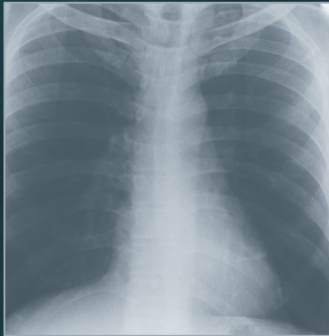


National COPD Audit Programme



Pulmonary rehabilitation: An exercise in improvement

National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme:
Clinical and organisational audits of
pulmonary rehabilitation services in
England and Wales 2017

**Benchmarked key indicators for
pulmonary rehabilitation services
April 2018**

Prepared by:



**Royal College
of Physicians**

In partnership with:



**British
Thoracic
Society**

Benchmarked key indicators for pulmonary rehabilitation (PR) services

The process and outcome performance indicators identified in the dashboard ([Table 2](#)) have been chosen as they are:

- objective and easily recordable,
- map to accepted quality standards ([Appendix A](#))
- have been discriminatory in the current audit cycle
- can be quantitatively compared with national data.

The detailed rationale for each process and outcome measure is provided in the table below:

| Benchmarking dashboard performance indicator | Rationale |
|--|--|
| Process items | |
| Start date offered within 90 days of receipt (if known) | <ul style="list-style-type: none"> • Poor current performance nationally. • Maps to QS1. • Improvement is likely to enhance patient outcomes, particularly PR uptake rates. |
| Patients undertaking practice exercise test (for incremental shuttle walk test (ISWT) or 6-minute walk test (6MWT) only if one test done; for both if both tests done) | <ul style="list-style-type: none"> • Poor current performance nationally. • Maps to QS8. • Performance of practice tests linked to better uptake and outcome in sub-analysis of 2015 audit.^a • Likely to improve clinical outcomes through more accurate exercise prescription. |
| Patients with a discharge assessment who received a written discharge exercise plan | <ul style="list-style-type: none"> • Poor current performance nationally. • Maps to QS7. • Improvement will increase the likelihood of benefits of PR being maintained in longer term. |
| Outcome items | |
| Patients assessed for PR who go on to have a discharge assessment | <ul style="list-style-type: none"> • Substantial numbers of patients currently do not complete PR. • Improvement in completion rates would extend benefits of PR to larger number of patients. • Could reduce subsequent hospitalisation rates as suggested by 2015 outcomes report.^b |

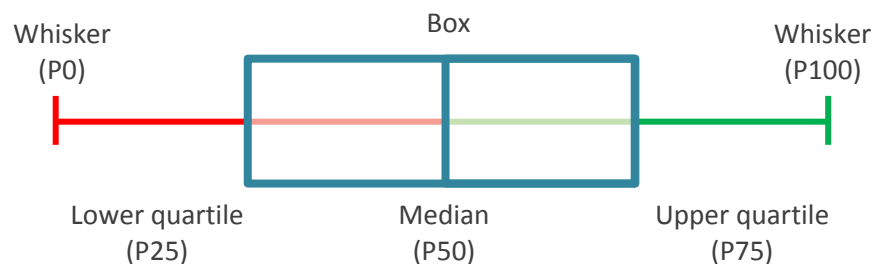
^a Hakamy A, McKeever TM, Steiner MC, Roberts CM, Singh SJ, Bolton CE. The use of the practice walk test in pulmonary rehabilitation program: National COPD Audit Pulmonary Rehabilitation Workstream. *Int J Chronic Obstr Pulm Dis* 2017;12:2681–86. doi:10.2147/COPD.S141620.

^b Steiner M, McMillan V, Lowe D, Saleem Khan M, Holzhauer-Barrie J, Van Loo V, Roberts CM. *Pulmonary rehabilitation: Beyond breathing better. National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: Outcomes from the clinical audit of pulmonary rehabilitation services in England 2015*. National supplementary report. London: RCP, December 2017.

| | |
|--|---|
| | <ul style="list-style-type: none"> Causes of non-completion are multifactorial and therefore will prompt quality improvement activity across the system. |
| At least one exercise minimal clinically important differences (MCID) achieved for ISWT/6MWT | <ul style="list-style-type: none"> Key patient-centred measure of outcome. May identify services where care processes are suboptimal. Maps to QS8. |
| At least one health status MCID achieved | <ul style="list-style-type: none"> Key patient-centred measure of outcome. May identify services where care processes are suboptimal. Maps to QS8. |

Table 1 illustrates the cut-points for the median and interquartile ranges for the metrics that have been used in the benchmarking table for all services (Table 2). These values have been represented graphically as a box and whisker plot (Figure 1). To create the 'box', data for each key indicator were ordered numerically from smallest (whisker; P0), to largest (whisker; P100) to find the median (P50) – the middle point of the values, which divide the data into two halves. These two halves were then divided in half again, to identify the lower quartile(P25) and the upper quartile (P75).

Figure 1. Box and whisker plot



The colour codes refer to the quartile in which each programme lies, as follows:

RED = result below the lower quartile for that metric

LIGHT RED = result equal or above the lower quartile, but below the median for that metric

LIGHT GREEN = result equal or above the median, but below the upper quartile (UQ) for that metric

GREEN = result equal or above the UQ for that metric

GREY = sample too small for meaningful interpretation (< 10 cases)

‘Audit cases’ refers to the case ascertainment for PR services which was derived from the total number of cases submitted by services to the clinical audit divided by the number of eligible patients as reported by services in question 7.1^c of the organisational audit dataset. Please note, the method of services self-reporting their total case numbers was used as no other third-party data source was available.

‘De’ in [Table 2](#) refers to the number of cases submitted to the audit for the metric at hand (ie the denominator). Where this is fewer than five cases the figure and corresponding percentage has been suppressed and replaced by a ‘<5’ and a ‘-’ in the percentage column. These suppressed figures have however been included when calculating the median and interquartile range values presented in [Table 1](#).

Table 1: The median and interquartile ranges for the metrics used in the benchmarking

| | | Process items | | | | Outcome items | | |
|--|-------------------------------|--------------------------|--|--|---|---|---|--|
| | | Audit cases ^d | Start date offered within 90 days of receipt | Patients undertaking practice exercise test ^e | Patients with a discharge assessment who received a written discharge exercise plan | Patients assessed for PR who go on to have a discharge assessment | At least one exercise MCID achieved for ISWT/6MWT | At least one health status MCID achieved |
| N | Services with valid records | 180 | 184 | 181 | 184 | 182 | 178 | 175 |
| | Services with missing records | 4 | 0 | 3 | 0 | 2 | 6 | 9 |
| Median and interquartile ranges % ^f | 4th quartile | ≤ 63 | ≤ 30 | 0 | ≤ 69 | ≤ 54 | ≤ 51 | ≤ 46 |
| | 3rd quartile | 64 to 84 | 31 to 62 | 0 | 70 to 98 | 55 to 64 | 52 to 62 | 47 to 60 |
| | 2nd quartile | 85 to 95 | 63 to 87 | 1 to 76 | 99 | 65 to 74 | 63 to 74 | 61 to 72 |
| | Top quartile | 96 to 100 | 88 to 100 | 77 to 100 | 100 | 75 to 100 | 75 to 100 | 73 to 100 |

Identified in the table above are the median and interquartile ranges for each of the metrics. These have been highlighted in the colours that are used in the dashboard of [Table 2](#).

^c How many patients were eligible for this audit? How many patients with a primary respiratory diagnosis of COPD attended an assessment appointment (or if no assessment appointment, attended their first session of PR) between 3 January 2017 and 31 March 2017.

^d Number of patients entered to the clinical audit/number of patients eligible entered in the organisational audit.

^e For ISWT or 6MWT only if one test done; for both if both tests done.

^f The cut-points for the third and fifth indicator suggest excessive clusterings at the extremes.

Table 2: All PR services that participated in the 2017 clinical and organisational audits, and their benchmarking against the selected metrics

| Service name | Audit cases ^g | | Process items | | | | | | Outcome items | | | | | |
|---|--------------------------|-------------|---|-------|---|-------|---|-------|---|-------|--|-------|---|-------|
| | | | Start date offered within 90 days of receipt (if known) | | Patients undertaking practice exercise test (for ISWT or 6MWT only if one test done; for both if both tests done) | | Patients with a discharge assessment who received a written discharge exercise plan | | Patients assessed for PR who go on to have a discharge assessment | | At least one exercise MCID achieved for ISWT/6MWT ^h | | At least one health status MCID achieved ⁱ | |
| | | | % | De | % | De | % | De | % | De | % | De | % | De |
| National mean (all services combined) | 81 | 7,476/9,279 | 60 | 6,965 | 32 | 6,623 | 81 | 4,637 | 62 | 7,476 | 63 | 4,254 | 60 | 4,169 |
| National QI aim | 100 | | 85 | | 100 | | | | 70 | | | | | |
| Abertawe Bro Morgannwg University Health Board PR Service | - | 38/-- | 22 | 36 | 0 | 32 | 85 | 26 | 68 | 38 | 62 | 21 | 36 | 25 |
| ABUHB PR | 85 | 11/13 | 22 | 9 | 0 | 11 | 0 | 9 | 82 | 11 | 89 | 9 | 100 | 9 |
| ACERs – Respiratory Medicine | 87 | 33/38 | 88 | 32 | 97 | 33 | 94 | 16 | 48 | 33 | 31 | 13 | 43 | 14 |
| Aintree PR Programme | 100 | 13/13 | 100 | 10 | 92 | 12 | - | <5 | 31 | 13 | - | <5 | - | <5 |
| Airedale and Wharfedale PR Service | 75 | 15/20 | 47 | 15 | 0 | 15 | 100 | 10 | 67 | 15 | 40 | 10 | 60 | 10 |
| Anglian Community PR Service | 93 | 40/43 | 0 | 35 | 87 | 39 | 100 | 29 | 73 | 40 | 37 | 27 | 86 | 28 |
| ARAS Team | 57 | 34/60 | 58 | 31 | 0 | 32 | 100 | 21 | 62 | 34 | 71 | 21 | 48 | 21 |
| Atrium Health Limited | 84 | 27/32 | 78 | 27 | 71 | 7 | 100 | 12 | 44 | 27 | 58 | 12 | 63 | 8 |
| Barking and Dagenham PR Service | 53 | 8/15 | 0 | 8 | 0 | 7 | 0 | 7 | 88 | 8 | 83 | 6 | 86 | 7 |
| Barnet COPD Respiratory Service | 79 | 44/56 | 70 | 44 | 76 | 38 | 100 | 31 | 70 | 44 | 30 | 27 | 43 | 30 |

^g Number of patients entered to the clinical audit/number of patients eligible entered in the organisational audit.

^h For the ISWT the MCID is 48 metres and for the 6MWT the MCID is 30 metres.

ⁱ For the SGRQ the MCID was taken as a reduction of 4 points in the total score, for the CRQ the MCID was an increase of 0.5 points in the average of the four domain scores, and for the CAT the MCID was a reduction of 2 points.

^j For instances where the number of cases entered by services to the clinical audit was greater than that of the number of cases eligible reported in the organisational, the percentage has been capped at 100% as the figure provided in the organisational audit has been assumed to be an error (given that it was inputted prior to the end of the clinical audit).

^k For instances in this column where a '--' appears as the denominator this is due to services not completing question 7.1 of the organisational audit dataset.

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| Service name | Audit cases ^g | | Process items | | | | | | Outcome items | | | | | |
|--|--------------------------|-------------|---|------------------|---|-------|---|-------|---|-------|--|-------|---|-------|
| | | | Start date offered within 90 days of receipt (if known) | | Patients undertaking practice exercise test (for ISWT or 6MWT only if one test done; for both if both tests done) | | Patients with a discharge assessment who received a written discharge exercise plan | | Patients assessed for PR who go on to have a discharge assessment | | At least one exercise MCID achieved for ISWT/6MWT ^h | | At least one health status MCID achieved ⁱ | |
| | | | % ^j | n/N ^k | % | De | % | De | % | De | % | De | % | De |
| National mean (all services combined) | 81 | 7,476/9,279 | 60 | 6,965 | 32 | 6,623 | 81 | 4,637 | 62 | 7,476 | 63 | 4,254 | 60 | 4,169 |
| National QI aim | 100 | | 85 | | 100 | | | | 70 | | | | | |
| Bassetlaw PR programme | 22 | 21/95 | 100 | 21 | 0 | 21 | 100 | 19 | 90 | 21 | 53 | 19 | 68 | 19 |
| BCUHB PR Service – Centre | 70 | 14/20 | 14 | 14 | 0 | 14 | 100 | 11 | 79 | 14 | 64 | 11 | 91 | 11 |
| BCUHB PR Service – East | 64 | 46/72 | 16 | 44 | 0 | 41 | 100 | 33 | 72 | 46 | 88 | 32 | 73 | 33 |
| Bedford Hospital PR | 96 | 103/107 | 96 | 95 | 0 | 94 | 100 | 50 | 49 | 103 | 64 | 44 | 56 | 50 |
| BEET: Breathing Exercise Education Training | 56 | 30/54 | 90 | 30 | - | <5 | 96 | 24 | 80 | 30 | - | <5 | 92 | 24 |
| Berkshire East PR | 97 | 38/39 | 33 | 36 | 33 | 36 | 100 | 26 | 68 | 38 | 88 | 24 | 68 | 25 |
| Berkshire West PR | 100 | 49/49 | 41 | 49 | 0 | 49 | 100 | 42 | 86 | 49 | 48 | 42 | 62 | 42 |
| Birmingham Community Healthcare – PR Service | - | 18/-- | 94 | 18 | 24 | 17 | 92 | 13 | 72 | 18 | 85 | 13 | 77 | 13 |
| Blackburn PR Programme | 87 | 41/47 | 92 | 36 | 92 | 36 | 96 | 25 | 61 | 41 | 96 | 25 | 48 | 21 |
| Bournemouth and Christchurch PR | 79 | 61/77 | 100 | 51 | 91 | 56 | 93 | 41 | 67 | 61 | 54 | 41 | 60 | 40 |
| Breathing Space | 100 | 53/53 | 44 | 52 | 100 | 52 | 100 | 32 | 60 | 53 | 50 | 32 | 44 | 32 |
| Brent PR Service | 85 | 28/33 | 100 | 26 | 100 | 26 | 100 | 16 | 57 | 28 | 73 | 15 | 45 | 11 |
| Bristol Community Health Respiratory Team | 87 | 96/110 | 55 | 83 | 69 | 64 | 100 | 47 | 49 | 96 | 93 | 42 | 55 | 42 |
| Bromley Healthcare PR | 78 | 51/65 | 54 | 50 | 0 | 50 | 97 | 38 | 75 | 51 | 66 | 38 | 41 | 37 |
| Buckinghamshire PR Services | 81 | 82/101 | 44 | 82 | 0 | 75 | 1 | 68 | 83 | 82 | 43 | 58 | 70 | 61 |
| C&P NHST Community Respiratory Team/PR | 39 | 13/33 | 46 | 13 | 36 | 11 | 0 | 13 | 100 | 13 | 54 | 13 | 31 | 13 |

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| Service name | Audit cases ^e | | Process items | | | | | | Outcome items | | | | | |
|---------------------------------------|--------------------------|-------------|---|-------|---|-------|---|-------|---|-------|--|-------|---|-------|
| | | | Start date offered within 90 days of receipt (if known) | | Patients undertaking practice exercise test (for ISWT or 6MWT only if one test done; for both if both tests done) | | Patients with a discharge assessment who received a written discharge exercise plan | | Patients assessed for PR who go on to have a discharge assessment | | At least one exercise MCID achieved for ISWT/6MWT ^h | | At least one health status MCID achieved ⁱ | |
| | | | | | % | De | % | De | | | % | De | % | De |
| National mean (all services combined) | 81 | 7,476/9,279 | 60 | 6,965 | 32 | 6,623 | 81 | 4,637 | 62 | 7,476 | 63 | 4,254 | 60 | 4,169 |
| National QI aim | 100 | | 85 | | 100 | | | | 70 | | | | | |
| Calderdale PR Service | 100 | 38/37 | 38 | 34 | 0 | 37 | 90 | 21 | 55 | 38 | 52 | 21 | 80 | 20 |
| Cambridgeshire PR Programme | 100 | 84/84 | 90 | 84 | 0 | 77 | 93 | 54 | 64 | 84 | 51 | 51 | 50 | 54 |
| Camden Community Respiratory Team | 64 | 35/55 | 94 | 35 | 88 | 34 | 100 | 26 | 74 | 35 | 65 | 26 | 64 | 25 |
| Cannock Chase PR Programme | 52 | 27/52 | 100 | 24 | 0 | 27 | 88 | 17 | 63 | 27 | 88 | 16 | 82 | 17 |
| Cardiac/PR & Community COPD Team | 82 | 37/45 | 94 | 33 | 77 | 31 | 100 | 26 | 70 | 37 | 88 | 25 | 73 | 26 |
| Carmarthenshire PR Programme | 63 | 22/35 | 0 | 19 | 0 | 14 | 100 | 19 | 86 | 22 | 69 | 16 | 87 | 15 |
| Central Cheshire PR Service | 83 | 30/36 | 47 | 30 | 0 | 30 | 100 | 27 | 90 | 30 | 63 | 27 | 41 | 27 |
| Central Manchester Community Service | 79 | 37/47 | 84 | 31 | 0 | 24 | 100 | 17 | 46 | 37 | 80 | 15 | 69 | 16 |
| Chelsea and Westminster Hospital PR | 88 | 15/17 | 100 | 11 | 0 | 14 | 44 | 9 | 60 | 15 | 56 | 9 | 67 | 9 |
| City Healthcare PR Programme | - | 50/-- | 36 | 39 | 81 | 31 | 67 | 15 | 30 | 50 | 23 | 13 | 62 | 13 |
| Community Cardio-Respiratory Service | 90 | 52/58 | 87 | 52 | 84 | 49 | 100 | 31 | 60 | 52 | 69 | 29 | 61 | 28 |
| COPD & Heart Failure North | 56 | 27/48 | 7 | 27 | 100 | 27 | 94 | 18 | 67 | 27 | 61 | 18 | 27 | 15 |
| COPD Brighton & Hove | 54 | 28/52 | 37 | 27 | 96 | 27 | 77 | 13 | 46 | 28 | 54 | 13 | 62 | 13 |
| COPD Coastal Service | 61 | 11/18 | 27 | 11 | 100 | 11 | 71 | 7 | 64 | 11 | 67 | 6 | 57 | 7 |
| COPD Team Carlisle | 100 | 44/44 | 36 | 44 | 24 | 41 | 94 | 31 | 70 | 44 | 20 | 25 | 54 | 28 |
| Copeland & Allerdale Community | 90 | 43/48 | 29 | 42 | 100 | 42 | 0 | 20 | 47 | 43 | 45 | 20 | 22 | 18 |

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| Service name | Audit cases ^e | | Process items | | | | | | Outcome items | | | | | |
|---|--------------------------|-------------|---|-------|---|-------|---|-------|---|-------|--|-------|---|-------|
| | | | Start date offered within 90 days of receipt (if known) | | Patients undertaking practice exercise test (for ISWT or 6MWT only if one test done; for both if both tests done) | | Patients with a discharge assessment who received a written discharge exercise plan | | Patients assessed for PR who go on to have a discharge assessment | | At least one exercise MCID achieved for ISWT/6MWT ^h | | At least one health status MCID achieved ⁱ | |
| | | | | | % | De | % | De | | | | | | |
| % ^j | n/N ^k | % | De | % | De | % | De | % | De | % | De | % | De | |
| National mean (all services combined) | 81 | 7,476/9,279 | 60 | 6,965 | 32 | 6,623 | 81 | 4,637 | 62 | 7,476 | 63 | 4,254 | 60 | 4,169 |
| National QI aim | 100 | | 85 | | 100 | | | | 70 | | | | | |
| PR Programme | | | | | | | | | | | | | | |
| Countywide COPD Team | 80 | 69/86 | 78 | 64 | 2 | 66 | 100 | 48 | 70 | 69 | 79 | 48 | 68 | 47 |
| Craven PR Service | 100 | 10/10 | 90 | 10 | 0 | 10 | 100 | 9 | 90 | 10 | 67 | 9 | 44 | 9 |
| Croydon PR Programme | 90 | 37/41 | 61 | 28 | 0 | 24 | 80 | 15 | 41 | 37 | 79 | 14 | 85 | 13 |
| CSH Surrey PR Programme | 100 | 35/35 | 9 | 33 | 0 | 35 | 100 | 30 | 86 | 35 | 83 | 30 | 73 | 30 |
| DDES PR Programme | 54 | 41/76 | 84 | 38 | 0 | 39 | 17 | 29 | 71 | 41 | 69 | 29 | 64 | 14 |
| Doncaster Community Respiratory Services – PR | 100 | 85/84 | 68 | 75 | 0 | 75 | 23 | 31 | 36 | 85 | 57 | 28 | 44 | 25 |
| Dorset County Hospital PR Service | 87 | 26/30 | 92 | 24 | 0 | 24 | 94 | 17 | 65 | 26 | 88 | 16 | 53 | 17 |
| Dorset Healthcare PR Programme | 100 | 53/50 | 84 | 44 | 0 | 42 | 100 | 29 | 55 | 53 | 56 | 27 | 66 | 29 |
| Dudley PR Programme | 93 | 65/70 | 14 | 64 | 66 | 64 | 100 | 45 | 69 | 65 | 56 | 45 | 78 | 45 |
| Ealing PR Service | 84 | 41/49 | 97 | 38 | 83 | 41 | 100 | 28 | 68 | 41 | 89 | 28 | 89 | 28 |
| East Lancashire Hospitals PR Programme | 51 | 94/184 | 46 | 76 | 1 | 81 | 91 | 32 | 34 | 94 | 80 | 30 | - | <5 |
| East Riding PR Programme | 79 | 31/39 | 28 | 29 | 0 | 22 | 0 | 20 | 65 | 31 | 35 | 17 | 50 | 18 |
| Enfield Respiratory Service | 90 | 37/41 | 55 | 22 | 48 | 27 | 0 | 16 | 43 | 37 | 67 | 15 | 67 | 15 |
| First Community Respiratory Team | 59 | 10/17 | 50 | 10 | 100 | 10 | 100 | 8 | 80 | 10 | 75 | 8 | - | <5 |
| Furness Respiratory Care Team | 70 | 7/10 | 14 | 7 | 0 | 7 | 100 | 6 | 86 | 7 | - | <5 | 83 | 6 |
| Gateshead Community PR | 64 | 25/39 | 52 | 25 | 0 | 22 | 100 | 16 | 64 | 25 | 81 | 16 | 69 | 16 |

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| Service name | Audit cases ^g | | Process items | | | | | | Outcome items | | | | | |
|--|--------------------------|-------------|---|-------|---|-------|---|-------|---|-------|--|-------|---|-------|
| | | | Start date offered within 90 days of receipt (if known) | | Patients undertaking practice exercise test (for ISWT or 6MWT only if one test done; for both if both tests done) | | Patients with a discharge assessment who received a written discharge exercise plan | | Patients assessed for PR who go on to have a discharge assessment | | At least one exercise MCID achieved for ISWT/6MWT ^h | | At least one health status MCID achieved ⁱ | |
| | | | | | % | De | % | De | | | | | | |
| National mean (all services combined) | 81 | 7,476/9,279 | 60 | 6,965 | 32 | 6,623 | 81 | 4,637 | 62 | 7,476 | 63 | 4,254 | 60 | 4,169 |
| National QI aim | 100 | | 85 | | 100 | | | | 70 | | | | | |
| Gateshead Foundation Trust PR | 67 | 20/30 | 100 | 17 | 0 | 11 | - | <5 | 5 | 20 | - | <5 | - | <5 |
| GEH PR Physiotherapy | 100 | 18/18 | 67 | 18 | 0 | 18 | 75 | 12 | 67 | 18 | 50 | 12 | 55 | 11 |
| Glenfield and Leicester Hospitals PR Programme | 70 | 98/140 | 81 | 62 | 69 | 64 | 97 | 31 | 32 | 98 | 47 | 30 | 72 | 25 |
| Glenroyd Medical PR Service | 44 | 27/61 | 100 | 16 | 0 | 19 | 0 | 15 | 56 | 27 | 67 | 15 | 57 | 7 |
| Greater Huddersfield PR Service | 100 | 10/10 | 10 | 10 | 0 | 9 | 100 | 6 | 60 | 10 | 100 | 6 | - | <5 |
| Greenwich PR | 51 | 20/39 | 100 | 15 | 100 | 15 | 100 | 13 | 65 | 20 | 62 | 13 | - | <5 |
| Halton PR service | 100 | 48/44 | 43 | 47 | 13 | 48 | 100 | 29 | 60 | 48 | 62 | 29 | 55 | 29 |
| Harefield PR Unit | 94 | 109/116 | 100 | 109 | 99 | 109 | 100 | 74 | 68 | 109 | 58 | 74 | 81 | 73 |
| Harrogate District Hospital | 95 | 20/21 | 63 | 19 | 5 | 20 | 100 | 12 | 60 | 20 | 75 | 12 | 50 | 12 |
| Harrow COPD Respiratory Service | 100 | 21/21 | 95 | 21 | 100 | 21 | 100 | 20 | 95 | 21 | 65 | 17 | 60 | 20 |
| Havering PR programme | 84 | 46/55 | 30 | 46 | 91 | 46 | 90 | 21 | 46 | 46 | 100 | 21 | 90 | 20 |
| Healthy Lives PR Programme | 63 | 17/27 | 0 | 17 | 0 | 17 | 0 | 11 | 65 | 17 | 91 | 11 | 82 | 11 |
| HEFT PR Programme | 89 | 67/75 | 20 | 64 | 3 | 66 | 33 | 39 | 58 | 67 | 74 | 39 | 63 | 35 |
| Herefordshire PR Programme | 94 | 15/16 | 0 | 8 | 7 | 15 | 100 | 9 | 60 | 15 | 63 | 8 | 63 | 8 |
| Hope Street Specialist Service | 94 | 59/63 | 79 | 58 | 0 | 53 | 100 | 34 | 58 | 59 | 53 | 34 | 82 | 34 |
| IMPACT Team | 84 | 27/32 | 38 | 26 | 0 | 25 | 100 | 21 | 78 | 27 | 45 | 20 | 26 | 19 |
| Integrated Community Respiratory Team East Cornwall (ICRTEC) | 100 | 25/24 | 36 | 25 | 76 | 25 | 100 | 14 | 56 | 25 | 79 | 14 | 29 | 14 |

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| Service name | Audit cases ^g | | Process items | | | | | | Outcome items | | | | | |
|--|--------------------------|-------------|---|-------|---|-------|---|-------|---|-------|--|-------|---|-------|
| | | | Start date offered within 90 days of receipt (if known) | | Patients undertaking practice exercise test (for ISWT or 6MWT only if one test done; for both if both tests done) | | Patients with a discharge assessment who received a written discharge exercise plan | | Patients assessed for PR who go on to have a discharge assessment | | At least one exercise MCID achieved for ISWT/6MWT ^h | | At least one health status MCID achieved ⁱ | |
| | | | | | % | De | % | De | | | % | De | | |
| % ^j | n/N ^k | % | De | % | De | % | De | % | De | % | De | % | De | |
| National mean (all services combined) | 81 | 7,476/9,279 | 60 | 6,965 | 32 | 6,623 | 81 | 4,637 | 62 | 7,476 | 63 | 4,254 | 60 | 4,169 |
| National QI aim | 100 | | 85 | | 100 | | | | 70 | | | | | |
| Kent Community Health PR Service | 75 | 152/202 | 10 | 135 | 99 | 135 | 94 | 108 | 71 | 152 | 48 | 108 | 61 | 108 |
| King's College Hospital PR Team | 76 | 38/50 | 34 | 38 | 3 | 37 | 94 | 18 | 47 | 38 | 67 | 18 | 47 | 17 |
| Kirklees PR Programme | - | <5 | - | <5 | - | <5 | - | <5 | - | <5 | - | <5 | - | <5 |
| Knowsley Community Respiratory Service | 50 | 43/86 | 75 | 40 | 26 | 38 | 100 | 18 | 42 | 43 | 79 | 14 | 69 | 16 |
| Lancashire Clinic Based Services | 85 | 51/60 | 70 | 50 | 20 | 5 | 97 | 29 | 57 | 51 | 82 | 28 | 76 | 17 |
| Leeds Respiratory – PR (Long Term Conditions) | 43 | 37/86 | 39 | 33 | 0 | 35 | 100 | 29 | 78 | 37 | 59 | 27 | 37 | 27 |
| Leicestershire Community PR Programme | - | 66/-- | 32 | 65 | 75 | 57 | 61 | 44 | 67 | 66 | 58 | 43 | 48 | 44 |
| Lewisham LEEP PR Programme | 88 | 56/64 | 94 | 52 | 0 | 55 | 100 | 28 | 50 | 56 | 75 | 28 | 36 | 28 |
| Lincolnshire County Wide PR Service | 77 | 112/146 | 20 | 112 | 79 | 112 | 89 | 82 | 73 | 112 | 46 | 82 | 62 | 81 |
| Liverpool PR programme | 63 | 85/136 | 88 | 74 | 0 | 73 | 65 | 40 | 47 | 85 | 53 | 30 | - | <5 |
| Livewell SW Community Respiratory Service | 94 | 46/49 | 21 | 42 | 0 | 44 | 4 | 23 | 50 | 46 | 70 | 23 | 41 | 22 |
| Lung Exercise & Education Programme (LEEP) | 91 | 21/23 | 62 | 21 | 100 | 21 | 100 | 16 | 76 | 21 | 81 | 16 | 81 | 16 |
| Luton & Dunstable University Hospital PR Service | 94 | 59/63 | 67 | 58 | 0 | 54 | 97 | 35 | 59 | 59 | 60 | 35 | 57 | 35 |
| Luton Community Respiratory Service | 52 | 11/21 | 64 | 11 | 0 | 8 | 0 | 7 | 64 | 11 | - | <5 | 43 | 7 |

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| Service name | Audit cases ^g | | Process items | | | | | | Outcome items | | | | | |
|--|--------------------------|------------------|---|-------|---|-------|---|-------|---|-------|--|-------|---|-------|
| | | | Start date offered within 90 days of receipt (if known) | | Patients undertaking practice exercise test (for ISWT or 6MWT only if one test done; for both if both tests done) | | Patients with a discharge assessment who received a written discharge exercise plan | | Patients assessed for PR who go on to have a discharge assessment | | At least one exercise MCID achieved for ISWT/6MWT ^h | | At least one health status MCID achieved ⁱ | |
| | % ^j | n/N ^k | % | De | % | De | % | De | % | De | % | De | % | De |
| National mean (all services combined) | 81 | 7,476/9,279 | 60 | 6,965 | 32 | 6,623 | 81 | 4,637 | 62 | 7,476 | 63 | 4,254 | 60 | 4,169 |
| National QI aim | 100 | | 85 | | 100 | | | | 70 | | | | | |
| Manchester Hospital based PR | 100 | 11/9 | 82 | 11 | 0 | 11 | - | <5 | 36 | 11 | - | <5 | - | <5 |
| Mansfield and Ashfield Respiratory Service | 27 | 14/51 | 93 | 14 | 0 | 14 | 100 | 13 | 93 | 14 | 55 | 11 | 38 | 13 |
| Medway Community Healthcare Community Respiratory Team | 60 | 33/55 | 94 | 33 | 100 | 33 | 0 | 20 | 61 | 33 | 53 | 19 | 75 | 20 |
| Mid West North Cornwall PR Programme | 58 | 29/50 | 19 | 26 | 25 | 28 | 31 | 16 | 55 | 29 | 71 | 14 | 45 | 11 |
| Milton Keynes Community PR Service | 87 | 27/31 | 4 | 26 | 0 | 20 | 100 | 18 | 67 | 27 | 100 | 11 | 76 | 17 |
| Milton Keynes Hospital PR Programme | 83 | 15/18 | 93 | 14 | 0 | 13 | - | <5 | 33 | 15 | - | <5 | - | <5 |
| Musgrove Park PR Programme | 77 | 10/13 | 40 | 10 | 0 | 10 | 100 | 9 | 90 | 10 | 22 | 9 | 22 | 9 |
| My Therapy Services | 95 | 79/83 | 27 | 78 | 100 | 75 | 100 | 35 | 44 | 79 | 49 | 35 | 77 | 35 |
| Newark and Sherwood Respiratory Service | 84 | 16/19 | 25 | 16 | 100 | 16 | 100 | 12 | 75 | 16 | 75 | 12 | 42 | 12 |
| Newcastle PR | 94 | 45/48 | 84 | 43 | 0 | 43 | 92 | 25 | 56 | 45 | 88 | 25 | 74 | 23 |
| Newport PR | 100 | 16/16 | 69 | 16 | 100 | 16 | 100 | 16 | 100 | 16 | 44 | 16 | 87 | 15 |
| Norfolk and Norwich PR Service | 85 | 17/20 | 94 | 17 | 0 | 17 | 0 | 17 | 100 | 17 | - | <5 | 64 | 11 |
| Norfolk Community PR Service | 99 | 124/125 | 74 | 123 | 0 | 120 | 100 | 85 | 69 | 124 | 79 | 77 | 64 | 85 |
| North Bristol PR Service | 96 | 44/46 | 100 | 43 | 0 | 44 | 100 | 32 | 73 | 44 | 50 | 28 | 78 | 32 |
| North Cumbria Hospitals PR Programme | 57 | 12/21 | - | <5 | - | <5 | - | <5 | 8 | 12 | - | <5 | - | <5 |

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| Service name | Audit cases ^g | | Process items | | | | | | Outcome items | | | | | |
|---|--------------------------|-------------|---|-------|---|-------|---|-------|---|-------|--|-------|---|-------|
| | | | Start date offered within 90 days of receipt (if known) | | Patients undertaking practice exercise test (for ISWT or 6MWT only if one test done; for both if both tests done) | | Patients with a discharge assessment who received a written discharge exercise plan | | Patients assessed for PR who go on to have a discharge assessment | | At least one exercise MCID achieved for ISWT/6MWT ^h | | At least one health status MCID achieved ⁱ | |
| | | | | | % | De | % | De | | | % | De | | |
| % ^j | n/N ^k | % | De | % | De | % | De | % | De | % | De | % | De | |
| National mean (all services combined) | 81 | 7,476/9,279 | 60 | 6,965 | 32 | 6,623 | 81 | 4,637 | 62 | 7,476 | 63 | 4,254 | 60 | 4,169 |
| National QI aim | 100 | | 85 | | 100 | | | | 70 | | | | | |
| North Devon PR Service | 100 | 25/23 | 20 | 25 | 0 | 25 | 100 | 22 | 88 | 25 | 62 | 21 | 55 | 22 |
| North Durham PR Programme | 75 | 44/59 | 86 | 44 | 0 | 41 | 97 | 33 | 75 | 44 | 40 | 30 | 52 | 27 |
| North Somerset PR | 100 | 45/44 | 33 | 43 | 0 | 45 | 100 | 28 | 62 | 45 | 46 | 28 | 79 | 28 |
| North Tees and Hartlepool Foundation Trust PR Service | 100 | 169/169 | 75 | 143 | 0 | 136 | 100 | 84 | 50 | 169 | 72 | 71 | 56 | 59 |
| North West Wales PR service | 80 | 44/55 | 10 | 41 | 0 | 40 | 9 | 33 | 75 | 44 | 63 | 32 | 42 | 31 |
| Northumbria Healthcare PR Service | 90 | 100/111 | 93 | 74 | 64 | 77 | 85 | 60 | 60 | 100 | 71 | 51 | 78 | 54 |
| Nottingham Integrated Respiratory Service | 100 | 71/70 | 83 | 69 | 66 | 71 | 100 | 42 | 59 | 71 | 52 | 42 | 54 | 41 |
| Nottingham North and East Adult Community Services | 71 | 20/28 | 30 | 20 | 100 | 19 | 95 | 19 | 95 | 20 | 26 | 19 | 74 | 19 |
| Nottingham West PR | 39 | 14/36 | 100 | 14 | 0 | 14 | 0 | 11 | 79 | 14 | 82 | 11 | 45 | 11 |
| NW Surrey Respiratory Care Team | 100 | 11/11 | 0 | 11 | 100 | 11 | 100 | 7 | 64 | 11 | - | <5 | 100 | 6 |
| Oxfordshire PR Service | 86 | 96/111 | 48 | 96 | 1 | 76 | 3 | 74 | 77 | 96 | 73 | 59 | 49 | 73 |
| PACE Wiltshire Community PR Programme | 90 | 19/21 | 16 | 19 | 0 | 17 | 95 | 19 | 100 | 19 | 47 | 15 | 42 | 19 |
| Papworth Hospital PR Programme | - | <5 | - | <5 | - | <5 | - | <5 | - | <5 | - | <5 | - | <5 |
| Pembrokeshire PR Programme | 90 | 19/21 | 21 | 19 | 63 | 19 | 100 | 11 | 58 | 19 | 82 | 11 | 73 | 11 |
| Pennine Care Community PR Team | 43 | 6/14 | 17 | 6 | 0 | 6 | - | <5 | 67 | 6 | - | <5 | - | <5 |
| Pennine Lung Service | 77 | 27/35 | 58 | 26 | 8 | 26 | 93 | 15 | 56 | 27 | 71 | 14 | 43 | 14 |

National COPD Audit Programme: Pulmonary rehabilitation combined organisational and clinical report 2017

| Service name | Audit cases ^e | | Process items | | | | | | Outcome items | | | | | |
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| | | | Start date offered within 90 days of receipt (if known) | | Patients undertaking practice exercise test (for ISWT or 6MWT only if one test done; for both if both tests done) | | Patients with a discharge assessment who received a written discharge exercise plan | | Patients assessed for PR who go on to have a discharge assessment | | At least one exercise MCID achieved for ISWT/6MWT ^h | | At least one health status MCID achieved ⁱ | |
| | | | | | % | De | % | De | | | | | | |
| National mean (all services combined) | 81 | 7,476/9,279 | 60 | 6,965 | 32 | 6,623 | 81 | 4,637 | 62 | 7,476 | 63 | 4,254 | 60 | 4,169 |
| National QI aim | 100 | | 85 | | 100 | | | | 70 | | | | | |
| Pennine PR | 52 | 16/31 | 63 | 16 | 0 | 16 | 100 | 14 | 88 | 16 | 79 | 14 | 43 | 14 |
| Peterborough & Stamford Hospitals NHS Foundation Trust PR | 70 | 26/37 | 23 | 26 | 0 | 24 | 100 | 13 | 50 | 26 | 75 | 12 | 33 | 12 |
| Prince Charles Hospital PR Programme | 100 | 20/19 | 87 | 15 | 0 | 15 | - | <5 | 25 | 20 | - | <5 | - | <5 |
| PR – St Richards Hospital | 90 | 35/39 | 97 | 31 | 91 | 34 | 100 | 26 | 74 | 35 | 77 | 26 | 58 | 26 |
| PR Gloucestershire Respiratory Team | 93 | 69/74 | 28 | 69 | 3 | 69 | 4 | 52 | 75 | 69 | 52 | 52 | 65 | 51 |
| PR HCT | 98 | 122/124 | 54 | 121 | 14 | 120 | 99 | 79 | 65 | 122 | 55 | 77 | 55 | 77 |
| PR Service | 69 | 22/32 | 18 | 22 | 0 | 19 | 90 | 21 | 95 | 22 | 76 | 21 | 71 | 21 |
| PR Service Fylde and Wyre | 100 | 46/46 | 52 | 46 | 0 | 46 | 100 | 27 | 59 | 46 | 74 | 27 | 74 | 27 |
| PR Service- Redbridge | 81 | 22/27 | 74 | 19 | 0 | 17 | 100 | 16 | 73 | 22 | 50 | 12 | 56 | 16 |
| PR Stockport | 98 | 41/42 | 17 | 36 | 0 | 40 | 100 | 27 | 66 | 41 | 67 | 27 | 47 | 19 |
| Regional East Sussex Pulmonary Service (RESPS) | 42 | 21/50 | 42 | 19 | 56 | 16 | 100 | 14 | 67 | 21 | 50 | 14 | 64 | 14 |
| Restart Team Northampton General Hospital | 64 | 41/64 | 72 | 39 | 3 | 39 | 100 | 32 | 78 | 41 | 52 | 31 | 33 | 30 |
| Richmond Respiratory PR Programme | 100 | 27/26 | 90 | 21 | - | <5 | 0 | 17 | 63 | 27 | - | <5 | 53 | 17 |
| Rocket Team | 93 | 124/134 | 92 | 122 | 0 | 35 | 82 | 72 | 58 | 124 | 11 | 18 | 64 | 50 |
| Royal Brompton PR Service | 11 | 2/18 | - | <5 | - | <5 | - | <5 | - | <5 | - | <5 | - | <5 |

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| Service name | Audit cases ^g | | Process items | | | | | | Outcome items | | | | | |
|--|--------------------------|-------------|---|-------|---|-------|---|-------|---|-------|--|-------|---|-------|
| | | | Start date offered within 90 days of receipt (if known) | | Patients undertaking practice exercise test (for ISWT or 6MWT only if one test done; for both if both tests done) | | Patients with a discharge assessment who received a written discharge exercise plan | | Patients assessed for PR who go on to have a discharge assessment | | At least one exercise MCID achieved for ISWT/6MWT ^h | | At least one health status MCID achieved ⁱ | |
| | | | | | % | De | % | De | | | % | De | | |
| % ^j | n/N ^k | % | De | % | De | % | De | % | De | % | De | % | De | |
| National mean (all services combined) | 81 | 7,476/9,279 | 60 | 6,965 | 32 | 6,623 | 81 | 4,637 | 62 | 7,476 | 63 | 4,254 | 60 | 4,169 |
| National QI aim | 100 | | 85 | | 100 | | | | 70 | | | | | |
| Royal Devon & Exeter Hospital PR Programme | 50 | 7/14 | 86 | 7 | 0 | 7 | 100 | 7 | 100 | 7 | 100 | 7 | 29 | 7 |
| Royal Free Hospital PR | 13 | 1/8 | - | <5 | - | <5 | - | <5 | - | <5 | - | <5 | - | <5 |
| Royal Glamorgan Hospital PR Programme | 75 | 9/12 | - | <5 | 0 | 7 | - | <5 | 0 | 9 | - | <5 | - | <5 |
| Royal Surrey PR Programme | 98 | 39/40 | 78 | 37 | 100 | 38 | 87 | 30 | 77 | 39 | 48 | 29 | - | <5 |
| Royal United PR Programme | - | <5 | - | <5 | - | <5 | - | <5 | - | <5 | - | <5 | - | <5 |
| Rushcliffe Cardio-respiratory service | 100 | 24/21 | 58 | 24 | 96 | 24 | 94 | 18 | 75 | 24 | 56 | 16 | 50 | 18 |
| S&SOT Community Respiratory Team | 87 | 191/219 | 65 | 182 | 0 | 182 | 67 | 109 | 57 | 191 | 90 | 106 | 66 | 109 |
| Salford's Breathing Better PR Programme | 90 | 55/61 | 100 | 53 | 26 | 50 | 100 | 21 | 38 | 55 | 76 | 21 | 71 | 21 |
| Sandwell and West Birmingham Community Respiratory Service | 93 | 25/27 | 72 | 25 | 100 | 25 | 83 | 18 | 72 | 25 | 71 | 17 | 50 | 18 |
| SEPT PR Programme | 41 | 24/58 | 63 | 24 | 0 | 24 | 0 | 21 | 88 | 24 | 38 | 21 | 74 | 19 |
| Sheffield Community PR Service | 83 | 112/135 | 84 | 105 | 0 | 110 | 100 | 62 | 55 | 112 | 57 | 60 | 63 | 32 |
| Shropshire PR | 94 | 67/71 | 73 | 64 | 0 | 62 | 95 | 42 | 63 | 67 | 74 | 38 | 64 | 42 |
| Solent Hampshire PR Programme | 75 | 65/87 | 68 | 60 | 0 | 60 | 98 | 50 | 77 | 65 | 62 | 50 | 64 | 50 |
| Solent Portsmouth PR Programme | 55 | 21/38 | 35 | 20 | 0 | 20 | 100 | 16 | 76 | 21 | 75 | 16 | 69 | 16 |
| Solihull Community Respiratory Team | 100 | 27/25 | 54 | 24 | 28 | 25 | 33 | 21 | 78 | 27 | 67 | 21 | 57 | 14 |

National COPD Audit Programme: Pulmonary rehabilitation combined organisational and clinical report 2017

| Service name | Audit cases ^g | | Process items | | | | | | Outcome items | | | | | |
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| | | | | | % | De | % | De | | | % | De | | |
| % ^j | n/N ^k | % | De | % | De | % | De | % | De | % | De | % | De | |
| National mean (all services combined) | 81 | 7,476/9,279 | 60 | 6,965 | 32 | 6,623 | 81 | 4,637 | 62 | 7,476 | 63 | 4,254 | 60 | 4,169 |
| National QI aim | 100 | | 85 | | 100 | | | | 70 | | | | | |
| Solway Community PR Programme | 100 | 10/10 | 22 | 9 | 89 | 9 | 83 | 6 | 60 | 10 | 33 | 6 | 67 | 6 |
| South Doc Community PR Service | 78 | 64/82 | 93 | 55 | 0 | 64 | 100 | 21 | 33 | 64 | 62 | 21 | 62 | 21 |
| South Gloucestershire PR | 71 | 12/17 | 100 | 12 | 83 | 12 | 56 | 9 | 75 | 12 | 50 | 8 | 78 | 9 |
| South Lakes Community Respiratory Service | 38 | 8/21 | 50 | 8 | 100 | 8 | - | <5 | 63 | 8 | - | <5 | - | <5 |
| South Manchester PR Programme | 28 | 14/50 | 86 | 14 | - | <5 | 100 | 10 | 71 | 14 | 40 | 10 | 29 | 7 |
| South Tees PR Service | 100 | 77/50 | 70 | 77 | 0 | 75 | 24 | 42 | 55 | 77 | 66 | 41 | 45 | 42 |
| South Tyneside PR Programme (Acute) | 61 | 31/51 | 20 | 30 | 0 | 26 | 93 | 14 | 45 | 31 | 54 | 13 | 64 | 11 |
| South Warwickshire PR Programme | 100 | 26/26 | 12 | 26 | 0 | 26 | 100 | 18 | 69 | 26 | 72 | 18 | 61 | 18 |
| South West Surrey Respiratory Care Team | 100 | 10/9 | 10 | 10 | 100 | 10 | 100 | 7 | 70 | 10 | - | <5 | 57 | 7 |
| Southampton Integrated COPD Team PR Programme | 58 | 52/90 | 86 | 51 | 90 | 51 | 100 | 35 | 67 | 52 | 78 | 32 | 53 | 32 |
| Southend PR Programme | 98 | 58/59 | 66 | 56 | 0 | 58 | 30 | 40 | 69 | 58 | 69 | 39 | 46 | 37 |
| Southport and Ormskirk Hospital PR service | 95 | 20/21 | 90 | 20 | 0 | 13 | 0 | 9 | 45 | 20 | 13 | 8 | 50 | 8 |
| St Mary's Hospital PR Programme | 91 | 30/33 | 86 | 29 | 0 | 29 | 88 | 24 | 80 | 30 | 71 | 24 | 52 | 23 |
| St Thomas' Hospital PR programme | 94 | 63/67 | 52 | 52 | 79 | 57 | 100 | 24 | 38 | 63 | 55 | 22 | 64 | 22 |
| St Helens PR Service | 86 | 51/59 | 71 | 48 | 0 | 48 | 100 | 27 | 53 | 51 | - | <5 | 70 | 27 |
| Stafford PR Programme | 72 | 18/25 | 94 | 17 | 0 | 18 | 100 | 18 | 100 | 18 | 72 | 18 | 61 | 18 |

| Service name | Audit cases ^g | | Process items | | | | | | Outcome items | | | | | |
|--|--------------------------|-------------|---|-------|---|-------|---|-------|---|-------|--|-------|---|-------|
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| | | | | | % | De | % | De | | | % | De | | |
| % ^j | n/N ^k | % | De | % | De | % | De | % | De | % | De | % | De | |
| National mean (all services combined) | 81 | 7,476/9,279 | 60 | 6,965 | 32 | 6,623 | 81 | 4,637 | 62 | 7,476 | 63 | 4,254 | 60 | 4,169 |
| National QI aim | 100 | | 85 | | 100 | | | | 70 | | | | | |
| Suffolk PR Team | 100 | 97/82 | 62 | 95 | 63 | 82 | 90 | 61 | 63 | 97 | 61 | 59 | 58 | 60 |
| Sunderland Community PR Programme | 31 | 13/42 | 92 | 13 | 0 | 9 | - | <5 | 0 | 13 | - | <5 | - | <5 |
| Tier 2 Respiratory Service | 100 | 24/24 | 19 | 21 | 0 | 17 | 100 | 13 | 54 | 24 | 62 | 13 | 69 | 13 |
| Torbay PR Programme | 44 | 27/62 | 86 | 21 | 0 | 22 | 100 | 16 | 59 | 27 | 63 | 16 | 57 | 14 |
| Tower Hamlets PR Service | 67 | 47/70 | 69 | 45 | 80 | 41 | 100 | 28 | 60 | 47 | 63 | 27 | 42 | 24 |
| University Hospital Llandough PR Service | 76 | 22/29 | 9 | 22 | 0 | 22 | 0 | 20 | 91 | 22 | 35 | 20 | 80 | 20 |
| University Hospital Southampton PR Programme | 30 | 6/20 | 83 | 6 | 50 | 6 | - | <5 | 33 | 6 | - | <5 | - | <5 |
| Walsall PR Service | 86 | 30/35 | 33 | 30 | 0 | 30 | 100 | 19 | 63 | 30 | - | <5 | 74 | 19 |
| Waltham Forest PR | 100 | 58/52 | 55 | 53 | 17 | 58 | 100 | 45 | 78 | 58 | 71 | 45 | 38 | 45 |
| Wandsworth PR Service | 71 | 35/49 | 31 | 32 | 67 | 33 | 5 | 21 | 60 | 35 | 62 | 21 | 31 | 16 |
| Warrington PR Service | 100 | 25/25 | 40 | 25 | 0 | 25 | 100 | 17 | 68 | 25 | 65 | 17 | 59 | 17 |
| West Herts Community Respiratory Service | 92 | 81/88 | 89 | 75 | 100 | 74 | 100 | 54 | 67 | 81 | 69 | 48 | 69 | 54 |
| West Kent PR Service | 81 | 76/94 | 50 | 76 | 86 | 76 | 100 | 55 | 72 | 76 | 61 | 51 | 57 | 54 |
| Whittington PR | 27 | 35/132 | 76 | 34 | 0 | 21 | 75 | 20 | 57 | 35 | 53 | 19 | 44 | 18 |
| Wirral COPD PR & Oxygen Service | 95 | 74/78 | 82 | 66 | 0 | 68 | 100 | 48 | 65 | 74 | 48 | 48 | - | <5 |
| Wolverhampton PR Service | 100 | 23/22 | 95 | 22 | 0 | 23 | 0 | 15 | 65 | 23 | 47 | 15 | 53 | 15 |

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| | % ^j | n/N ^k | % | De | % | De | % | De | % | De | % | De | % | De |
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| National QI aim | 100 | | 85 | | 100 | | | | 70 | | | | | |
| Worthing & Southlands PR Programme | 88 | 38/43 | 92 | 38 | 94 | 35 | 97 | 32 | 84 | 38 | 48 | 31 | 55 | 31 |
| York PR | 79 | 33/42 | 13 | 31 | 0 | 31 | 26 | 23 | 70 | 33 | 68 | 22 | 45 | 20 |

Appendix A: BTS Summary of Quality Standards for Pulmonary Rehabilitation in Adults (2014)

| No. | Quality statement |
|-----|--|
| 1 | Referral for pulmonary rehabilitation: a. People with COPD and self-reported exercise limitation (MRC dyspnoea 3–5) are offered pulmonary rehabilitation. b. If accepted, people referred for pulmonary rehabilitation are enrolled to commence within 3 months of receipt of referral. |
| 2 | Pulmonary rehabilitation programmes accept and enrol patients with functional limitation due to other chronic respiratory diseases (for example bronchiectasis, ILD and asthma) or COPD MRC dyspnoea 2 if referred. |
| 3 | Referral for pulmonary rehabilitation after hospitalisation for acute exacerbations of COPD: a. People admitted to hospital with acute exacerbations of COPD (AECOPD) are referred for pulmonary rehabilitation at discharge. b. People referred for pulmonary rehabilitation following admission with AECOPD are enrolled within 1 month of leaving hospital. |
| 4 | Pulmonary rehabilitation programmes are of at least 6 weeks duration and include a minimum of twice-weekly supervised sessions. |
| 5 | Pulmonary rehabilitation programmes include supervised, individually tailored and prescribed, progressive exercise training including both aerobic and resistance training. |
| 6 | Pulmonary rehabilitation programmes include a defined, structured education programme. |
| 7 | People completing pulmonary rehabilitation are provided with an individualised structured, written plan for ongoing exercise maintenance. |
| 8 | People attending pulmonary rehabilitation have the outcome of treatment assessed using as a minimum, measures of exercise capacity, dyspnoea and health status. |
| 9 | Pulmonary rehabilitation programmes conduct an annual audit of individual outcomes and process. |
| 10 | Pulmonary rehabilitation programmes produce an agreed standard operating procedure. |

British Thoracic Society. *BTS quality standards for pulmonary rehabilitation in adults*. London: BTS, 2014.
www.brit-thoracic.org.uk/standards-of-care/quality-standards/bts-pulmonary-rehabilitation-quality-standards/

For further information on the overall audit programme or any of the workstreams, please see our website or contact the national asthma and COPD audit team directly:

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@NACAPaudit
#COPDaudit #COPDPRaudit
#COPDPRbreathebetter

If you would like to join our mailing list and be kept informed of updates and developments in the National Asthma and COPD Audit Programme, please send us your email address and contact details.

Commissioned by:



HQIP

Healthcare Quality
Improvement Partnership