



National Respiratory Audit Programme (NRAP)

Pulmonary Rehabilitation audit: Frequently asked questions (FAQs)

Version 5.1 August 2025

There are also guidance documents available for the technical aspects of the web tool.

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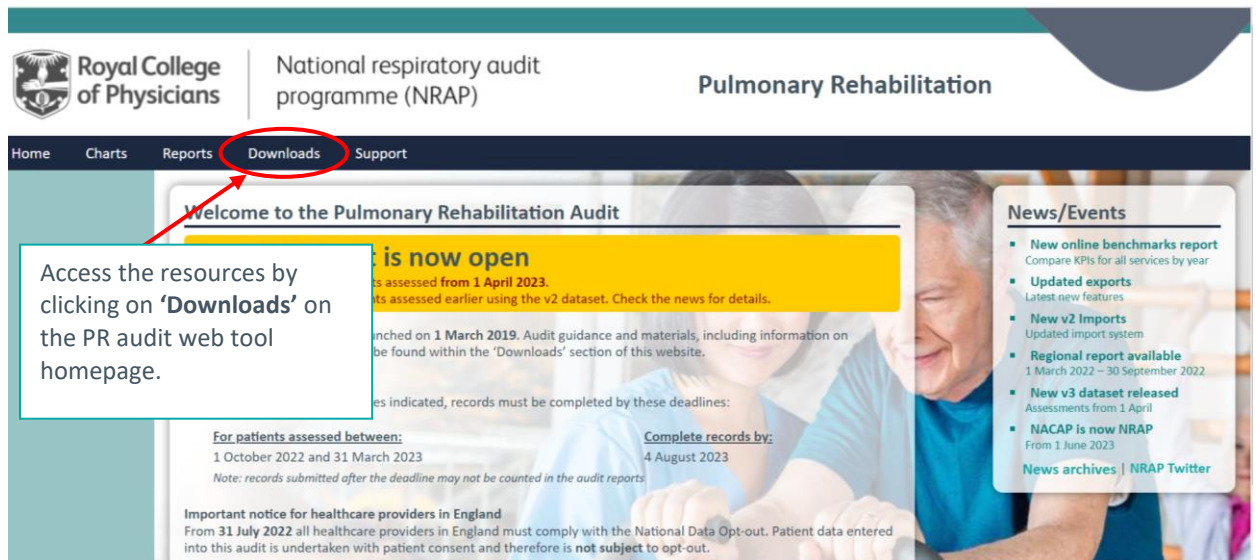
General information

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Contact details

- **What are the contact details for the pulmonary rehabilitation (PR) audit team?**
 - You can contact us at 020 3075 1526, or praudit@rcp.ac.uk. Our helpdesk is open from 9am – 5pm, Monday to Friday.
 - Our addresses are:
 - London: The National Respiratory Audit Programme, The Royal College of Physicians, 11 St Andrews Place, Regent's Park, London, NW1 4LE.
 - Liverpool: The National Respiratory Audit Programme, The Royal College of Physicians, 2 Paddington Village, Liverpool, L7 3FA.
- **Does the audit programme have a Twitter/X account?**
 - Yes, it does. It is @NRAPaudit
 - The hashtag to use for this audit is #pulmrehab.
- **What resources are available for the audit and where can I download them from?**
 - The following resources are available:
 - dataset
 - data collection sheet
 - dataset quick reference guide
 - clinical audit guidance
 - fair processing information
 - information governance (IG) FAQ
 - National Data Opt-Out (NDOO) FAQ (from patients assessed from 1 April 2024)
 - patient consent form (for patients assessed prior to 31 March 2024)
 - patient information sheet
 - patient information poster

- These are available on both the web tool's 'Downloads' page at www.nrap.org.uk (available to select from the top menu bar of the homepage of the audit once you are logged in), with those applicable to a more public audience also available on the [RCP website](http://www.rcp.ac.uk).



- **Can I obtain a participation certificate in exchange for participating in the PR audit?**
 - Yes. If members of your local audit team would like participation certificates to recognise their contribution to the audit, please contact your local audit lead so that they can request a certificate for you from the NRAP PR audit team.
- **Is there information explaining the audit available for patients?**
 - Yes. Patient information documentation is available to download from the patient involvement and support page of our website: <https://www.rcp.ac.uk/projects/patient-involvement-and-support>.
 - **For patients assessed for PR up to 31 March 2024**, there is an information leaflet, poster and patient consent form
 - **For patients assessed for PR from 1 April 2024**, it is not necessary to obtain patient consent for inclusion in the audit. The patient poster includes a QR code which links to an updated information leaflet explaining the new consent model.



- The poster should be displayed in all areas that will be visible to patients referred for PR.
- **Does this audit collect patient identifiable data?**

Yes. The PR audit collects the following patient identifiable items:

- NHS number
- date of birth
- home postcode

- **Do patients need to give consent for their data to be include in the audit?**

Prior to April 2024, this audit operated on a **patient consent model** meaning eligible patients were required to provide written and verbal consent prior to their data being included in the audit. For this cohort (patients assessed up to 31 March 2014), PR services must confirm they have gained consent from patients on the online data collection tool (via tick-box) before being able to enter patient data.

The audit has obtained permission from the Confidentiality Advisory Group (CAG) to process confidential information patient without consent (**CAG reference 23/CAG/0167**).

This means that, with effect from **1 April 2024**, patients assessed for PR are not required to give explicit consent for their data to be entered into the audit. Instead, PR services in England will need to establish what their local procedures for confirming patients' **National Data Opt-Out (NDDO) preferences** are and apply them.

Wales does not operate a national data opt-out programme, but patients are still able to opt out of individual audits, such as this one. Services in Wales will need to follow their local procedures.

If you would like more details on our **information governance** arrangements, please see our information governance FAQs. We have added a specific National Data Opt Out (NDOO) FAQ which can be downloaded from the NRAP website <https://www.rcp.ac.uk/projects/outputs/support-service-teams-pulmonary-rehabilitation>.



Using the web tool

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Login and registration

- **Where can I find the PR audit web tool?**
 - It can be found at this website: www.nrap.org.uk
- **Do I have a login for the web tool?**
 - If you were registered for the PR audit you should have received an email from helpdesk@crownaudit.org. This may have gone through to your junk mail, so please check.
 - The email will contain your username, and details on how to reset your password.
 - If you have not received this email, but believe you should have, please contact the audit team.
- **How do I register more users on the web tool?**
 - If you have a login for the web tool yourself, you can create new logins for your colleagues.
 - Once you are logged in, please follow the last option on the top menu bar 'Support', then select 'New user' from the left-hand menu that appears and follow the instructions.

The screenshot shows the NRAP website interface. At the top, there is a header with the Royal College of Physicians logo, the text 'National respiratory audit programme (NRAP)', and 'Pulmonary Rehabilitation'. Below this is a dark blue navigation bar with links: 'Home', 'Charts', 'Reports', 'Downloads', and 'Support'. The 'Support' link is circled in red. A red arrow points from this link to a sub-menu on the left. This sub-menu contains the following options: 'Support', 'New user', 'Password reset', 'System status', 'Change history', 'Browser requirements', and 'Custom field options'. The 'New user' option is also circled in red. Another red arrow points from this option to a text box that says: 'Click on 'Support' within the home page, and then click on 'New user'.'



Home Charts Reports Downloads Support Rachael Andrews / Royal College of Physicians Logout

Support
New user
Password reset
System status
Change history
Browser requirements

Custom field options
Create new field
Your fields
Help

More Information
RCP NRAP website

Create a new user

Users already registered are able to create a new account request for a colleague. Please note unregistered users cannot request an account for themselves.

To create and submit a new user request please click the link below.
[Create User / Account Manager](#)

Approval
Each hospital will have an allocated 'Lead clinician' who has the ability to approve access for new users. Where a 'Lead clinician' is not allocated, a nominated deputy can be granted approval rights, or in the last instance the RCP may grant approval. Note: Approval should only be granted upon verification of the users identity and legal entitlement to access the data, according to NHS guidelines and other applicable local policies and requirements.

Suspending Users
Any registered user may request to suspend access for a colleagues account.

Contact support
For help registering users, requesting approval or suspending accounts please contact the RCP audit team.

Click here and follow all instructions to complete registration.

- If you are the lead for the PR audit at your service, then you can authorise new user requests.
- If you are not the lead, the lead will need to authorise the new user request. The lead will automatically be sent an approval request via email once you've followed the steps outlined above.
- Once the request has been authorised by the lead clinician, an email will be sent to your colleague, asking them to complete the login process.
- Please be careful when entering in names, telephone numbers and especially email addresses, when creating new accounts. Errors will mean that the account will have to be deleted and created again and risks unauthorised access to see local hospital patient data.
- Please note – it is the responsibility of the lead clinician to ensure that **only** individuals who have the appropriate **permissions to access confidential patient information** have access to the web tool!
- Members of the NRAP team are not authorised to add or approve new users on behalf of a service.



Viewing patient records

- **Can I view the patient records entered for my service?**
 - Yes. By selecting 'Patients' from the menu bar, you will be able to view which patients have been entered onto the web tool.
- **Can I search through the patient record list by NHS number?**
 - There is a search function available on the web tool, please type in the NHS number and you will be able to view the patient record.
 - In the meantime, your web browser search function (hit 'Ctrl' and 'F', and then enter in the text you are searching for) will work on this page.
- **What is an 'Artemis ID'?**
 - This is a code automatically assigned to every patient entered on the web tool, which serves to anonymise the data. It is presented as a long sequence of letters and numbers such as, 5C920511992C579832C378DF34B8AFBB. Please use this if you wish to discuss particular patient records with either the NRAP team or Crown.
 - **Please do not, under any circumstances, send/provide NHS numbers, or any other form of patient identifier (name, date of birth etc), to any member of the NRAP audit team or Crown.**

Deletion of patient records

- **What do I do if I have entered the same patient twice?**
 - If you attempt to validate or save a record which has already been entered (i.e. the NHS number, date of birth, gender and date of assessment match), the web tool will flag this up and you will not be able to save the duplicate.
- **I want to delete a patient record, what do I do?**
 - In your audit home screen, select All records on the left-hand side.
 - Find the record you wish to delete and click on the NHS number - this will take you into the saved record.
 - Click 'Edit' in the top right corner.
 - You will then see a 'Delete' button in the top right corner, click this.



- A pop-up box will appear asking you to select a reason for deleting the record – select your reason and then click ‘Delete’.
- If you have any issues with this, please do not hesitate to get in touch with us either at praudit@rcp.ac.uk or on 020 3075 1526.

Importing and exporting data

- **Can I upload/import patient data in bulk?**
 - Yes, you can bulk upload bulk data in a suitably formatted .CSV file.
 - Guidance on how to format these files is available on the web tool’s ‘Downloads’ page at www.nrap.org.uk (available to select from the top menu bar of the homepage of the audit once you are logged in).
- **Can I export the clinical data for my own service?**
 - Yes. Once you are logged into the web tool, select ‘Exports’ from the menu bar and then follow the instructions to export your site level data as a .CSV file.

Custom fields

- **How can I add in/remove custom fields?**
 - ‘Custom fields’ is a function of the web tool that allows you to add additional data field(s) to the patient records should you wish to audit other elements of care at a local level. If you add custom fields, these will not be exported for national or site-level reporting – this facility is provided for your local internal auditing purposes only.
 - If you wish to add in custom fields to your dataset, then please select ‘Custom fields’ from the top menu bar once you are logged into the web tool and follow the instructions on the left-hand bar.
 - You can request to delete a custom field only if there is no data stored against it. If there is data against the custom field, but you still wish to remove it, you are able to ‘disable’ for local use.
 - To disable a custom field, select ‘Custom fields’ from the top menu bar, then click on the name of the field you wish to disable. Click on the ‘Edit’ button in the top right-hand corner and then select ‘No’ for the ‘Include this field in your records?’ option.



- Please note that custom fields cannot be imported. Please refer to the separate import guidance documents (available on the web tool) for more information.

Service paused or shut down temporarily (due to resourcing etc)

- **Our service was suspended part-way through a PR course, or our service shut down for a while.**

Should we enter these patient records?

- If the patients will re-start the same PR course (part way through or completely) once your service reopens/the programme restarts, leave the record saved as a draft and you can complete the record once the patient has completed.
- If it is likely that patients won't complete the original PR course and will need to be re-enrolled to start a new course from the beginning, you should not enter their data and delete the original record. Wait until the patient(s) is/are re-enrolled and create a new record on that PR course.
- If you have already started entering data for patients who are unlikely to return to complete the course, we recommend deleting these records and starting again when and if they re-enrol.

Please ensure to let the NRAP team know when your PR service pauses delivery so we are aware of your situation and don't mark the service as 'non-participating' in our audit and outlier reports.

Service merger

- **There has been a change to the name of our service or the way it is provided, or our service has stopped or paused delivering PR. What should we do about this?**
 - If there are any changes to the details that were used to register your PR service, or the way your service operates, it is important that you let the NRAP team know as soon as possible at praudit@rcp.ac.uk, and tell us the exact date that the change took place. We will then liaise with the Crown Informatics team, who manage the audit webtool, to update your service records.
 - ***If your service has paused its delivery of PR: We will make a note of this to ensure that your service is not listed as 'non-participating' in our published reports.***
 - ***If your service has stopped operating indefinitely: Please request that your account is suspended.***



- **Our PR service has recently merged with another service. What do we need to do to continue submitting data as a combined service?**
 - If your service is going to merge with another service officially, please inform the NRAP team as soon as possible by emailing us at praudit@rcp.ac.uk. You will need to let us know the exact date that the merger took place. You will also need to tell us whether:
 - You would like to create an entirely new account for the merged service, under a new name (OR)
 - You would like to continue using an existing webtool account of one of the services involved in the merger and already registered on the webtool. The other account would be suspended from the date of the merger, and any records entered since the date of the merger would be moved over to the existing account you have chosen to continue using.
 - There will be a new name for the service, and what Trust/ ICS or Health Board /NHS Region/ it falls under.
 - Who the lead clinician for the new service and what staff, who are already registered on the web tool and who will need to move across. Any staff registered to this account will be able to create log-ins at this service for colleagues from the suspended service but Crown are also able to do this as part of their processes. The lead clinician will have to register any new users.
 - We will also require a new Caldicott Guardian form and merger registration form for the service. Please contact the NRAP team for these.
 - Once we have these details, we will liaise with the team at Crown Informatics, who manage the audit webtool, to ensure your new account is created, and will confirm the date the changes will take effect. Please note that depending on the date of the merger, and the date NRAP is informed, the service changes may not be reflected in reports that are due for publication.
- **What happens if the merger took place in the middle of a reporting cohort?**
 - A reporting cohort is patients who were assessed for PR within a certain period of time. Ideally, the date you decide for the merger to take effect on the webtool will align with a reporting cohort. This will ensure that reports for your services (historic and new) are not impacted by the merger and can reflect the reconfiguration accurately. However, if your merger took place within this



period, we will need to discuss the best option for your service with you to ensure the reports accurately reflect the data. If a service stops operating, starts operating or merges with another service during a reporting cohort period, its results will not be comparable with other PR services, and you may have difficulty interpreting them. The NRAP team will be able to discuss this with you and tell you the different options available to you.

Walk tests

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Guidance on conducting walk tests

- **What is NRAP's guidance on conducting walk tests at initial and discharge assessment?**
 - The British Thoracic Society (BTS) recommends that pulmonary rehabilitation (PR) services should use either the 6-minute walk test (6MWT) or the incremental shuttle walk test (ISWT) at assessment as measures of exercise capacity conducted at the initial and discharge assessment.
 - PR services should conduct the 6MWT or the ISWT as set out by the [European Respiratory Society \(ERS\)](#) and [American Thoracic Society \(ATS\)](#) technical standards.
 - All patients undergoing PR should complete an initial assessment that includes an exercise test.
 - Regardless of which walking test is used, **two** walk tests should be conducted. The second walk test should be completed before the PR programme starts. It is recommended that a minimum of 30 minutes should elapse between the two walk tests (this is to important to overcome the learning effect and evaluate the impact of rehabilitation).

6MWT:

- The 6MWT is a functional exercise test that is self-paced. Individuals are allowed to stop and rest if they choose. Distance covered in the 6 minutes is recorded in metres. Encouragement should be standardised and offered every minute.
- The test should be conducted along a 30m track to ensure the assessment is reliable and comparable within and between centres.



- Please follow the link above to the technical standards and refer to p2 'Key findings' and p12 'Testing protocol for 6MWT'.

ISWT:

- An Incremental Shuttle Walk Test is an incremental, externally paced assessment of peak exercise capacity. The test is conducted over a 10m course. The distance covered is calculated from the number of 10m lengths completed and is expressed as a total distance (m).
- The walk tests are used as an outcome measure at discharge to evaluate the effectiveness of the PR programme. Only one walk test needs to be completed at discharge.
- **What is NRAP's recommendation and key performance indicators (KPIs) for walk tests?**
 - NRAP has the following walk test KPIs (they are accompanied by information on where to see service performance against these KPIs, and any available resources you can use for quality improvement (QI)):
 - **Organisational audit KPI 3: If 6MWT are being used to measure exercise capacity, use a 30-metre course to adhere to technical standards.**
 - See 2024 PR organisational audit. This is also an improvement priority.
 - See the **data deep dive** (p6) for practical guidance on achieving this KPI.
 - See the **benchmarked key indicator report** for rationale behind this KPI, and national and service level performance against it.
 - **Clinical audit KPI 2: People undertake a practice exercise test (for ISWT or 6MWT).**
 - Clinical audit reports can be used to review performance against this KPI at national, country and service level [National Respiratory Audit Programme \(nrnap.org.uk\)](https://www.nrnap.org.uk).
 - Use PR real-time run charts available on the [audit webtool](#) to track individual service progress against this KPI over time.
 - % people performing a practice walk test
 - **Clinical audit KPI 5: One walking test Minimal Clinical Outcome Importance Difference (MCID) achieved.**
 - 6MWT and ISWT are both used to assess patient outcome following PR and therefore performance against this exercise capacity KPI.



- Clinical audit and regional reports – as above
- Use PR real-time run charts available on the [audit webtool](#) to track individual service progress against this KPI over time.
 - % people meeting MCID on the ISWT/6MWT

- **We conduct the 6MWT but there is not space at our centre(s) to use the correct 30-metre track.**

What should we do?

- The recommended length for the 6MWT is 30-metres, and that this be a straight out and back course. The challenge with doing the course over different lengths and shapes is that the data is not interchangeable or directly comparable. For example, the average distance of a 10-metre 6MWT as a percentage of the predicted value is 8% lower compared to a 6MWT conducted on the 30-metre course, resulting in a worse representation of a patient's functional exercise capacity.

[Course length of 30 metres versus 10 metres has a significant influence on six-minute walk distance in patients with COPD: an experimental crossover study - ScienceDirect](#)

Conversely, participants tested on continuous (square, rectangular, triangular, circular, or oval) courses on average walked 30-metres further than those tested on straight (out and back) course.

[Six-Minute Walk Distance in Chronic Obstructive Pulmonary Disease | Reproducibility and Effect of Walking Course Layout and Length | American Journal of Respiratory and Critical Care Medicine \(atsjournals.org\)](#)

- If you are unable to conduct the 6MWT using the correct 30-metre track required by technical standards, we advise you to use the incremental shuttle walk test (ISWT) instead. This requires a shorter, 10 metre track, so can be used in centres with limited space.
- Services who use the ISWT rather than the 6MWT will be marked as 'Not applicable' in any NRAP publications reporting on whether services meet the key performance indicator 'X', so using this walk test will not impact your service's performance.

Data Entry

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Data entry deadlines

- **When did the PR clinical audit start?**
 - NRAP launched on 1 March 2018, with data collection for the PR audit starting on 1 March 2019. Data collection for the PR clinical audit will run continuously until at least May 2026.
- **Are there any data entry deadlines?**
 - Data deadlines are quarterly in order to facilitate continuous data entry and ensure real time reports are kept up to date.
 - The next data entry deadlines for the PR audit can be found below. They will also be made available via the web tool [homepage](#) and the [RCP webpages](#).

Data entry deadlines	Patients included
8 August 2025; 12am (midnight)	Patients assessed for PR between 1 January – 31 March 2025
7 November 2025; 12am (midnight)	Patients assessed for PR between 1 April 2025 – 31 June 2025
6 February 2026; 12am (midnight)	Patients assessed for PR between 1 July 2025 – 31 September 2025
8 May 2026; 12am (midnight)	Patients assessed for PR between 1 October 2025 – 31 December 2025
7 August 2026; 12am (midnight)	Patients assessed for PR between 1 January 2026 – 31 March 2026.

- A dataflow document, detailing all the uses of pulmonary rehabilitation audit data along with the frequency of publications can be found in the Information Governance section of our [website](#).
- **Can I have an extension on data deadlines?**



- Unfortunately, we cannot offer extensions on the data deadlines under any circumstances. An 18-week period has been provided to enable patients to complete their PR programme and support teams to enter eligible cases onto the web tool to ensure the maximum number of records are included in national, NHS regional, Integrated Care System (ICS) / Local Health Board and site-level reporting.
- It is important that records are added within the deadlines provided to ensure that any Quality Improvement activity taking place at a local level is informed by up-to-date data.
- **How many cases should we be entering?**
 - All patients over the age of 18 with a primary diagnosis of one of the respiratory conditions listed in the dataset and who have been assessed for PR should be included in the audit.
 - If you are concerned about this, please contact the audit team to discuss what support is available to you to help you participate in the audit.
- **Are draft records included in any of the PR reports? (E.g. national, NHS Region, ICS / Health Board, site level).**
 - No, draft records are not included in **any** PR reports. Please ensure all records are saved fully prior to data entry deadlines.

Clinical dataset

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Virtual/Home Based PR (including hybrid delivery)

- **We are carrying out remote assessments for PR patients. How do we record this in the audit?**
 - You are able to record in the patient record that your service is working remotely. We recommend you select *home-based* for question 5.2 of the dataset and then the appropriate method for 5.2a (telephone, video conferencing etc) .
 - We also ask you to record any apps used as part of the PR programme (5.2b)



- We have also adapted the questions we believe will be affected by remote delivery. This particularly pertains to the walk test elements of the data set.
- **Where we are carrying out remote assessments for PR patients, we are not able to conduct walking/exercise tests.**
 - We have added an option of “No walking test conducted - assessment done remotely” to the initial and discharge assessment questions (4.1 & 7.2) to allow this data to be captured.
 - NRAP will not be adding sit to stand (STS) tests to the main clinical audit dataset due to STS:
 - not supporting exercising prescription (a main function of PR) as required by PR national guidelines,
 - providing any link with MCID and therefore no robust indication of patient outcomes, and
 - raising concerns around safety of unsupervised STS tests when conducted as part of remote/virtual PR.
 - If you wish to add STS as a custom field for your service, please see page 6 of this document for instructions on how to do this. This will enable you to capture this information for your service and download the data for discuss and review as required.

The following paper provides information on conducting exercise tests for remote/virtual PR:

<https://journals.sagepub.com/doi/full/10.1177/1479973120952418>.

- **What are the recommendations around lower limb strength testing?**

Strength is assessed pre-PR to allow a tailored exercise prescription to be developed for each individual patient and to assess the impact of PR after completion.

A validated measure of strength is required as an outcome measure.

Lower limb strength

1. Lower limb strength should be assessed pre- and post- PR.

2. Approaches to estimate a 1RM* strength/training load include the following calculations deploying a sub maximal approach. These can be useful in the field to estimate the training load for strength prescription as a % of the 1RM for both upper and lower limb. These calculations are most accurate when a weight is chosen that results in the maximum number of repetitions managed being close to 10. Leg weights

that are strapped around the ankle can be used.

It should be noted that this approach allows for a more accessible prescription of a training load.



a) Brzycki Formula (1993)

$1 \text{ RM}^* = (\text{weight lifted}) / [1.0278 - (\text{number of repetitions} \times 0.0278)]$

Eg $1 \text{ RM} = 5\text{kg} / [1.0278 - (10 \text{ reps} \times 0.0278)]$

$= 5 / 0.7498 = 6.6\text{kg}$

If the participant lifts 5kg 10 times before 'failing'.

b) Epley formula (1985)

$1 \text{ RM}^* = \text{weight lifted} [1 + (\text{number of repetitions} / 30)]$

Eg $1 \text{ RM} = 5\text{kg} [1 + (10/30)]$

$= 5 \times 1.3333 = 6.6 \text{ kg}$

If the participant lifts 5kg 10 times before 'failing'.

c) 10 RM test

Testing for a 10 RM is similar to that of the 1 RM test. A 10RM is the maximum weight that can be lifted 10 times.

Begin by allowing the participant to warm up with 10 repetitions with 50% of the estimated 10 RM.

Then attempt a 10 RM lift at 60% to 80% of estimated

maximum. It is desirable to achieve a 10 RM maximum on the next load

increase if possible.

*1RM = one-repetition maximum (one-rep max or 1RM) in weight training is the maximum amount of weight that a person can possibly lift for one repetition.

3. Isometric muscle strength can also be assessed with sophisticated equipment, eg an isokinetic dynamometer; however this equipment is usually only located in research active sites. Alternatives include a strain gauge, or a hand-held dynamometer. Both are acceptable alternatives and are valid but require a minimum of 3 attempts to have a reproducible effort. For lower limb strength testing the healthcare professional needs to be able to offer resistance to the movement to ensure a valid measure.

- **Our service is currently providing phone/video call PR support to patients, how do we record this?**
 - Phone/video call PR should be recorded as home-based PR in question 5.2 of the dataset and the appropriate methods and number of sessions scheduled/delivered using that method entered into questions 5.2a, 5.3 and 5.4.
 - If the patient is receiving a supported PR session via phone/video call once a week for a period of six weeks, this should be recorded as 6 sessions. This should not include any sessions they are doing/being asked to do, on their own, outside of this allocated support session.
- **If we have some patients having a combination of face-face and remote/virtual PR, how do we record this?**



- You can select both centre and home-based PR into the web tool for a patient (question 5.2), and then provide details of method and number of sessions accordingly.
- **How do we record PR undertaken using apps?**
 - This should be recorded as home-based PR in question 5.2 of the dataset and then select *App (mobile or other)* for question 5.2a. You can indicate the name of any apps used for 5.2b. You can then enter the number of sessions planned and received in 5.3 and 5.4.

Eligibility criteria

- **Inclusion criteria**
 - All patients with a **primary diagnosis** of one of the following respiratory conditions
 - COPD
 - asthma
 - bronchiectasis
 - interstitial lung disease
 - long COVID
 - pre/post thoracic surgery (including lung cancer/LVR/lung transplant)
 - pulmonary hypertension
 - chronic heart failure
 - other chronic respiratory disease
 - **and who**
 - attend an initial assessment for PR
 - are 18 years or over on the date of assessment
 - have been screened for their data opt-out preferences. For further information on checking patients' data opt-out status, please visit the information governance of our website <https://www.rcp.ac.uk/projects/outputs/support-service-teams-pulmonary-rehabilitation>.

NOTE RE LEGAL BASIS FOR PR AUDIT: NRAP has received approval from the Confidential Advisory Group (CAG) to process confidential patient information without consent for the PR audit (**CAG reference 23/CAG/0167**).



This means that, with effect from 1 April 2024, patients assessed for PR will not be asked to give explicit consent for their data to be entered into the audit. Instead, PR services in England will need to establish their local procedures for confirming patients' **National Data Opt-Out (NDDO) preferences** and apply these. Wales does not operate a national data opt-out programme, but patients are still able to opt out of individual audits, such as this one. Services in Wales will need to follow their local procedures.

For further information on checking patients' data opt-out status, please visit the information governance resources on our website <https://www.rcp.ac.uk/projects/outputs/support-service-teams-pulmonary-rehabilitation>.

- **Exclusion criteria**
 - Patients who have opted-out via the National Data Opt-Out scheme in England or local opt-out procedures in Wales.
 - Patients who have not been referred with a primary diagnosis of one of the respiratory conditions listed above. NRAP is not able to advise on which condition to select

Demographic/admission data

- **A patient does not have an NHS number. What should I enter?**
 - Please enter '[NONNHS]' for patients that reside in the UK but do not have an NHS number. Patients who do not reside in the UK should not be entered into the audit.

Programme referral and clinical information

- **What is the earliest date of receipt of referral that can be entered in Question 2.1?**
 - 1 January 2018.
Provided they have given consent, patients whose referral was received any time after 1 January 2018 and who were assessed for PR any time after 1 March 2019 should be included in the audit.
- **What date do I input in item 2.3 (*Date of initial Pulmonary Rehabilitation (PR) assessment appointment*)?**



- The assessment date is the date the patient attends an appointment to be assessed before beginning PR sessions.
- This may vary between services and is the first date the patient was assessed with the view of enrolling them onto a PR programme. This may be an in-person assessment but could also be a telephone call during which there is a clinical interaction with a healthcare professional. Telephone calls that are exclusively to book an assessment appointment should not be classed as initial assessment.
- **How is the date of discharge recorded?**
 - For patients with COPD who are referred directly post admission from hospital, the information is picked up in Q2.1 *Date of receipt of referral* and Q2.2a *Where was the patient referred from*, by selecting the 'secondary care' option.
 - **Q 2.2c** asks: *If patient was referred from primary / community care post treatment for AECOPD in hospital, what date was the patient discharged from hospital following their admission for AECOPD?*
 - The rationale for adding the hospital discharge date for post-AECOPD referrals from primary care is to capture data on those whose referral should have come from secondary care and been captured in Q2.1, but who, for whatever reason, were not referred from hospital at the time. This will provide a more complete picture of the data for those post-AECOPD patients who have been in hospital but ended up back in primary care before receiving a referral.

Assessment tests and questionnaires

- **How do I complete question 4.3a-d on total values for the patient's Chronic Respiratory Questionnaire (CRQ) if the value recorded is more than 7?**
 - The CRQ includes four areas: dyspnoea, fatigue, emotional function, and mastery. Each area is made of up individual items which can be scored between 0 and 7. To obtain the score for each area, add the scores for each item that make up the area and divide this by the number of items (the value can never therefore be greater than 7)



Key information about programme

- **How do I complete the dataset from section 5 onwards if, after the initial assessment, the patient was deemed clinically unsuitable or declined to start PR?**
 - Upon answering 'No – Clinically unsuitable/patient choice' at question 5.1 (*Post assessment, was the patient enrolled onto a PR programme?*), all following irrelevant questions will be greyed out and you will be able to save the record without entering any more information.
 - Please note that you will still have to complete sections 1-4 correctly for the record to be marked as complete.
- **What date do I put in for item 5.1a (*Post assessment, was the patient enrolled onto a PR programme? If 'Yes', enter start date*)?**
 - Please enter the date that the patient **started** PR, even if an earlier date was offered and the patient declined or did not attend.
- **What constitutes a supervised session in item 5.3 and 5.4 (*Total number of supervised PR sessions scheduled and received*)?**
 - A supervised session is an exercise session that takes place in a centre or home-based environment, with active supervision from a member of the PR team.
- **How do I enter information about a patient that has had centre-based and home-based PR in one programme?**
 - If a patient was offered a combination of supervised centre-based PR and home-based sessions, please select both centre-based and home-based in question 5.2 (*Was the patient enrolled on a **centre-based or home-based** PR programme?*) and then answer the subsequent questions (5.2a, 5.3 and 5.4) relating to type of home-based programme and number of sessions scheduled and received.



Discharge information

- **A patient accepted a start date for PR, but then subsequently passed away or dropped-out before their first session. How do I complete the information from section 6 onwards?**
 - Please complete section 5 with all the relevant information. For question 6.1 (*Was a discharge assessment performed?*) you should then select either 'No – patient died during a PR session or as a consequence of participating in PR' or 'No – patient died for any other reason'
 - If you answer 'No' to question 6.1 you will not be expected to answer any more questions, and they will be greyed out.
- **A patient dropped-out after initial assessment but I don't know why. What reason do I select?**
 - If you have **not** been informed by the patient or their family/representative that they have dropped-out due to health reasons then please select 'No – drop-out – patient choice'.
- **A patient has withdrawn from PR part-way through the programme, do I include them in the audit?**
 - Please include patients who received an assessment but later dropped-out (for whatever reason), even if they only attended one session. In section 5 (key information relating to the programme), you can enter how many sessions the patient has attended and how many sessions were originally scheduled.
 - If you answer 'No' to question 6.1 (*Was a discharge assessment performed?*) you will not be expected to answer any more questions, and they will be greyed out.
- **A patient completed their PR programme but did not complete a discharge assessment. How do I complete their record on the web tool?**
 - Please complete section 5 with all the relevant information. For question 6.1 (*Was a discharge assessment performed?*) you will be able to select 'No – DNA'.
 - If you answer 'No' to question 6.1 you will not be expected to answer any more questions, and they will be greyed out.



Dates

- **A date has not been recorded for a question in the audit and I cannot save the record without this.**
How do I answer if no date/time is recorded?
 - All questions requiring a date (apart from 2.1, where you can answer 'Not Known') are mandatory. Please ensure that staff record all relevant dates in patient notes.
 - Dates are required for the following questions in the audit dataset:
 - Question 1.1a – Date of birth
 - Question 2.1 – Date of receipt of referral
 - Question 2.3 – Date of initial PR assessment appointment
 - Question 5.1a – Start date for PR
 - Question 6.1a – Date of discharge

The paper and on-line dataset also provide help notes, which can be accessed by selecting the information icon next to each question in the latter.

Key definitions

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- **Service** means a PR service with a shared pool of staff and central administration where referrals are received. A service may operate at several sites.
- **Programme** means the course of PR classes that the patient is enrolled onto.
- **Site** means the physical location where the PR classes are provided e.g. a hospital, gym or church hall.
- **.CSV file** is a comma separated value file. These can be opened in Excel or other database software.
- **Completion:** for the purposes of the PR audit completion of pulmonary rehabilitation is defined as a patient undertaking a comprehensive discharge assessment (including measures of health status and exercise capacity) following a course of pulmonary rehabilitation.