

Organisational audit 2024

NRAP clinical team

Monday 10 February 2025



Royal College
of Physicians

National Respiratory Audit
Programme (NRAP)

Commissioned by



HQIP

Healthcare Quality
Improvement Partnership

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Welcome / housekeeping

- > Session is being recorded and will be available via the RCP website
- > Slide deck will be uploaded to the report webpage following session
- > Microphone – please mute
- > Cameras on or off – your call
- > Place your questions in the chat – short Q&A section towards end of session
- > 1 hr 15 mins – aim to finish at 3pm

Today's presenters



Dr Irem Patel
NRAP COPD
clinical lead



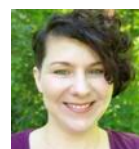
Professor Ian Sinha
NRAP CYP asthma
clinical lead



Dr George Nava
NRAP adult asthma
clinical fellow



Professor James Dodd
NRAP adult asthma
clinical lead



Aleksandra Gawlik-Lipinski
NRAP CYP asthma
clinical fellow

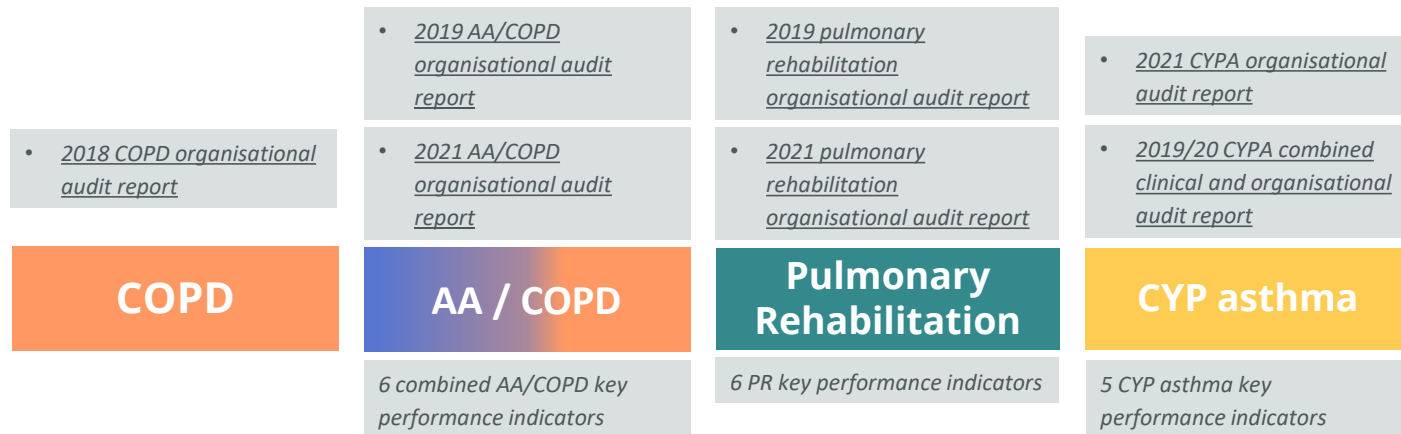


Professor Sally Singh
NRAP pulmonary rehabilitation
clinical lead

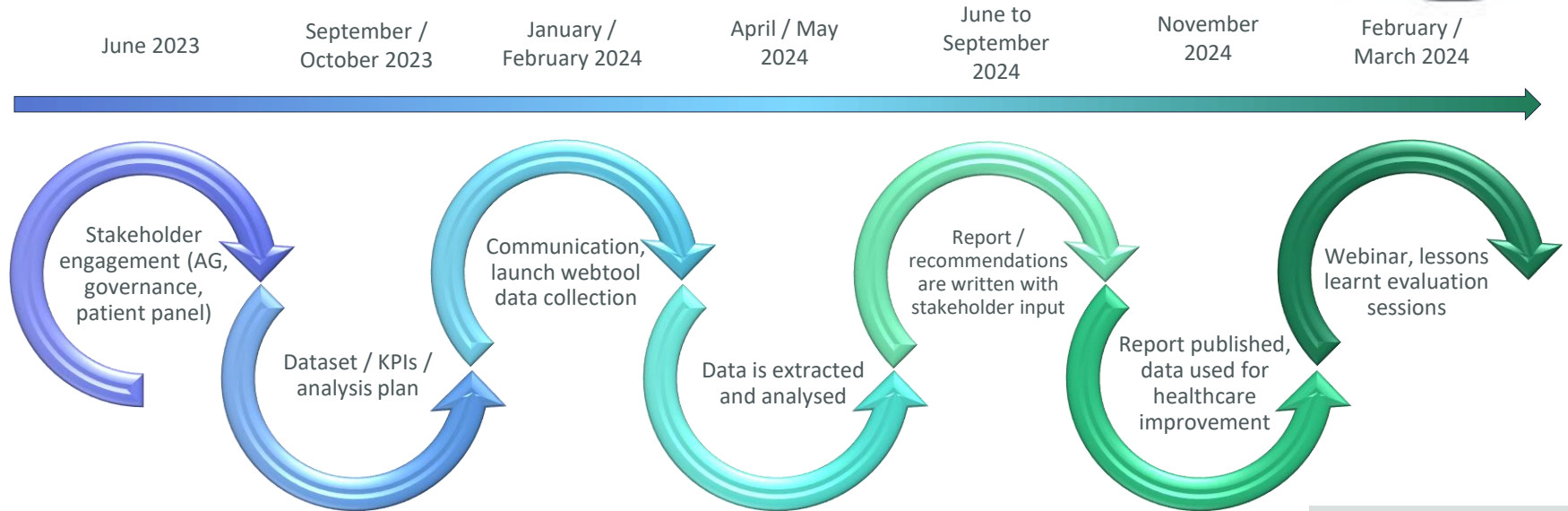


Holly Drover
NRAP pulmonary rehabilitation
clinical fellow

Organisational audit evolution



Organisational audit timelines



Audit participation, engagement and geographical coverage

This report has been compiled using data from the hospitals and PR services in England and Wales that submitted their organisational data to the National Respiratory Audit Programme's organisational audit in 2024*. The participating organisations were as follows:

Participating hospitals/services per region		East of England total	London total	Midlands total	North East and Yorkshire total	North West total	South East total	South West total	Wales total
CYPA	Participated	11	21	19	23	22	18	10	5
	Registered	18	28	25	27	22	24	13	11
AA/COPD	Participated	12	25	19	20	21	19	13	7
	Registered	19	29	28	30	25	26	18	17
PR	Participated	17	26	21	28	27	24	11	6
	Registered	19	29	28	29	29	25	19	9

Participating integrated care boards / local health boards per region		East of England total	London total	Midlands total	North East and Yorkshire total	North West total	South East total	South West total	Wales total
CYPA	Participated	6	5	11	4	3	6	6	3
	Registered	6	5	11	4	3	6	7	7
AA/COPD	Participated	6	5	10	4	3	5	7	4
	Registered	6	5	11	4	3	6	7	7
PR	Participated	6	5	10	4	3	6	6	4
	Registered	6	5	11	4	3	6	7	7

Children and young people's asthma **76.8% of eligible hospitals submitted complete data (129/168)**

Adult asthma/COPD **70.8% of eligible hospitals submitted complete data (136/192)**

Pulmonary rehabilitation **85.6% of eligible services submitted complete data (160/187)**

* Only services registered with NRAP were able to provide data to the organisational audit.

A small number of services submitted partially completed data into the audit. These data were not able to be incorporated into the report.

NRAP Organisational audit 2024

What is available?

- > Main summary report
- > Individual workstream data deep dive
 - > Adult asthma
 - > COPD
 - > CYP asthma
 - > Pulmonary rehabilitation



Audit Active 14/11/24

NRAP organisational audit 2022-24

The NRAP organisational audit report 2024 details information on the resourcing and organisation of asthma and COPD care in hospitals, and PR services in England and Wales. The data collection for the audit ran from 26 February to 29 March 2024. The audit collected cohort data from 1 April 2022 to 31 March 2023 for admissions information, and here static data snapshots were required, for example number of beds, this was taken from September 2023. Staffing information was contemporaneous snapshot of the data from early 2024. The report uses wholly completed data submitted from 425 hospitals/services in England and Wales. This report includes five national recommendations relevant to key decision makers and commissioners.

Report

- NRAP organisational audit report 2024: full report
- NRAP organisational audit report 2024: single page summary

Data deep dive reports

- CYP asthma organisational audit 2024: data deep dive
- Adult asthma organisational audit 2024: data deep dive
- COPD organisational audit 2024: data deep dive
- PR organisational audit 2024: data deep dive

- Additional resources
- Benchmarked key performance indicator data files
- Full audit data files
- Raw data files for analysis

NRAP Organisational audit 2024

What is available?

- > Full data files
- > Layered (national / regional / ICS / LHB / hospital / service level) key performance indicator data files

NRAP adult asthma and COPD organisational audit 2024: ICS/LHB and hospital level achievement against key performance indicators (KPIs)

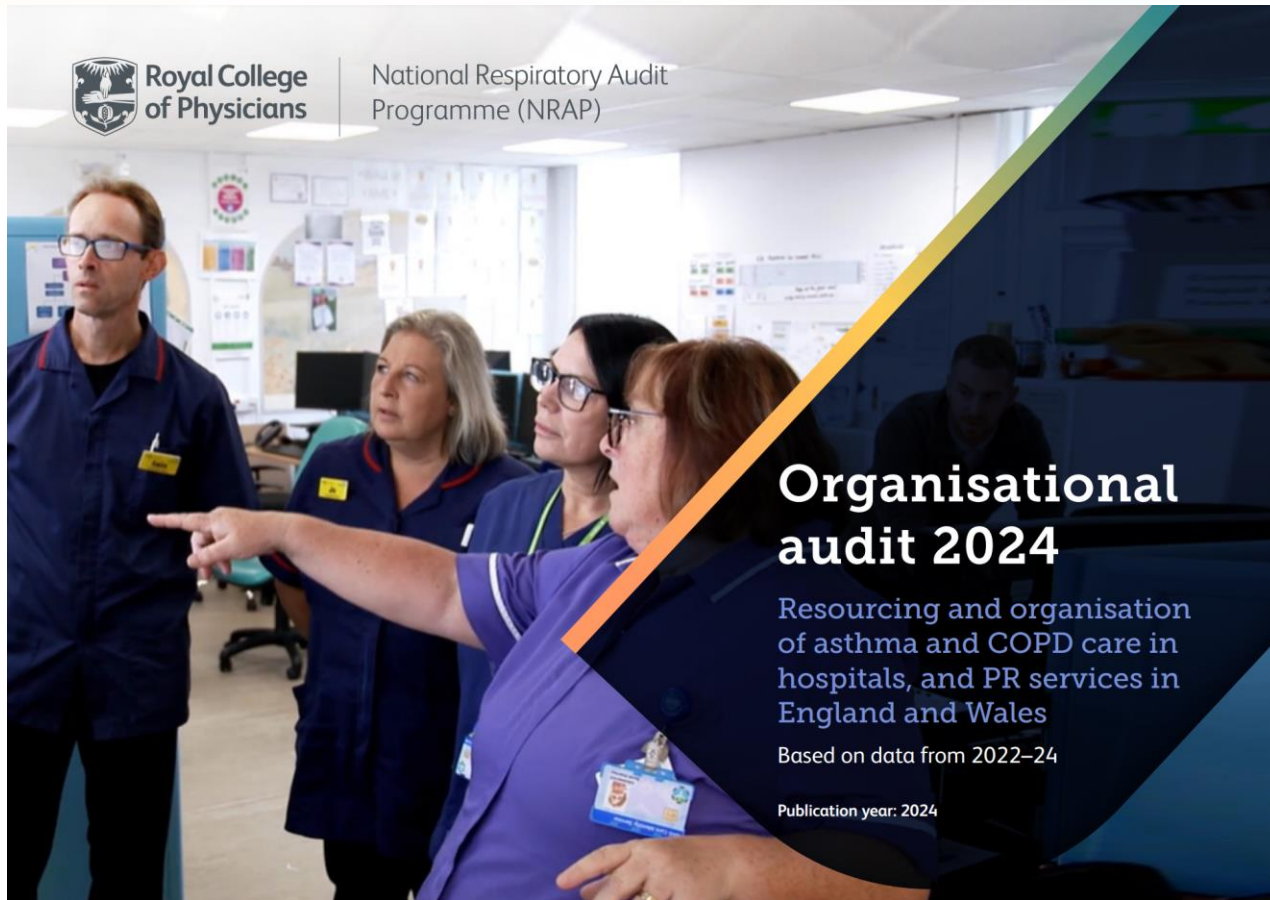
Region	Integrated Care System (ICS) / Local Health Board (LHB)	Hospital name	KPIs																	
			Hold a 7-day respiratory specialist advice available to all patients people with an asthma/COPD exacerbation	Have designated clinical leads in place for both asthma and COPD	Ensure pulmonary rehabilitation (PR) services are available to people with COPD within 30 days of discharge (COPD only)	Hold a weekly multidisciplinary team (MDT) meeting between hospital and community for people with COPD (COPD only)	Have a transition service in place for children and young people moving to adult asthma services (asthma only)	Provide access to a severe asthma service (asthma only)												
			n	d	%	n	d	%	n	d	%	n	d	%	n	d	%			
All (n = 194)			64	186	47.1	111	116	81.6	58	116	49.1	54	116	39.7	55	116	40.4	115	119	95.3
England (n = 159)			64	119	49.6	109	119	92.2	56	119	45	51	119	39.5	54	119	41.9	119	119	99.2
Wales (n = 2)			0	2	0	2	2	100.0	0	2	0	0	2	0	1	2	50.0	2	2	100.0
Midland			7	17	54.7	10	12	83.3	7	12	58.3	5	12	41.7	3	12	25.0	3	12	25.0
East of England	Bedfordshire, Luton and Milton Keynes	Bedford Hospital	Yes			Yes		Yes		No		No		Yes						
East of England	Bedfordshire, Luton and Milton Keynes	Luton & Dunstable Hospital	Yes			Yes		No		No		Yes		Yes						
East of England	Bedfordshire, Luton and Milton Keynes	Luton & Dunstable Hospital	2	2	100.0	2	2	100.0	2	2	100.0	0	2	0.0	1	2	50.0	2	2	100.0
East of England	Cambridgeshire and Peterborough	Hinchingbrooke Hospital	No			Yes		No		Yes		No		Yes						
East of England	Cambridgeshire and Peterborough	Hinchingbrooke Hospital	0	1	0.0	1	1	100.0	0	1	0.0	1	1	100.0	0	1	0.0	1	1	100.0
East of England	Cambridgeshire and West Essex	Wardour General Hospital	No			Yes		No		No		No		Yes						
East of England	Mid and South Essex	Baldwin Hospital	0	1	0.0	1	1	100.0	1	1	100.0	1	1	100.0	0	1	0.0	1	1	100.0
East of England	Mid and South Essex	Brownfield, Chelmsford	Yes			Yes		Yes		Yes		Yes		Yes						
East of England	Mid and South Essex	Southern Hospital	Yes			Yes		Yes		Yes		Yes		Yes						
Midland South East			3	3	100.0	2	3	66.7	2	3	66.7	2	3	66.7	0	3	0.0	3	3	100.0
East of England	Northfolk and Weymouth Partnership	James Paget Hospital	No			No		No		No		No		Yes						
East of England	Northfolk and Weymouth Partnership	Northfolk and Norwich Hospital	Yes			Yes		No		No		No		Yes						
East of England	Northfolk and Weymouth Partnership	Northfolk and Norwich Hospital	1	1	100.0	1	1	100.0	0	1	0.0	1	1	100.0	0	1	0.0	1	1	100.0
East of England	Suffolk and North East Essex	Colchester General Hospital	Yes			Yes		Yes		Yes		Yes		Yes						
East of England	Suffolk and North East Essex	The Ipswich Hospital	No			No		0		0.0	1	1	100.0	0	1	0.0	1	1	100.0	
East of England	Suffolk and North East Essex	West Suffolk Hospital	No			Yes		No		No		No		Yes						
East of England	Suffolk and North East Essex	West Suffolk Hospital	0	20	33.3	8	20	100.0	2	20	10.0	2	20	33.3	1	20	5.0	20	20	100.0
London			9	26	64.0	30	24	88.0	18	35	51.4	18	35	51.4	7	24	29.2	26	35	74.3
London	North Central London Partners in health and care	Barnet General Hospital	No			Yes		No		Yes		No		Yes						
London	North Central London Partners in health and care	Royal Free Hospital	Yes			Yes		Yes		Yes		Yes		Yes						
London	North Central London Partners in health and care	University College Hospital	No			Yes		Yes		Yes		Yes		Yes						
London	North Central London Partners in health and care	Whittington Hospital	No			Yes		Yes		Yes		Yes		Yes						
North Central London Partners in health and care			2	4	50.0	4	4	100.0	2	4	50.0	4	4	100.0	4	4	100.0	4	4	100.0
London	North East London Health & Care Partnership	King George Hospital	Yes			Yes		Yes		Yes		Yes		Yes						
London	North East London Health & Care Partnership	Queen's Hospital Royston	Yes			Yes		Yes		Yes		Yes		Yes						
London	North East London Health & Care Partnership	Royal London Hospital	Yes			Yes		Yes		Yes		Yes		Yes						
London	North East London Health & Care Partnership	Whitney Cross Hospital	No			Yes		Yes		Yes		Yes		Yes						
London	North East London Health & Care Partnership	Whitney Cross Hospital	No			Yes		Yes		Yes		Yes		Yes						
North East London Health & Care Partnership			3	5	60.0	3	5	60.0	5	5	100.0	3	5	60.0	1	5	20.0	5	5	100.0
London	North West London Integrated Care System	Chelsea and Westminster Hospital	Yes			Yes		Yes		Yes		Yes		Yes						
London	North West London Integrated Care System	West Middlesex University Hospital	No			Yes		Yes		Yes		Yes		Yes						
London	North West London Integrated Care System	Charing Cross Hospital	No			Yes		Yes		Yes		Yes		Yes						
London	North West London Integrated Care System	St Mary's Hospital, Paddington	Yes			Yes		Yes		Yes		Yes		Yes						
London	North West London Integrated Care System	Newcastle Park Hospital	No			Yes		Yes		Yes		Yes		Yes						
London	North West London Integrated Care System	Hillingdon Hospital	Yes			Yes		Yes		Yes		Yes		Yes						
North West London Integrated Care System			1	6	16.7	6	6	100.0	4	6	66.7	3	6	50.0	3	6	50.0	6	6	100.0
London	Our Heathcare South East London	Denon Valley Hospital	No			Yes		Yes		Yes		Yes		Yes						
London	Our Heathcare South East London	St Thomas Hospital	Yes			Yes		Yes		Yes		Yes		Yes						
London	Our Heathcare South East London	King's College Hospital	Yes			Yes		Yes		Yes		Yes		Yes						
London	Our Heathcare South East London	Princess Royal University Hospital (Bromley)	No			Yes		Yes		Yes		Yes		Yes						
London	Our Heathcare South East London	Queen Elizabeth Hospital, Woolwich	Yes			Yes		Yes		Yes		Yes		Yes						
London	Our Heathcare South East London	University Hospital Ladbroke	Yes			Yes		Yes		Yes		Yes		Yes						
London	Our Heathcare South East London	University Hospital Ladbroke	2	2	100.0	2	2	100.0	2	2	100.0	2	2	100.0	2	2	100.0			
London	South West London Health and Care Partnership	Exeter Hospital	No			83.3	4	6	66.7	3	6	50.0	1	6	16.7	6	6	100.0		
London	South West London Health and Care Partnership	St Victor Hospital	No			Yes		Yes		Yes		Yes		Yes						
London	South West London Health and Care Partnership	Kingdon Hospital	No			Yes		Yes		Yes		Yes		Yes						

NRAP Organisational audit 2024



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Organisational audit 2024

Resourcing and organisation
of asthma and COPD care in
hospitals, and PR services in
England and Wales

Based on data from 2022–24

Publication year: 2024

Recommendation 1 : workforce ratios

What the audit shows

1 RNS : 300 **asthma** admissions – 101/136 services = **74.3%**

1 RNS : 300 **COPD** admissions – 63/136 services = **46.3%**

Variation across services in England and Wales.

Note - services achieving the standard, the respiratory specialist(s) may not necessarily be dedicated to acute admissions

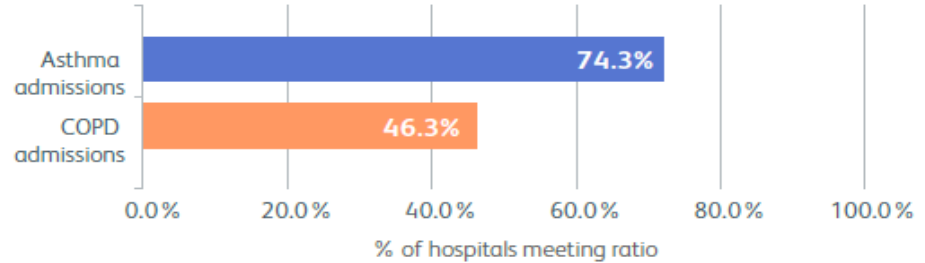


Fig 1. Services meeting 1 RNS per 300 admissions

Recommendation 1

- NHS England and the NHS in Wales should endorse appropriate respiratory workforce-to-patient ratios across England and Wales, to be achieved by 2026, in line with recommendations of Respiratory Medicine GIRFT report and British Thoracic Society workforce guidance
- ICBs and LHBs should identify any services which do not achieve the target ratios at present and prioritise resources to enable individual providers to advertise at least 75% of relevant posts to achieve the ratio by the end of March 2026
- The British Paediatric Respiratory Society (BPRS) should produce appropriate workforce ratio guidance for CYP asthma services

Recommendation 2: 7-day access to respiratory specialists

What the audit shows

Respiratory consultant availability

AA/COPD patients – 70.6% weekdays, **46.3% weekends**

Respiratory nurse specialist availability

AA patients – 92.6% weekdays, **32.4% weekends**
COPD patients – 93.4% weekdays, **22.1% weekends**
CYPA patients – 72.1% weekdays, **0.8% weekends**



Fig 2. Services with respiratory nurse specialists at weekends

Recommendation 2

ICBs and LHBs to support services to achieve the following by the end of March 2026:

- Where demand exists, hospitals to have a respiratory consultant available 7 days a week* to advise and review adult patients admitted with an asthma/COPD exacerbation
- All hospitals to have a respiratory nurse specialist onsite 7 days a week* available to review all (adult and CYP) patients admitted with asthma/COPD exacerbations

* *Not necessarily 24 hours a day*

Recommendation 3: CYP asthma transition services

What the audit shows
One good practice element of transition
61.2% CYP services / 40.4% AA services.
All five good practice elements of transition
10.9% CYP services / 14.7% AA services.

- Recommendation 3**
- ICBs and LHBs should identify any hospitals which do not have a formal transition service and ensure they have one in place by the end of March 2026
 - Organisations such as the Association of Respiratory Nurses (ARNS), the British Paediatric Respiratory Society (BPRS), Royal College of Paediatrics and Child Health (RCPCH) and the BTS should work together with young people to co-develop good practice guidelines, which adapt and improve current transition models to reflect and meet the needs of young people with asthma

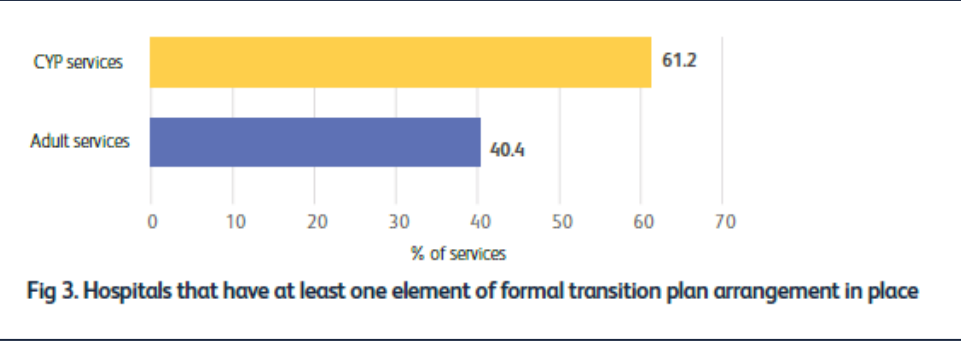


Fig 3. Hospitals that have at least one element of formal transition plan arrangement in place

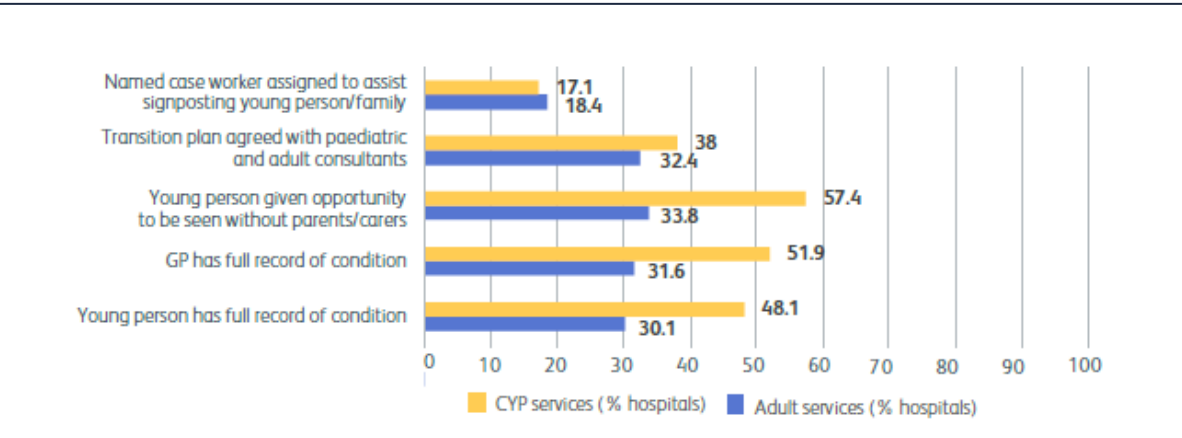


Fig 4. Elements of good practice for CYP transition

Recommendation 4: tobacco dependence support for CYP with asthma

What the audit shows

Signpost and refer CYPA patients to tobacco dependence service

44.4% services in England / 20% services in Wales

Access for CYPA patients' parent/carer to tobacco dependence service

71% services in England / 60% services in Wales

Access for both CYPA patients AND their parent/carer to tobacco dependence service

41.1% services in England / 20% services in Wales

Access for either CYPA patients OR their parent/carer to tobacco dependence service

74.2% services in England / 60% services in Wales

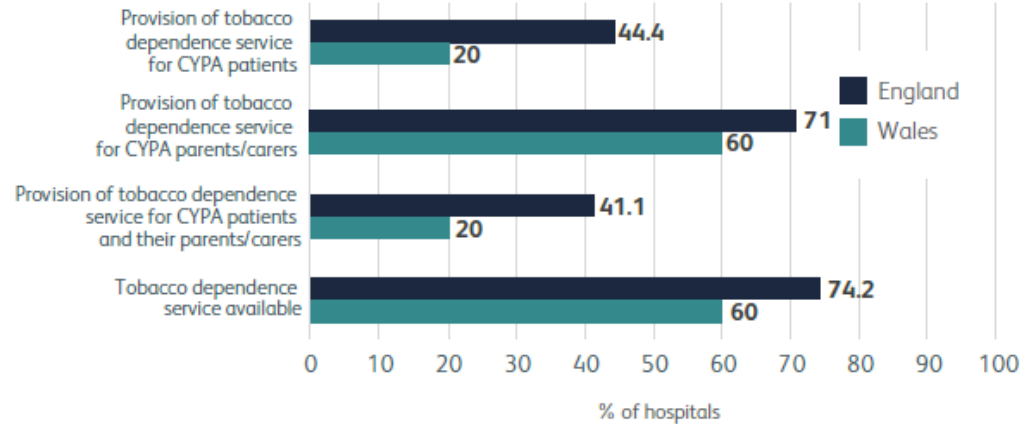


Fig 5. Access to tobacco dependence service for children and young people with asthma and their parents/carers

Recommendation 4

- All people with COPD and asthma should have access to tobacco dependence support.
- ICBs and LHBs should ensure that all children and young people admitted to hospital with asthma, and their parents and carers, have access to NHS-funded, evidence-based opt-out tobacco dependence treatment and support as part of their care

Recommendation 5: widening access to Pulmonary Rehabilitation

What the audit shows

PR services accept referrals for a range of conditions

Funding for PR

COPD – 100% of services, Asthma – 75%
ILD – 88.8% , Bronchiectasis – 89.4%

Recommendation 5

- ICBs and LHBs should support services in ensuring that all patients have timely access to a quality assured pulmonary rehabilitation including post admission
- This should include supporting services to be able to accept all chronic respiratory disease patients
- Services should work with referrers to increase awareness of increased scope and develop pathways to ensure appropriate referrals

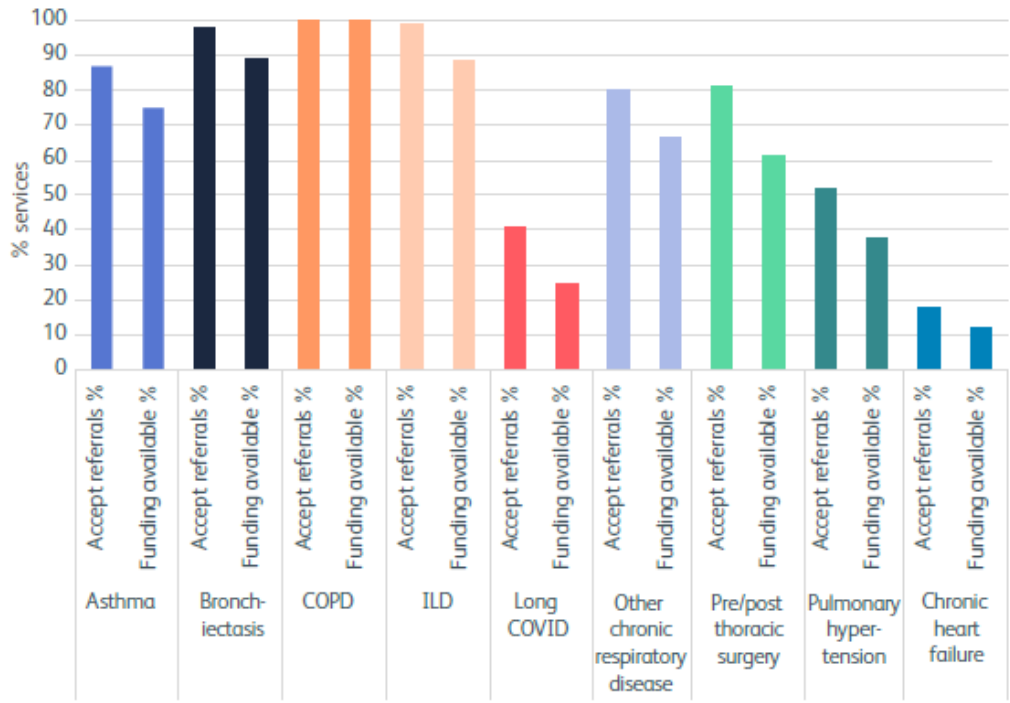


Fig 6. PR services in England and Wales reporting that they accept referrals, or have funding available, for different conditions



Summary of COPD data deep dive

Deep dive 1: access to specialist respiratory care

Deep dive 2: access to specialist tobacco dependence support

Deep dive 3: access to integrated respiratory care

COPD deep dive: access to specialist respiratory care

What the audit shows

- Only 23% COPD patients admitted to a respiratory ward (39% in 2021)
- Only 31% services have dedicated respiratory consultant on call
- 30% services no specialty triage of acute admissions to respiratory medicine
- Where specialty triage exists -70% on weekdays, only 37% at weekends
- Respiratory nurse at weekend = 32.4%
- Respiratory physiotherapist at weekend = 67%
- Access to specialist-led care outside respiratory ward limited, in particular at weekends and out of hours

Services report a ward round of new COPD admissions being undertaken by a senior respiratory decision maker (ST3 or above) on non-respiratory wards as follows:

	Medical admission unit	Non-respiratory post-acute wards
Weekdays	54 %	45 %
Weekends	20 %	13 %

Healthcare improvement: NRAP would encourage services and trusts to...

Review their data; develop agreed clinical pathway for acute COPD admissions; implement a robust process for highlighting new COPD admissions e.g. electronic alert; review workforce gaps; build on working relationship with emergency medicine teams, medical bed managers and acute medicine teams to prioritise COPD patients

COPD deep dive: access to specialist tobacco dependence support

What the audit shows

- 83.1% services tobacco dependence service available for COPD inpatients
- 94.1% services tobacco dependence service available on discharge
- However, variation in number of tobacco dependence advisers in post in hospitals (median 0.8 WTE)
- Only 53.4% of services report they have a tobacco dependence adviser in post

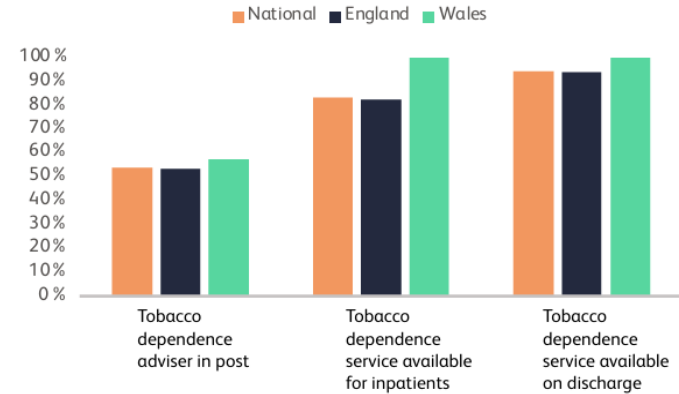


Fig 2. Tobacco dependence services for patients with COPD

Healthcare improvement: NRAP would encourage services and trusts to...

- Make sure all COPD healthcare professionals are trained in 'very brief advice' and tobacco dependence treatment
- Consider implementing NCSCT treatment bundles for tobacco dependence and BTS Clinical Statement for inpatients with COPD who smoke
- Work with ICB to access NHS Long Term Plan funding for a hospital-based smoking cessation service
- Identify a clinical lead for tobacco dependence with protected time

COPD deep dive: access to integrated care

What the audit shows

- 27-46% services – no access to early or supported discharge
- 21.3% services – no admission avoidance
- Only 38% services have regular COPD MDT
- Only 51% MDT meet weekly
- 16.8% - GPs join MDT
- Only 39% MDTs have time to plan and develop local pathways and services

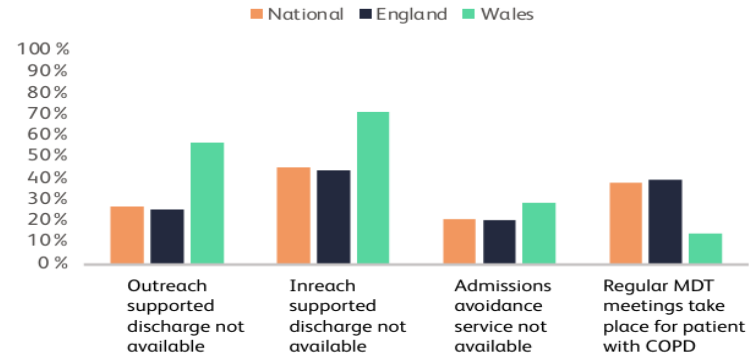


Fig 3. Integrated care service

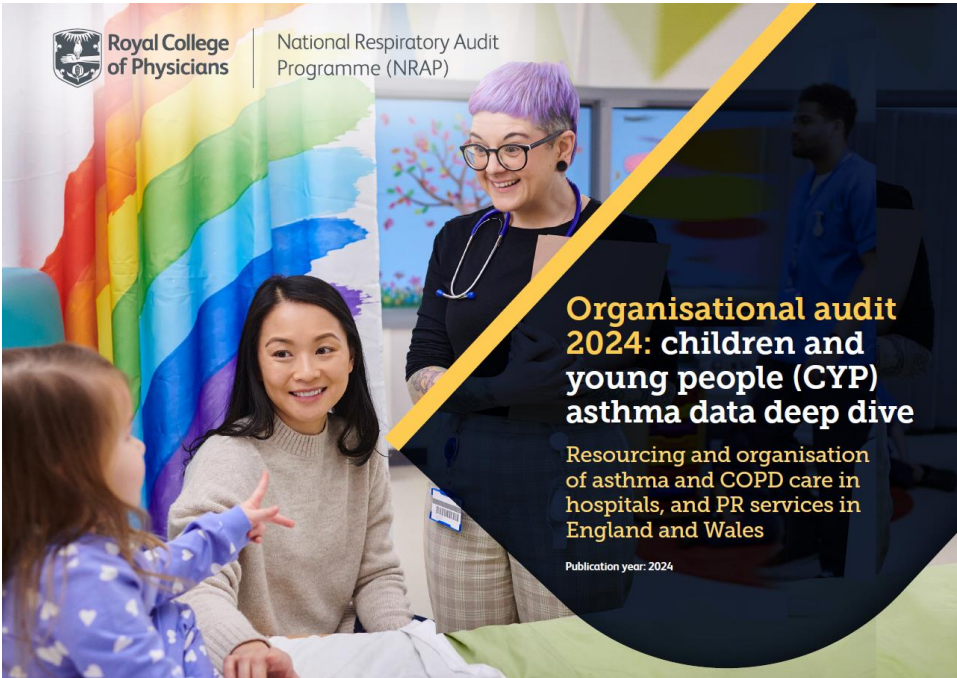
Healthcare improvement: NRAP would encourage services and trusts to...

- Ensure protected senior clinical leadership time to deliver integrated services for COPD
- Review workforce needs to ensure they are resilient and flexible to deliver fully integrated COPD care
- Implement a weekly integrated care MDT meeting between the hospital and community, accessible and responsive to primary and community care teams
- Ensure that patients have access to admission avoidance and supported discharge, which could include 'hot' clinic and virtual ward models of care



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**Organisational audit
2024: children and
young people (CYP)
asthma data deep dive**

Resourcing and organisation
of asthma and COPD care in
hospitals, and PR services in
England and Wales

Publication year: 2024

Summary of CYP asthma data deep dive

Deep dive 1: access to asthma diagnostic tools

Deep dive 2: availability of a strategic group for paediatric asthma

Deep dive 3: access to asthma nurse specialists



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CYPA deep dive: access to asthma diagnostic tools

What the audit shows

- Access to diagnostic tools for asthma remains limited
- 88.4% of participating hospitals offered spirometry
- 82.9% offered spirometry with bronchodilator reversibility testing
- Availability of FeNO was reported by 77.5%
- 98.4% had access to peak expiratory flow (PEF)
- 91.5% had access to skin prick testing
- 66.7% of providers were offering all five diagnostic tools

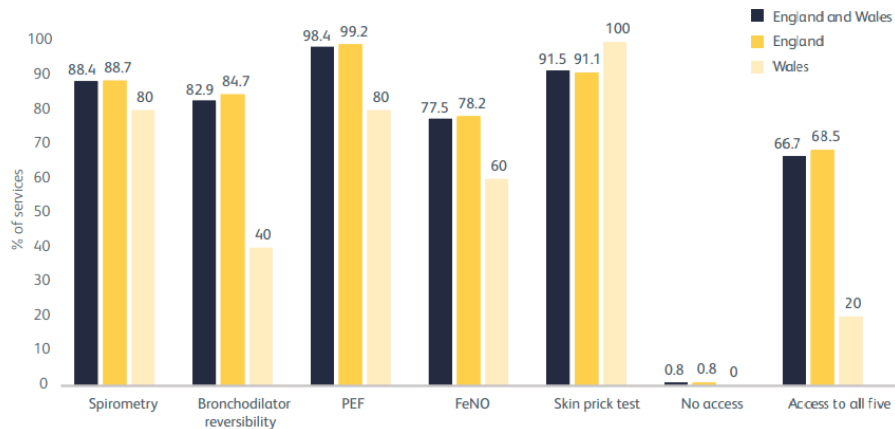


Fig 1. Percentage of services with access to diagnostic tools for CYP with asthma

Healthcare improvement: NRAP would encourage services and trusts to...

- Work with their ICB to access funding for quality-assured diagnostic services
- Ensure that clinicians have access to training and explore workforce training needs
- Consider the development of quality-assured local integrated (primary/secondary care) diagnostic services and pathways.

CYPA deep dive: availability of a strategic group for paediatric asthma

What the audit shows

- 18.6% of participating hospitals reported having a strategic group for paediatric asthma services; in Wales this was 0%
- In the hospitals that have a paediatric asthma strategic group, only 25% have CYP patient representation on the group and 12.5% have parent/carer representation.

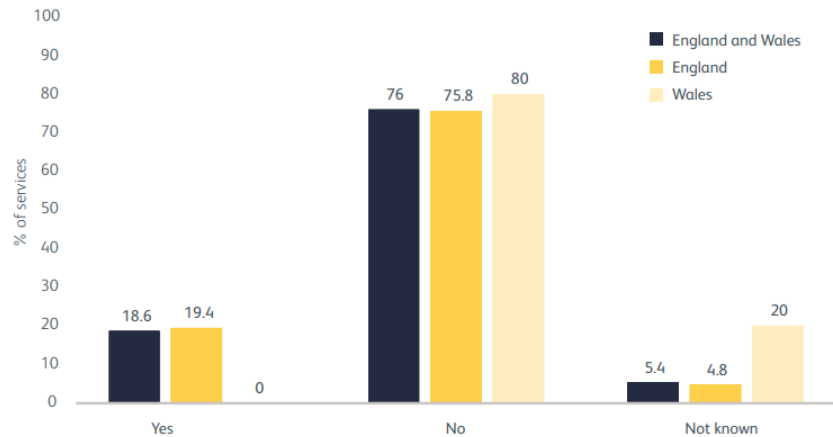


Fig 2. Percentage of services with a strategic group for paediatric asthma services in the trust

Healthcare improvement: NRAP would encourage services and trusts to...

- Hospitals should establish dedicated strategic groups for CYP asthma, including representatives from primary, secondary and tertiary care, along with children and parents, to improve care coordination.
- These groups should use NRAP data alongside local audits to guide service improvements, with clear leadership roles, job-planned time, and adequate funding to support effective service development and continuity.

CYPA deep dive: access to asthma nurse specialist

What the audit shows

- 38.8% of responding services have access to an asthma nurse specialist at the 'adult asthma' recommended ratio of one asthma specialist nurse per 300 admissions
- 37.9% of services in England, and 60% of services in Wales

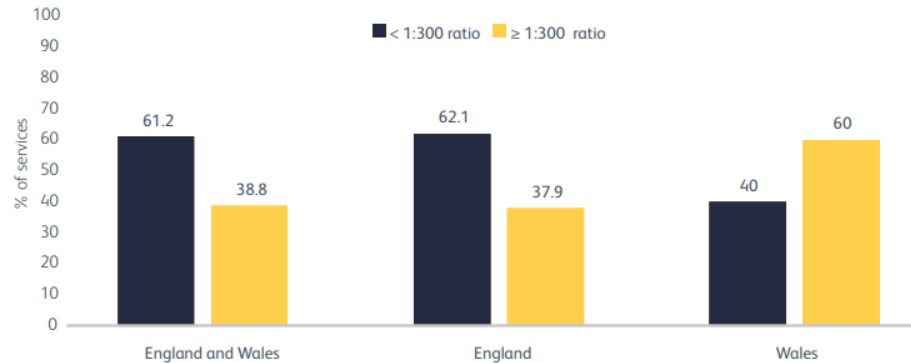


Fig 3. Percentage of services meeting 1:300 asthma nurse specialist : admission ratio

Healthcare improvement: NRAP would encourage services and trusts to...

- Review workforce gaps and evaluate the impact they have on delivery of high-quality paediatric asthma services
- Audit workforce capabilities to ensure that clinicians involved in asthma care have specialised training
- Encourage staff to undertake the specialist training for CYP asthma available from e-lfh
- Use the Training Capabilities Framework to inform the choice of the level of training required for each clinician
- Ensure protected time to undertake and complete the training
- Develop working relationship with emergency medicine teams, medical bed managers and acute medicine teams to prioritise CYP with asthma exacerbations for specialist respiratory care



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Organisational audit 2024: pulmonary rehabilitation (PR) data deep dive

Resourcing and organisation
of asthma and COPD care in
hospitals, and PR services in
England and Wales

Publication year: 2024

Summary of pulmonary rehabilitation data deep dive

Deep dive 1: alternative models of pulmonary rehabilitation

Deep dive 2: transport provision

Deep dive 3: measure of exercise capacity

Deep dive 4: staffing levels



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PR deep dive: alternative models of pulmonary rehabilitation

What the audit shows

- 100% of services (160/160) offer supervised centre-based pulmonary rehabilitation (PR)
- 58.1% of services (93/160) offer a home-based programme
- 80.6% of these services (75/93) offer supervised sessions in the home, all of which run for 5 weeks or longer
- The majority of home-based programmes offer at least one supervised session per week, compared with the majority of centre-based programmes, offering at least two supervised sessions per week in a group setting

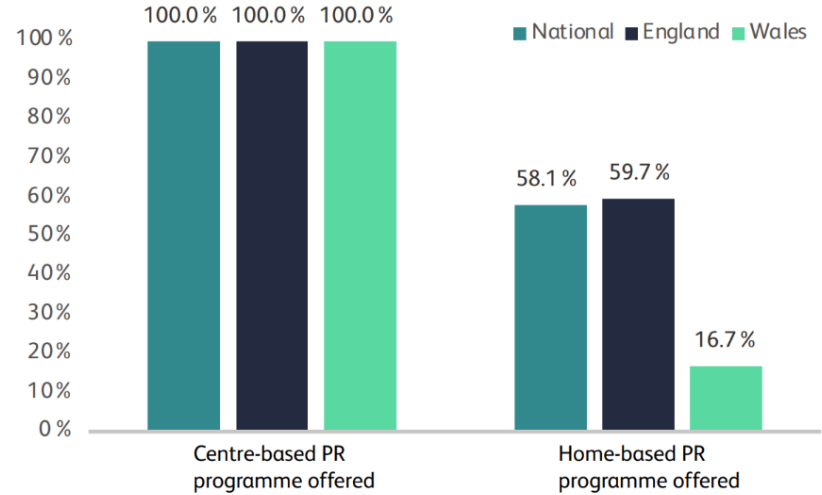


Fig 1. Comparison of centre-based with home-based PR programme offer

Healthcare improvement: NRAP would encourage services and trusts to...

- offer alternatives to centre-based PR for participants who are unable to attend centre-based programmes. These should be evidence based as described in the BTS Clinical Statement
- complete a holistic assessment (pre- and post-rehabilitation irrespective of the mode of delivery) for all participants
- offer staff training to enable staff to deliver alternative forms of rehabilitation
- access and read the NICE Early Value Assessment for digital PR to potentially use identified digital platforms of interest

PR deep dive: transport provision

What the audit shows

- Only 33.1% of PR services (53/160) provide any funded transport to service users.
- This is not consistent across regions or ICSs.
- Differences in access to care depending on geographical location and may be contributing to health inequalities.

Region / nation	n (services offer funded transport)	d (total no. of services)	% of services
1 England	52	154	33.8%
2 National (England and Wales)	53	160	33.1%
3 East of England	7	17	41.2%
4 London	13	26	50.0%
5 Midlands	7	21	33.3%
6 North East and Yorkshire	14	28	50.0%
7 North West	6	27	22.2%
8 South East	5	24	20.8%
9 South West	0	11	0.0%
10 Wales	1	6	16.7%

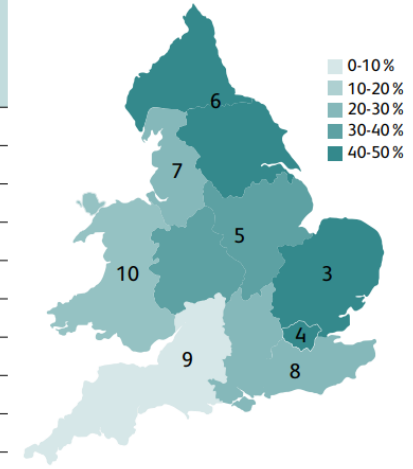


Fig 3. Table highlighting regional variation in services offering funded transport for PR participants

Healthcare improvement: NRAP would encourage services and trusts to...

- work with commissioners to identify a need and provide funded transport for PR service users consistently
- where possible, provide supervised centre-based PR in different locations to reduce the distance that service users need to travel, which may reduce the need for funded transport
- ensure that home-based programmes are available for service users who are unable to access supervised centre-based PR due to the lack of funded transportation.

PR deep dive: measure of exercise capacity

What the audit shows

- 48.8% of services (78/160) use the 6MWT
- Of these, 85.9% of services (67/78) do not have any sites that use a 30 m course when conducting the 6MWT

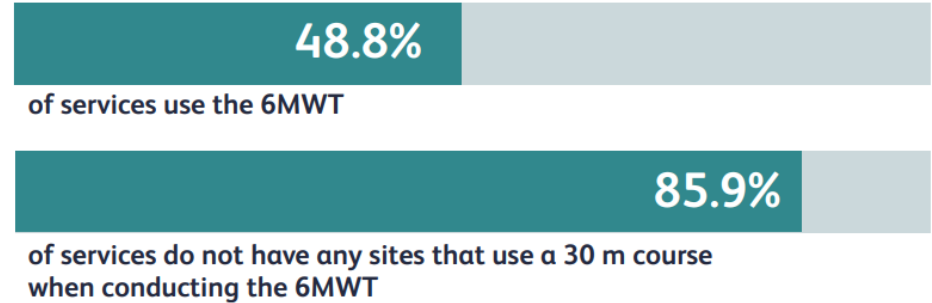


Fig 4. 6MWT infographics

Healthcare improvement: NRAP would encourage services and trusts to...

- in the eventuality that space is limited to be able to conduct the 6MWT correctly, consider using the ISWT instead
- join the Pulmonary Rehabilitation Services Accreditation Scheme (PRSAS) (www.prsas.org/), which supports clinical services to ensure that walking tests are conducted correctly, highlighting good practice
- ensure that there is adequate assessment time for patients to complete an exercise test in line with ERS recommendations

PR deep dive: staffing levels

What the audit shows

- 96.2% of services (154/160) have a clinical lead in post.
- 77.9% of the clinical leads (120/154) have designated time to develop the service.
- The majority of clinical leads are physiotherapists working at an agenda for change grade 7 (66.1%).
- The proportion of services that have administrative and/or clerical support is 55.6% (89/160)

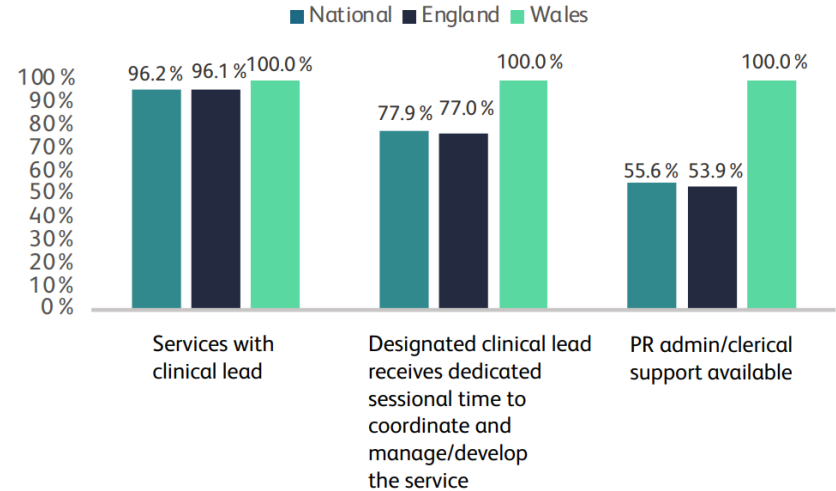


Fig 5. Staffing within PR services

Healthcare improvement: NRAP would encourage services and trusts to...

- enable service leads to work with trusts and ICSs to facilitate leadership time to deliver a timely, safe and effective programme that is sensitive to the needs of the local community
- continue their regular participation in the national audit as required by NHS England (NHS England » Pulmonary rehabilitation commissioning standards), as this is the foundation of quality improvements in the service

Audit support should be an integral part of any service, and services should work with commissioners to ensure the appropriate staffing levels to upload data rather than relying on the clinical team.



Royal College
of Physicians

National Respiratory Audit
Programme (NRAP)



Organisational audit 2024: adult asthma data deep dive

Resourcing and organisation
of asthma and COPD care
in hospitals, and PR services
in England and Wales

Publication year: 2024

Summary of adult asthma data deep dive

Deep dive 1: access to and provision of asthma biologic care reported by hospitals

Deep dive 2: access to respiratory specialist pharmacist

Deep dive 3: trust links with integrated care system (ICS) for respiratory care



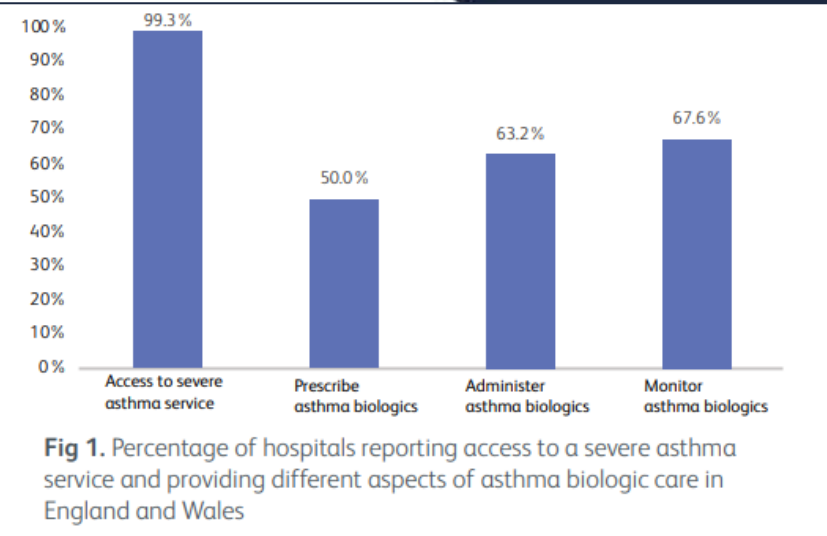
Royal College
of Physicians

National Respiratory Audit
Programme (NRAP)

AA deep dive: access to and provision of asthma biologic care

What the audit shows

- 99.3% of hospitals report 'access' to a severe asthma service
- 50% of hospitals prescribe asthma biologics
- 63.2% of hospitals administer asthma biologics
- 67.6% of hospitals monitor patients on asthma biologics



Healthcare improvement: NRAP would encourage services and trusts to...

- Review their access to local asthma biologic services, ensuring equity of care for people with asthma across the UK

AA deep dive: access to respiratory specialist pharmacist

What the audit shows

- 39.0% of services across England and Wales had a respiratory pharmacist in post
- Within these services, the data varied from having 0.1 WTE to 5.3 WTE.
- Of the hospitals with a severe asthma service, 48.2% have access to a respiratory pharmacist.
- Of the hospitals that prescribe biologics for asthma, 42.6% have access to a respiratory pharmacist.

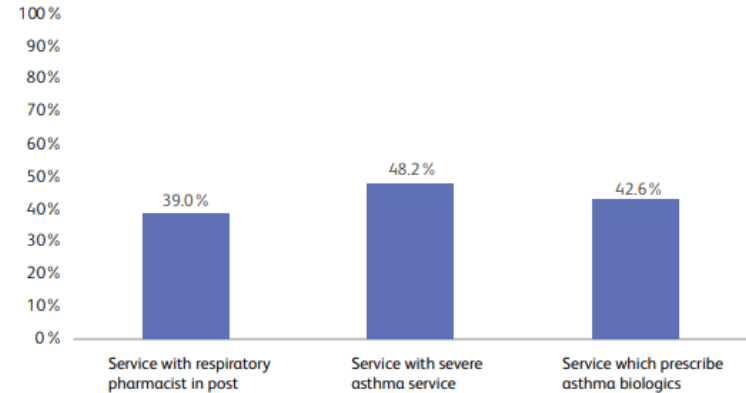


Fig 2. Services with a respiratory pharmacist in post in England and Wales

Healthcare improvement: NRAP would encourage services and trusts to...

- Review the number of respiratory pharmacist posts locally against British Thoracic Society recommendations
- Support the development of the enhanced respiratory pharmacist role in relation to local prescribing uptake of asthma biologic therapy.

AA deep dive: trust links with integrated care system (ICS)

What the audit shows

- 70.5% of services across England have a link with their ICS for respiratory care.
- This figure was notably higher within the south-east region with 88.9% of services reporting links
- While in the north-west region only 52.4% of services advised that they were aware of these links.

- Link with ICS for respiratory care
- No link, or link not known, with ICS for respiratory care

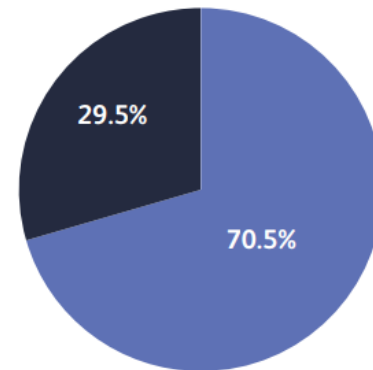


Fig 3. Services in England with ICS link for respiratory care

Healthcare improvement: NRAP would encourage services and trusts to...

- Locally collected NRAP data should be reviewed at least annually by both providers and commissioners (ICS) at a designated forum to monitor delivery of optimal care and drive improvement.
- As a result, this should generate locally agreed actions plans to improve performance against national guidance on the first hour of care and specialist respiratory review within 24 hours

Q&A

Thank you



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