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| **Provider line of sight table on report recommendations for submission to the funders** | | | | | | | | |
| **Please can the provider complete the following details to allow for ease of access and rapid review** | | | | | | | | |
| **Project and Title of report, including HQIP Ref.**  ***e.g., Ref. XXX, Project and report title*** | | | | **REF 616, National Respiratory Audit Programme – Catching our breath: Time for change in respiratory care, 2023-24.** | | | | |
| 1. What is the report looking at/what is the project measuring? | | | | **This is our annual State of the Nation report which combines NRAP data on people admitted to hospital due to an exacerbation of asthma and/or COPD, and people with COPD assessed for pulmonary rehabilitation.** | | | | |
| 1. What countries are covered? | | | | **England and Wales** | | | | |
| 1. The number of previous projects (e.g., whether it is the 4th project or if it is a continuous project) | | | | **This is the second State of the Nation report published under NRAP. The previous report is Breathing well, which was published in July 2024, containing data from 2022-23.** | | | | |
| 1. The date the data is related to (please include the start and end points – e.g., from 1 January 2016 to 1 October 2016) | | | | **This data is informed by case records relating to people with asthma and COPD admitted to hospital with an exacerbation between 1 April 2023 - 31 March 2024, and people with COPD assessed for pulmonary rehabilitation between 1 April 2023 - 31 March 2024.** | | | | |
| 1. Any links to NHS England objectives or professional work-plans (only if you are aware of any) | | | | **This supports the NHS Long Term Plan initiatives for respiratory and tobacco. It also supports the NHS Core20PLUS5 initiatives for adults and children & young people.** | | | | |
| **Please can the provider complete the below for each recommendation in the report** | | | | | | | |  |
| **No.** | **Recommendation** | **Intended audience for recommendation** | **Evidence in the report which underpins the recommendation** *(including page number)* | | **Current national audit benchmarking standard if there is one** | **Associated NHS payment levers or incentives’** | **Guidance available (for example, NICE guideline)** | **% project result if the question previously asked by the project (date asked and result). If not asked before please denote N/A. This is so that there is an indication of whether the result has increased or decreased and over what period of time** |
| Rec 1 | Integrated care boards and local health boards  should mandate all eligible services to participate  in NRAP to achieve 100% service participation  and a minimum of 50% case ascertainment by  all services in NRAP audits by May 2026. This will  require all services to have named NRAP clinical  leadership and dedicated audit support. | * Integrated care boards * Local health boards | * Recommendation in full report, page 7 * Evidence in full report, page 5: * This report compiles data from services across England and Wales in the NRAP, covering 129,044 case records of people with asthma and COPD admitted to hospital with an exacerbation or assessed for pulmonary rehabilitation. * Case ascertainment figures (TBC) | |  |  | N/A | 2022-23 case ascertainment:   * COPD – 54.4% * Adult asthma – 45.1% * Children and young people’s asthma – 67.5% * Pulmonary rehabilitation – 76.1% |
| Rec 2 | The British Thoracic Society, as the expert body, should lead the development of a standardised acute care bundle for patients with asthma and COPD on arrival to hospital, working towards May 2026. This should involve consultation with other bodies such as the Royal College of Emergency Medicine, Society for Acute Medicine, and NRAP. NRAP will measure the implementation of the acute care bundle by tracking the percentage of patients receiving timely and optimal care. | * The British Thoracic Society * Royal College of Emergency Medicine * Society for Acute Medicine | * Full report, page 8 & 9 * 20% of adults with asthma received systemic steroids within 1 hour of arrival * 10% of adults with asthma have peak flow (PEF) recorded within 1 hour of arrival * 36% of children and young people (CYP) with asthma were administered steroids within 1 hour of arrival * 18% of people with COPD received non-invasive ventilation (NIV) within 2 hours of arrival at hospital | |  |  | [**BTS/NICE/SIGN:**](https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/) British Thoracic Society (BTS), National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) guideline on Asthma: diagnosis, monitoring, and chronic asthma management  [**BTS:**](https://bmjopenrespres.bmj.com/content/5/1/e000283) British Thoracic Society Quality Standards for acute non-invasive ventilation in adults | The report shows the reported data for 2023-24, 2022-23, and 2021-22. Please note that 2023-24, 2022-23, and 2021-22 **figures are not directly comparable as methodology, definitions, and criteria surrounding data collection have changed over time.**   * 2022-23: 21% of adults with asthma received systemic steroids within 1 hour of arrival * 2021-22: 23% of adults with asthma received systemic steroids within 1 hour of arrival   (This shows a decrease over time.)   * 2022-23: 11% of adults with asthma have peak flow (PEF) recorded within 1 hour of arrival * 2021-22: 11% of adults with asthma have peak flow (PEF) recorded within 1 hour of arrival   (This shows that results have remained at a low level over the past three cohorts.)   * 2022-23: 35% of CYP with asthma were administered steroids within 1 hour of arrival * 2021-22: 31% of CYP with asthma were administered steroids within 1 hour of arrival   (This has improved slightly over time (5% total improvement from 2021-22 – 2023-24).)   * 2022-23: 16% of people with COPD received NIV within 2 hours of arrival at hospital   (This has improved slightly but remains low overall.) |
| Rec 3 | All people with COPD and asthma who smoke, and smokers who are parents  of children and young people with asthma, should be offered evidence-based treatment and referral for tobacco dependency. In England, the Department of Health and Social Care, NHS England and integrated care boards should work together to provide increased resource to all acute, mental health and maternity services in England, so that every provider develops and implements a comprehensive inpatient tobacco dependency service. | * Department for Health and Social Care * NHS England * Integrated Care Boards | * Full report, page 10 * 19% of adults with asthma identified as current smokers, 70% of these had tobacco dependence addressed * 36% of people with COPD identified as current smokers, 65% of these had tobacco dependence addressed * 16% of children and young people (CYP) with asthma identified as being exposed to second-hand smoke, 46% of these had parental/carer tobacco dependence addressed * 1% of CYP with asthma identified as current smokers, 56% of these had tobacco dependence addressed | |  |  | [**NICE:**](https://www.nice.org.uk/guidance/ng209) Tobacco, preventing uptake, promoting quitting and treating dependence, NICE guidance [NG209], 30 November 2021  **NHS** [**Long Term Plan**](https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/)**.** States: First, the NHS will therefore make a significant new contribution to making England a smoke-free society, by supporting people in contact with NHS services to quit based on a proven model implemented in Canada and Manchester. By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. | The report shows the reported data for 2023-24 and 2022-23. Please note that 2023-24 and 2022-23 **figures are not directly comparable as methodology, definitions, and criteria surrounding data collection have changed over time.**   * 19% of adults with asthma identified as current smokers, 69% of these had tobacco dependence addressed in 2022-23   (This represents a slight increase)   * 35% of people with COPD identified as current smokers, 60% of these had tobacco dependence addressed   (This represents an increase in those identified as smokers and those with tobacco dependence addressed)   * 16% of children and young people (CYP) with asthma identified as being exposed to second-hand smoke, 36% of these had parental/carer tobacco dependence addressed   (This shows a significant increase in the number of parents/carers with tobacco dependence addressed)   * 2% of CYP with asthma identified as current smokers, 73% of these had tobacco dependence addressed   (Although there are less CYP identified as smokers in 2023-24, the percentage of those with tobacco dependence being addressed has reduced significantly) |