



National Respiratory Audit Programme (NRAP)

Outliers Policy

Version 2.0 February 2026

1. Purpose

This document outlines how the National Respiratory Audit Programme (NRAP) will identify, manage and communicate outliers across the programme, to improve participation and support healthcare quality improvement.

This policy will be made available to participating organisations to prepare them for outlier reporting. The [HQIP Outlier Guidance Document](#) has been used as a basis for this policy.

2. Principles for managing potential outliers

2.1 Outlier indicators

We have identified participation as the central performance indicator for outlier analysis which apply across the four clinical audits (adult asthma; children and young person's asthma; COPD; pulmonary rehabilitation) within NRAP. The below indicators will be applied to annual data extracted for use in national reporting.

Non-participation in the audit:

- Identification and reporting of providers who do not participate in one or more of the NRAP clinical audits over an annual cohort period
- Non-participation for NRAP means:
 - a provider has not registered with an audit for which it is eligible
 - or that a registered provider has failed to enter a single patient record into the respective audit where it had eligible cases in any annual cohort (cohort definitions are outlined below).
 - For the 2024/2025 cohort the minimum requirement will remain as 1 record, however for 2025/2026 this will be increased to 10 records
- Eligible acute providers will be determined as all those who are shown as having 60* or more eligible cases during the cohort period within Hospital Episode Statistics (HES) or Patient Episode Database for Wales (PEDW)
- All current PR providers are required to be registered with the NRAP audit. All PR services known to NRAP, by having registered on the webtool, will therefore be deemed as eligible to participate. NRAP does not have access to any external mechanisms for provider identification.
- A provider may therefore be identified and reported as an outlier for non-participation in more than one NRAP clinical audit.

2.2 Clinical indicators

A number of clinical indicators have previously been considered for NRAP. However, at this stage we are not able to apply an outlier analysis to clinical indicators due to the low levels of case ascertainment across the audits.

** Version 1.0 of the outlier policy used 10 or more eligible cases as identified through HES or PEDW data as a baseline for service identification. This has subsequently been changed to 60 cases across a cohort period based on the approximation of 5 cases per month would be small number suppressed and not visible on NRAP run charts or benchmarking tables.*

2.3 Identification of outliers

We will identify non-participating providers by reviewing the participating services reported in the NRAP State of the Nation data files, within the agreed cohort periods. These hospitals lists will be compared with HES and PEDW for the same cohort period to identify all providers eligible to participate in NRAP secondary care audits. Non-participation in the pulmonary rehabilitation audit will be identified by insights from our annual case ascertainment survey and engagement with health systems.

The cohorts used for outliers will align with financial years and therefore the existing NRAP national reporting. The next cohort for outliers will be for cases relating to patients admitted to hospital or assessed for pulmonary rehabilitation 1 April 2024 and 31 March 2025, and will continue in subsequent financial years. To participate in NRAP providers must have entered data for this first cohort into the webtool in the following timelines:

- 1 April 2024 to 10 May 2025 for adult asthma, COPD and children and young people asthma
- 1 April 2024 to 2 August 2025 for pulmonary rehabilitation.

2.4 Management of a potential outlier

The outlier policy will be delivered alongside the existing NRAP service participation strategy. Providers registered with NRAP will be notified of their potential outlier status within the data deadline communications, and given opportunity to begin inputting appropriate and complete data.

All non-participating providers identified at the end of the period through this process will be considered an 'alarm' level outlier. Alarm level, as defined by HQIP, refers solely to the required actions to follow for providers who are outliers in non-participation.

As outliers are defined as alarm level, NRAP will follow the process below, working with providers and key stakeholders as required:

Stage	What action?	Owner
1	<p>Contact healthcare provider lead clinician, prior to sending written notification of confirmed non-participation outliers to healthcare provider CEO and copied to healthcare provider lead clinician and medical director. The letter will include a request circulate this letter to the appropriate people in the trust/health board within 5 working days.</p> <p>In England, the letter will request that the Trust engage with their CQC local team. NRAP will notify the CQC using the outlier template, including HQIP</p>	NRAP

	<p>into the email. All three organisations should confirm receipt of the notification. The CQC will provide NHS England with a quarterly report of all outliers that have been notified to CQC.</p> <p>In Wales, NRAP will notify the Welsh Government, including HQIP into the email.</p>	
2	<p>NRAP will include the comparative information that identifies providers as non-participation outliers within the outliers report. Where NRAP have received a response from the provider, or no response, this will be included within the outliers report.</p> <p>In Wales, the provider will acknowledge receipt over email. The provider CEO will be informed that the comparative information that identified them as a non-participation outlier within the outliers report. If no acknowledgement received, NRAP will send a reminder letter to the provider CEO, copied to the Welsh Government and HQIP. If not received within 15 days, Welsh Government will be notified of non-compliance, in consultation with HQIP.</p>	<p>NRAP</p> <p>Provider and NRAP</p>

The results of the annual outlier analysis will be published within the outliers report 2026. .

2.5 Data quality, completeness and accuracy

The focus of this outliers policy is to encourage increased participation in NRAP, which will facilitate greater improvement in respiratory services in England and Wales. One of the key aims is therefore to improve data completeness within NRAP.

We have considered the following points about data quality, completeness and accuracy.

Case ascertainment (meaning the number of patients included in the audit compared to the number of eligible patients) impacts on the representativeness of our results. The current levels of case ascertainment for NRAP are below:

Workstream	Case ascertainment for 2024-2025
Adult asthma	49.4%
CYPA	74.5 %
COPD	52.2%
PR	74.9%



We continue to work with providers to improve case ascertainment across NRAP. We are working to further understand our case ascertainment and have an ambition to be able to include low case ascertainment as an outlier, and to set future thresholds of case ascertainment which will allow us to identify outliers in clinical performance too. This outlier policy will be updated as and when this is possible.