recommendation which is maintained for this year's report: All people with COPD and asthma who smoke, and smokers who are parents of children and young people with asthma, should be offered evidence-based treatment and referral for tobacco dependency. In England, the Department of Health and Social Care, NHS England and integrated care boards should work together to provide increased resource to all acute, mental health and maternity services in England, so that every provider develops and implements a comprehensive inpatient tobacco dependency service.

What the audit shows:



Improving discharge planning

Aleks Gawlik-Lipinski

Improving discharge planning

Effective discharge planning is crucial for ensuring better health outcomes for patients with asthma and COPD.

Data show that performance varies significantly by region.

Spotlight on healthcare improvement:

All integrated care boards and local health boards should regularly review NRAP data on discharge planning for CYP and adult asthma and COPD with their providers. If data indicates gaps in care, or poor data quality, they should collaborate to identify solutions.

What the audit shows:



Spotlight on pulmonary rehabilitation

Holly Drover

Spotlight on pulmonary rehab

**Spotlight on pulmonary rehabilitation:

Availability of practice walk test data

Data from our PR audit demonstrate low levels of completion of practice walk tests. Out of people with COPD performing the 6-minute walking test (6MWT), only 32% of people conducted a practice walk test. Additionally, of those people with COPD who performed an incremental shuttle walk test (ISWT), 75% conducted a practice test. Therefore, this means that validated exercise assessments are not being performed as required.



PR

75%

of people with COPD performing the ISWT conducted a practice test

2022-23: 74%



PR

32%

of people with COPD performing the 6MWT conducted a practice test

2022-23: 29%

Data on completion of practice walk tests

Referral pathways

Spotlight on pulmonary rehabilitation: Referral pathways

Both BTS and NICE guidance on pulmonary rehabilitation recommends that 'patients hospitalised for acute exacerbation of COPD (AECOPD) should be offered pulmonary rehabilitation at hospital discharge'.¹³ NRAP data show that only 4% of people in the PR audit were referred to PR from secondary care services following AECOPD. We would expect this figure to be higher and this indicates a missed opportunity for many.



4%

of people in the PR audit were referred to PR from secondary care services post treatment for AECOPD

2022-23: 4%



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Spotlight on pulmonary rehab

Referral to start date for Stable COPD



PR

40% of people with stable COPD
started PR within 90 days of referral

2022–23: 32%

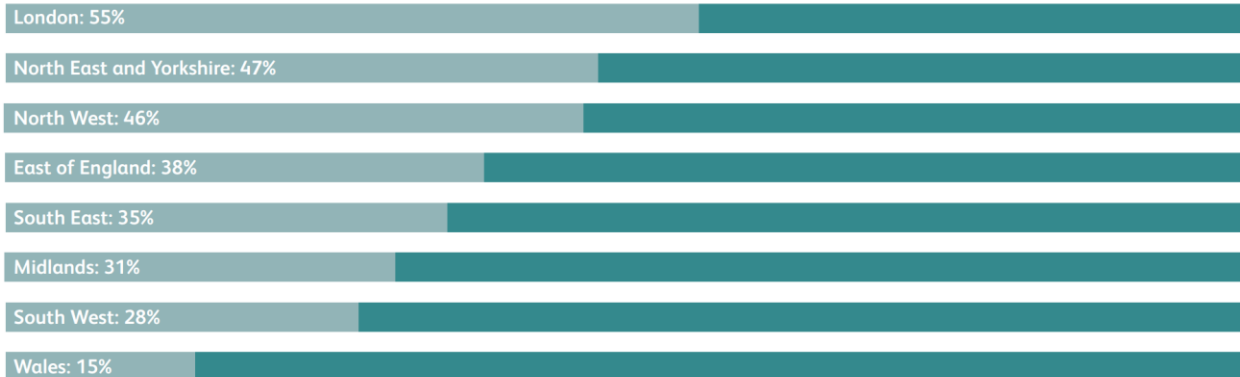


PR

Average wait time of
107 days for people with stable COPD

2022–23: 130

Regional variation: start date for PR within 90 days of referral



NRAP healthcare quality improvement goal

70 % of patients start a PR programme within 90 days of referral, and 70 % of patients with acute exacerbation of COPD (AECOPD) start within 30 days of referral by May 2026.

Healthcare improvement: Support for services

Alice Turner

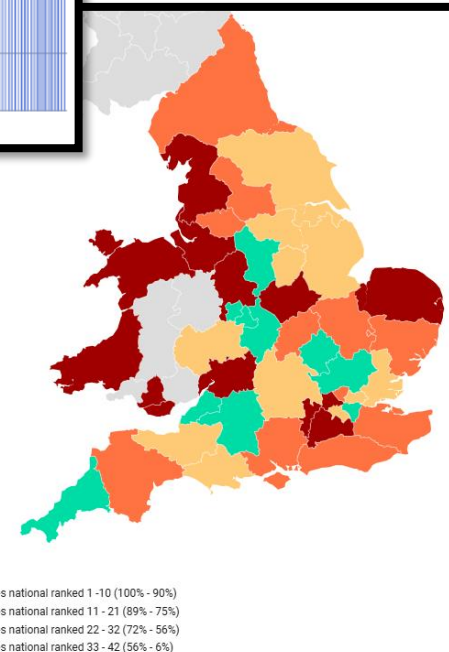
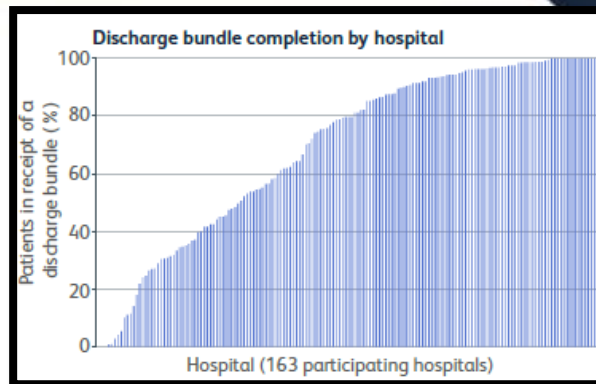
Adult asthma – discharge bundle completion

Why did we select this focus?

The percentage of patients receiving a discharge bundle varied widely between different hospitals and Integrated Care Systems.

Examples of areas for improvement work

- Raise awareness of importance of asthma discharge bundle amongst the multidisciplinary team in different care settings (ED, urgent care, acute medical wards, respiratory ward)
- Encourage inter-disciplinary relationships between emergency department, acute medicine and respiratory to enable identification of patients admitted with acute asthma exacerbation
- Engage with local Integrated Care Boards (ICB) to ensure BPT (in England only) is claimed and directed towards supporting appropriate staffing of respiratory departments.



CYP asthma – care received by patients with near-fatal asthma

Why did we select this focus?

Data show variability in the care of children and young people (CYP) with asthma, including for those who were most unwell and received intravenous (IV) medication and/or were admitted to the intensive care unit (ICU) or high dependency unit (HDU).



Examples of areas for improvement work

- Have a robust plan in place that will prompt completion of all recommended elements of discharge and the timely administration of systemic steroids, ensuring that the basics are completed.
- Introduce Patient Group Direction (PGD) in ED departments to allow for appropriate and timely administration of systemic steroids.
- Identify and address training needs of clinicians involved in asthma care, in alignment with the National Asthma Bundle of Care for Children and Young People with Asthma

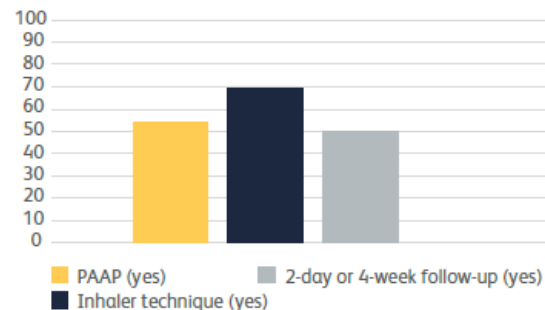


Fig 2. The percentage of CYP who received IV medication during their admission and received each element of discharge planning.

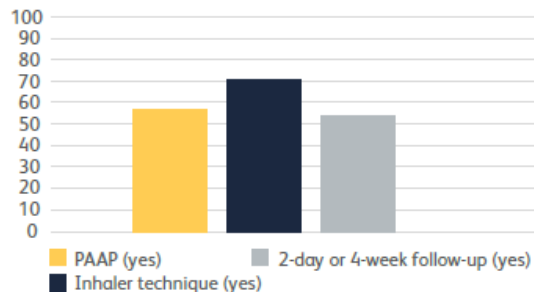


Fig 3. The percentage of CYP who were transferred to ICU or HDU during their admission and received each element of discharge planning.

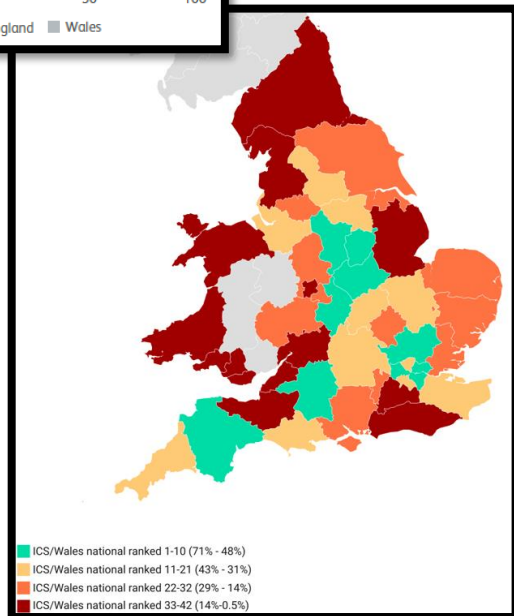
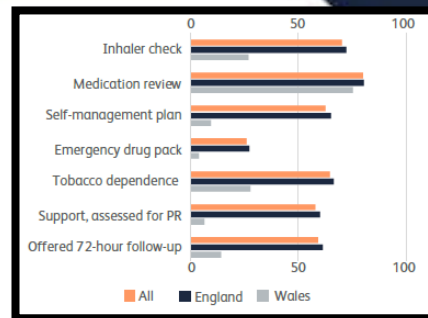
COPD – key elements of discharge bundle provided

Why did we select this focus?

Delivery of the discharge bundle was the worst performing key performance indicator (KPI) in the COPD workstream, with only 28% of admissions receiving all elements of the discharge bundle.

Examples of areas for improvement work

- Optimising local resources and financial incentives for support, including the Best Practice Tariff (BPT) (in England only)
- Ensuring access to timely specialist respiratory review close to admission allows for the identification of patients admitted with COPD exacerbation, co-ordinating their treatment and facilitating completion of a discharge bundle
- Sharing staff responsibility across wider multi-disciplinary teams for COPD discharge bundle completion within different settings (respiratory ward, acute medical ward, emergency department, urgent care units)



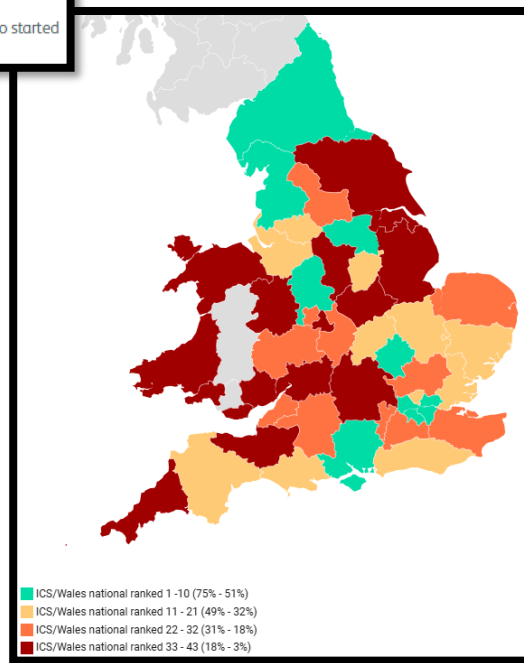
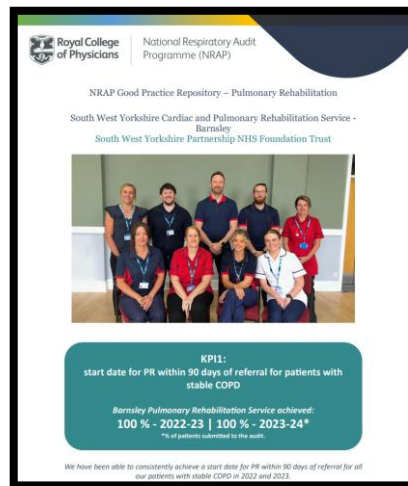
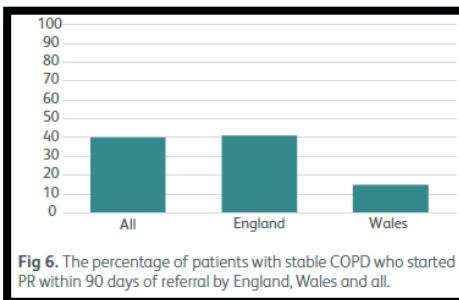
PR – timely access to pulmonary rehab

Why did we select this focus?

Clinical audit data show that a limited number of people with COPD are being referred for pulmonary rehabilitation (PR) in a timely way.

Examples of areas for improvement work

- Complete a demand and capacity assessment to assess if your PR service can meet the referral demand. View our information session recording on this topic here.
- Using NRAP data, services can work with commissioners to evidence the resources and capacity needed to serve the number of referrals due to these requirements, as recommended in the BTS Quality Standards 2014
- PR providers should collaborate with hospital teams to streamline and encourage timely referrals for patients admitted with acute exacerbations of COPD, ensuring no eligible patients are missed
- Ensure that individuals eligible for referral to PR are offered a referral at every opportunity. Services should utilise relevant guidance for referral conversations where possible



Questions?

Thank you



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