National Respiratory Audit Programme (NRAP)

Trust Engagement Strategy

Version 1.1: September 2024

Objective

- To define the meaning of participation in the National Respiratory Audit Programme.

- To outline a process for addressing decreased participation in NRAP.

- To promote a method of encouraging increased participation across all workstreams.

Where we are now

The NRAP team currently tracks participation through multiple methods including data deadline chasing and case ascertainment.

NRAP Workstream	Participating units	Non-participating units	All units*	Participation %
COPD	177	17	194	91%
Adult asthma	166	32	198	84%
CYP	148	49	197	75%
PR	192	15	207	92%

Table 1: NRAP participation (01 April 2022 to 31 March 2023)

*Please note: This is **not** a representation of all eligible units across England and Wales.*

NRAP currently operates on a process of chasing those hospitals who have not submitted any patient records in the three months before the data deadline and units with a high percentage of draft records.

Case ascertainment

This is tracked annually and calculated based on number of records entered to the audits compared to national hospital asthma attack and COPD exacerbation data obtained from Hospital Episode Statistics (HES). For PR services, a separate online survey is conducted by NRAP to determine case ascertainment rates. Ideally, services would enter all relevant patients to the audit, obtaining a case ascertainment value of 100%.

What participation means to NRAP

All services in England and Wales who have inpatients for COPD and adult or CYP asthma, or enrolled patients for pulmonary rehabilitation (PR), should engage with the audit. Therefore, service participation can be categorised as one of two determiners. Firstly, the number of services registered and actively entering patients into the audit. And secondly, once registered the level of participation by the service. Currently, a service is deemed registered and participating by entering only one of their admitted patients into the audit during a cohort period. For the purposes of non-participation, a service will become eligible for NRAP if they report (via HES for secondary care, and the case ascertainment survey for pulmonary rehabilitation), 10 or more eligible cases in a year.

It is a current NRAP objective to increase service participation across all workstreams. By the end of year three of the current contract, NRAP targets to achieve 95% participation on registered services.

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Process

1. Identify

2. Lead Clinician

3. Trust CEO/ /ICBs

4. Outlier policy triggered

3 to 4 weeks to respond

3 to 4 weeks to respond

Phase 1: Identify

Using workstream-specific document containing month-by-month participation data, programme coordinators identify hospitals/PR services (and associated Trusts) who:

1. Are an eligible service who have not registered (identified through HES or case ascertainment survey)

2. Are registered but have never participated in NRAPs workstream.

3. Are registered but have not submitted data in the past six months.

This is to be done by programme coordinators for each workstream. In preparation for this, the right contacts for each provider will be identified at hospital, Trust and ICB level.

Phase 2: Lead clinician/Regional respiratory lead

Write to the lead clinician for each hospital and make offer of support.

Highlighting:

- Offer of support to start participating (if not already).
- How hospitals can benefit from submitting data to the audit (including real-time benchmarking tables, run charts).
- How important it is to ensure the quality of care for patients going forward.
- Confirm that if no response received within 3-4 weeks, Trust CEOs and Chairs will be written to.
- Provide sign posting to all necessary workstream resources and HI programme information.
- Emails sent from relevant workstream inbox with appropriate workstream clinical lead signature.

Phase 3: Trust CEO/ICBs

After 3 to 4 weeks, if no response received from hospital lead clinician (or their response requires escalation), write to Trust CEO, copying in relevant senior decision-maker in ICB and NRAP Senior Clinical Lead.

Keep page 1 short and to the point, including:

- No response from lead clinician about participation in the audit.

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- How important it is to ensure the quality of care for patients going forward.
- Offer of support to start participating.
- Part of quality accounts.
- Confirm that if no response received and there is no participation over 12 month period, the NRAP outlier policy will be followed.
- Medical director/chair of ICB copied in communication.

Page 2 to provide sign posting to all necessary workstream resources and HI programme information. Programme coordinators should compare which hospitals have been identified for their workstream and coordinate that one correspondence is sent per Trust from the NRAP inbox.

Promotion of alternative methods of data entry

Import function

Encouraging services to collect data in a .csv spreadsheet for all patients within a cohort period. This file is then imported to the webtool, allowing numerous patient records to be inputted at a fraction of the time. Although, this method can affect the live run charts as data will not be uploaded in tandem with patient admission and discharge. The NRAP team will continue to encourage monthly uploads to combat this.

Data collection sheets

NRAP have created data collection sheets for use across secondary care workstreams, allowing services to print an individual sheet for each patient. This sheet contains all questions included in manual data entry, ensuring all data is collated before data entry so that no audit questions are missed.

Good practice repository

In addition to chasing up hospitals with lower levels of participation, NRAP will also utilise the good practice repository to share examples of good practice and improvements across the audit programme. This aims to share the processes of high participating hospitals with those who are struggling, as well as rewarding hospitals for making improvements in their uploads of patient records.

Evaluation

We will evaluate the effects of implementing this trust strategy annually, using the tracking document to assess where our communications and guidance have had an impact on hospital data submission. This will be reported back to HQIP, with year-on-year comparison to case ascertainment figures to assess progress.

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