



Royal College
of Physicians

National Respiratory Audit
Programme (NRAP)



Organisational audit 2024: adult asthma data deep dive

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

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Summary of adult asthma data deep dive

Deep dive 1: access to and provision of asthma biologic care reported by hospitals

Deep dive 2: access to respiratory specialist pharmacist

Deep dive 3: trust links with integrated care system (ICS) for respiratory care



Access to and provision of asthma biologic care reported by hospitals

Asthma biologics are an innovative group of medicines used to treat people with severe asthma. They provide a treatment option for people with severe asthma who continue to experience asthma attacks despite optimal standard treatment (such as inhaled steroids). The decision to start a biologic treatment for asthma is made by specialist severe asthma multidisciplinary teams (MDTs) based in severe asthma centres. People receiving biologics are closely monitored to ensure that they are receiving the right treatment to help manage their symptoms.

What the data show

Data from the NRAP organisational audit provide a picture of how day-to-day asthma biologic care is delivered across the country.

- > 99.3% of hospitals (135/136) report 'access' to a severe asthma service. This is encouraging, as access to these services is crucial in the initiation of biologic therapies and other advanced treatments for asthma.
- > 50% of hospitals (68/136) prescribe asthma biologics, 63.2% of hospitals (86/136) administer asthma biologics, and 67.6% of hospitals (92/136) monitor patients on asthma biologics.

Why is this important?

Improving access to asthma biologics for eligible patients should lead to:

- > reduced need for steroids (and therefore reduced associated side effects)
- > reduced asthma attacks and asthma-related hospital admissions
- > improvement in symptoms and quality of life
- > improvement in lung function (in some patients).

The 2024 NRAP *Breathing well* report highlighted that 30% of asthma admissions are for people from the most deprived quintile of the population.¹ It is estimated that, in England, over 60,000 patients who currently have severe asthma would benefit from an asthma biologic. However, prescribing data suggest that only 8,000–10,000 of these patients are currently able to access these treatments.² The NHS England Accelerated Access Collaborative has named biologic therapies as a priority to improve uptake to support the NHS Long Term Plan.³

Practical steps to healthcare improvement

NRAP would encourage services and trusts to:

- > review their access to local asthma biologic services, ensuring equity of care for people with asthma across the UK.

Distance can be a barrier to receiving best care. NHS England service specifications for severe asthma services suggest the development of networked services. Networked services refer to commissioned severe asthma centres engaging with smaller sites to 'reduce travel time' and deliver biologics 'in a safe protocol-driven manner close to the patient's home whenever possible'.⁴

The asthma biologics toolkit can be used to review regional access to biologics² – www.healthinnovationoxford.org/our-work/respiratory/asthma-biologics-toolkit/asthma-biologics-overview

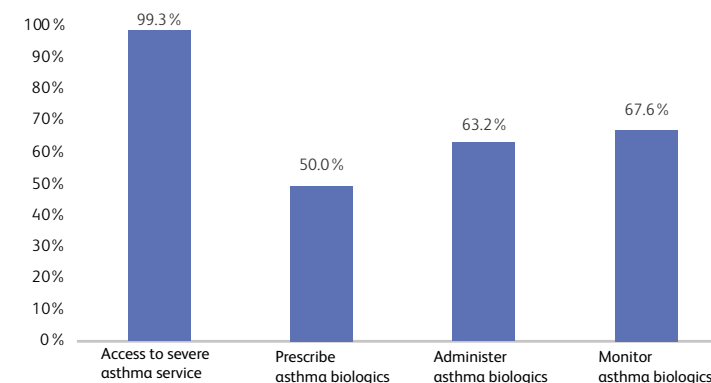


Fig 1. Percentage of hospitals reporting access to a severe asthma service and providing different aspects of asthma biologic care in England and Wales

Access to respiratory specialist pharmacist

Pharmacists are valuable members of the respiratory MDT, leading on medicines optimisation and adherence support for patients. Within asthma services, pharmacists have the important role of supporting the appropriate prescribing of high-cost biologic treatments.

Standards and guidelines

- > [BTS: A workforce for the future](#)
- > [NHS England » Specialised Respiratory Services \(adult\) – Severe Asthma.](#)

What the data show

The data collected show that 39.0% (53/136) of services across England and Wales had a respiratory pharmacist in post, with a total number of 61.2 whole-time equivalents (WTEs) across 53 services. Where a service reported having a respiratory pharmacist in post, the data varied from having 0.1 WTE to 5.3 WTE. Of the hospitals with a severe asthma service, 48.2% (27/56) have access to a respiratory pharmacist.

Of the hospitals that prescribe biologics for asthma, 42.6% (29/68) have access to a respiratory pharmacist.

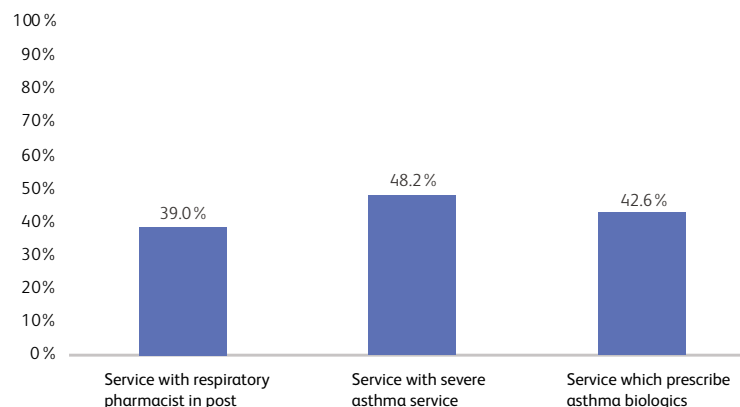


Fig 2. Services with a respiratory pharmacist in post in England and Wales

Why is this important?

Respiratory pharmacists ensure the appropriate prescribing and de-prescribing of medications, supporting evidence-based and cost-effective interventions. Pharmacists provide patient education to support with medication adherence, improving patient outcomes and reducing avoidable hospital admissions.

An increase in the number of respiratory pharmacists in post will also enable the development of enhanced roles for pharmacists to support the prescribing of asthma biologic therapy, which is a priority of the Rapid Uptake Product programme.³ There are numerous ways in which pharmacists can achieve this within secondary and tertiary care, including the identification and referral of suitable inpatients for assessment for biologic treatment, the delivery of adherence assessment and support clinics, and the prescribing of biologics.⁵

Practical steps to healthcare improvement

NRAP would encourage services and trusts to:

- > review the number of respiratory pharmacist posts locally against British Thoracic Society recommendations
- > support the development of the enhanced respiratory pharmacist role in relation to local prescribing uptake of asthma biologic therapy.

The British Thoracic Society recommends a minimum of 250 funded specialist respiratory pharmacists, ensuring one specialist lead for adult respiratory services in each trust, as well as seven regional consultant respiratory pharmacists. BTS: A workforce for the future advises that there is one pharmacist within each specialist commissioned respiratory service MDT.⁶ This is also supported within the national service specification for specialised respiratory adult services for severe asthma.⁴ The current number of respiratory pharmacists across England and Wales is below recommended levels.

Trust links with integrated care system (ICS) for respiratory care

ICSs were set up to improve health and care services locally through joined-up care between local partners. A link between the trust and their ICS is therefore important to ensure the effective delivery of optimal respiratory care based on local need.

Standards and guidelines

- > [NHS England » Integrating care: Next steps to building strong and effective integrated care systems across England](#)
- > [NHS England » What are integrated care systems?](#)
- > [B0754-working-together-at-scale-guidance-on-provider-collaboratives.pdf \(england.nhs.uk\)](#)
- > [Breathing well report 2022/23](#)

What the data show

The data collected showed that 70.5% of services (91/129) across England have a link with their ICS for respiratory care.

The returned data reported that there were regional differences; for example, this figure was notably higher within the south-east region with 88.9% of services (16/18) reporting links, while in the north-west region only 52.4% of services (11/21) advised that they were aware of these links.

- Link with ICS for respiratory care
- No link, or link not known, with ICS for respiratory care

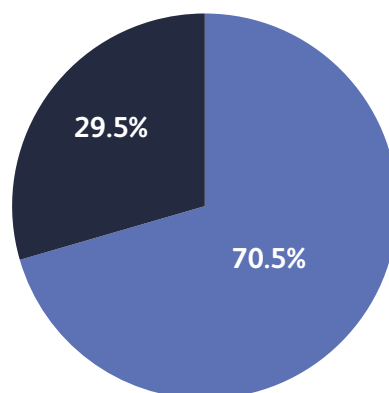


Fig 3. Services in England with ICS link for respiratory care

Why is this important?

It is important that trusts across an ICS are able to come together regularly with appropriate decision-makers to discuss respiratory priorities. Structures will vary, but appropriate ICS forums may include a designated respiratory board, long-term conditions board or winter pressures meetings.⁷

This is in line with the NHS Long Term Plan, which identifies respiratory disease as a clinical priority, and also places a focus on the need for shared leadership within the ICS to improve population health.⁸

Practical steps to healthcare improvement

The importance of local collaboration was highlighted in the 2022/23 *Breathing well* report, with the following suggested pathways to improvement:

- > locally collected NRAP data should be reviewed at least annually by both providers and commissioners (ICS) at a designated forum to monitor delivery of optimal care and drive improvement.¹
- > as a result, this should generate locally agreed actions plans to improve performance against national guidance on the first hour of care and specialist respiratory review within 24 hours.¹



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](#).

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