



# NRAP Catching our breath: Time for change in respiratory care | State of the nation report 2025

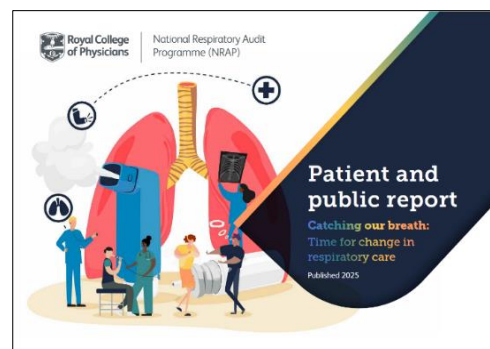
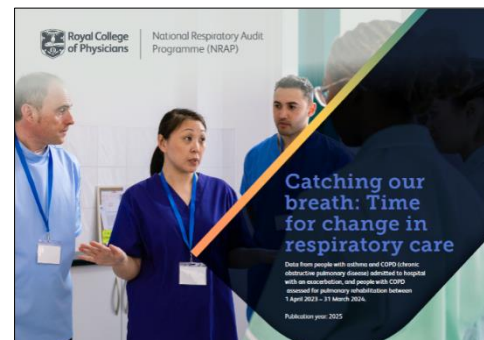
## Healthcare quality improvement support

NRAP's supplementary report provides clear content written by our healthcare improvement team aimed at supporting hospitals, trusts, local health boards, and Integrated Care Boards (ICBs) to implement the 2025 State of the Nation data deep dive report findings, facilitating healthcare quality improvement.

[View the full report.](#)

To access full details, including data linked to each healthcare quality improvement topic area by audit workstream, please visit our [State of the Nation 2025 data deep dive reports](#).

To access all reports included in the 2025 State of the Nation, please click the report front cover.



# Adult asthma: Variation in the completion of a discharge bundle

## Standards and guidelines

The British Thoracic Society includes 4 high impact actions in the asthma discharge bundle (The Asthma 4):

1. Review of medications
2. Provision of a personalised asthma action plan (PAAP)
3. Tobacco dependence advice and support for current smokers
4. Clinical review within 4-weeks

Asthma discharge bundle implementation is variable across the UK as shown in the [asthma deep dive report](#), ranging from 0% to 100%, which implies that achieving good care is possible. By comparing top performing and lower performing services, a key recommendation in the deep dive is enhancing respiratory nurse specialist (RNS) staffing levels to help facilitate bundle completion. Learning lessons from higher achieving teams might improve services elsewhere.

## Potential areas of focus for healthcare quality improvement

- Raise awareness of importance of asthma discharge bundle amongst the multidisciplinary team in different care settings (ED, urgent care, acute medical wards, respiratory ward)
- Encourage inter-disciplinary relationships between emergency department, acute medicine and respiratory to enable identification of patients admitted with acute asthma exacerbation
- Engage with local Integrated Care Boards (ICB) to ensure BPT (in England only) is claimed and directed towards supporting appropriate staffing of respiratory departments.
- Review local respiratory nurse staffing levels to the number of adult asthma

admissions, against the recommendations outlined by the British Thoracic Society, noting that not all asthma nurses will have a formal role in the acute admission and delivery of discharge bundles.

- Review weekend respiratory service provision locally, with a focus on increasing respiratory nurse presence at weekends.

## Good practice repository case studies

**Queen Alexandra Hospital, Portsmouth:** 100% of patients achieved completion and delivery of the asthma discharge bundle (\*of patients submitted to the audit in 2022-23)

### Processes in place to achieve good practice:

- A team of respiratory nurse specialists review patients to ensure the discharge bundle is completed for patients admitted with acute exacerbations of asthma
- Awareness of the specialist respiratory team is increased through regular presentations at nursing staff education days
- The respiratory nurse specialist office is geographically close to respiratory wards, allowing easy access for direct communication and referral
- The hospital uses an IT patient/bed allocation to flag and identify patients admitted with acute exacerbations of asthma
- A clear structured proforma is used when reviewing patients admitted with acute exacerbation of asthma

# Children and young people's asthma: Elements of care received by children admitted with near-fatal asthma

## Standards and guidelines

Asthma is the most common long-term medical condition in children in the UK, which has the highest prevalence, emergency admission and mortality rates in Europe<sup>1</sup>.

It is therefore a major focus for the National Respiratory Audit Programme, as shown in the children and young people's (CYP) asthma deep dive report, with three identified elements of good discharge planning:

1. Inhaler technique check
2. Issue/review personalised asthma action plan (PAAP)
3. Requesting follow-up appointments (2-day community review, 4-week specialist review)

Learning lessons from higher achieving teams might improve services elsewhere.

## Potential areas of focus for healthcare quality improvement

- Have a robust plan in place that will prompt completion of all recommended elements of discharge and the timely administration of systemic steroids, ensuring that the basics are completed.
- Introduce Patient Group Direction (PGD) in ED departments to allow for appropriate and timely administration of systemic steroids.
- Identify and address training needs of clinicians involved in asthma care, in alignment with the National Asthma Bundle of Care for Children and Young People with Asthma

## Good practice repository case studies

**Birmingham Children's Hospital:** 100%\* of children and young people had inhaler technique checked as part of discharge bundle. (\*of patients submitted to the audit in 2022-23)

### Processes in place to achieve good practice:

- All children presenting with asthma have medical assessments documented on an asthma pathway booklet which includes treatment guidelines, drug dosages, and asthma discharge checklist
- The asthma discharge checklist includes inhaler technique review, PAAP, smoking cessation discussion, and referral for follow up
- Members of the multidisciplinary team including ward managers, nurses and allied health professionals oversee and reinforce completion of the checklist
- Regular education sessions provided to ensure ward teams are up to date with asthma competencies available to both clinic outpatients and ward inpatients

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<sup>1</sup> <https://www.asthma.org.uk/about/media/facts-and-statistics/>

# COPD: Key elements of discharge bundle provided as part of discharge

## Standards and guidelines

The British Thoracic Society includes 5 high impact actions in the COPD discharge bundle:

1. Review medication and demonstrate use of inhaler
2. Provide written self-management plan and emergency drug pack
3. Assess and offer referral for smoking cessation
4. Assess for suitability of pulmonary rehabilitation (PR)
5. Arrange follow-up call within 72 h of discharge

COPD discharge bundle implementation is highly variable across the UK as shown in the [COPD deep dive report](#), ranging from 0% to 98%, which implies that achieving good care is possible but is not always achieved. Learning lessons from higher achieving teams might improve services elsewhere.

## Potential areas of focus for healthcare quality improvement

- Optimising local resources and financial incentives for support<sup>2</sup>, including the Best Practice Tariff (BPT) (in England only)
- Ensuring access to [timely specialist respiratory review](#) close to admission allows for the identification of patients admitted with COPD exacerbation, co-ordinating their treatment and facilitating completion of a discharge bundle
- [Sharing staff responsibility](#) across wider multi-disciplinary teams for COPD discharge bundle completion within different settings (respiratory ward,

acute medical ward, emergency department, urgent care units)

- Optimising [education and training in quality improvement](#) amongst staff
- Trialling a [paper or digital proforma or automated electronic prompt](#) for COPD discharge bundle
- Review audit data for local population and identify elements of discharge bundle which are not widely implemented, particularly in those patients from more deprived areas.

## Good practice repository case studies

**Horton General Hospital:** 80.3%\* of patients achieved completion and delivery of the COPD discharge bundle (\*of patients submitted to the audit in 2022-23)

### Processes in place to achieve good practice:

- All staff across the community respiratory, home oxygen, PR and in-reach team share task of completing the discharge bundle to ensure excellent patient care and capture of audit metrics

Discharge bundle completion rates improved following the transition from paper to a digital patient records system, which automatically populated elements of care into the bundle to prompt delivery and ensure accurate capture.

**Salisbury General Hospital:** 78.5%\* of patients received all key elements of the discharge bundle at discharge. (\*of patients submitted to the audit in 2022-23)

### Processes in place to achieve good practice:

- A business case was made for additional whole-time respiratory nurse specialist to focus on acute COPD admissions to improve case identification and discharge bundle completion
- Proactive case identification of patients admitted with COPD exacerbation through interrogation of hospital admission IT system, regular visits to Acute Medical Units, Same Day Emergency Care units, Emergency Units and respiratory ward

<sup>2</sup> Morton K, et al. BMJ Open Res 2019;6:e000425. doi:10.1136/bmjresp-2019-000425

# Pulmonary rehabilitation: Timely access to pulmonary rehabilitation

## Standards and guidelines

Pulmonary rehabilitation (PR) is known to improve exercise capacity, quality of life and survival; it remains one of the most cost-effective treatments for COPD<sup>3</sup>.

The BTS Quality Standards 2014<sup>4</sup> advise that:

- Patients with stable COPD suitable for PR should be referred and enrolled to commence PR within 90 days of referral receipt
- Patients admitted to hospital with acute exacerbations of COPD should be referred to PR at discharge and enrolled for PR within 30 days of leaving hospital

The NRAP clinical audit [PR data deep dive report](#) show only a limited number of COPD patients are referred to PR in a timely way, ranging from 1% to 100%. This highlights an important area of focus for healthcare improvement. Learning lessons from higher achieving teams might improve services elsewhere.

## Potential areas of focus for healthcare quality improvement

- Complete a demand and capacity assessment to assess if your PR service can meet the referral demand. [View our information session recording on this topic here.](#)
- Using NRAP data, services can work with commissioners to evidence the resources and capacity needed to serve

the number of referrals due to these requirements, as recommended in the [BTS Quality Standards 2014](#)

- PR providers should collaborate with hospital teams to streamline and encourage timely referrals for patients admitted with acute exacerbations of COPD, ensuring no eligible patients are missed
- Ensure that individuals eligible for referral to PR are offered a referral at every opportunity. Services should utilise relevant [guidance for referral conversations](#) where possible

## Good practice repository case studies

### South West Yorkshire Partnership NHS

**Foundation Trust:** 100%\* of patients started PR within 90 days of referral for patients with stable COPD. (\*of patients submitted to the audit in 2022-23)

#### Processes in place to achieve good practice:

- Upon receiving referral, patients are placed on an electronic-system task list awaiting clinician triage; the task list is monitored daily to ensure referrals are actioned in a timely manner
- A screening process occurs whereby inclusion and exclusion criteria are clearly defined on the referral form to reduce inappropriate referrals
- An initial telephone-based assessment enables patients to commence their programme sooner
- Assessments are offered at 5 different venues to facilitate easier access by patients

<sup>3</sup> Global Initiative for chronic Obstructive Lung Disease (GOLD) Fontana, WI: GOLD; 2020. Global strategy for the diagnosis, management, and prevention of COPD. Available from: <https://goldcopd.org/wp->

[content/uploads/2019/12/GOLD-2020-FINAL-ver1.2-03Dec19\\_WMV.pdf](#)

<sup>4</sup> <https://www.brit-thoracic.org.uk/quality-improvement/quality-standards/pulmonary-rehabilitation/>