



**Royal College
of Physicians**

National Respiratory Audit
Programme (NRAP)

Wales primary care clinical audit report 2023–25

Local health board
comparison report

Published May 2026

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Commissioned by:



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How to use this report

1. Scope and data collection

This report presents the recommendations from an analysis of asthma and chronic obstructive pulmonary disease (COPD) primary care data in Wales from the Welsh primary care audit component of the National Respiratory Audit Programme (NRAP).

Data were obtained from 371 general practices in Wales in August 2025 and captured activity between 1 August 2023 – 31 July 2025. Patient activity in this cohort is defined using validated codes – the code list for all variables defined in this report is available [here](#).

2. Report structure

This report presents the data from the Wales primary care audit 2023–25 key performance metrics and two recommendations at local health board (LHB) level. They should be used in conjunction with the *Wales primary care clinical audit report 2023–25* and LHB data reports that can be found at www.rcp.ac.uk/99427.

This report will enable the user to select a recommendation or key performance metric specified in the clinical report and see a graph that shows attainment for each LHB. Please note, recommendation 2 will track the improvement of all key performance metrics and therefore is not covered here to avoid duplication.

3. Data interpretation

In total, 100% of Welsh practices participated in this audit. Due to the General Medical Services contract, participation in audit is now mandatory for GP services in Wales. Younger children aged 1–5 have not been included in this round of the audit. A separate data analysis and methodology report is available at www.rcp.ac.uk/99427. Scales of the graphs have been adjusted to the data range to improve readability and make trends between LHBs easier to review.

4. Audience and links to guidelines and standards

This report is for healthcare professionals in primary care, NHS managers, LHBs and policymakers, as well as voluntary organisations and people with asthma and COPD. References to the appropriate National Institute for Health and Care Excellence (NICE) clinical guidelines and quality statements, and British Thoracic Society (BTS) guidelines relevant to asthma and COPD care, are inserted throughout.

We strongly advise that primary care clinicians and managers discuss these findings at the new professional collaboratives and that Pan Cluster Planning Groups are implemented as part of accelerated cluster development so that concerns are shared as a basis for service development.

Summary of key performance metrics and national recommendations



Key performance metric 1

Ensure timely, accurate diagnosis of asthma and COPD



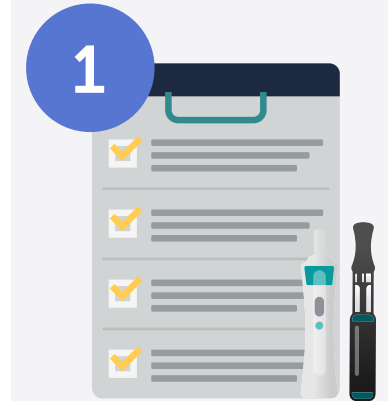
Key performance metric 2

Promote the use of personalised asthma action plans (PAAPs) and digital self-management tools



Key performance metric 3

Increase referral and access to pulmonary rehabilitation (PR)



Recommendation 1

Improve recording of smoking and vaping behaviours across all age groups



Recommendation 2

Strengthen healthcare improvement initiatives and system collaboration

Key performance metric 1

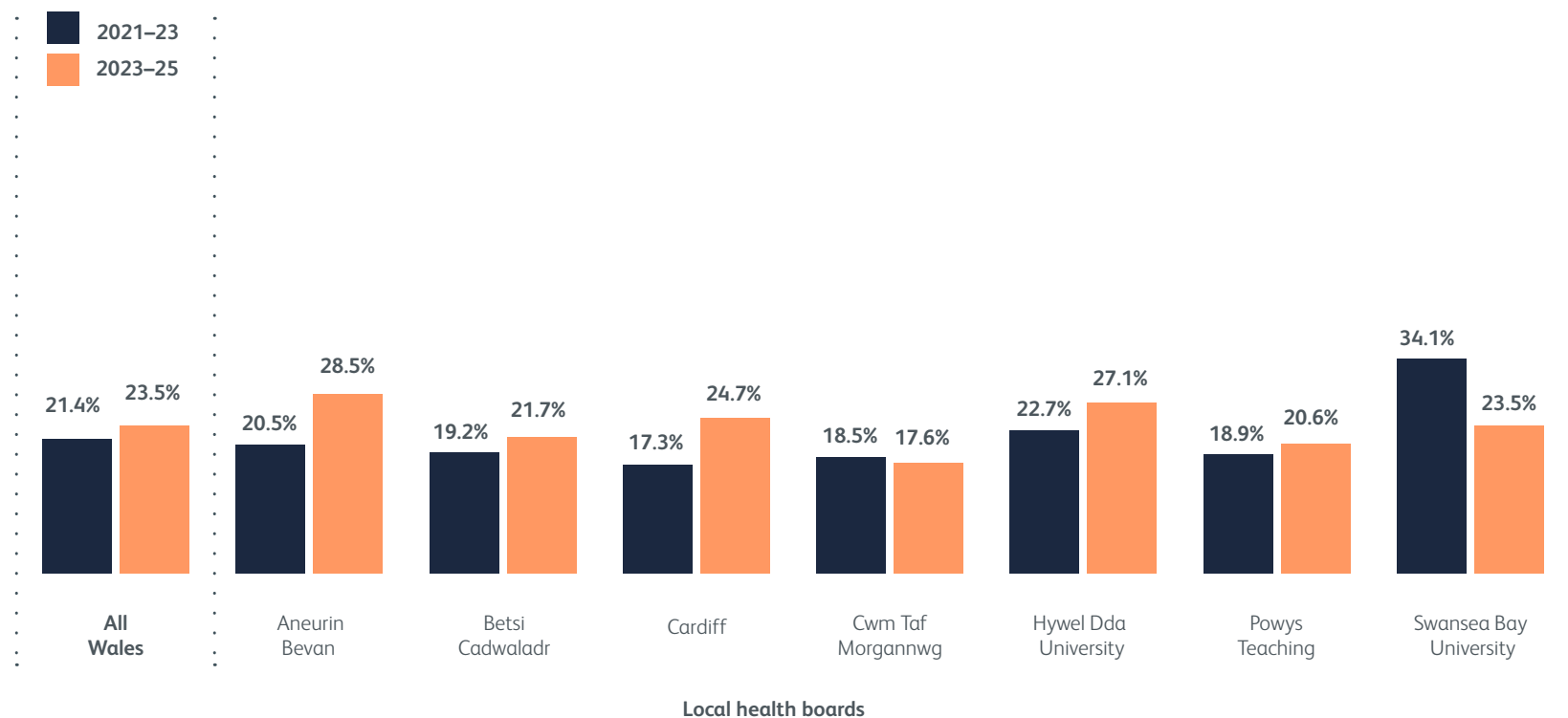
Delivering earlier, accurate diagnosis – patients with COPD

2021–23 recommendation

LHBs should implement a strategy to ensure that all patients have access to trained clinicians within primary care settings who can accurately diagnose COPD and asthma. This should ensure that 70% of patients with COPD have undergone quality-assured post-bronchodilator spirometry to confirm obstruction, and 70% of individuals diagnosed with asthma within the past 2 years should have documented at least one objective measurement by July 2025.

Datapoint for comparison

Patients diagnosed with COPD in the last 2 years who have a post-bronchodilator spirometry code available in the last 2 years.



Key performance metric 1

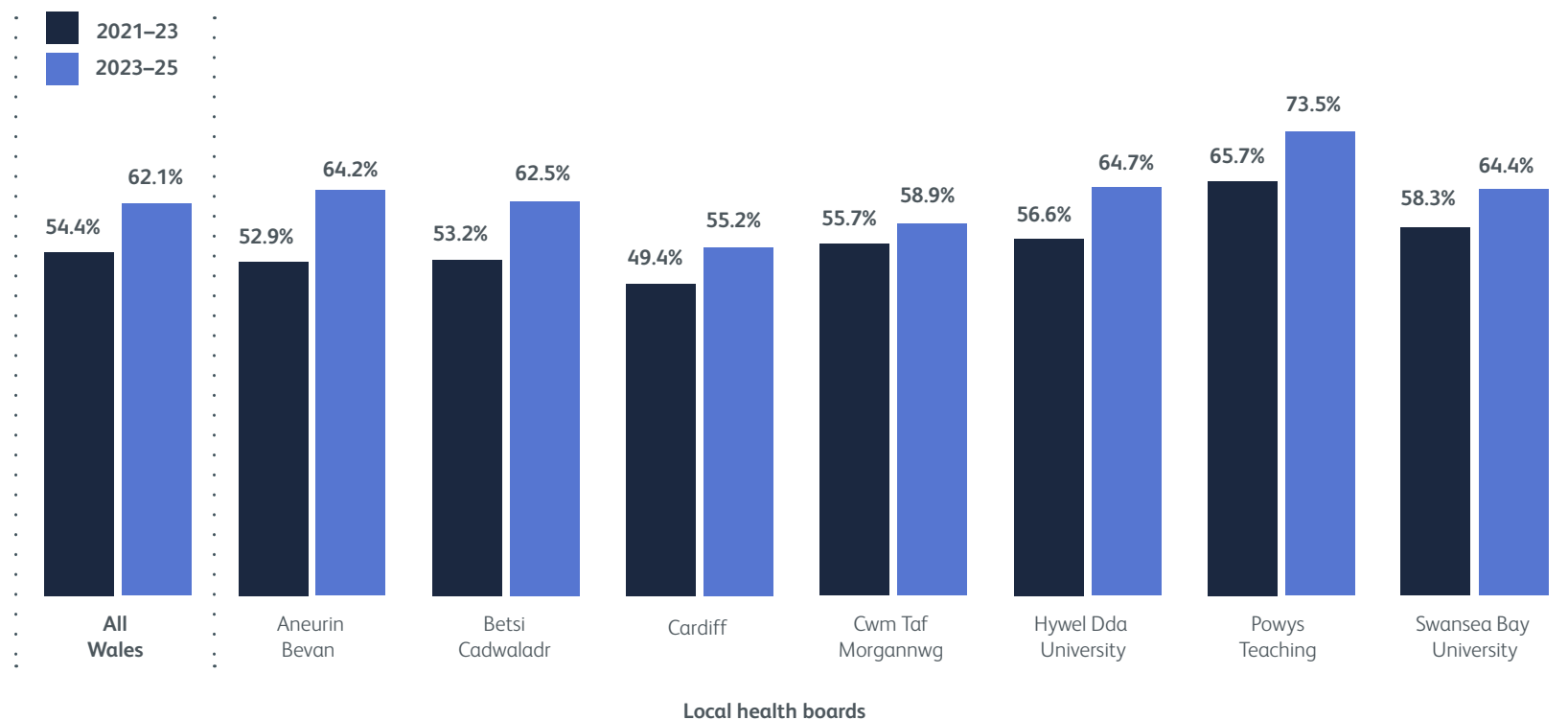
Delivering earlier, accurate diagnosis – adult patients with asthma

2021–23 recommendation

LHBs should implement a strategy to ensure that all patients have access to trained clinicians within primary care settings who can accurately diagnose COPD and asthma. This should ensure that 70% of patients with COPD have undergone quality-assured post-bronchodilator spirometry to confirm obstruction, and 70% of individuals diagnosed with asthma within the past 2 years should have documented at least one objective measurement by July 2025.

Datapoint for comparison

Adults diagnosed with asthma who have a record of at least one objective (spirometry, peak flow with greater than one reading, or evidence of peak flow diary or recorded FeNO) in the last 2 years.



Key performance metric 1

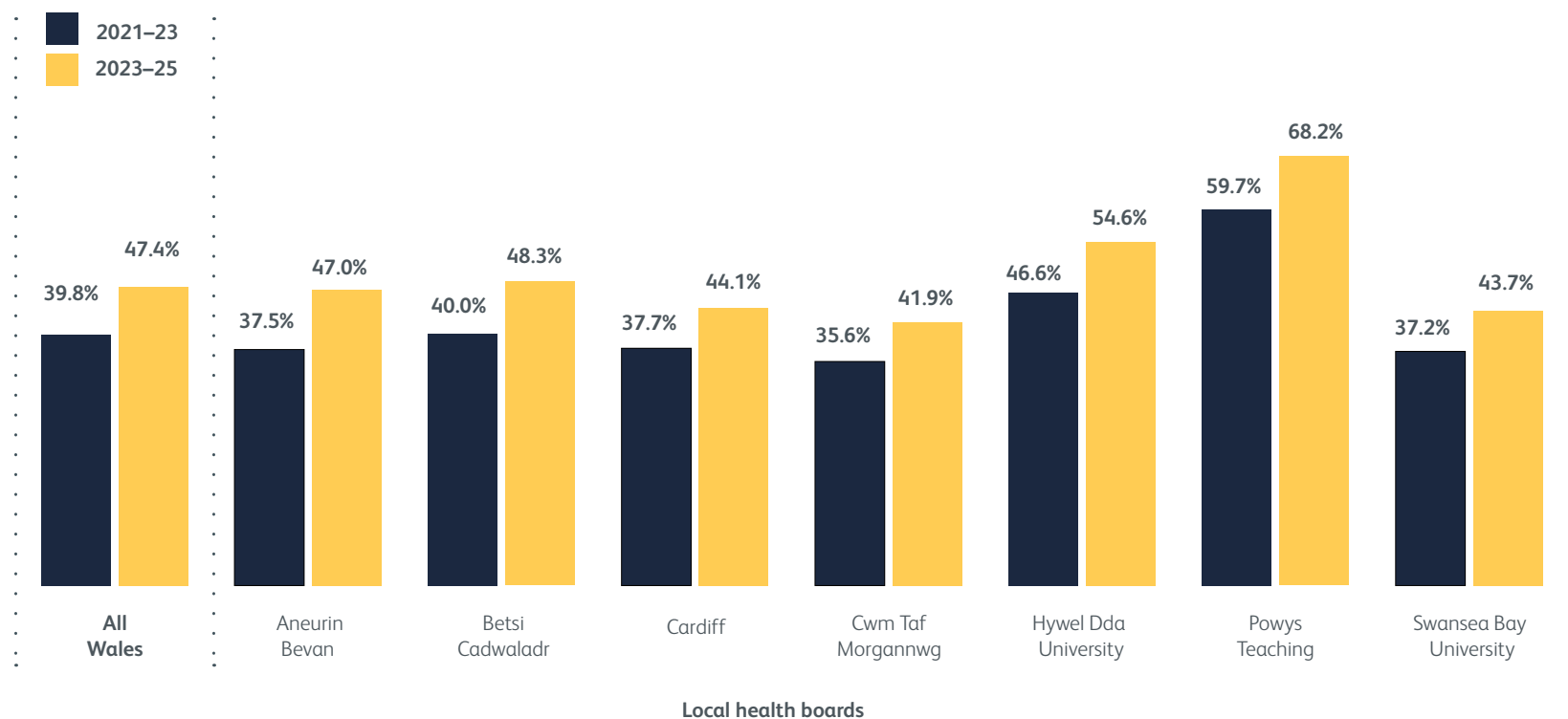
Delivering earlier, accurate diagnosis – children and young people with asthma

2021–23 recommendation

LHBs should implement a strategy to ensure that all patients have access to trained clinicians within primary care settings who can accurately diagnose COPD and asthma. This should ensure that 70% of patients with COPD have undergone quality-assured post-bronchodilator spirometry to confirm obstruction, and 70% of individuals diagnosed with asthma within the past 2 years should have documented at least one objective measurement by July 2025.

Datapoint for comparison

Children and young people (CYP) diagnosed with asthma who have a record of at least one objective measurement (spirometry, peak flow with greater than one reading, or evidence of peak flow diary or recorded FeNO) in the last 2 years.



Key performance metric 2

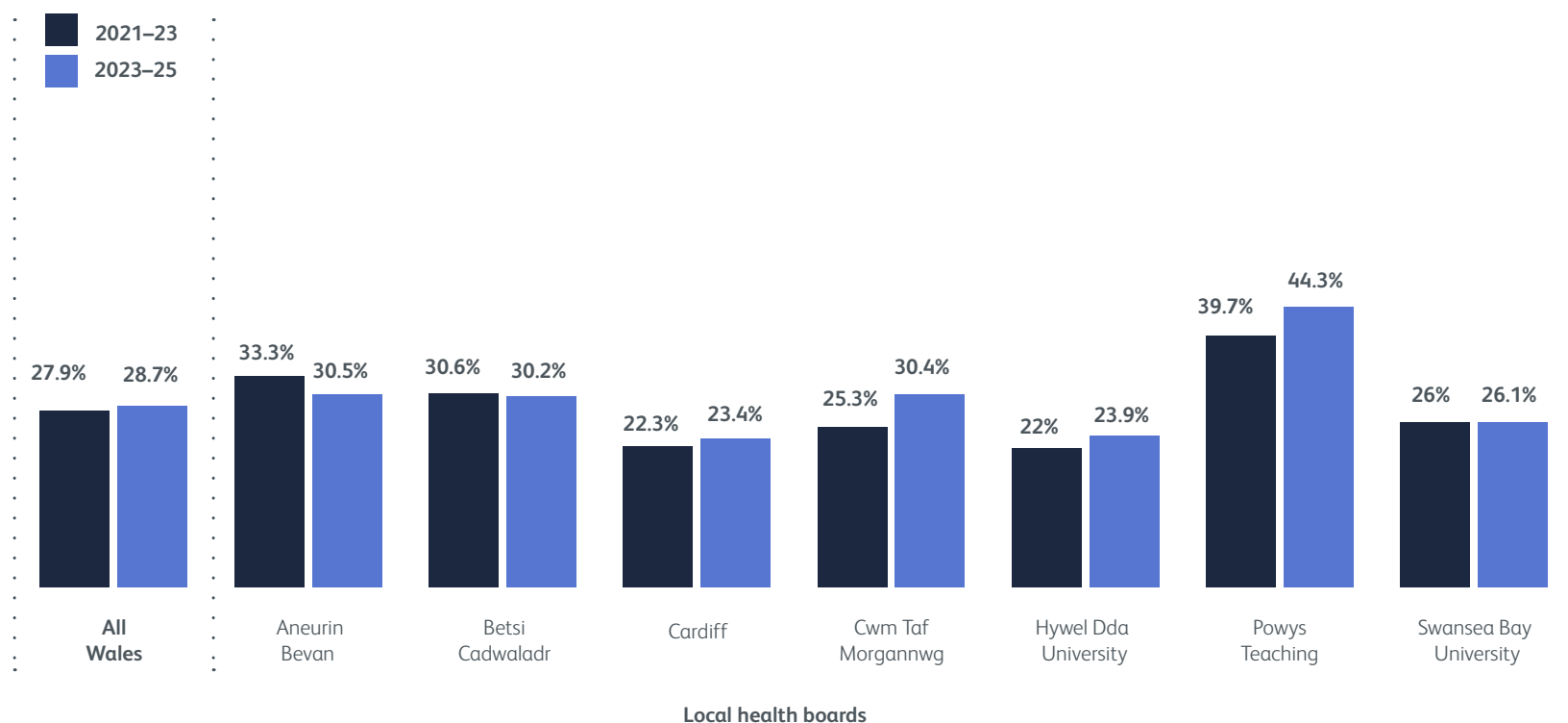
Promoting the use of personalised asthma action plans (PAAPs) – adults with asthma

2021–23 recommendation

LHBs should prioritise and promote the development and use of personalised asthma action plans within primary care settings to ensure that, by July 2025, 75% of patients diagnosed with asthma have the essential tools to help manage their condition.

Datapoint for comparison

Adults with asthma who had a PAAP in the previous 15 months.



Key performance metric 2

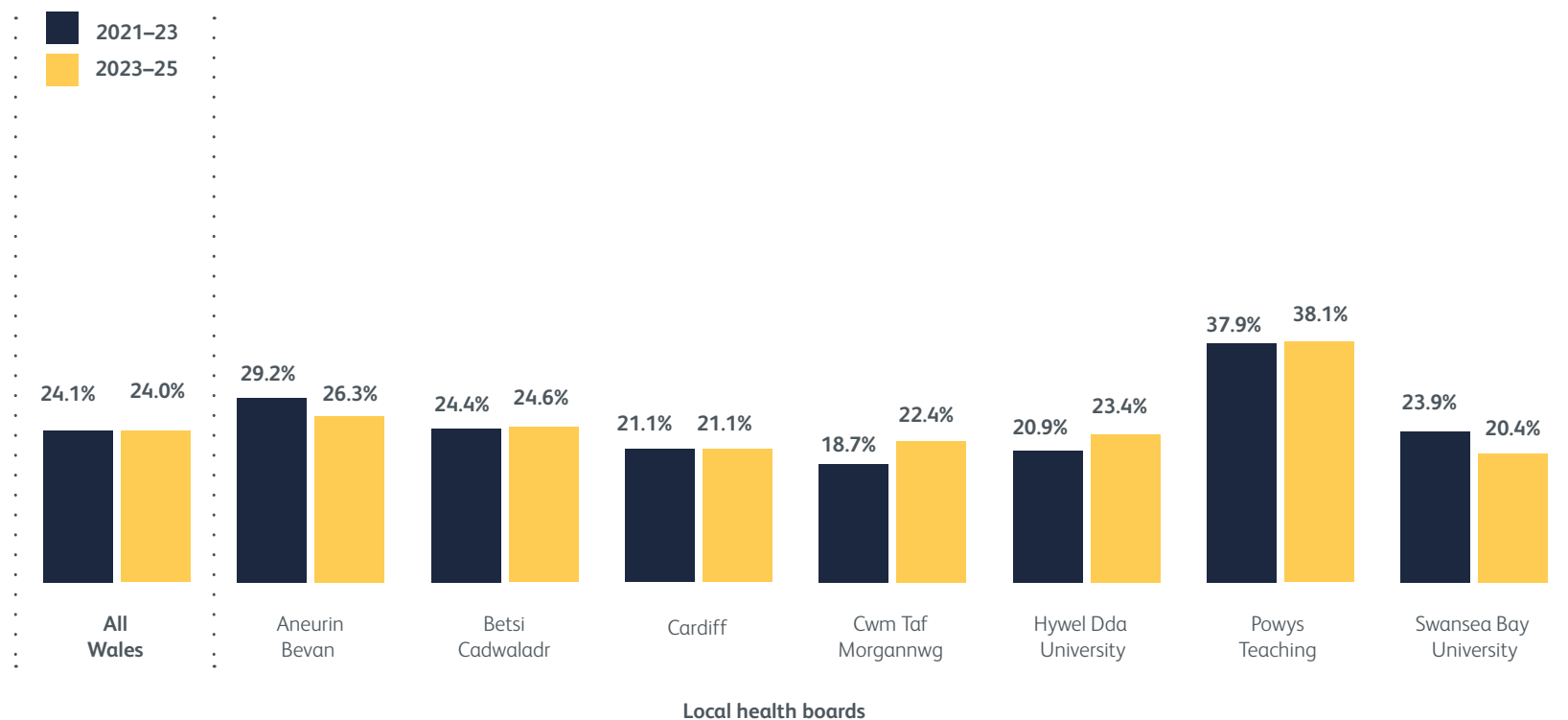
Promoting the use of personalised asthma action plans (PAAPs) – children and young people with asthma

2021–23 recommendation

LHBs should prioritise and promote the development and use of personalised asthma action plans within primary care settings to ensure that, by July 2025, 75% of patients diagnosed with asthma have the essential tools to help manage their condition.

Datapoint for comparison

Children and young people with asthma who had a PAAP in the previous 15 months.



Key performance metric 3

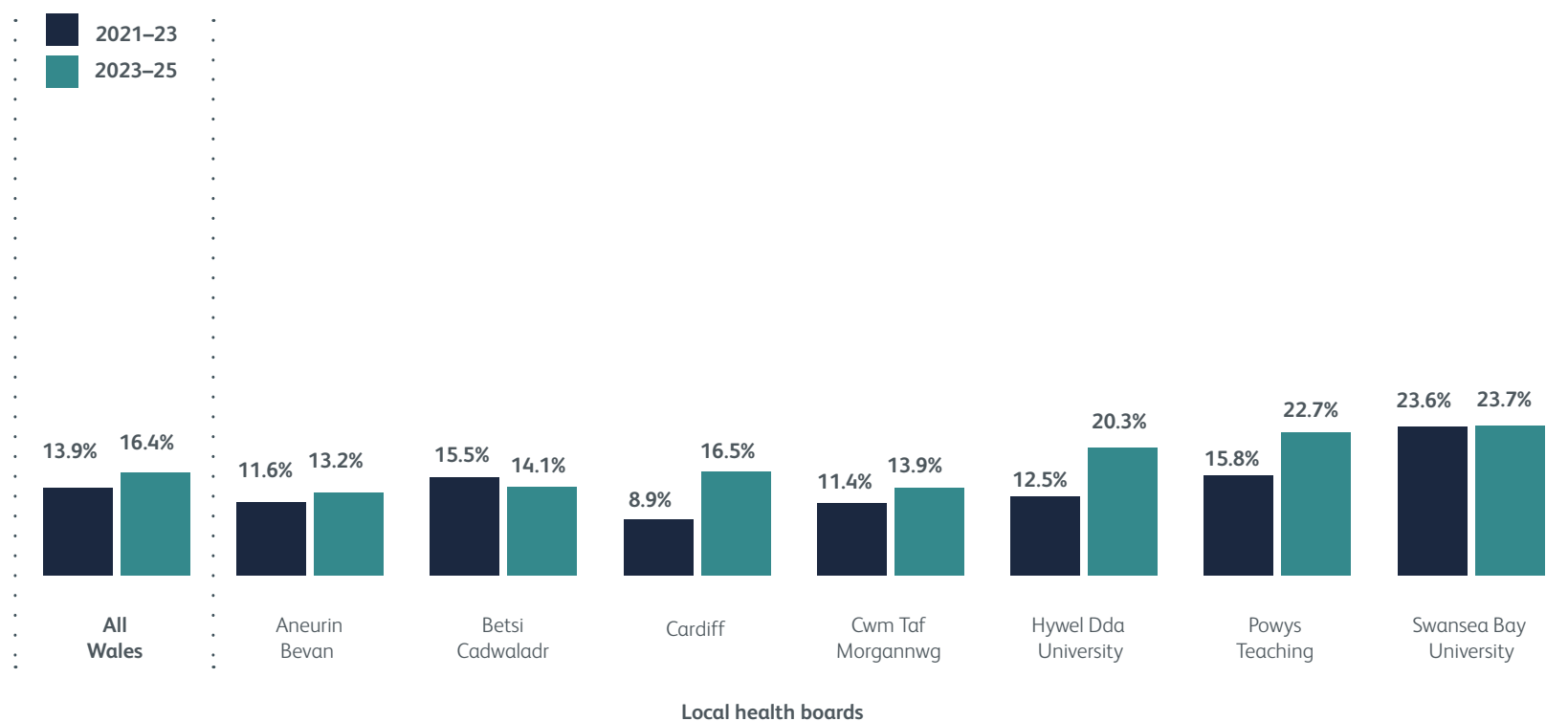
Increase referral to pulmonary rehabilitation (PR) – patients with COPD

2021–23 recommendation

LHBs should provide training resources and increase engagement between providers and primary healthcare practitioners to reduce the identified barriers and increase referral to pulmonary rehabilitation (PR) for appropriate patients with COPD to 70% by July 2025.

Datapoint for comparison

Patients with COPD who are breathless (MRC score 3–5) and have been referred to pulmonary rehabilitation in the last 3 years.



Recommendation 1

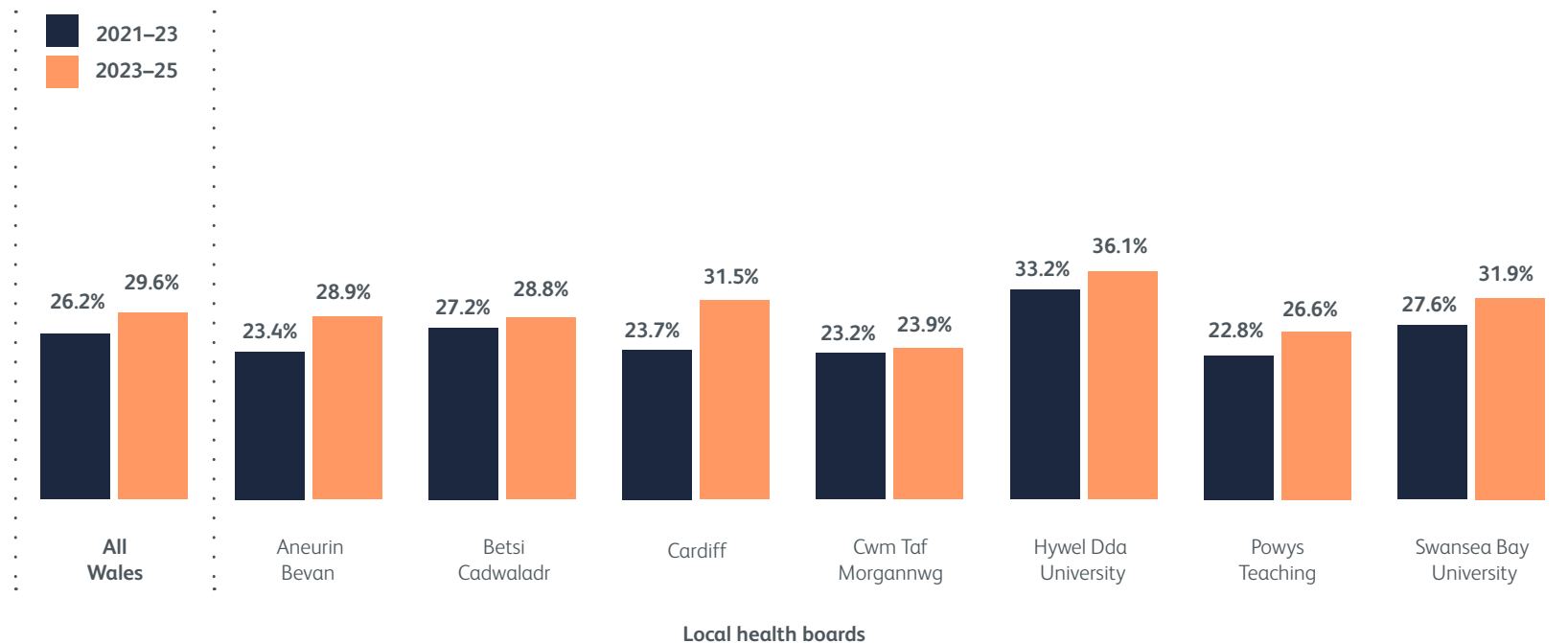
Improve recording of data – patients with COPD

Recommendation

By July 2027, LHBs should have embedded comprehensive data collection procedures in place in primary care to ensure that complete robust data is collected. Specifically, this should include asking every patient about their smoking and vaping status at each opportunity and having this routinely recorded. Everybody who smokes should be offered Very Brief Advice and clear support to quit, including referral to Help Me Quit Wales, with this clearly recorded. This is essential to improving respiratory outcomes and driving Wales toward its 2030 smoke-free ambition.⁵

Recommendation datapoint

Patients with COPD that did not have a record of their smoking status in the past 15 months.



Recommendation 1

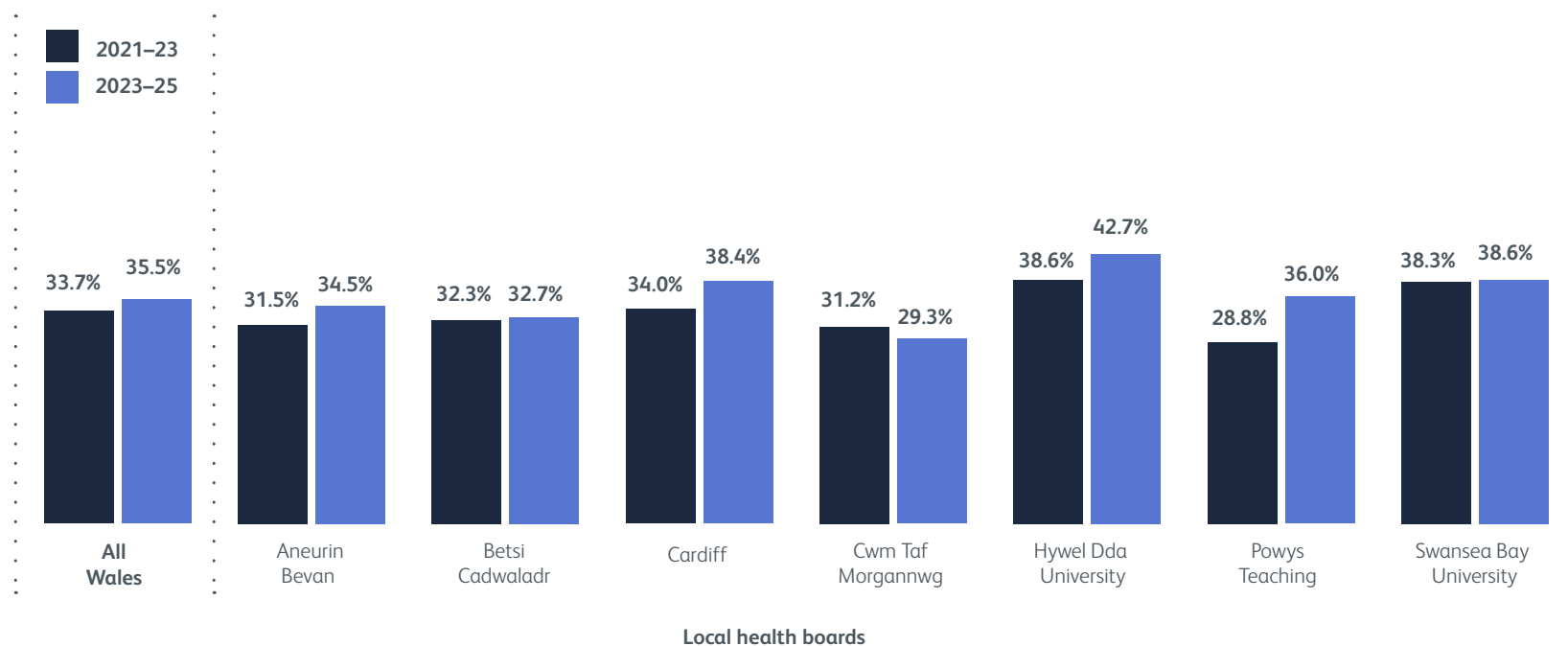
Improve recording of data – adult patients with asthma

Recommendation

By July 2027, LHBs should have embedded comprehensive data collection procedures in place in primary care to ensure that complete robust data is collected. Specifically, this should include asking every patient about their smoking and vaping status at each opportunity and having this routinely recorded. Everybody who smokes should be offered Very Brief Advice and clear support to quit, including referral to Help Me Quit Wales, with this clearly recorded. This is essential to improving respiratory outcomes and driving Wales toward its 2030 smoke-free ambition.⁵

Recommendation datapoint

Adults with asthma that did not have a record of their smoking status in the past 15 months



Recommendation 1

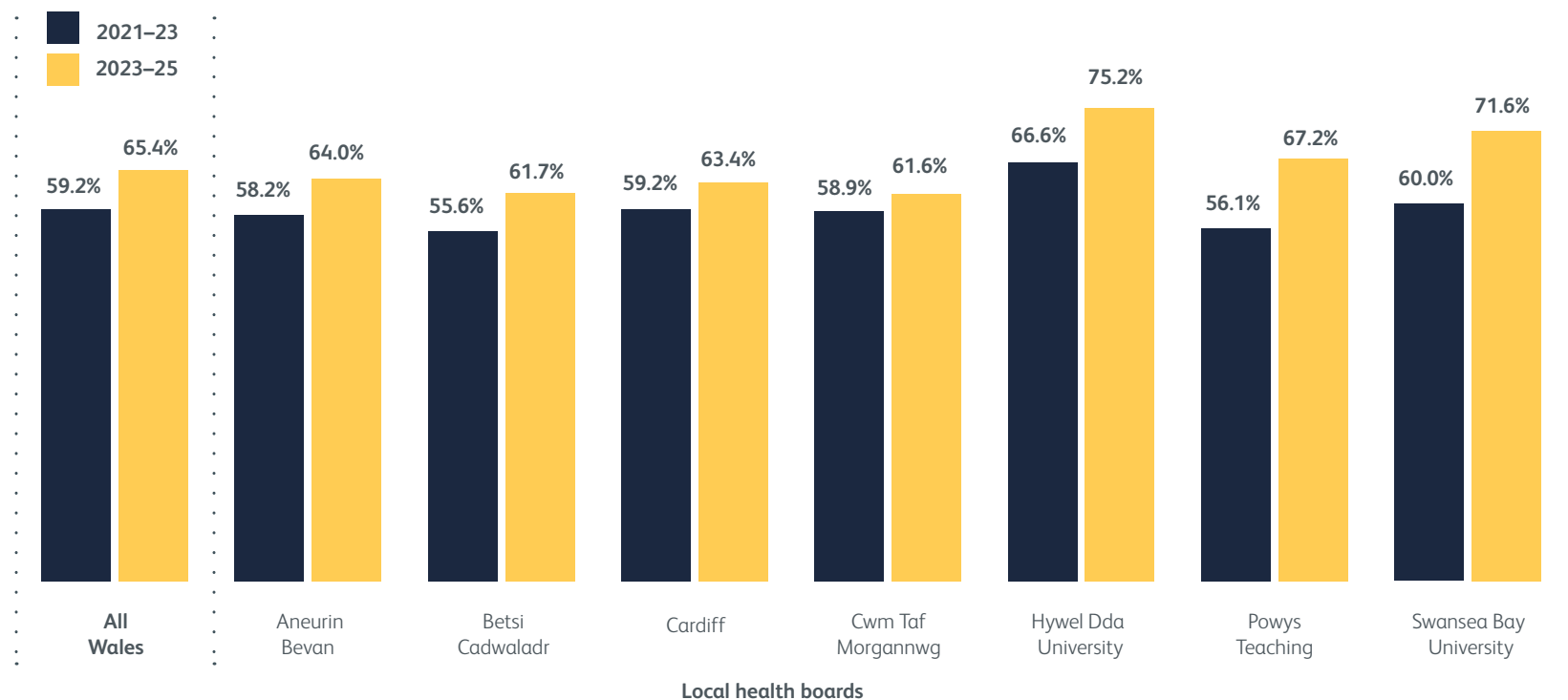
Improve recording of data – children and young people with asthma aged (aged 14–18 years)

Recommendation

By July 2027, LHBs should have embedded comprehensive data collection procedures in place in primary care to ensure that complete robust data is collected. Specifically, this should include asking every patient about their smoking and vaping status at each opportunity and having this routinely recorded. Everybody who smokes should be offered [Very Brief Advice](#) and clear support to quit, including referral to [Help Me Quit Wales](#), with this clearly recorded. This is essential to improving respiratory outcomes and driving Wales toward its 2030 smoke-free ambition.⁵

Recommendation datapoint

Children and young people (aged 14–18 years) with asthma that did not have a record of their smoking status recorded in the past 15 months.



Recommendation 1

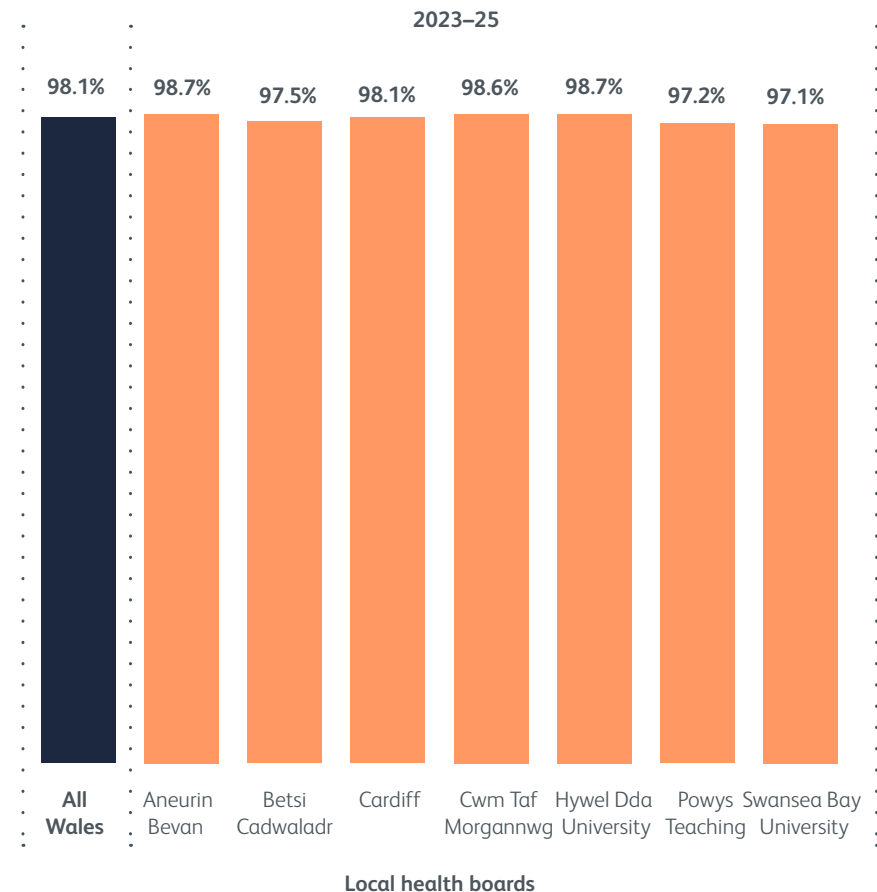
Improve recording of data – patients with COPD

Recommendation

By July 2027, LHBs should have embedded comprehensive data collection procedures in place in primary care to ensure that complete robust data is collected. Specifically, this should include asking every patient about their smoking and vaping status at each opportunity and having this routinely recorded. Everybody who smokes should be offered Very Brief Advice and clear support to quit, including referral to Help Me Quit Wales, with this clearly recorded. This is essential to improving respiratory outcomes and driving Wales toward its 2030 smoke-free ambition.⁵

Recommendation datapoint

Patients with COPD that did not have a record of their vaping status in the past 15 months.



Recommendation 1

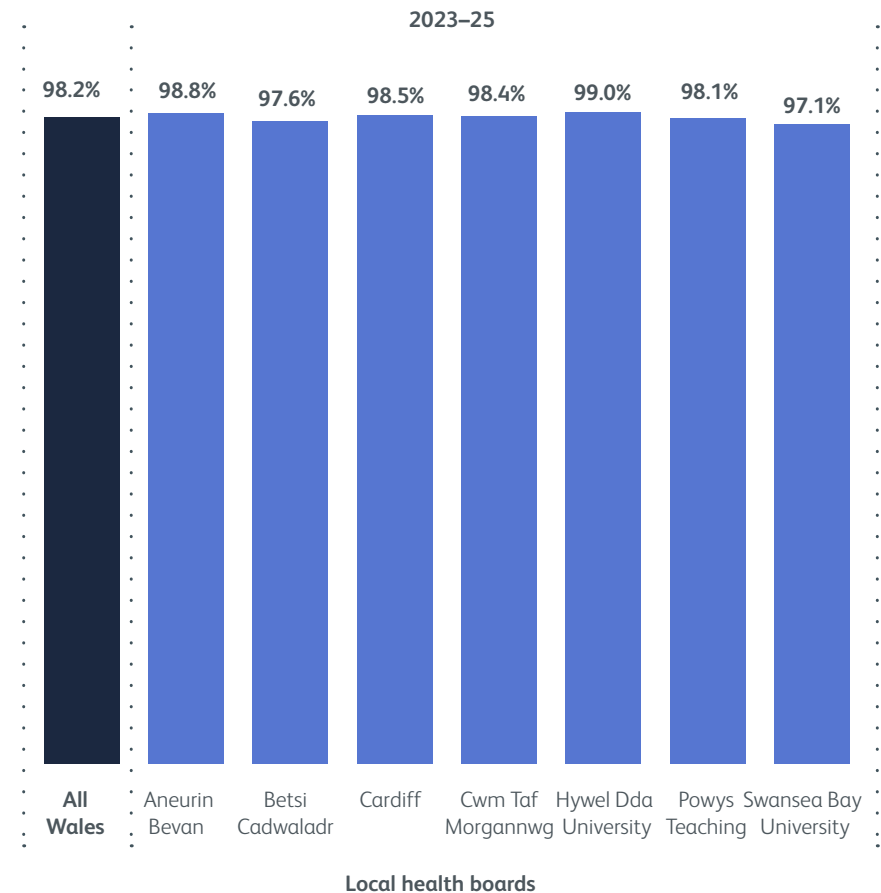
Improve recording of data – adult patients with asthma

Recommendation

By July 2027, LHBs should have embedded comprehensive data collection procedures in place in primary care to ensure that complete robust data is collected. Specifically, this should include asking every patient about their smoking and vaping status at each opportunity and having this routinely recorded. Everybody who smokes should be offered Very Brief Advice and clear support to quit, including referral to Help Me Quit Wales, with this clearly recorded. This is essential to improving respiratory outcomes and driving Wales toward its 2030 smoke-free ambition.⁵

Recommendation datapoint

Adults with asthma that did not have a record of their vaping status recorded in the past 15 months.



Recommendation 1

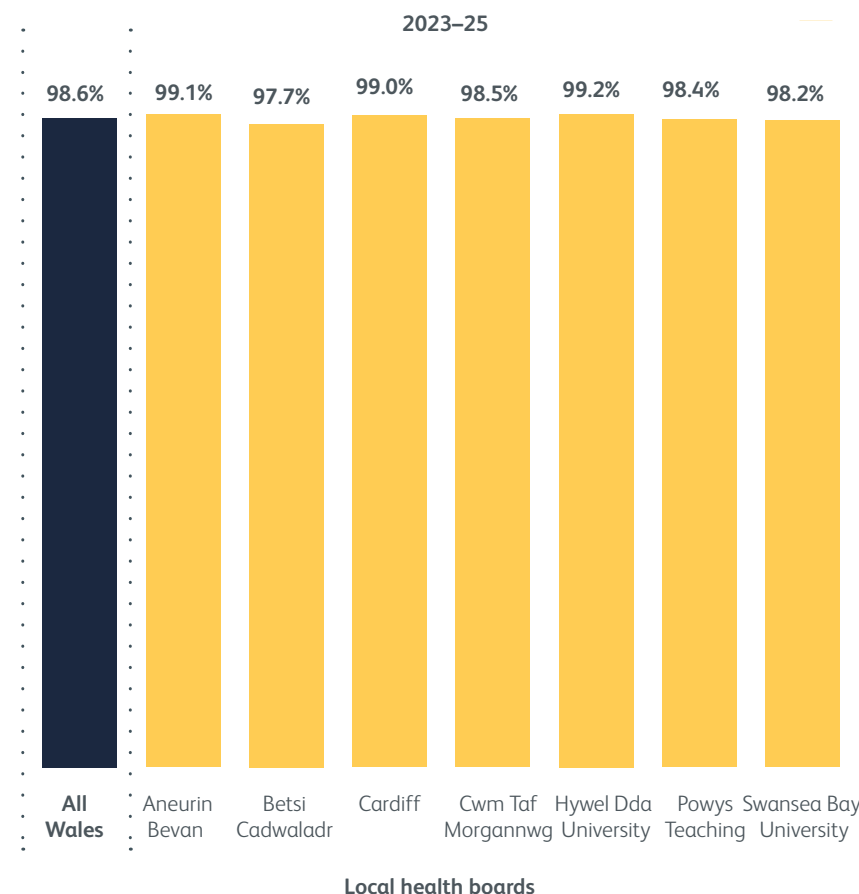
Improve recording of data – children and young people with asthma (aged 14–18 years)

Recommendation

By July 2027, LHBs should have embedded comprehensive data collection procedures in place in primary care to ensure that complete robust data is collected. Specifically, this should include asking every patient about their smoking and vaping status at each opportunity and having this routinely recorded. Everybody who smokes should be offered [Very Brief Advice](#) and clear support to quit, including referral to [Help Me Quit Wales](#), with this clearly recorded. This is essential to improving respiratory outcomes and driving Wales toward its 2030 smoke-free ambition.⁵

Recommendation datapoint

Children and young people (aged 14–18 years) with asthma that did not have a record of their vaping status recorded in the past 15 months.



Recommendation 1

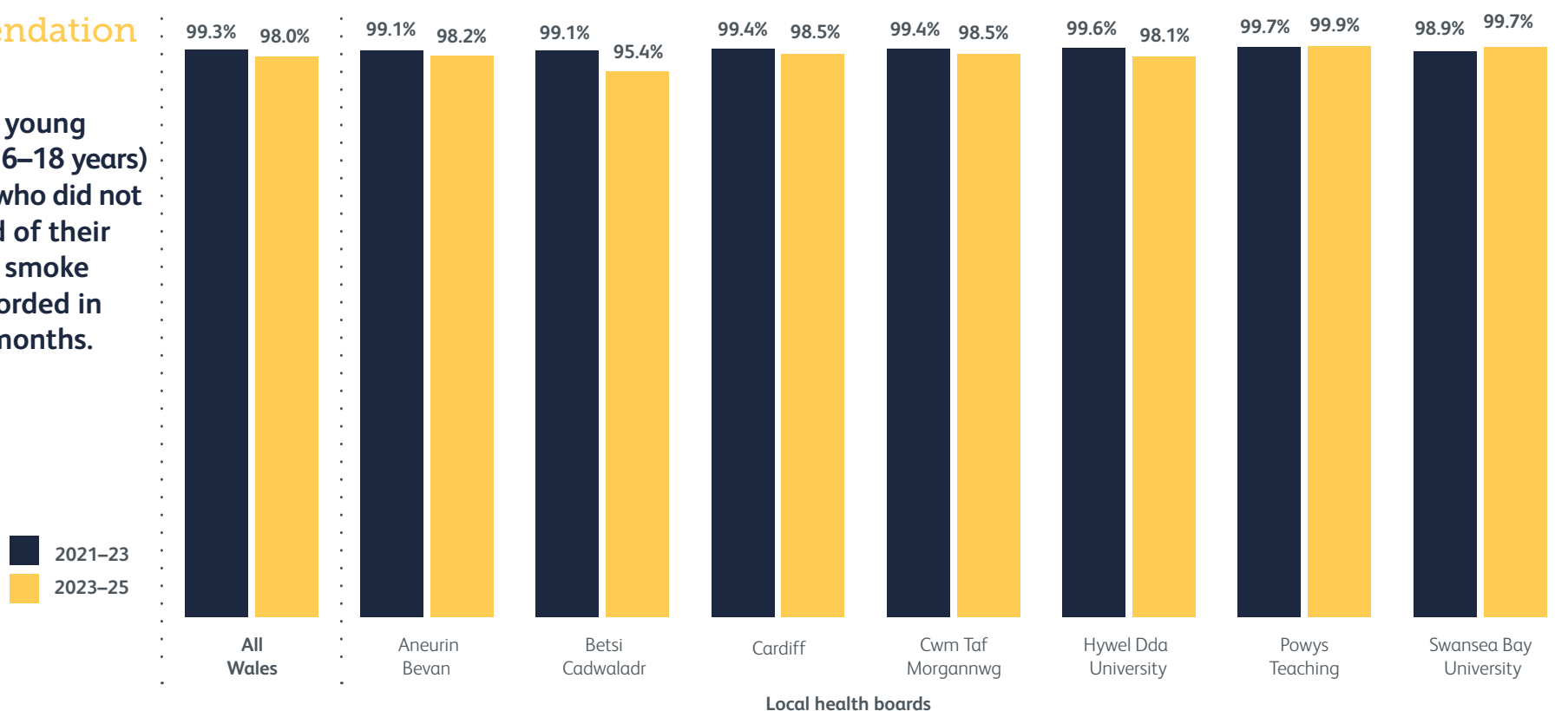
Improve recording of data – children and young people with asthma (aged 6–18 years)

Recommendation

By July 2027, LHBs should have embedded comprehensive data collection procedures in place in primary care to ensure that complete robust data is collected. Specifically, this should include asking every patient about their smoking and vaping status at each opportunity and having this routinely recorded. Everybody who smokes should be offered [Very Brief Advice](#) and clear support to quit, including referral to [Help Me Quit Wales](#), with this clearly recorded. This is essential to improving respiratory outcomes and driving Wales toward its 2030 smoke-free ambition.⁵

Recommendation datapoint

Children and young people (aged 6–18 years) with asthma who did not have a record of their second-hand smoke exposure recorded in the past 15 months.



Recommendation 2

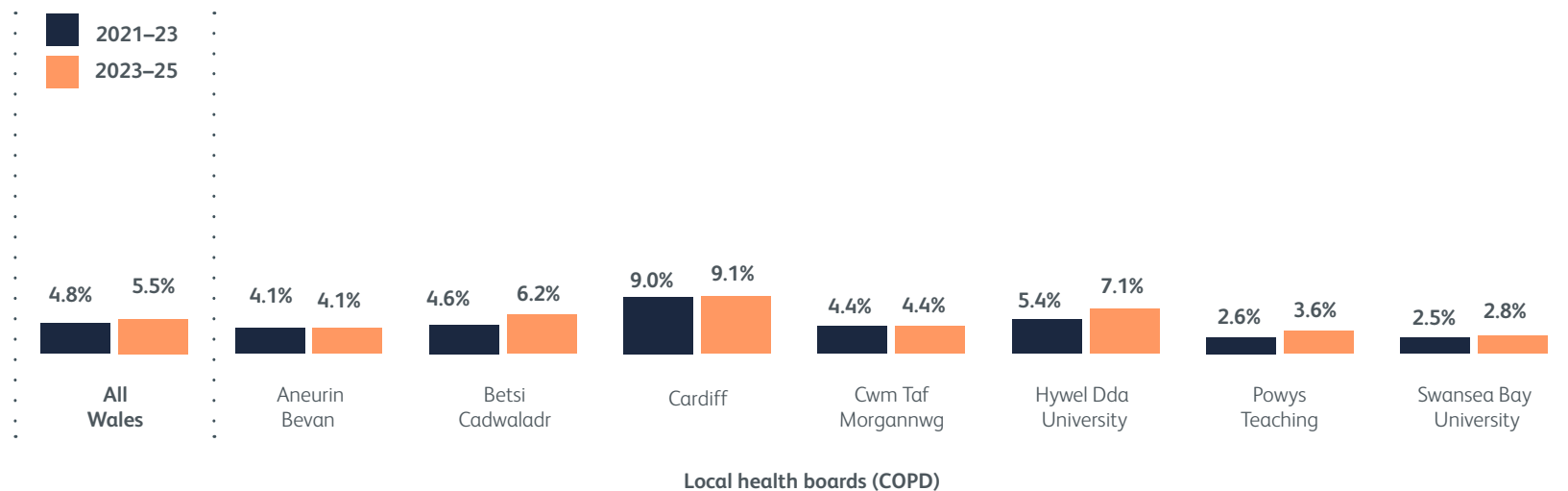
Strengthen healthcare improvement initiatives and system collaboration

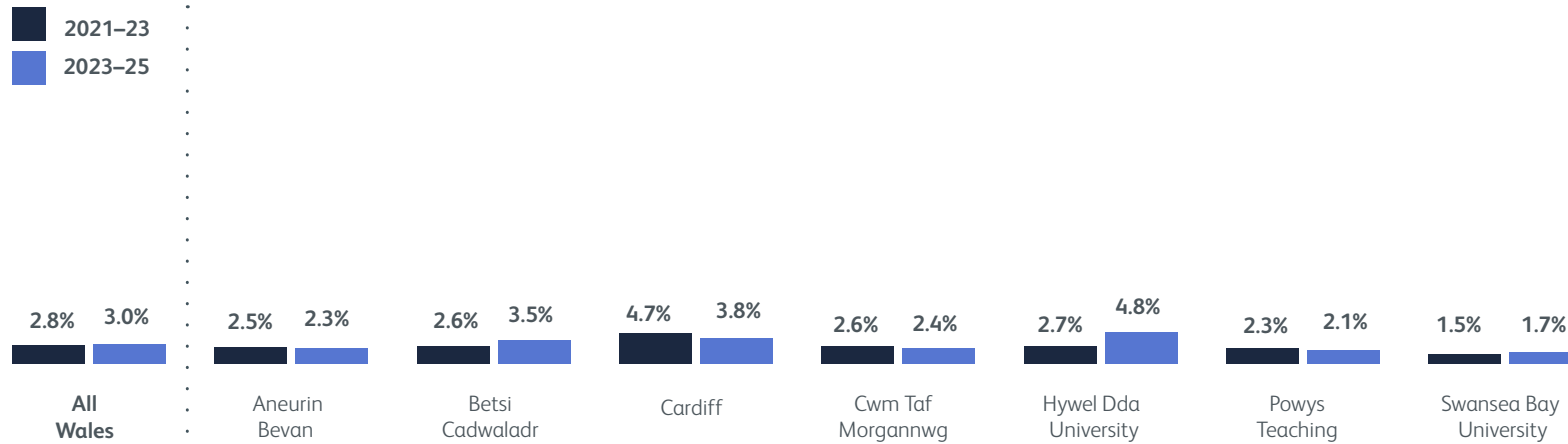
HI goal

By July 2027, LHBs should have embedded comprehensive data collection procedures in place in primary care to ensure that complete robust data is collected. Specifically, this should include asking every patient about their smoking and vaping status at each opportunity and having this routinely recorded. Everybody who smokes should be offered Very Brief Advice and clear support to quit, including referral to Help Me Quit Wales, with this clearly recorded. This is essential to improving respiratory outcomes and driving Wales toward its 2030 smoke-free ambition.⁵

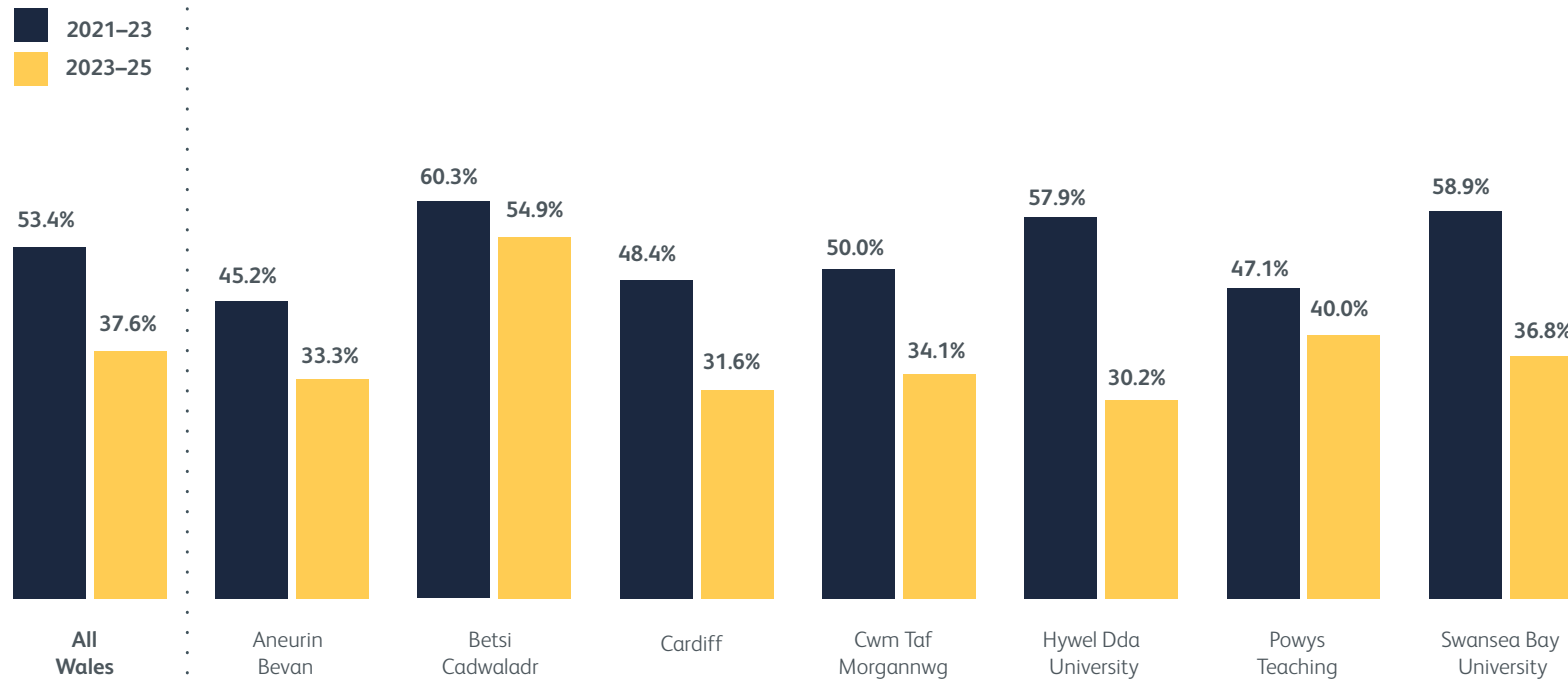
Recommendation datapoint

Current smokers who received or had a referral to a Behaviour Change Intervention service and/or a stop smoking drug prescribed in the last 15 months.





Local health boards (Adults with asthma)



Local health boards (Children with asthma (14-18 years old))

The Royal College of Physicians (RCP)

The RCP plays a leading role in the delivery of high-quality patient care by setting standards of medical practice and promoting clinical excellence. The RCP provides physicians in over 30 medical specialties with education, training and support throughout their careers. As an independent charity representing 40,000 fellows and members worldwide, the RCP advises and works with the government, patients, allied healthcare professionals and the public to improve health and healthcare.

Healthcare Quality Improvement Partnership (HQIP)

The National Respiratory Audit Programme (NRAP) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and funded by NHS England and the government of Wales as part of the National Clinical Audit and Patient Outcomes Programme.

National Respiratory Audit Programme (NRAP)

The 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. Find out more about the NRAP visit our [website](#).

Acknowledgements

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