

Lead clinician welcome

As a Joint Director of Clinical Strategy, Dr Irem Patel leads on supporting engagement across King's Health Partners and our local boroughs to better use our data and partners' capabilities to reduce health inequalities and improve outcomes, including through the Vital 5 programme.

Irem is a Consultant Integrated Respiratory Physician at King's College Hospital NHS Foundation Trust, Honorary Senior Lecturer at King's College London, the Chair of the South East London Respiratory Right Care Network and member of the London Respiratory Programme Board. Irem also co-leads the Respiratory Department and Public Health Committee at King's College Hospital, is the Trust's Smokefree lead and a Trustee of the Primary Care Respiratory Society.





Audit inclusion criteria

Include patients in the audit:

- > who are 35 years and over on the date of admission,
- > who have been admitted* to hospital adult services,
- > who have a primary diagnosis of COPD exacerbation,
- where an initial, or unclear, diagnosis is revised to an acute exacerbation of chronic obstructive pulmonary disease (AECOPD).

Exclude patients in the audit:

- in whom an initial diagnosis of an AECOPD is revised to an alternative at a later stage.
- > who have had a stay in hospital of less than 4 hours (who would be classed as a nonadmission).
- > with COPD who are being managed for pneumonia, not AECOPD.

^{*}Where admission is an episode in which a patient with an AECOPD is admitted to a ward and stayed in hospital for 4 hours or more



Inclusion criteria codes

1 st position	2 nd position
J44.0 – COPD with acute lower respiratory infection	Any code
J44.1 – COPD with acute exacerbation	Any code
J44.8 – other specified COPD	Any code
J44.9 – COPD unspecified	Any code
J43.9 - emphysema	Any code
J22 – unspecified acute lower respiratory infection	J44.0 or J44.1 or J44.8 or J44.9 or J43.9
R06.0 – dyspnoea (shortness of breath)	J44.0 or J44.1 or J44.8 or J44.9 or J43.9
J96.0 – acute respiratory failure	J44.0 or J44.1 or J44.8 or J44.9 or J43.9
J96.1 – chronic respiratory failure	J44.0 or J44.1 or J44.8 or J44.9 or J43.9
J96.9 – respiratory failure	J44.0 or J44.1 or J44.8 or J44.9 or J43.9
J10.1 – influenza due to other identified influenza virus with other respiratory manifestations	J44.0 or J44.1 or J44.8 or J44.9 or J43.9

Audit user role / access level

Each user is assigned a 'user role' related to their use of the system they are accessing.

Assigning appropriate user roles is an important part of the system security model.

For National Respiratory Audit Programme (NRAP) audits there are two audit user roles / access levels:

- > Lead clinician
- > Data inputter

Different user roles have different responsibilities and functions.

Audit user role Lead clinician

A **lead clinician** is a member of the service audit team who:

- > Has overall service/hospital responsibility for the organisation and delivery of the COPD audit. Including:
 - > Ensuring appropriate staff are registered to the audit in the correct role.
 - > Authorising new staff/team account request.
 - > Completing housekeeping of current authorised audit team members (i.e. deleting leavers, etc.).
 - > Quality assurance of the data entered into the audit.
 - > Ensuring the lead clinician role is passed on to another member of staff if they are unable to continue (i.e. change in workload, change in job role, etc.).
- > Able to carry out the responsibilities of a data inputter (as agreed by the service).



Audit user role / access level Data inputter

- > A data inputter is a member of the service audit team who:
 - > Inputs patient data into the audit.
 - > Can edit/delete patient records entered into the audit.
 - > Collects patient information ready to input.
 - > Communicates with the NRAP team:
 - > Project manager
 - > Helpdesk team
 - > Can request new user accounts for the services NRAP audit team. Requests can only be approved by the lead clinician.

People you should know

- > Within your service, there are various members of staff who support you in your submission of data. These include:
 - > The coder for respiratory patients
 - > Help to accurately identify patients who are eligible for the audit.
 - > Analysts
 - > Help you to understand the local data.
 - > Finance team
 - > Can apply for best practice tariff for your service and disperse funds
 - > Medical director
 - Responsible for developing policies and strategies which could support services.

Audit guidance

To support new users, the COPD audit has both a user guide and FAQs which can be found at the links below. The user guide provides technical guidance on using the webtool while the FAQs answers some of the most common questions NRAP receives.







Frequently Asked Questions



Data collection

To support the inputting of data, there is a full clinical audit dataset, including help notes, available, as well as a data collection sheet. Both documents correspond with the questions asked on the webtool.



Clinical audit dataset



Data collection sheet



Information governance

The documents below provide information on how NRAP uses, collects and shares data.



Information
Governance FAQs



Fair processing information



Data flows



Sharing identifiable data



Import function

You can import audit data from a 'CSV' ('Comma Separated Value') spreadsheet data file. These files can be created by patient administration systems (PAS), MS Excel or other software. To support in the importing of audit date, there is import guidance available below:



COPD v4 Import Dataset.pdf

Import Dataset specifications v4.01 (Aug 2023) PDF 121Kb



COPD v3 Import Dataset

Import Dataset specifications v3.01 (Aug 2023) PDF 127Kb



COPD v4 Import Labels.csv

Column labels/Headings v4.01 (Aug 2023) CSV 2Kb



COPD v3 Import Labels

CSV Column labels v3.01 (Aug 2023) CSV 1Kb



Patient resources

Patients are at the heart of NRAP's work, and a number of COPD resources are available for hospitals and patients/carers to use.



COPD patient information leaflet



National respiratory audit programme (NRAP)



COPD patient poster

Healthcare improvement

The next iteration of the healthcare improvement programme (2023 - 2026) is currently in development and more information will follow. Previous report key findings and recommendations can be found below.



Drawing breath: Findings, recommendations and quality improvement

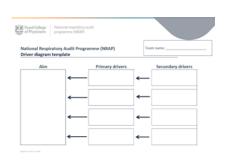


COPD clinical audit: Findings and Quality Improvement



Healthcare improvement

NRAP is committed to creating a sustainable framework and set of resources that empower and enable stakeholders to use data to facilitate improvements in the quality of COPD care. The below templates can be found on the website to support this.







SMART aims template



PDSA cycle template

Good practice repositories

NRAP has collated a series of case studies that highlight good practices in audit data collection and provision of COPD care. The case studies aim to provide teams with ideas to implement best practices and improve local practice.



Elements of best practice



Data collection and entry

Real time data

NRAP publish a series of real time data charts to show the quality of care in England and Wales. The charts are used to help drive quality improvement by providing timely feedback on service quality and compliance with national care standards.



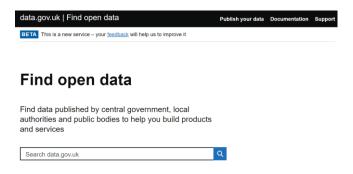
Run chart



Benchmarking chart

Transparent data

NRAP publishes full data files for all reports that are published, including COPD. These can be found at the link below.



data.gov.uk

Reports



Regional reports

The final regional report for COPD was published in July 2023 and has now been replaced by benchmarking tables. Previous reports can still be found at this link.



Outcomes

The Outcomes report presents information submitted on the 30- and 90-day outcomes of adults and children and young people admitted to hospitals in England and Wales for asthma or COPD. The next report will be published October 2025.

Reports



State of the nation

The state of the nation report is a single view of the care of people with asthma and COPD in England and Wales. The reports are published on a yearly basis with the first published January 2023.





Organisational report

This organisational report presents information on the structure and resourcing of the hospital services that are involved in the audit in England and Wales. The next organisational report will be published November 2024.

Data deadlines

Deadline date	Patients discharged
10 November 2023	1 April 2023 – 30 September 2023
9 February 2024	1 October 2023 – 31 December 2023
10 May 2024	1 January 2024 – 31 March 2024
9 August 2024	1 April 2024 – 30 June 2024
15 November 2024	1 July 2024 – 30 September 2024
14 February 2025	1 October 2024 – 31 December 2024
16 May 2025	1 January 2025 – 31 March 2025
15 August 2025	1 April 2025 – 30 June 2025
14 November 2025	1 July 2025 – 30 September 2025
13 February 2026	1 October 2025 – 31 December 2025
15 May 2026	1 January 2026 – 31 March 2026

Please note, from February 2024 NRAP is planning to introduce quarterly data deadlines.



Webtool new user support session

On the last Wednesday of every month, NRAP runs a support session for new users to help them understand the webtool. To sign up for one of these sessions, follow the link below.



eventbrite

Contact details

- > For queries relating to the audit, please email us at copd@rcp.ac.uk or nrapinbox@rcp.ac.uk or phone +44 (0)20 3075 1526.
- > For technical queries, such as account access, please email helpdesk@Crownaudit.org.



Patient identifiable information

The National Respiratory Audit Programme (NRAP) are unable to receive patient identifiable information due to our granted data permissions. **Please do not send NRAP any of the following patient identifiable information:**

- > Patient name
- > Patient DOB
- > Patient NHS number
- > Patient address (this includes postcode)
- > Patient ethnicity
- > Patient gender
- > Patient mental health status

Thank you

