



Royal College
of Physicians

National Respiratory Audit
Programme (NRAP)

A healthcare professional with short purple hair and glasses, wearing a black top and a stethoscope, is smiling and talking to a woman and a young child. The woman is sitting on a hospital bed, and the child is pointing towards her. A large rainbow flag is visible in the background. A yellow diagonal line cuts across the image from the top right to the bottom left.

Organisational audit 2024: children and young people (CYP) asthma data deep dive

Resourcing and organisation
of asthma and COPD care in
hospitals, and PR services in
England and Wales

Publication year: 2024

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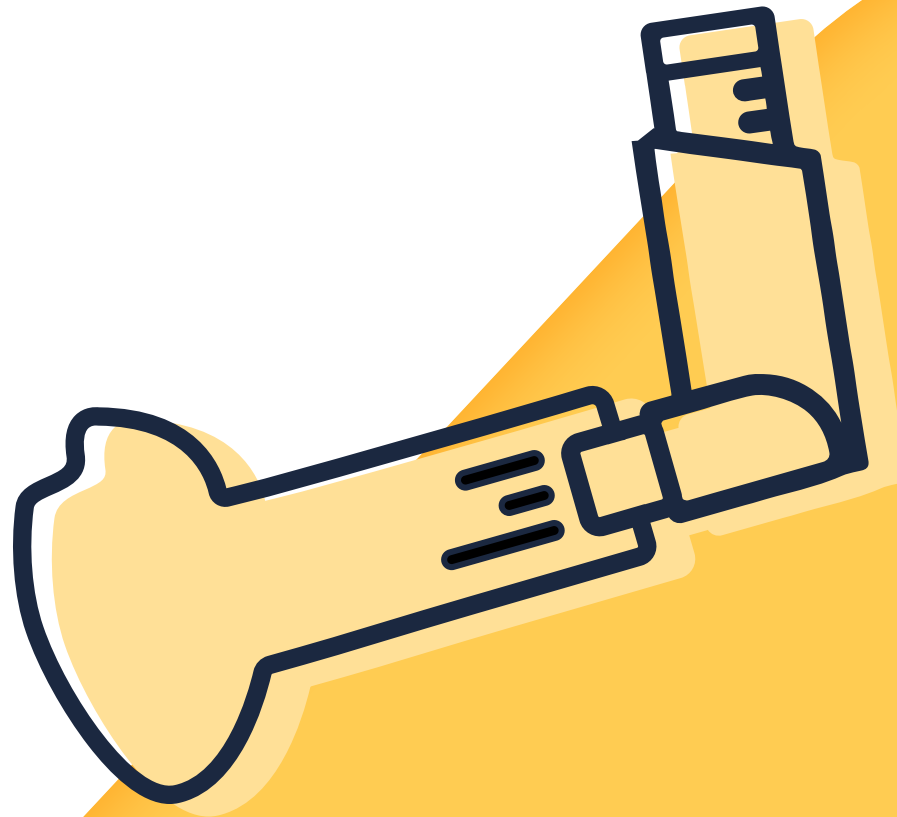
Ariennir yn Rhannol gan
Lywodraeth Cymru
Part Funded by
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Summary of CYP asthma data deep dive

Deep dive 1: access to asthma diagnostic tools

Deep dive 2: availability of a strategic group for paediatric asthma

Deep dive 3: access to asthma nurse specialists



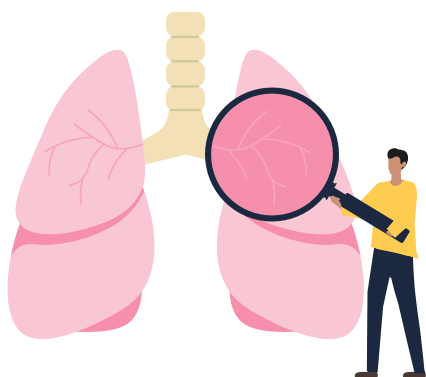
Access to asthma diagnostic tools

NRAP organisational audit data show variation in access to diagnostic tools, such as spirometry or fractional exhaled nitric oxide (FeNO) measurement.

What the data show

The NRAP data indicate that access to diagnostic tools for asthma remains limited. Only 88.4% (114/129) of participating hospitals offered spirometry and 82.9% (107/129) offered spirometry with bronchodilator reversibility testing. Availability of FeNO was reported by 77.5% (100/129) of participating services. There was good access to peak expiratory flow (PEF), with 98.4% (127/129) of hospitals reporting access. Finally, 91.5% of providers had access to skin prick testing.

The audit data show that only 66.7% (86/129) of providers were offering access to all five diagnostic tools.



Why is this important?

Objective tests such as spirometry (with and without bronchodilator reversibility) and FeNO testing are fundamental aspects of accurate and early diagnosis of asthma, as specified in the BTS/SIGN¹ and NICE² asthma guidelines.

Lack of timely diagnosis of asthma results in delayed treatment, and consequently increases the patient's risk of an exacerbation and admission to hospital.³ Access to objective diagnostic tests to support the clinical suspicion of asthma is a fundamental aspect of asthma care.^{1,2}

Practical steps to healthcare improvement

Access to early and accurate diagnosis is one of NRAP's key healthcare improvement strategy goals.

NRAP would encourage services and trusts to:

- > work with their integrated care board to access funding for quality-assured diagnostic services
- > ensure that clinicians have access to training
- > explore workforce training needs
- > consider the development of quality-assured local integrated (primary/secondary care) diagnostic services and pathways.

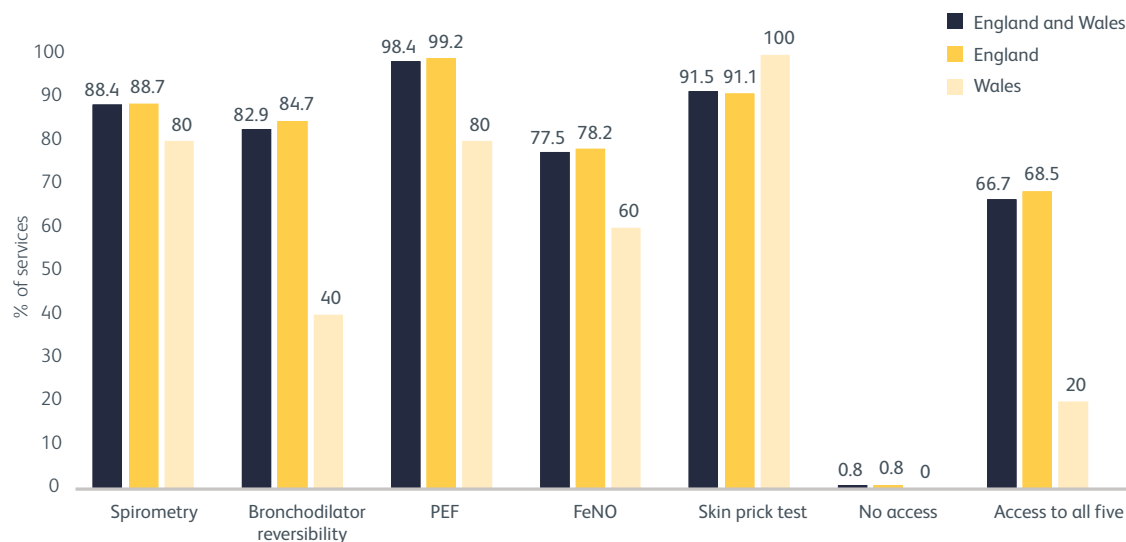


Fig 1. Percentage of services with access to diagnostic tools for CYP with asthma

Availability of a strategic group for paediatric asthma

The NRAP organisational audit shows that there is very limited access to a CYP asthma strategic group among hospitals providing CYP asthma services.

What the data show

The data collected show that 18.6% (24/129) of participating hospitals responded positively to having a CYP asthma strategic group; in Wales this was 0%. In the hospitals that have a paediatric asthma strategic group, only 25% (6/24) of services have CYP patient representation on the group and 12.5% (3/24) have parent/carer representation.

Why is this important?

Access to a strategic group for CYP asthma is one of the audited metrics in the NRAP organisational audit. Aspects that are audited include access to a paediatric asthma strategic group, as well as CYP patient and parent/carer representation on the group. An established strategic group can aid effective delivery of respiratory services in the hospital.

Presence of a dedicated paediatric asthma strategic group, particularly with representation by CYP patients and their parents/carers, allows for effective improvement of the service and a systemic approach to the delivery of care, and ensures that patients' and carers' voices are heard.

Practical steps to healthcare improvement

Hospitals should establish dedicated strategic groups for CYP asthma, including representatives from primary, secondary and tertiary care, along with children and parents, to improve care coordination.

These groups should use NRAP data alongside local audits to guide service improvements, with clear leadership roles, job-planned time, and adequate funding to support effective service development and continuity.

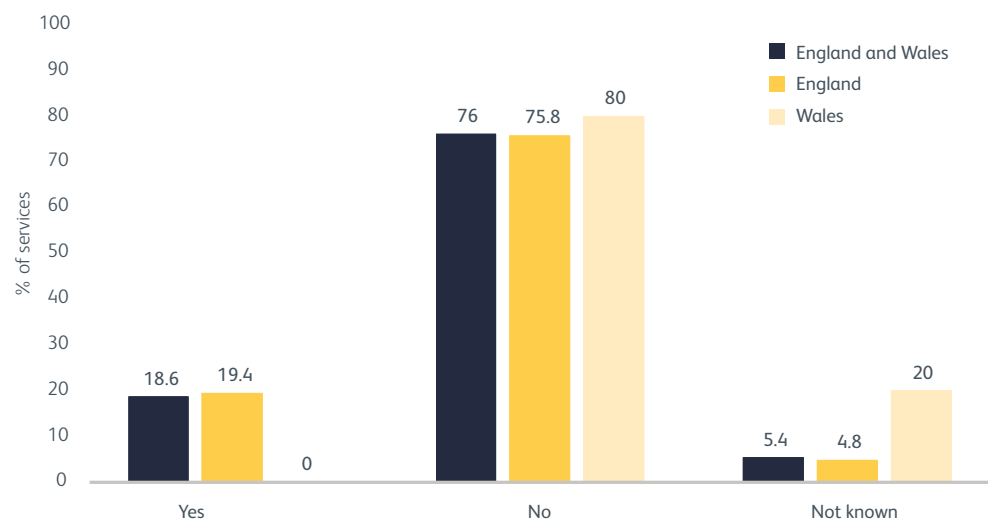


Fig 2. Percentage of services with a strategic group for paediatric asthma services in the trust



Access to asthma nurse specialist

In the 2022/23 financial year, 18.5% of paediatric emergency respiratory admissions in England and Wales were due to asthma. However, the organisational audit reports that, during the weekend, access to a respiratory nurse specialist is limited, with only 0.8% (1/129) of hospitals offering access to a specialist respiratory nurse to review CYP with asthma.

What the data show

The data collected by the organisational audit show that 38.8% (50/129) of responding services have access to an asthma nurse specialist at the 'adult asthma' recommended ratio of one asthma specialist nurse per 300 admissions (37.9% of services in England, and 60% of services in Wales).⁴

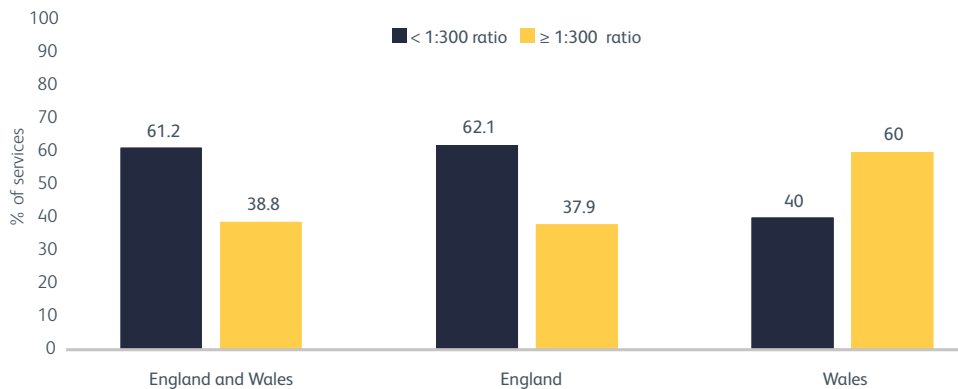


Fig 3. Percentage of services meeting 1:300 asthma nurse specialist : admission ratio

Why is this important?

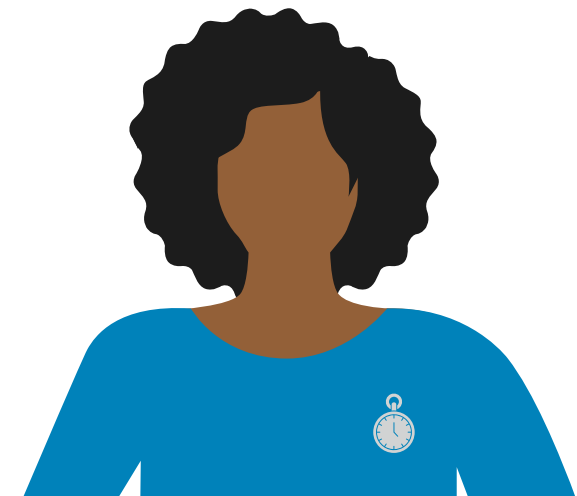
Currently there is no national guideline on the recommended ratio of asthma nurse specialists to the number of paediatric asthma admissions. The British Thoracic Society statement on workforce⁴ indicates that there should be a ratio of one respiratory nurse specialist to 300 adult asthma admissions.

The National Review of Asthma Deaths report (2014)⁵ indicated that as many as 46% of clinicians were not following the guidelines when managing patients with acute asthma. It is pivotal that CYP are looked after by specialised healthcare professionals, and that respiratory nurse specialists complete training specifically in asthma.⁶

Practical steps to healthcare improvement

NRAP would encourage services and trusts to:

- > review workforce gaps and evaluate the impact they have on delivery of high-quality paediatric asthma services
- > audit workforce capabilities to ensure that clinicians involved in asthma care have specialised training
- > encourage staff to undertake the specialist training for CYP asthma available from e-lfh⁷
- > use the Training Capabilities Framework to inform the choice of the level of training required for each clinician⁶
- > ensure protected time to undertake and complete the training
- > develop working relationship with emergency medicine teams, medical bed managers and acute medicine teams to prioritise CYP with asthma exacerbations for specialist respiratory care.



The Royal College of Physicians (RCP)

The RCP plays a leading role in the delivery of high-quality patient care by setting standards of medical practice and promoting clinical excellence. The RCP provides physicians in over 30 medical specialties with education, training and support throughout their careers. As an independent charity representing 40,000 fellows and members worldwide, the RCP advises and works with the government, patients, allied healthcare professionals and the public to improve health and healthcare.

Healthcare Quality Improvement Partnership (HQIP)

The National Respiratory Audit Programme (NRAP) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges and the Royal College of Nursing. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales.

HQIP holds the contract to commission, manage and develop NCAPOP, comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies. www.hqip.org.uk/national-programmes.

National Respiratory Audit Programme (NRAP)

The National Respiratory Audit Programme (NRAP) aims to improve the quality of care, services and clinical outcomes for patients with respiratory disease across England and Wales. It does this by using data to support and train clinicians, empowering people living with respiratory disease and their carers, and informing national and local policy. NRAP has a track record of delivery and is critical in assessing progress against the NHS Long Term Plan. To find out more about NRAP, visit our [website](#).

Acknowledgements

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NRAP patient panels

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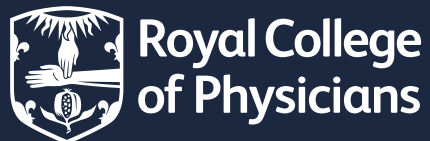
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