



National Asthma and COPD Audit Programme and the NHS Long Term Plan

Respiratory illness features heavily in the NHS Long Term Plan. The main drivers for the need to improve respiratory care are the stark and consistent inequalities in outcome across the UK, and the unacceptable rates of admission and mortality, which are higher than in other European countries. How can the National Asthma and COPD Audit Programme (NACAP) support the aspirations within the Long Term Plan to improve outcomes for people with COPD and asthma?

The Long Term Plan recommends improvements in models of care and in enablers of better quality services, both of which could improve outcomes for people with chronic respiratory illnesses. The plan focusses on community care and collaborative and integrated working across different sectors. Multidisciplinary networks, and a better interface between primary and secondary care, can improve the quality and quantity of the workforce and crystallise best practice into standardised care pathways. Particular improvements include commitment to better primary care spirometry and more community pharmacists. The plan also promotes digital health care, which can improve data linkage across the patient pathway and ensure standards are met. For example, joined-up, digitally enabled health care should aid evidence-based acute management. For people admitted to hospital with COPD, access to previous spirometry from primary, secondary, or community services to confirm the diagnosis is only available in fewer than 50% of cases, and only a small proportion of eligible patients are offered community-based pulmonary rehabilitation after discharge.

The Long Term Plan supports preventive interventions addressing broad and socioeconomic determinants of health. Proposed strategies around smoking, for example, include widespread adoption of the Ottawa Model for Smoking Cessation and tailored interventions for pregnant mothers. Data that show inequalities in context of wider determinants of disease offer opportunities to advocate for prioritisation of respiratory illnesses in these strategies to improve health for current and future generations.

How do we turn an aspirational national plan into practical aid for local improvement? The task can seem overwhelming for front-line staff already fully engaged in delivering patient care; however, the new breed of national clinical audits can support teams to make a difference in clinical outcomes for their patients. NACAP supports front-line change by moving away from data collection towards supporting quality improvement in hospitals, general practices, and pulmonary rehabilitation programmes.

Audit and feedback improve services, but alignment to clinical priorities and appropriate format and to periodicity of

feedback all enhance effectiveness. Minimising data items to those with the greatest effects on clinical outcomes reduces burden of data collection while providing teams with relevant data that affects mortality, length of stay, readmission rates, and health status. NACAP uses continuous data collection with the aspiration that all eligible cases are entered into a database. Each site has access to its own data in real time, in the form of run charts, benchmarked against national standards and attainment levels, which themselves could be derived from the datasets. Alongside access to real-time data, services can be improved with access to quality improvement tools, such as examples of good practice, and with education around improvement methods, such as regional workshops, reflecting that a level of understanding and systematic approach are needed to achieve sustainable change. The NACAP team has also worked with the Respiratory National Clinical Directors, British Thoracic Society, and British Lung Foundation to negotiate a Best Practice Tariff for COPD; has worked with RightCare to develop a best practice clinical pathway; has agreed metrics derived from the audit for Care Quality Commission inspections; and has used data to inform National Institute for Health and Care Excellence (NICE) Quality Standards.

This new programme of supporting local teams to deliver improvement is beginning to deliver results. During the first 16 months of the NACAP, all seven process measures for COPD, evaluated in all discharged patients, have improved in compliance with NICE standards—eg, the proportion of patients who received non-invasive ventilation within 3 h improved from 27% to 32% and the proportion of patients who received a discharge bundle improved from 50% to 84%.

The collection and use of data are increasingly commonplace for benchmarking and understanding services and for funding allocation. Linkages to multiple data sources and computing power to analyse them are technically easy; therefore, what matters most is data quality. To deliver optimum clinical outcomes with the use of targeted interventions, we must understand where key deficiencies lie; hence, data entered must accurately reflect standards of patient care. Commissioners and providers must allocate adequate resources to reduce the burden of data collection on clinicians, explore electronic and automatic collection, and provide quality improvement support to deliver long-term, meaningful change.

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For the **NHS Long Term Plan** see <https://www.longtermplan.nhs.uk/online-version/>

For the **Strategic Review of Health Inequalities in England Post-2010 Fair Society, Healthy Lives: The Marmot Review** see <https://www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf>

For **European respiratory disease statistics** see https://ec.europa.eu/eurostat/statistics-explained/index.php/Respiratory_diseases_statistics#Deaths_from_diseases_of_the_respiratory_system and **Articles Lancet 2013; 381: 1224–34**

For the **National COPD Audit Programme** see <https://www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017>

For more on **pulmonary rehabilitation in COPD** see *Chest* 2017; **152**: 1188–1202

For more on **audit and feedback** see *Cochrane Database Syst Rev* 2012; **6**: CD000259