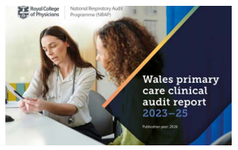
# NRAP impact report 2026

We published two key reports in 2026:




1 *Room to breathe* – our annual state of the nation review of respiratory care in 2024–25




2 *Wales primary care clinical audit report 2023–25* – reporting on asthma and chronic obstructive pulmonary disease primary care data (COPD) in Wales.

**Over the past year, we've implemented our first outlier policy and refreshed our service participation strategy.**

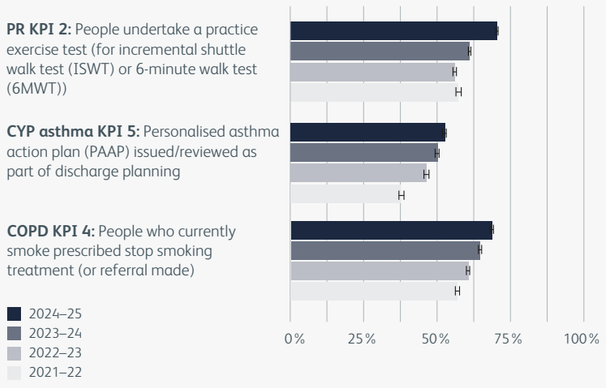
This work focuses on building relationships with services that do not engage with NRAP, encouraging them to start (or resume) entering patient data and improving case ascertainment.

This has led to:

- **18 COPD services** identified as outliers, with 15 re-engaged
- **Six PR services** identified as outliers, with four re-engaged
- **25 adult asthma services** identified as outliers, with 23 re-engaged
- **Six children and young people asthma services** identified as outliers, with six re-engaged.

This work makes our insights more representative and meaningful, while giving more services the tools to drive local improvement.

In *Room to breathe*, we reviewed data from the past 4 years. Encouragingly, the findings show improvement across COPD, children and young people's (CYP) asthma, and pulmonary rehabilitation (PR), particularly in the delivery of fundamental care. This includes access to tobacco dependence support for people with COPD, access to personalised asthma action plans for children and young people, and the use of high-quality objective tests to measure exercise capacity during PR.




## Spotlight on PR

We continued to support NHS England with the flow of pulmonary rehabilitation data into the NHS Federated Data Platform, reaching the majority of services in England.

The platform uses monthly NRAP PR data to highlight priority insights for services and systems in England, helping teams to better understand health inequalities, access to and completion of PR.

We continued to run our pulmonary rehabilitation community of practice (PR CoP) in collaboration with the PR Services Accreditation Scheme (PRSAS), also hosted at the RCP. The CoP brings together people working in PR to engage in collective learning, discussion and improvement. Since 2025, we've hosted nine sessions attended by more than 1,000 people, covering topics such as access to PR, health inequalities and clinical measurements. We've even gone international, with one speaker sharing the experience of access to PR in Australia.



**We are now focusing on driving improvement in some of the poorer performing KPIs.**

Our soon-to-be-published Patient Group Direction template for steroid delivery in emergency departments is designed to support nurses in healthcare settings where a child or young person may present with an acute exacerbation of diagnosed asthma that cannot be managed with their usual rescue therapies, to administer oral corticosteroids within 1 hour of presentation.

This practical tool is just one of several resources to support services.



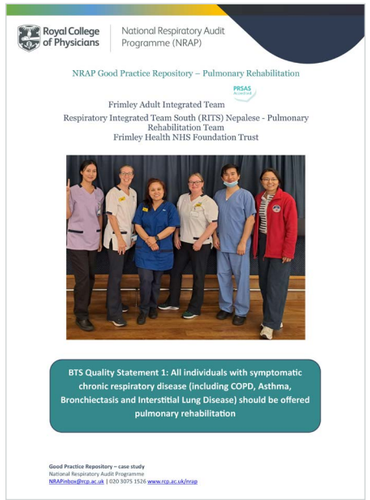
**Commissioned by**

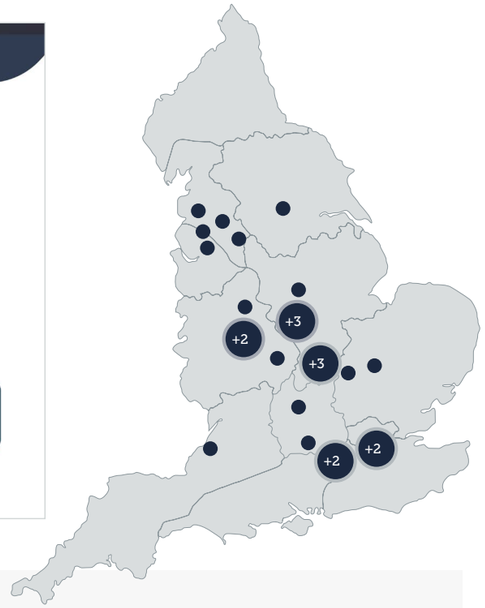
HQIP
Healthcare Quality Improvement Partnership

# NRAP impact report 2026 – local focus

During 2024–25, NRAP delivered a 12-month healthcare improvement education programme for respiratory teams.

Each team delivered a local healthcare improvement (HI) project, using NRAP data to understand where need was greatest and to track progress. NRAP supported teams through tailored online learning, workshops, and dedicated improvement coaching.




> Being an NRAP coach has improved my confidence in supporting teams to carry out QI projects.'

# What did the programme achieve?

- All 25 teams in the programme had a specific SMART aim statement and a method for measuring success, allowing them to demonstrate the tangible impact of their projects.
- 80 % of teams are more involved with HI since joining the programme.
- 80 % are more confident in knowing how to use HI methodology.
- Royal Albert Edward Infirmary in Wigan delivered four PDSA cycles to improve accurate oxygen prescribing for people with COPD, aiming to achieve correct target sats in more than 80 % of patients. The team focused on teaching foundation year 1 doctors and emergency department doctors about the relevant British Thoracic Society guidelines for oxygen prescribing. Following the project, all wards met the 80 % prescribing target for oxygen.
- Frimley pulmonary rehabilitation team increased referral rates for pulmonary rehabilitation from the local Nepalese community from 1.53 % to 12 %.
- Nottingham Integrated Respiratory and Home Oxygen Service reduced the do not attend (DNA) rates for nurse clinics by 64 % in 2025, exceeding its 50 % reduction target.

# What is the legacy?

Our website showcases case studies from services on the programme.

All teams considered how to ensure that interventions lead to sustainable and scalable improvement in the future. For example:

- **Business cases:** Numerous teams reported using data and evidence from their improvement projects to create local business cases for ongoing funding and resources.
- **Relationship building:** Many services spoke about improving communication across the trust and between teams to embed changes. Others have delivered workshops or education sessions to share learnings and improve practice.
- **Embedding improvement:** Many services now have ringfenced time to review onging PDSA cycles or other QI activities within the team structure.

Building on the success of the previous programme, NRAP is now working with a further 30+ teams for its 2026–27 cohort.

The refreshed Healthcare improvement strategy for 2026–28 is available online. It sets out healthcare improvement as a core part of our work, and explains how we will ensure that audit intelligence translates into measurable improvements in care quality, patient experience and clinical outcomes.

Royal College of Physicians | NRAP National Respiratory Audit Programme

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