



# National Respiratory Audit Programme (NRAP)

## Service Participation Strategy

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### Short term objective

- To define the meaning of participation in the National Respiratory Audit Programme (NRAP).
- To outline a routine process for addressing decreased participation within individual services.
- To outline the continuous methods for maintaining and improving participation across all workstreams.

### Long term objective

- To minimise the number of outlier services across all workstreams in upcoming audit years.
- To increase case ascertainment rates across all workstreams in upcoming audit years.

### Definitions of participation and case ascertainment

All hospital services in England and Wales who have inpatients for COPD and adult or CYP asthma, and all pulmonary rehabilitation (PR) services that enrol people for PR, are required to register and participate with the National Respiratory Audit Programme.

Audit participation is defined by:

- The overall number and percentage of eligible services that are registered and actively entering patients into each audit. Eligible services are those who report 60 or more eligible cases in a year via HES/PEDW, and all PR services registered on the webtool.
- Eligible services that do not register for the audit, and registered services who do not enter more than 10 patients into the audit each year, are deemed to be non-participants.



Case ascertainment refers to the proportion of eligible patient records entered by a service into each audit. This is tracked annually and calculated retrospectively based on number of records entered to the audits compared to national hospital asthma and COPD exacerbation data obtained from Hospital Episode Statistics (HES) and Patient Episode Database for Wales (PEDW). For PR services, a separate online survey is conducted by NRAP to determine case ascertainment rates. Ideally, all services would enter all eligible patients to the audit, obtaining a case ascertainment value of 100%.

## Current case ascertainment per workstream

NRAP workstream	Case ascertainment (England and Wales)
COPD	52.2%
Adult asthma	49.4%
CYPA	74.5%
PR (all cases)	74.9%

Table 1: Case ascertainment figures - 2024/25 audit year

## Current participation rates per workstream

The NRAP team currently tracks participation through multiple methods including quarterly data deadline chasing, participation snapshot analysis and review of annual case ascertainment figures.

NRAP Workstream	Participating units	Non-participating units	All units*	Participation %
COPD	183	7	190	96%
Adult asthma	170	21	191	89%
CYP	152	13	165	92%
PR	171	18	189	90.5%

Table 2: NRAP participation (current cohort year: 01 April 2025 to present date February 2026)

\*Please note: This is **not** a representation of all eligible units across England and Wales.



## Data deadline outreach and participation analysis process

NRAP currently operates a process of outreach to services that have submitted no/low number of patient records in the three months before the deadline.

Data deadlines occur on a quarterly basis throughout the audit year (31 March – 01 April). A full breakdown of the 2026 – 2028 deadline can be found [here](#).

### Data deadline outreach process

- > 6 weeks prior to the deadline – all services (per workstreams) will be notified of upcoming data deadline via email in attempt to encourage participation.
- > 5 weeks prior to the deadline – first export of case submission figures for all services across workstreams. The NRAP team analyse submission rates in the three months before the data deadline to identify services with low/no case submissions. Low submission thresholds vary per workstream; see the table below.

NRAP workstream	Low submission threshold
COPD	20 cases in the previous 3 months
Adult asthma	15 cases in the previous 3 months
CYP	10 cases in the previous 3 months
PR	15 cases in the previous 3 months

*\*NRAP are aware that specific services have low annual case numbers, said services will be documented and excluded from the outreach where appropriate*

- > 4 weeks prior to the deadline – bespoke emails are sent directly to audit teams at both low-participating and non-participating sites to offer support and encourage participation. Responses from services are documented for future reference.
- > 1 week post deadline – second export of case submission figures for all services across workstreams which is compared against pre-deadline export. NRAP team identify services that still have not improved participation. Following the first deadline (August) and third deadline (February), non-participating services are to be escalated to the Trust Medical Director and CEO.



### Information included in email communications to low/non-participating services

- Offer of support to start participating (if not already).
- How services can benefit from submitting data to the audit (including access to real-time benchmarking tables, run charts).
- How important it is to ensure the quality of care for patients going forward.
- Provide sign posting to all necessary workstream resources and healthcare improvement resources.
- As previously outlined, non-participating services are escalated to the Trust CEO and Medical Director, additional information is included at this point:
  - Confirmation that participating in NRAP is mandatory for eligible services through the NHS Quality Accounts, which are part of the NHS Standard Contract.
  - Confirm that if no response is received and there is no participation over 12-month period, the NRAP [outlier policy](#) will be followed. Please see the full outlier policy for more information on this process.

## Support for data entry

### *Import function*

Services with high levels of patient records are encouraged to utilise the webtool's [import function](#). Services can collect data in a .csv spreadsheet for all patients within a cohort period. This file is then imported to the webtool, allowing numerous patient records to be inputted at a fraction of the time. Although, this method can affect the live run charts as data will not be uploaded in tandem with patient admission and discharge. The NRAP team will continue to encourage monthly uploads to combat this.

### *Data collection sheets*

NRAP have created data collection sheets for use across secondary care workstreams, allowing services to print an individual sheet for each patient. This sheet contains all questions included in manual data entry, ensuring all data is collated before data entry so that no audit questions are missed.



### Good practice repository

In addition to targeting services with lower levels of participation, NRAP will use its [good practice repository](#) and [case studies](#) to share examples of approaches and healthcare improvements across the audit programme. The aim is to share the processes of services with high participation and share learnings that demonstrate the tangible benefits of taking part in the audit.

## Monitoring and Evaluation

Participation rates will be documented and reported directly to HQIP, and updates are to be provided at clinical leads meetings on a quarterly basis. Furthermore, participation figures will be presented to NRAP Board members on a bi-annual basis.

The NRAP team will evaluate the effects of implementing the service engagement strategy after each deadline, using tracking documents to analyse levels of participation from services to assess where communications and guidance have had an impact on hospital data submissions. Furthermore, snapshots of participation rates will be continually recorded throughout the audit year to serve as benchmarks for future comparison, and to identify the number of outlier services per workstream. An annual review of retrospective case ascertainment figures from the previous audit year will be analysed to assess progress.