

National Respiratory Audit Programme (NRAP)

Healthcare improvement (HI) strategy 2026-2028

Version 2: April 2026

Introduction

Respiratory disease remains one of the leading causes of morbidity and mortality in England and Wales, placing sustained pressure on patients, clinical services and the wider health system. Variation in care, inequitable access to services, and avoidable harm persist across respiratory pathways. In this context, high-quality data alone is not enough — systematic, supported healthcare improvement is essential.

This strategy is an update to the 2023 -2026 strategy and sets out how the National Respiratory Audit Programme (NRAP) will deliver a structured, impactful and sustainable approach to healthcare improvement between April 2026 and May 2028. It positions healthcare improvement as a core function of NRAP, not a parallel activity, ensuring that audit intelligence translates into measurable improvements in care quality, patient experience and clinical outcomes.

NRAP's approach integrates real-time audit data, targeted improvement support, and collaborative engagement with local, regional and national stakeholders. By combining actionable insights with practical improvement methodologies, the programme will enable services to reduce unwarranted variation, strengthen pathway performance, and deliver equitable, high-quality respiratory care.

The healthcare improvement (HI) strategy will:

- Outline the five healthcare improvement goals that NRAP will support clinical services to achieve by May 2028
- Establish a clear and scalable framework for improvement activity enabling stakeholders to use audit data to drive measurable change
- Set out how progress, impact and value will be tracked, evaluated and reported.

Improvement goals

Our five HI goals were developed in 2023 to cover the breadth of the patient pathway, and were informed by wide stakeholder engagement, including involvement from our adult, children and young people patient groups. For the period of 2026-28, the targets have been reviewed and refreshed. They represent ambitious yet achievable goals in NRAP priority areas of prevention, early and accurate diagnosis, self-management and treatment, and are underpinned by evidence-based guidelines for high quality care.

Respiratory care is increasingly delivered in an integrated way across primary, community and secondary settings. When delivering improvement activities in support of these goals, services should ensure they are working towards equity of care to address unwarranted variation in achievement.

Prevention strategies

Identifying tobacco dependency and ensuring all patients have access to evidence-based behavioural support and treatment remains a key priority, in line with the ambitions of the NHS 10 Year Health Plan to create a smoke-free generation for a smoke-free UK.

In 2023-24, 70% and 65% of current smokers with asthma and COPD respectively were referred for smoking cessation following an admission, and 46% of parents/carers who were current smokers of children and young people with asthma had tobacco dependency addressed.

HI Goal 1: 85% of admitted patients with COPD and asthma who smoke, and parents of admitted children and young people who smoke, have been offered a referral to treat tobacco dependency and/or prescribed treatment by May 2028.

Delivering earlier, accurate diagnosis

Guaranteeing an early and accurate diagnosis of respiratory conditions ensures people can access the right treatments and care they need.

In 2023-24, 49% of people with COPD admitted for an exacerbation had a spirometry result available.

HI Goal 2: 70% of patients admitted with COPD have a quality assured post-bronchodilator spirometry which confirms obstruction, and 50% of people admitted to hospital and diagnosed with asthma in the past two years have a (ever recorded) record of any objective measurement, in line with national guidelines, by May 2028.

Supporting self-management

Personalised action or self-management plans for people with respiratory conditions support patients and their families with self-management, providing the information they need to manage their symptoms and prioritise what matters to them.

In 2023-24, 54.5%, 57.7% and 50% of people with adult asthma, COPD and children and young people’s asthma respectively received a personalised action plan as part of their discharge bundle.

HI Goal 3: 75% of patients with asthma and COPD who are discharged from hospital after an acute event, have a current self-management plan by May 2028.

Ensuring timely access to optimal care

Everyone living with respiratory conditions should receive timely access to the best interventions and care which help prevent hospital admissions, including pulmonary rehabilitation and inhaler technique checks.

In 2023-24, 40% of people with COPD started PR within 90 days of referral, and 20% of people with an acute exacerbation of COPD (AECOPD) started PR within 30 days of referral.

HI Goal 4: 70% of patients start a PR programme within 90 days of referral, and 70% of patients with AECOPD start within 30 days of referral, by May 2028.

In 2023-24, 68%, 66% and 64% of adults with asthma, COPD, and children and young people with asthma respectively received an inhaler technique check following a hospital admission.

HI Goal 5: 80% of all people with asthma and COPD have their inhaler technique checked following a hospital admission by May 2028.

Healthcare improvement overview		
	2023/24	2024/25
Goal 1	COPD: 70% AA: 65% CYPA: 36%	COPD: 69% AA: 70% CYPA: 54%
Goal 2	COPD: 49%	COPD: 53%
Goal 3	COPD: 55% AA: 58% CYPA: 50%	COPD: 68% AA: 59% CYPA: 53%
Goal 4	PR: (4a) 40% PR: (4b) 20%	PR: (4a) 44% PR: (4b) 22%

Goal 5	COPD: 68% AA: 66% CYPA:64%	COPD: 73% AA: 69% CYPA: 63%
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Our approach to achieving the HI goals

Learning from our healthcare improvement work between 2023-26, over the next two years we will be introducing a more targeted approach to improvement. This means using our data to identify the localities where support for improvement is most needed, ensuring that our efforts are focused where the need is greatest.

National

At a national level, we will provide high-quality data and insights to support improvement initiatives in England and Wales. We will continue to engage with national bodies to ensure our insights contribute to the understanding of relevant policy areas and will provide national high-level reporting (both clinical and organisational) annually to support policy makers, with accessible webinars delivered after each report launch. We'll promote improvement through engagement and collaboration with key stakeholders including the British Thoracic Society, Asthma + Lung UK and Primary Care Respiratory Society. This will build on the strong connections we have with, for example, Asthma + Lung UK, where we engaged at regional level in areas of particular challenge for respiratory care, via their champions programme. We'll also support financial incentives by reporting on Best Practice Tariffs (BPT), to ensure providers can drive healthcare improvement in line with the NRAP HI goals.

Regional

At a regional level, we will encourage and support whole system engagement in healthcare improvement. This has involved delivering training on HI methods linked to NRAP to the Asthma + Lung UK champions, all of whom were appointed in areas of high respiratory need, based on nationally benchmarked regional performance data, and meeting with a suite of regional respiratory networks and respiratory teams. Looking forward, we will respond to the ongoing changes to NHS structures affecting regional teams, ICBs and trusts and ensure we provide appropriate support at a regional level. This will involve:

- Maintaining publicly available regional and ICB-level benchmarking data for all key metrics
- Utilising relationships with key stakeholders in each region, including regional NHS England teams, respiratory clinical networks, Local Health Boards and Health Innovation Networks
- Attending regional meetings across England and Wales to present on progress with the HI strategy and provide an offer of support

- Hosting a regional trainee improvement network
- Promoting and signposting to relevant improvement resources (videos, webinars/support sessions, resource packs, ICST respiratory toolkit).

Most significantly, for 2026-28 we will be introducing a programme of regional healthcare improvement roadshows. This will allow us to bring NRAP into regional communities, connect local respiratory teams around shared goals and work with regions on the areas that NRAP data shows improvements are most needed. Our website will be kept up to date with the schedule for roadshows as they are further developed.

Local

We continue to provide accessible, publicly available, meaningful data and insights which can be tailored by services. NRAP captures good practice case studies where local clinical teams can share their challenges and achievements in the provision of respiratory care with one another. We will promote these to services so they can draw on good practice to support change through peer-to-peer learning. By reporting on BPT achievement we'll enable local teams to identify financial incentives which can be reinvested locally to drive improvement. We also provide:

- Live run charts, so services can track HI using monthly data.
- Online tutorials and accessible, downloadable resources, highlighting the impact of healthcare improvement from using service data.
- Local templates covering driver diagrams, PDSA cycles and SMART aims to support local improvement projects using NRAP data and evidence-based methods to enhance the chances of delivering successful projects.
- Deliver the RCP community of practice for pulmonary rehabilitation.

Our local offer centres around our bespoke HI education programme, which is delivered using a coaching model. The programme connects clinical teams with a dedicated improvement coach to collaborate on an improvement project related to these goals, using NRAP data to measure change. The programme will launch again in 2026, inviting teams who report greatest room for improvement in their NRAP audit data across England and Wales to join the programme, and bringing on new coaches from high achieving respiratory services. During the last round in 2024-25 we had limited engagement with Welsh services. A key focus for 2023-26 will therefore be on building connections with respiratory teams and primary care in Wales, which will require close collaboration with NHS Wales to ensure our offer is appropriate and targeted for Welsh teams.

Enablers

Learning from 2023-26 HI strategy

We have taken a number of lessons from the first iteration of this strategy. The targets for the HI goals have been re-evaluated as services told us they did not feel achievable at the previous level. The evaluation of the local level support programme also showed desire to move away from the RCP hosted e-learning platform due to issues with accessibility which will be actioned in next programme. The review of the initial strategy has directed the focus specially to secondary care to ensure robust, national data is available to support the review and impact of the goals.

NRAP team

We will maintain our NRAP clinical team to ensure we have the capacity and expertise to achieve these goals. Our healthcare improvement lead has begun implementation of this strategy along with a clinical fellow specific to HI, and fellows to provide targeted HI support across each audit workstream.

Improved service-level participation and case ascertainment

To accurately identify areas of need and measure improvement, we need comprehensive audit data across England and Wales. We have refreshed our service participation strategy which outlines how we will maintain and increase engagement with the aim of achieving participation from every eligible service in England and Wales. Our refreshed case ascertainment strategy will outline strategies and next steps to increase the level of records entered into the audit by services. Participation and case ascertainment will continue to remain a central priority within our improvement work.

Patient and public involvement

Our patient panels have supported the development and shaping of the original 2023-26 strategy. The HI goals were informed by their feedback describing what was important to them about their respiratory care. We will continue to review annual progress on our HI goals with our patient panels and incorporate their feedback.

Communications

The NRAP communication strategy will raise the profile of the audit programme. We will use a variety of channels, including newsletters, best practice webinars and attending conferences to raise awareness of the HI goals with audit participants. We will be proactive in having a presence in forums where our audit participants are already engaging (N-QI-CAN and FutureNHS platforms) to seek opportunities to amplify communications, be responsive to queries and feedback and signpost our resources.

Evaluation and next steps

The NRAP team will review progress, assess national year-on-year achievement against our improvement goals and will report this to the NRAP Board. Where appropriate we may identify incremental percentages for our improvement goals following publication. Changes to the goals or strategy in response to internal or external factors will be suggested at operational level ratified by the Board and then incorporated by the audit team. The strategy will be fully evaluated in 2028.

Appendix 1 – Driver diagrams for HI goals



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