



Royal College  
of Physicians

National Respiratory Audit  
Programme (NRAP)

# Wales primary care LHB comparison report

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IMPERIAL



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Ariennir yn Rhannol gan  
**Lywodraeth Cymru**  
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# How to use this report

## 1. Scope and data collection

This report presents key local health board-level data 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 360 general practices in Wales in February 2024 and capture activity between 1 August 2021 and 31 July 2023. 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 should be used in conjunction with the Wales primary care audit 2021–23 clinical audit report and local health board data reports which can be found [here](#).

This report shows the comparison between LHBs based on the datapoints for the national recommendations made within the Wales primary care clinical audit report. Please note, recommendation 5 is not included in this report as there is no corresponding data in the LHB reports for comparison.

## 3. Data interpretation

In total, 96 % of Welsh practices participated in this audit. We advise caution when comparing these results with previous reports and making assumptions about the quality of care provided nationally. This is because previous audit periods were impacted significantly by the COVID-19 pandemic. Younger children aged 1–5 have not been included in this round of the audit.

A separate data analysis and methodology report is available [here](#).

## 4. Intended audience for this report

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.

We strongly advise that primary care clinicians and managers discuss these findings at the new professional collaboratives and pan-cluster planning groups being implemented as part of Accelerated Cluster Development so that concerns and best practice are shared as a basis for service development.

# Summary of national recommendations



Local health boards **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.



Local health boards **should ensure that tobacco dependency pathways are embedded in primary care,** so that all children and young people with asthma have **second-hand smoke exposure** recorded, and parents/carers of children with asthma who smoke receive Very Brief Advice and are offered support to quit by July 2025. This will further support the Welsh government's ambition to be smoke-free by 2030.



Local health boards **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.



Local health boards 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.



Local health boards and Digital Health and Care Wales (DHCW) should **promote the use of preferred respiratory SNOMED CT codes** as used within the NRAP audit to ensure accurate coding for patients with asthma and/or COPD, thereby improving the quality of data available for services by the next data extraction in the NRAP audit in August 2025.

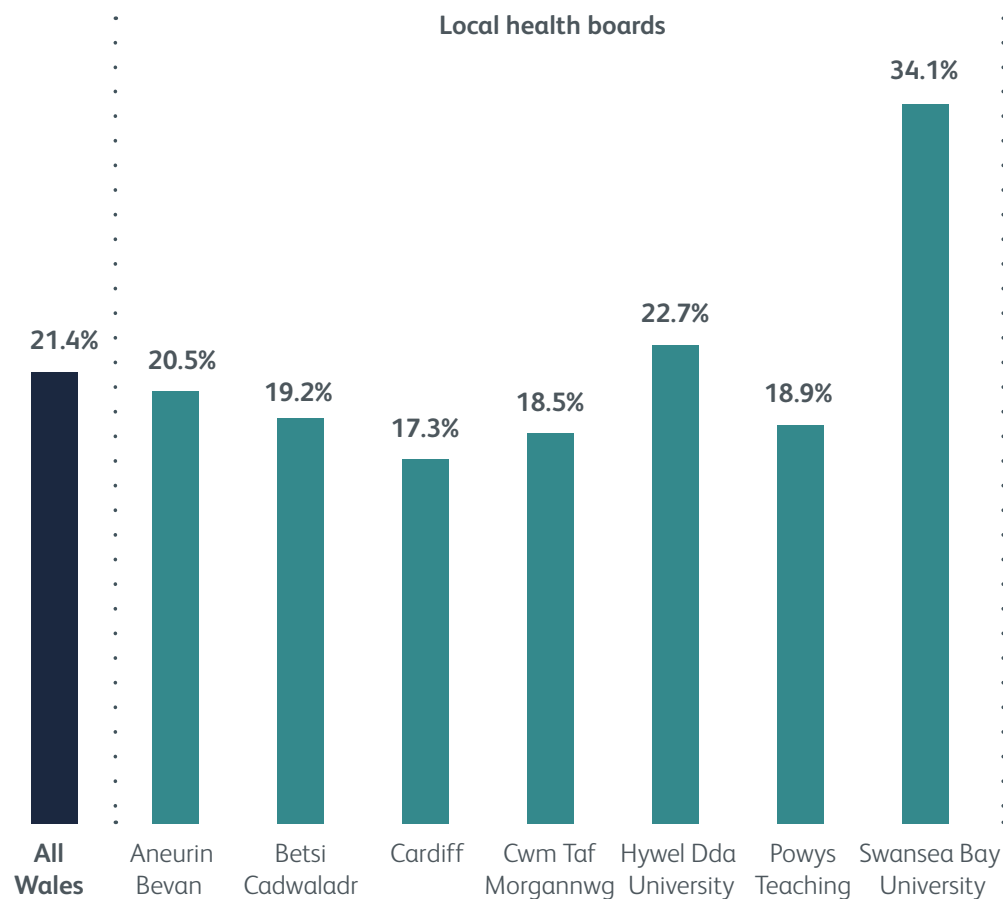
# Delivering earlier, accurate diagnosis – patients with COPD

## Recommendation 1

Local health boards 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.

## Data point for comparison

Diagnosing COPD in adults – any post-bronchodilator code available in the last 2 years



# Delivering earlier, accurate diagnosis – adult patients with asthma

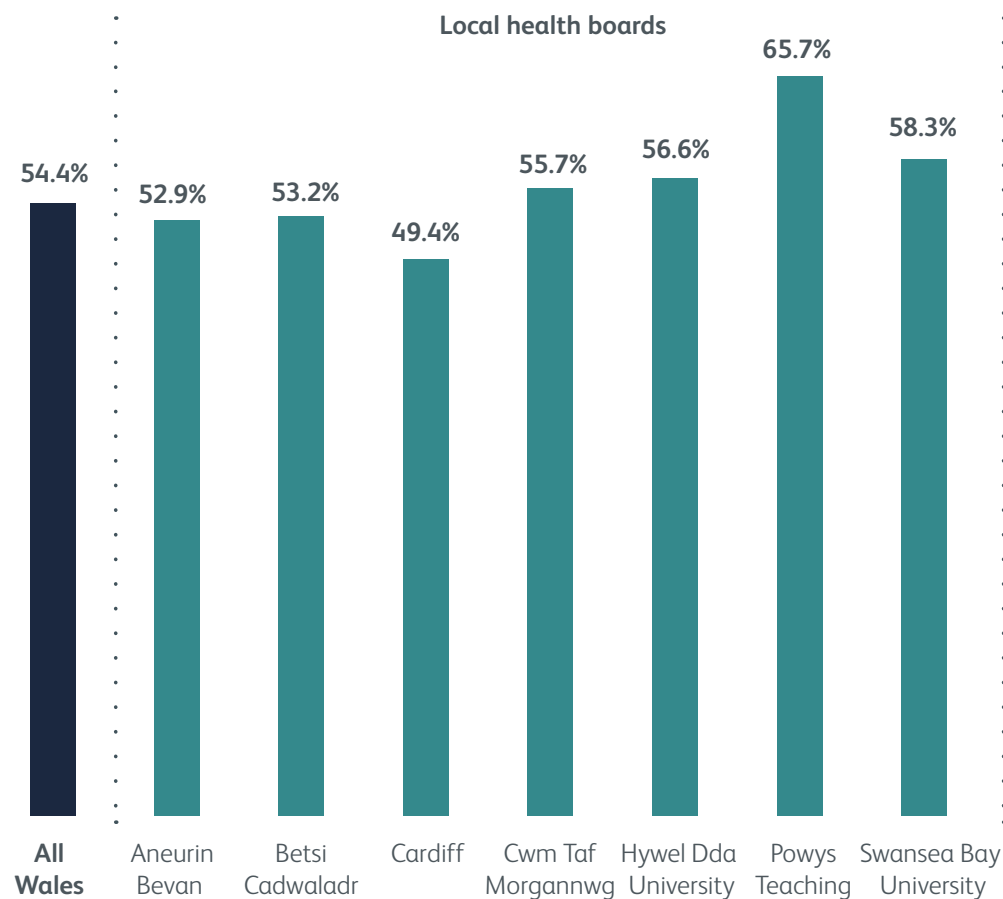
## Recommendation 1

Local health boards 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.

## Data point for comparison

**Diagnosing adult patients with asthma – any objective measurement in the last 2 years (any objective measurement is defined as spirometry, peak flow (>1 reading or evidence of peak flow diary) or FeNO)\***

\* FeNo = fractional exhaled nitric oxide



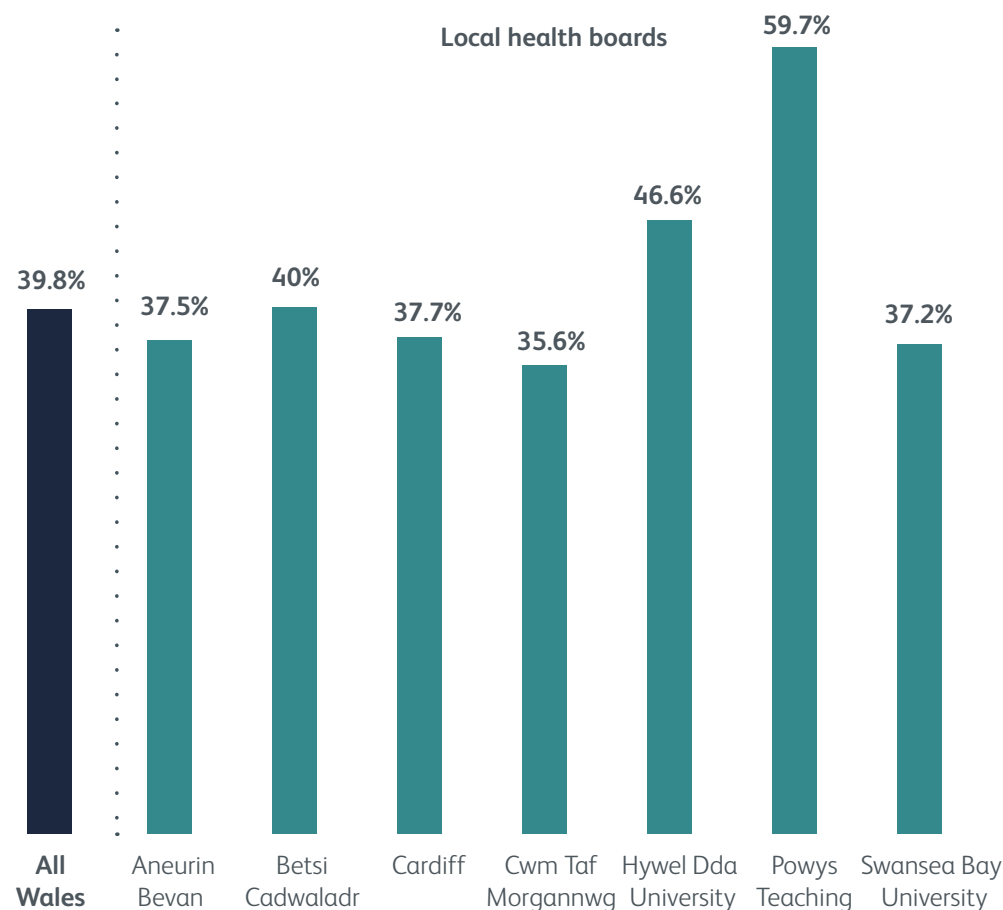
# Delivering earlier, accurate diagnosis – children and young people with asthma

## Recommendation 1

Local health boards 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.

## Data point for comparison

Diagnosing asthma in children and young people – any objective measurement in the last 2 years (any objective measurement is defined as spirometry, peak flow (>1 reading or evidence of peak flow diary) or FeNO)





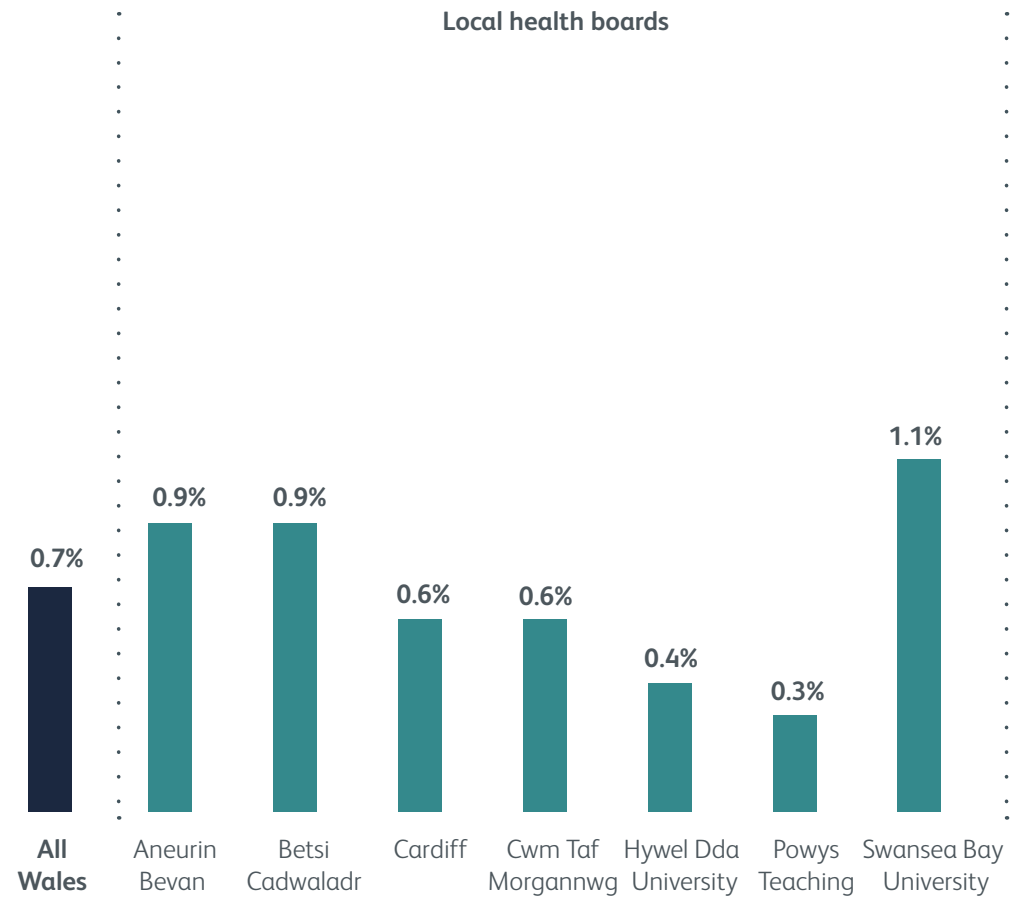
# Reducing exposure to second-hand smoke in children and young people with asthma (6–18 years)

## Recommendation 2

Local health boards should ensure that tobacco dependency pathways are embedded in primary care, so that all children and young people with asthma have second-hand smoke exposure recorded, and parents/carers of children with asthma who smoke receive Very Brief Advice and are offered support to quit by July 2025. This will further support the Welsh government’s ambition to be smoke-free by 2030.

## Data point for comparison

Exposure to second hand smoking in children – asked about exposure to second-hand smoke



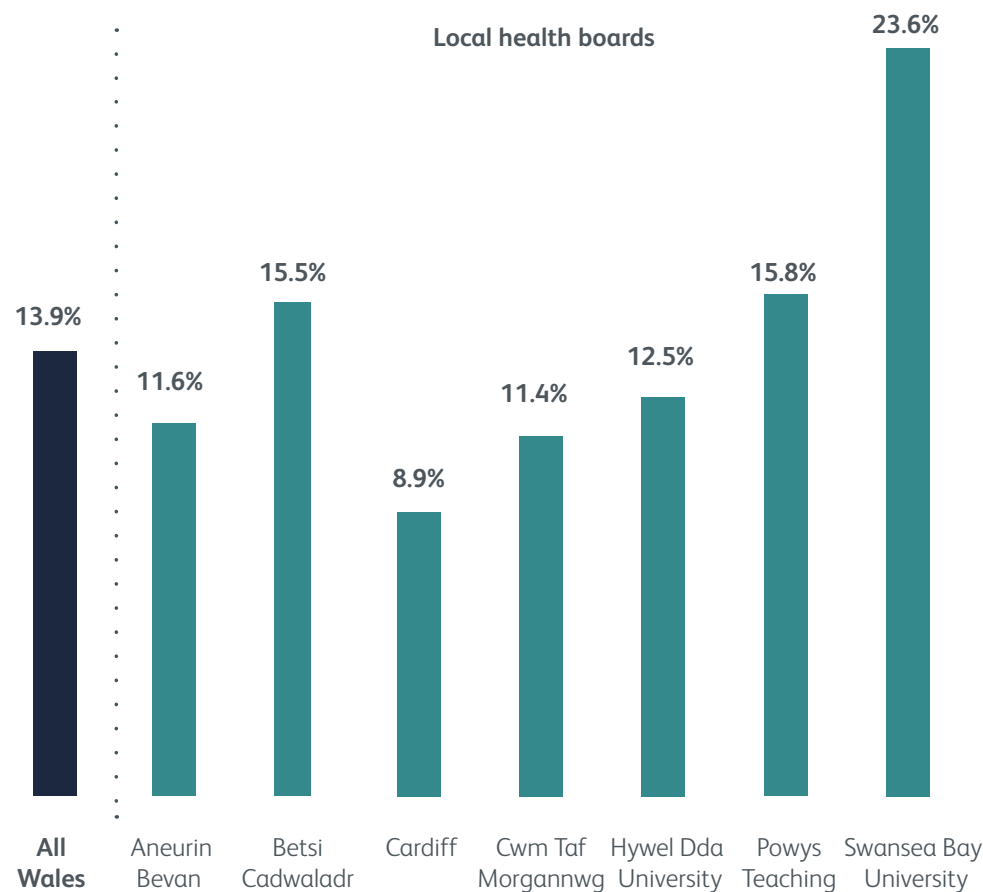
# Ensuring timely access to pulmonary rehabilitation (PR) – patients with COPD

## Recommendation 3

Local health boards 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.

## Data point for comparison

Percentage of people with COPD who are breathless (MRC score 3–5) and have been referred for pulmonary rehabilitation in the last 3 years



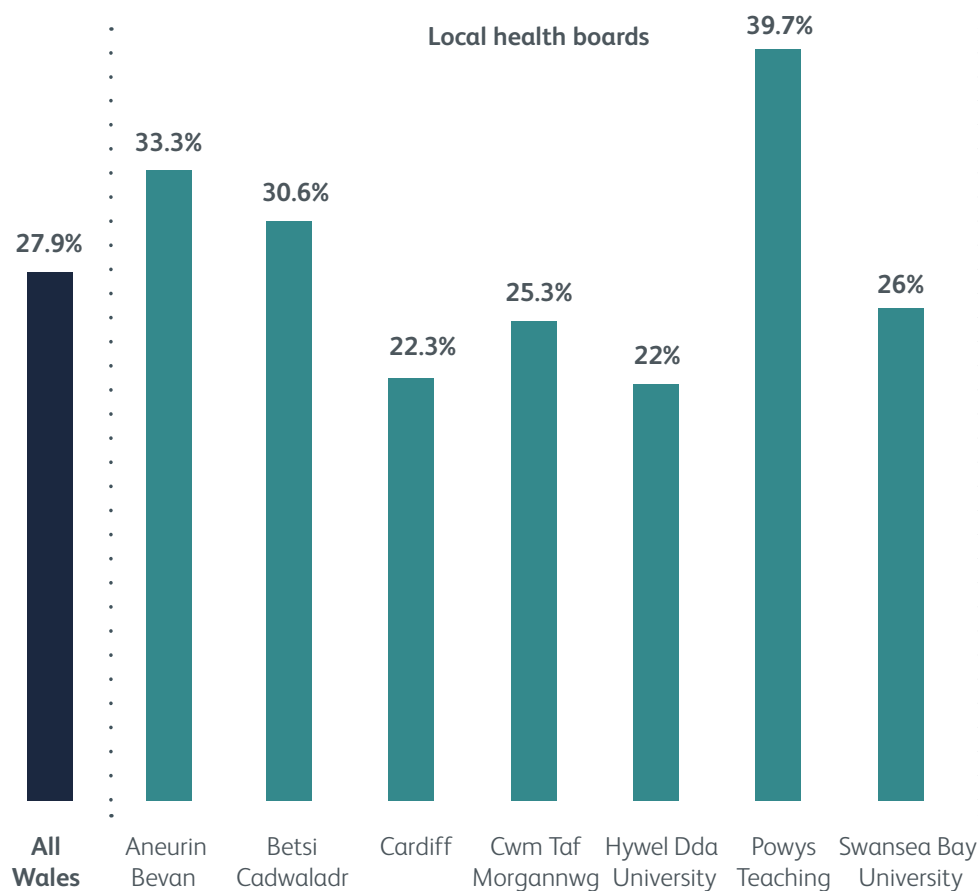
# Promoting the use of personalised asthma action plans (PAAPs) – adults with asthma

## Recommendation 4

Local health boards 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.

### Data point for comparison

Percentage of adult patients with asthma who have had a PAAP anytime in the last 15 months



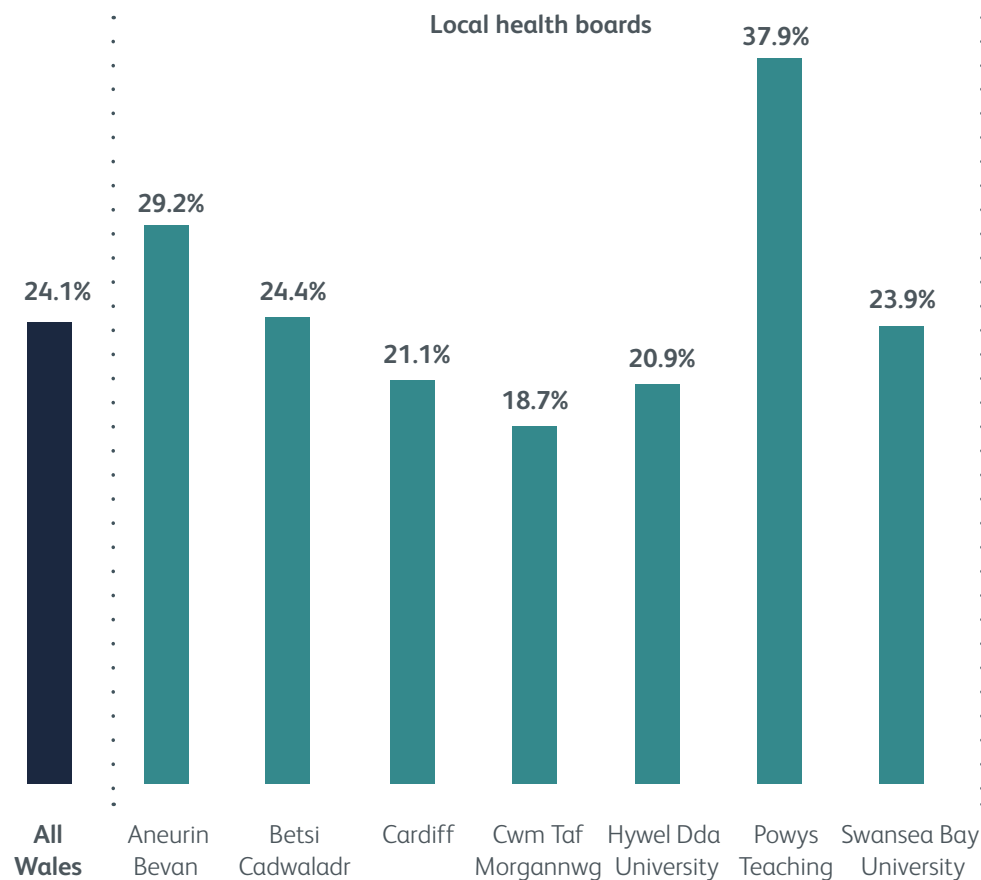
# Promoting the use of personalised asthma action plans (PAAPs) – children and young people with asthma

## Recommendation 4

Local health boards 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.

## Data point for comparison

Percentage of children and young people with asthma who have had a PAAP anytime in the last 15 months



## 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) as part of the National Clinical Audit Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges and the Royal College of Nursing. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies. [www.hqip.org.uk/national-programmes](http://www.hqip.org.uk/national-programmes).

## 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

This report was produced by:

**Dr Katherine Hickman**, NRAP primary care clinical lead; and GP, Low Moor Medical Practice, Bradford. chair of the primary Care Respiratory Society

**Professor Jennifer Quint**, NRAP analysis lead; professor of respiratory epidemiology, School of Public Health, Imperial College London; honorary respiratory consultant, Royal Brompton and Imperial NHS trusts

**Dr Alexander Adamson**, NRAP data analyst; research associate – medical statistician, Imperial College London

**Professor Tom Wilkinson**, NRAP senior clinical lead; Professor of Respiratory Medicine, associate dean Faculty of Medicine, honorary consultant University Hospital Southampton NHS Foundation Trust, NIHR senior investigator

**Jodie Henderson**, project manager, NRAP, Care Quality Improvement Directorate (CQID), RCP

**Eleanor Rochell**, programme coordinator, NRAP, CQID, RCP

**Lara Amusan**, programme manager, NRAP, CQID, RCP

**Rachael Hodges**, deputy programme manager, NRAP, CQID, RCP

## NRAP Advisory Group NRAP Board

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## National Respiratory Audit Programme (NRAP)

Royal College of Physicians

11 St Andrews Place  
Regent's Park  
London NW1 4LE

The Spine  
2 Paddington Village  
Liverpool L7 3EA

Tel: +44 (0)20 3075 1526

Email: [nrapinbox@rcp.ac.uk](mailto:nrapinbox@rcp.ac.uk)

[www.rcp.ac.uk/nrap](http://www.rcp.ac.uk/nrap)

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