



Royal College
of Physicians

NACAP

National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP)

Chronic obstructive pulmonary disease: drawing breath – the state of the nation's asthma and COPD care

Findings, recommendations
and quality improvement

NACAP: Chronic obstructive pulmonary disease



Key findings and recommendations

Audit participation

All hospitals in England and Wales that admit adults with COPD were invited to participate in the clinical audits for 2021/2022.

- > Includes people with COPD (aged 35+) admitted and discharged between 1 April 2021 and 31 March 2022



102,481

patient records were entered for the clinical audit

63,409 COPD | 16,132 Adult asthma

14,168 Children and young people's asthma | 8,772 Pulmonary rehabilitation

708 (88.4%)

of eligible hospitals submitted patient records

Demographics



Admission and demographics

- > The median age at admission was **73 years old**.
- > More **females (54.5%)** were admitted than males.



Socioeconomic status

- > **35.5%** of admissions were **adults** living in the most deprived areas, whereas **9.6%** were from the least deprived areas.



Arrival time

- > The majority of **adults** were admitted to hospital in the morning and early afternoon. However, during weekends, **18.9%** were admitted at midnight and in the early hours of the morning (between midnight and 07.59am).

Key data



1.9%

of adults had a record of receiving a gold standard diagnostic test for COPD (post-bronchodilator spirometry) in primary care in the past 2 years (**Wales only**).



88.7%

of hospitals had a designated clinical lead for COPD.

Key data



15.6%

of adults with COPD requiring NIV received it within 2 hours of being admitted to hospital.



94.3%

of hospitals offered specialist advice to patients admitted with an exacerbation of COPD on 5 days a week.



45.3%

of services provided specialist advice to patients admitted with an exacerbation of COPD on 7 days a week (asthma and COPD combined).

Key data



18.7%

of adults in hospital with COPD received *all* mandatory elements of care as defined by the COPD Best Practice Tariff (BPT).

35.2%

of hospitals held weekly multidisciplinary team (MDT) meetings between hospital and community-based COPD teams.





Recommendations

Recommendation 1

For every person to receive an early and accurate diagnosis based on a guideline defined approach and a plan for their care.

This could be achieved by:

- > measuring post-bronchodilator spirometry in primary care to support correct diagnosis of people with COPD
- > ensuring that the diagnosis of asthma and COPD are correctly documented and available to other clinical teams
- > commissioners supporting an increase in post-COVID-19 spirometry testing by providing the necessary resource to primary care.



Recommendation 2

For care to be provided to people with asthma and COPD within the recommended timeframe after hospital admission, to support optimal outcomes.

This could be achieved by:

- > ensuring that adults with COPD receive non-invasive ventilation (NIV) within 2 hours of arrival at hospital if required
- > commissioners ensuring that providers have a system in place to deliver all aspects of the first hour of hospital care, and that an audit of adherence has been undertaken in the last 12 months.



Recommendation 3

For people with asthma and COPD to receive care by appropriately trained healthcare professionals at each stage of their care pathway.

This could be achieved by:

- > making 7-day specialist advice available to all patients admitted with an exacerbation of COPD
- > commissioners ensuring that providers have a named clinical lead in the hospital for COPD, children and young people's asthma and adult asthma services.



Recommendation 4

Primary, secondary and community services to implement ways to work together, offering people with asthma and COPD a seamless pathway of care.

This could be achieved by:

- > holding a weekly MDT meeting between hospital and community teams to facilitate transitions of care following a hospitalised exacerbation of COPD
- > providing effective delivery of BPT discharge elements for people admitted to hospital with a COPD exacerbation
- > recording a smoking status for all adults admitted to hospital with an exacerbation of COPD or asthma and offer them a referral to a smoking cessation service.



Recommendations

for adults living with COPD, their families and carers

- > Know what good care looks like and feel empowered to ask for it.
- > Make sure you know what you need to do when you are unwell, who to seek help from and when you should seek help.
- > Familiarise yourself with terminology that may be used by health professionals and ask for clarification where needed.
- > Ensure you, your families and carers are well-informed about the care you need with NACAP resources:
 - [Primary care](#)
 - [Asthma](#)
 - [Children and young people's asthma](#)
 - [COPD](#)
 - [PR](#)



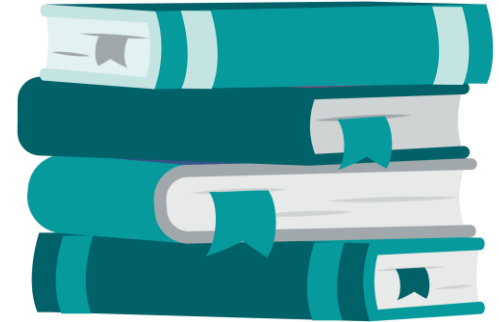
Quality improvement (QI)

QI resources

NACAP offer a suit of quality improvement templates that can be accessed [here](#)

- > Driver diagram
- > PDSA cycle
- > Creating SMART aims

NACAP also offers a quality improvement work programme. If you would like more information on this, please email NACAP@rcp.ac.uk



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