Catching our breath – report at a glance

Data collected between 1 April 2023 – 31 March 2024, compiled from:

98,601 asthma and COPD records across England and Wales

27,507 pulmonary rehabilitation records across England and Wales

1. Improving data availability and quality to drive change:

> Integrated care boards and local health boards should mandate for all eligible services to participate in NRAP to achieve 100% service participation and a minimum of 50% case ascertainment.

COPD

52%

of hospitalised people with COPD have a recording of a quality-assured diagnosis from spirometry

Children and young people (CYP)

44%

of CYP (aged 11+) with asthma had a record of tobacco smoking status

PR

32%

of people with COPD performing the 6MWT conducted a practice test

2. Ensuring timely access to optimal care:

> 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.

COPD

18%

of people with COPD who received non-invasive ventilation (NIV) received it within 2 hours of arrival

Adults with asthma

10%

of adults with asthma had peak flow (PEF) recorded within 1 hour of arrival*

*excludes people unable to do PEF

CYP

36%

of CYP (aged 6–18) were administered steroids within 1 hour of arrival

PR

40%

of people with stable COPD started PR within 90 days of referral

3. Delivering essential treatment – tobacco dependence:

> 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.

Adults with asthma

70%

of adults with asthma identified as current smokers had tobacco dependence addressed

COPD

65%

of people with COPD identified as current smokers had tobacco dependence addressed

CYP

56%

of CYP with asthma identified as current smokers had tobacco dependence addressed

4. Improving discharge planning – spotlight on healthcare improvement:

> Integrated care boards and local health boards should regularly review NRAP data on discharge planning for CYP and adult asthma and COPD with their providers. If data indicates gaps in care or poor data quality, they should collaborate to identify solutions.

Adults with asthma

47%

of adults with asthma received all required discharge bundle elements

COPD

28%

of people with COPD received all required discharge bundle elements

CYP

25%

of CYP with asthma received all three elements of good discharge planning

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