Room to breathe
State of the nation report
Key findings

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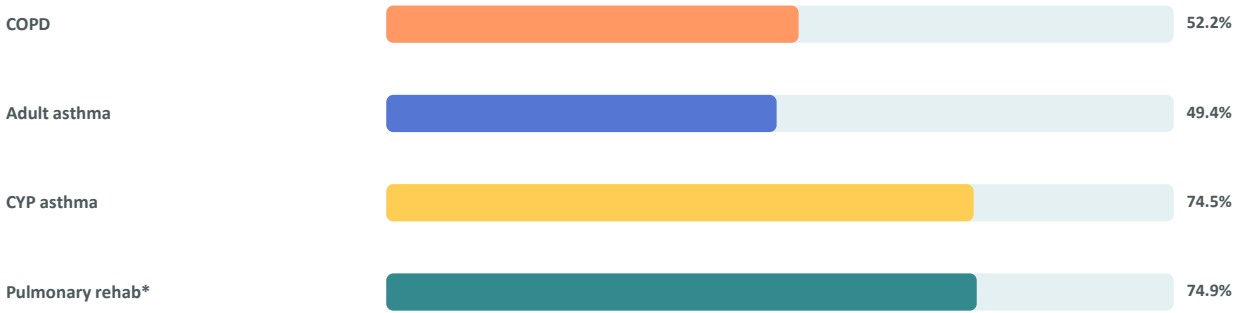
Royal College of Physicians | National Respiratory Audit Programme (NRAP)

Participation and case ascertainment



*Pulmonary rehabilitation figures are based on services that completed the NRAP case ascertainment survey.

Why it matters

High case ascertainment and strong service participation are vital to ensuring that audit data reflect current practice.

Local use

Consistent involvement enables services to implement data-driven quality improvement activity at site level.

Today's focus

Understand the national picture

What the 2024/25 data tell us about care for asthma, COPD and pulmonary rehabilitation across England and Wales.

Reflect on local priorities

Why case ascertainment, service participation and variation matter when interpreting audit findings.

Move from insight to action

Where existing recommendations and healthcare improvement resources can support local teams.

What is *Room to breathe*?

Scope

2024–25 data from people with asthma and COPD admitted to hospital with an exacerbation, and people assessed for pulmonary rehabilitation between 1 April 2024 and 31 March 2025.

Purpose

A focused update on progress against key performance indicators across workstreams from 2021/22 to 2024/25.

~100k

acute admissions covered in the report

~48k

pulmonary rehabilitation assessments

690

participating sites across workstreams in 2024/25

676 → 690

participating sites increased from 2023/24 to 2024/25

Progress is visible, but inconsistent

Some areas show encouraging improvement; other priorities remain static or below optimal, with variation across services.

Chronic obstructive pulmonary disease

98%

patients prescribed oxygen to a target saturation

19%

patients treated with NIV within 2 hours

33%

patients had a completed discharge bundle

Sustained gains

Target saturation oxygen prescribing has maintained excellent performance at showing that improvement gains can be sustained when monitored.

Prevention opportunity

37% tobacco dependence among hospitalised patients with COPD indicates missed opportunities before admission.

Priority gaps

NIV within 2 hours, specialist review within 24 hours and discharge bundle completion remain below optimal.

Adult asthma

3.2h

median time from arrival to systemic steroids

8.3%

hospitals providing all core discharge bundle elements to 90%+ of patients

24.3%

hospitals achieving the bundle in fewer than 10% of cases

First-hour care

Early oral steroids are associated with reduced need for hospital admission, making first-hour care a practical improvement opportunity.

Discharge bundle reliability

NRAP evidence shows an association between discharge bundle provision and reduced readmission.

Children and young people asthma

38%

received systemic corticosteroids within 1 hour in 2024/25

35% → 38%

small improvement from 2021/22 to 2024/25

63%

had inhaler technique checked at discharge

52%

received or reviewed a personalised asthma action plan

Workforce and capacity

The report links limited improvement in discharge interventions to workforce provision and capacity.

Practical support

NRAP is producing a Patient Direction to support timely treatment, with impact monitored through KPI data.

Pulmonary rehabilitation

27,507 → 47,234

increase in case submissions from 2023/24 to 2024/25

57% → 70%

practice walk test completion improved from 2021/22 to 2024/25

100 days

average wait from referral to start for stable COPD

107 → 100

average wait days improved from 2023/24 to 2024/25

What is improving

Practice walk testing and written individualised exercise plan provision show positive movement.

What still needs focus

Less than half of service users were offered a start date within 90 days of referral, indicating access and capacity pressures.

Variation shows where improvement is achievable

Benchmark

Use service-level data to understand current performance against peers and national trends.

Learn

Identify higher-performing services and explore transferable improvement approaches.

Act

Prioritise interventions that address persistent gaps in the fundamentals of care.

Key message: high-quality care is achievable, but not yet consistently delivered.

Making improvements

1. Participation and completeness

Mandate eligible services to participate in NRAP, aiming for 100% service participation and at least 50% case ascertainment.

2. First-hours care bundle

BTS is working with RCEM and SAM on standardised acute care pathways for asthma and COPD on arrival to hospital.

3. Tobacco dependency treatment

Offer evidence-based treatment and referral to people with COPD and asthma who smoke, and smokers who are parents of children and young people with asthma.

From insight to action

A simple improvement cycle for local teams

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Q & A