

NACAP

National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP)

# Adult asthma and COPD organisational audit 2019

Resources and organisation of care in hospitals in England, Scotland and Wales 2019

# Data analysis and methodology report

Published March 2020

In association with











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#### National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme

The NACAP is a programme of work that aims to improve the quality of care, services and clinical outcomes for patients with asthma and COPD in England, Scotland and Wales. Spanning the entire patient care pathway, NACAP includes strong collaboration with asthma and COPD patients, as well as healthcare professionals, and aspires to set out a vision for a service which puts patient needs first. To find out more about the NACAP visit: www.rcplondon.ac.uk/nacap.

#### Adult asthma and COPD organisational audit 2019 report

This report was prepared by the following people, on behalf of the asthma advisory group and COPD advisory group (the full list of members are included in the online appendices at: <a href="https://www.rcplondon.ac.uk/nacap-resources">www.rcplondon.ac.uk/nacap-resources</a>).

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# How to use this report

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#### 1. Scope and report structure

This data analysis and methodology report presents the results from an analysis of the data derived from the adult asthma and COPD organisational audit component of the National Asthma and COPD Audit Programme (NACAP). Data collection for the organisational audit took place between 1 April and 1 July 2019 across England, Scotland and Wales. The audit collected information on the resourcing and organisation of services relevant to the care of adult patients with asthma and COPD who are admitted to hospital.

These data are presented largely in tabular form with explanatory notes where appropriate. However, the key messages and recommendations, as well as an infographic to summarise key data, can be found in the short national organisational audit report (via <u>www.rcplondon.ac.uk/copd-asthma-organisational-2018-19</u>). Details of the statistical and data collection methodologies used are provided in <u>Appendix A</u>.

The organisational audit dataset, as well as the resources supplied for both the organisational and clinical audit (such as FAQs and good practice repositories), can be found via our website: <a href="http://www.rcplondon.ac.uk/nacap">www.rcplondon.ac.uk/nacap</a>

### 2. Report coverage

167/175 (95%) eligible hospitals in England, 6/25 (24%) eligible hospitals in Scotland and 16/17 (94%) eligible hospitals in Wales participated in this organisational audit. Caution should be taken when reviewing the data presented for Scotland, as the data are not as representative a sample of the resourcing and organisation of services across Scotland compared with England and Wales. For a full list of participating and non-participating hospitals, please see <u>Section 10</u> of this report. Please note that all tables include a count total (denoted as N=X) for each column. The count total highlights the number of hospitals that participated in the question, rather than the number of hospitals that were eligible to participate.

This is the first national organisational audit report under the NACAP to report on both asthma and COPD hospital resources and services. It is also the first organisational audit under the programme to incorporate data from hospitals in Scotland, alongside data from hospitals in England and Wales. As such, there is little comparative data available from the previous national COPD organisational audits. Where a similar question was asked in the 2017 National COPD Audit Programme organisational audit for England and Wales a hyperlink is provided under the relevant table of this data analysis and methodology report.

The low participation rate from Scotland has resulted in instances of highly skewed data for some metrics in section 1 (admissions – numbers and beds) of the report. In these instances, Scottish data are not reported separately, but are included in the 'All' data columns.

## 3. Hospital-level data

The data presented here are provided at national and devolved nation level. In addition, a series of key indicators at hospital level are presented in <u>section 10</u> of this report, benchmarking hospitals against other participating units along with a methodological explanation. No data are provided at trust or health board level.

Alongside the publication of this report, hospitals will also be provided site-level reports, presenting their own hospital-level data against both the national and relevant devolved nation average. These reports are provided directly to the hospital team responsible for participation in the NACAP adult asthma and COPD audits, but are not made publicly available.

The data collected for this organisational audit, however, will be made publicly available at hospital level on <u>www.data.gov.uk</u>, in line with the UK government's transparency agenda.

## 4. Audience and links to relevant standards

This data analysis and methodology report is intended to be read by healthcare professionals, NHS managers, chief executives and board members, service commissioners and policy makers, as well as voluntary organisations. We strongly advise that secondary care teams discuss these findings between themselves, as well as with their colleagues in primary care, their commissioners and other relevant healthcare teams. A separate report has been produced for patients and the public and is available at: www.rcplondon.ac.uk/copd-asthma-organisational-2018-19.

References to the appropriate National Institute for Health and Care Excellence (NICE) clinical guidelines and quality statements, and British Thoracic Society (BTS) guidelines relevant to asthma and COPD care, are inserted throughout the key findings.



# Section 1: Admissions – numbers and beds Back to contents

# Navigation

This section contains the following tables and graphs. If you are viewing this report on an electronic device, you can select the table that you wish to see from the list below. Please note the subsection numeration in <u>part a</u> does not align to the question numbering in the dataset itself as these data were sourced separately.

#### Section A: Externally sourced admissions data

- A. National average number of adult medical emergency admissions in the 2018/19 financial year per medical bed
- B. National average number of respiratory-coded emergency admissions in the 2018/19 financial year per respiratory bed
- C. National average number of COPD-coded emergency admissions in the 2018/19 financial year per 1,000 adult medical emergency admissions
- D. National average number of asthma-coded emergency admissions in the 2018/19 financial year per 1,000 adult medical emergency admissions

Section B: Admissions and beds

- 1.1 National average proportion of emergency COPD-coded respiratory admissions discharged, or died, on dedicated respiratory wards in the 2018/19 financial year
- 1.2 National average proportion of emergency asthma-coded respiratory admissions discharged, or died, on dedicated respiratory wards in the 2018/19 financial year
- 1.3 Average number of medical beds per hospital
- 1.4 Average number of beds on dedicated respiratory wards per hospital
  - 1.4a Average number of Level 2 beds on dedicated respiratory wards per 1,000 adult respiratory admissions
- 1.5 Hospitals with high dependency units (HDUs)
  - 1.5a National average number of HDU beds per 10,000 adult medical emergency admissions
- 1.6 Hospitals with intensive care units (ICUs)
  - 1.6a National average number of ICU beds per 10,000 adult medical emergency admissions

#### Audit results – admissions:

- Between 1 April 2018 and 31 March 2019 (the 2018/19 financial year) the median number of admissions were as follows:
  - 69 (interquartile range (IQR)<sup>a</sup>: 54–88) general medical adult emergency admissions per medical bed
  - 101 (IQR: 78–136) respiratory-coded admissions per respiratory bed

<sup>&</sup>lt;sup>a</sup> Interquartile range is a type of average that indicates how spead out the values are within a dataset.

- 11 (IQR: 9–14) adult asthma-coded emergency admissions per 1,000 adult medical emergency admissions
- 34 (IQR: 28–43) COPD-coded emergency admissions per 1,000 adult medical emergency admissions
- It is acknowledged that the figures for asthma- and COPD-coded emergency admissions appear to be lower than expected. Possible reasons for this include:
  - The data is based only on patients with the following ICD-10 codes in the primary position:
    - J44.0, J44.1, J44.8 and J44.9 for COPD
    - J45.0, J45.1, J45.8, J45.9, J46.0 for asthma.
  - There may be errors in the original data where coding inconsistencies have not been investigated/corrected.
- **90% of hospitals** have a dedicated respiratory ward. But not all respiratory admissions are managed there:
  - The national average proportion of all emergency COPD-coded admissions discharged, or died, on dedicated respiratory wards in the 2018/19 financial year was 39% (median) (IQR 25%–74%)
  - The national average proportion of all emergency asthma-coded admissions discharged, or died, on dedicated respiratory wards in the 2018/19 financial year was 41% (median) (IQR 24%–75%)

### Audit results – beds:

- The median number of bed types were as follows:
  - 275 (IQR: 203–400) medical beds (average per hospital)
  - **30 (IQR: 26–47)** beds on dedicated respiratory wards (average per hospital)
  - 0 (IQR: 0–1) level 2 beds on dedicated respiratory wards, per 1,000 adult respiratory admissions
  - 3 (IQR: 2–6) high dependency unit (HDU) beds per 10,000 adult medical emergency admissions
  - 5 (IQR: 3–7) intensive care unit (ICU) beds per 10,000 adult medical emergency admissions
- **85% of hospitals have a HDU** and **94% have an ICU** to which asthma and COPD patients can be admitted.

## Part A: Externally sourced admissions data

The following admission data were collected from existing external datasets, rather than sourced from hospital teams directly. Externally sourced admission data were collected to ensure reduction of data collection burden on hospital teams during the organisational audit snapshot period, as well as to optimise on data completeness and accuracy. The following external datasets were used in this section:

- NHS Digital Hospital Episodes Statistics (HES) database for English hospital admissions data
- NHS Wales Informatics Service (NWIS) Patient Episode Database for Wales (PEDW) for Welsh hospital admissions data.

# A. National average number of adult medical emergency admissions in the 2018/19 financial year per medical bed

	2018/19 financial year			
	All         England         Wales           (N=187)         (N=165)         (N=16)			
Median (IQR*) per medical bed	69 (54–88)	73 (56–90)	57 (53–79)	
Mean (SD**) per medical bed	72 (30)	74 (30)	65 (17)	

\*Interquartile range

\*\*Standard deviation<sup>b</sup>

B. National average number of respiratory-coded admissions in the 2018/19 financial year per respiratory bed

	2018/19 financial year			
	All         England         Wales           (N=171)         (N=156)         (N=12)			
Median (IQR) per respiratory bed	101 (78–136)	107 (82–139)	79 (64–94)	
Mean (SD) per respiratory bed	113 (59)	118 (60)	81 (20)	

Please note that the count total (denoted as N=X) for each column is inclusive only of hopsitals with a dedicated respiratory ward.

# C. National average number of COPD-coded emergency admissions in the 2018/19 financial year per 1,000 adult medical emergency admissions

	2018/19 financial year		
	All England Wales		
	(N=189)	(N=167)	(N=16)
Median (IQR) per 1,000			
adult medical emergency	34 (28–43)	33 (27–40)	44 (30–47)
admissions			
Mean (SD) per 1,000			
adult medical emergency	35 (11)	35 (11)	39 (11)
admissions			

<sup>&</sup>lt;sup>b</sup> Standard deviation is a measure of the spread of data around the mean value.

D. National average number of asthma-coded emergency admissions in the 2018/19 financial year per 1,000 adult medical emergency admissions

	2018/19 financial year				
	All	All England Wales			
	(N=189)	(N=167)	(N=16)		
Median (IQR) per 1,000					
adult medical emergency	11 (9–14)	11 (9–13)	10 (9–11)		
admissions					
Mean (SD) per 1,000					
adult medical emergency	12 (4)	12 (4)	11 (5)		
admissions					

## Section B: Admissions and beds

The admissions data presented below, as well as all subsequent data, were derived directly from data collected by hospital teams participating in the NACAP adult asthma and COPD organisational audit. All tables are numbered in line with the ordering of the organisational audit dataset used during the snapshot audit between 1 April 2019 and 1 July 2019.<sup>c</sup>

1.1 National average proportion of all emergency COPD-coded admissions who were discharged, or died, on dedicated respiratory wards in the 2018/19 financial year

	2018/19 financial year			
	All         England         Wales           (N=167)         (N=152)         (N=12)			
Median (IQR)	39% (25%–74%)	39% (25%–71%)	43% (30%–78%)	
Mean (SD)	59% (99)	59% (103)	51% (30)	

**1.2** National average proportion of all emergency asthma-coded admissions who were discharged, or died, on dedicated respiratory wards in the 2018/19 financial year

	2018/19 financial year			
	All England Wales (N=165) (N=150) (N=12)			
Median (IQR)	41% (24%–75%)	40% (23%–73%)	39% (22%–88%)	
Mean (SD)	59% (59)	59% (61)	55% (39)	

#### 1.3 Average number of medical beds per hospital

	2019			
	All England Scotland Wales			
Madian (IOD)				
Niedian (IQR)	275 (203–400)	295 (216–407)	298 (120–500)	175 (140–228)
Mean (SD)	323 (181)	335 (179)	352 (303)	184 (67)

In the 2017 COPD organisational audit for England and Wales, the median number of medical beds was 258 (the full report is available at: <a href="https://www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017">www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017</a>).

<sup>&</sup>lt;sup>c</sup> The dataset used during the 2019 adult asthma and COPD organisational audit is available at: www.rcplondon.ac.uk/nacap

	2019			
	All         England         Scotland         Wales           (N=171)         (N=156)         (N=3)         (N=12)			
Median (IQR)	30 (26–47)	30 (26–48)	36 (16–46)	28 (24–33)
Mean (SD)	38 (22)	39 (22)	33 (15)	30 (10)

# 1.4 Average number of beds on dedicated respiratory wards per hospital<sup>d</sup>

In the 2017 COPD organisational audit for England and Wales, the median number of beds on dedicated respiratory wards was 28 (the full report is available at: <a href="https://www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017">www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017</a>).

• 10% of hospitals (18/189) do not have a dedicated respiratory ward.

# 1.4a Average number of Level 2 beds on dedicated respiratory wards per 1,000 adult respiratory admissions

	2019		
	All	England	Wales
	(N=171)	(N=156)	(N=12)
Median (IQR)	0 (0–1)	0 (0-1)	0 (0–2)
Mean (SD)	1 (4)	1 (5)	2 (3)

### 1.5 Hospitals with high dependency units (HDUs)

	2019			
	AllEnglandScotlandWales(N=189)(N=167)(N=6)(N=16)			Wales (N=16)
Yes	160 (85%)	142 (85.0%)	5 (83.0%)	13 (81.0%)
No	29 (15%)	25 (15.0%)	1 (17.0%)	3 (19.0%)

#### 1.5a National average number of HDU beds per 10,000 adult medical emergency admissions

	2019		
	All	England	Wales
	(N=159)	(N=141)	(N=13)
Median (IQR)	3 (2–6)	3 (2–6)	4 (3–7)
Mean (SD)	5 (3)	4 (3)	5 (3)

#### 1.6 Hospitals with intensive care units (ICUs)

	2019							
	AllEnglandScotlandWa(N=189)(N=167)(N=6)(N=							
Yes	178 (94%)	159 (95.0%)	5 (83.0%)	14 (88.0%)				
No	11 (6%)	8 (5.0%)	1 (17.0%)	2 (12.0%)				

<sup>&</sup>lt;sup>d</sup> The denominator excludes hospitals without dedicated respiratory wards.

# 1.6a National average number of ICU beds per 10,000 adult medical emergency admissions

		2019						
	All	All England Wales						
	(N=177)	(N=158)	(N=14)					
Median (IQR)	5 (3–7)	5 (3–7)	6 (5–10)					
Mean (SD)	6 (5)	6 (5)	8 (6)					



Section 2: Staffing levels Back to contents

#### **Key standards:**

There are no national recommendations for the number of staff to be made available to manage care for respiratory patients. What is clear from these data is that there is wide variation in the number of specialist staff per 1,000 respiratory admissions across hospitals, and that such variation must result in variable care quality. Vacancies against an establishment further undermine effective care.

- <u>NICE 2011 QS10 [Care in hospital]</u>: People admitted to hospital with an exacerbation of COPD are cared for by a respiratory team, and have access to a specialist early supported discharge scheme with appropriate community support.<sup>1</sup>
- <u>NICE 2013 QS25 [QS9]</u>: People admitted to hospital with an acute exacerbation of asthma have a structured review by a member of a specialist respiratory team before discharge.<sup>2</sup>

#### Audit results – respiratory consultant staffing levels:

• 7 (4%) hospitals have no **respiratory consultant(s)** in post. In addition, 26% of hospitals have between 0.1–1 WTE vacancies, 14% have between 1.1–3.0 WTE vacancies and 2% have more than 3.0 WTE vacancies for respiratory consultant staff.

#### Audit results – respiratory nurse staffing levels:

- 19% of hospitals do not have a **general respiratory nurse specialist(s)** in post. In addition, 11% of hospitals have between 0.1–1 WTE vacancies, 5% have between 1.1–3.0 WTE vacancies and 3% have more than 3.0 WTE vacancies for a general respiratory nurse specialist.
- 58% of hospitals do not have a **COPD nurse specialist(s**) in post. In addition, 7% of hospitals have between 0.1–1 WTE vacancies for this position while 93% of hospitals have no vacancies.
- 67% of hospitals do not have an **asthma nurse specialist(s)** in post. In addition, 4% of hospitals have between 0.1–1 WTE vacancies for this position while 96% have no vacancies.

#### Audit results – respiratory physiologist:

 17% of hospitals do not have a respiratory physiologist(s) in post. In addition, 15% of hospitals have between 0.1–1 WTE vacancies for this position, while 81% of hospitals have no vacancies.

## 2.1a Number of filled staff posts in respiratory teams at each hospital<sup>e</sup>

		Number of u	nits with:				Median (IQR)	Median (IQR)	Median (IQR)
							WTE per 1,000	WTE per 1,000	WTE per 1,000
Staff post	2019	No	0.1-1.0	1.1-3.0	>3.0	Median	adult	adult	adult
		WTE	WTE	WTE	WTE	(IQR) WTE	emergency	emergency	emergency
							respiratory	COPD	asthma
Dhusisian nasta							admissions	admissions	admissions
Physician posts	$\Lambda \parallel (N = 197)$	10 (5%)	15 (9%)	100 (54%)	62 (22%)	2 (2_4)	1 (1_1)	5 (2-6)	12 (9_19)
F11/F12	All (N-107)	<u> </u>	14 (8%)	200 (3478)	60 (36%)	3 (2-4)		5 (3-0)	13 (8-18)
	England (N=105)	0 (4%)	14 (8%)	85 (52%)	00 (30%)	3 (2-4)	1 (1-1)	5 (3-0)	13 (8–18)
		2 (33%)	1 (17%)	2 (33%)	1 (17%)	2 (0-3)	-	-	-
	Wales (N=16)	2 (13%)	0 (0%)	13 (81%)	1 (6%)	2 (2-3)	1 (1-2)	5 (3-9)	19 (14–30)
CT1/CT2	All (N=187)	12 (6%)	55 (29%)	84 (45%)	36 (19%)	2 (1–3)	1 (0-1)	3 (2–4)	8 (5–13)
	England (N=165)	7 (4%)	48 (29%)	76 (46%)	34 (21%)	2 (1–3)	1 (0-1)	3 (2–4)	8 (5–13)
	Scotland (N=6)	2 (33%)	2 (33%)	2 (33%)	0 (0%)	1 (0–2)	-	-	-
	Wales (N=16)	3 (19%)	5 (31%)	6 (38%)	2 (13%)	2 (1–3)	1 (0-1)	3 (2–6)	13 (6–23)
ST3 and	All (N=187)	15 (8%)	31 (17%)	95 (51%)	46 (25%)	2 (1–3)	1 (0–1)	3 (2–5)	10 (6–15)
above	England (N=165)	9 (5%)	27 (16%)	84 (51%)	45 (27%)	2 (2–4)	1 (0-1)	4 (2–5)	10 (7–15)
	Scotland (N=6)	3 (50%)	1 (17%)	1 (17%)	1 (17%)	1 (0-2)	-	-	-
	Wales (N=16)	3 (19%)	3 (19%)	10 (63%)	0 (0%)	2 (1–2)	1 (1-1)	3 (2–5)	12 (8–18)
Respiratory	All (N=186)	7 (4%)	5 (3%)	32 (17%)	142 (76%)	5 (4–7)	2 (1–2)	7 (5–11)	23 (16–31)
consultant	England (N=164)	3 (2%)	3 (2%)	27 (16%)	131 (80%)	5 (4–7)	2 (1–2)	7 (5–11)	23 (16–31)
	Scotland (N=6)	1 (17%)	1 (17%)	0 (0%)	4 (67%)	6 (1–8)	-	-	-
	Wales (N=16)	3 (19%)	1 (6%)	5 (31%)	7 (44%)	3 (2–4)	2 (1–2)	7 (4–9)	27 (16–35)
Associate	All (N =183)	157 (86%)	19 (10%)	7 (4%)	0 (0%)	0 (0–0)	0 (0–0)	0 (0–0)	0 (0–0)
specialist	England (N=162)	139 (86%)	17 (10%)	6 (4%)	0 (0%)	0 (0–0)	0 (0–0)	0 (0–0)	0 (0–0)
	Scotland (N=5)	4 (80%)	1 (20%)	0 (0%)	0 (0%)	0 (0–0)	-	-	-
	Wales (N=16)	14 (88%)	1 (6%)	1 (6%)	0 (0%)	0 (0–0)	0 (0–0)	0 (0–0)	0 (0–0)
Staff grade	All (N=185)	129 (70%)	39 (21%)	13 (7%)	4 (2%)	0 (0–1)	0 (0–0)	0 (0–1)	0 (0–3)
	England (N=163)	114 (70%)	33 (20%)	12 (7%)	4 (2%)	0 (0-1)	0 (0–0)	0 (0-1)	0 (0–3)

<sup>e</sup> Percentages were rounded to the nearest integer and therefore may not sum to 100%.

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	Scotland (N=6)	3 (50%)	2 (33%)	1 (17%)	0 (0%)	1 (0-1)	-	-	-
	Wales (N=16)	12 (75.0%)	4 (25.0%)	0 (0.0%)	0 (0.0%)	0 (0–0)	0 (0–0)	0 (0–0)	0 (0–1)
Nurse posts in	respiratory team								
General	All (N=189)	36 (19%)	20 (11%)	59 (31%)	74 (39%)	2 (1–5)	1 (0–2)	4 (1–7)	13 (4–22)
respiratory	England (N=167)	32 (19%)	20 (12%)	49 (29.0%)	66 (40.0%)	2 (1–5)	1 (0-1)	4 (1–7)	11 (4–21)
nurse	Scotland (N=6)	1 (17%)	0 (0%)	2 (33%)	3 (50%)	3 (2–7)	-	-	-
specialist	Wales (N=16)	3 (19%)	0 (0%)	8 (50%)	5 (31%)	2 (2–4)	1 (1-2)	6 (4–8)	23 (17–32)
COPD nurse	All (N=185)	108 (58%)	24 (13%)	33 (18%)	20 (11%)	0 (0–2)	0 (0–1)	0 (0–3)	0 (0–8)
specialist	England (N=165)	93 (56%)	24 (15%)	28 (17%)	20 (12%)	0 (0–2)	0 (0-1)	0 (0–3)	0 (0–8)
	Scotland (N=4)	4 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0–0)	-	-	-
	Wales (N=16)	11 (69%)	0 (0%)	5 (31%)	0 (0%)	0 (0–2)	0 (0-1)	0 (0–4)	0 (0-11)
Asthma nurse	All (N=185)	124 (67%)	30 (16%)	24 (13%)	7 (4%)	0 (0–1)	0 (0–0)	0 (0–1)	0 (0–3)
specialist	England (N=165)	106 (64%)	28 (17%)	24 (15%)	7 (4%)	0 (0-1)	0 (0–0)	0 (0-1)	0 (0–3)
	Scotland (N=4)	4 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0–0)	-	-	-
	Wales (N=16)	14 (88%)	2 (13%)	0 (0%)	0 (0%)	0 (0–0)	0 (0–0)	0 (0–0)	0 (0–0)
Nurse	All (N=185)	161 (87%)	24 (13%)	0 (0%)	0 (0%)	0 (0–0)	0 (0–0)	0 (0–0)	0 (0–0)
consultant	England (N=165)	141 (85%)	24 (15%)	0 (0%)	0 (0%)	0 (0–0)	0 (0–0)	0 (0–0)	0 (0–0)
	Scotland (N=4)	4 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0–0)	-	-	-
	Wales (N=16)	16 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0–0)	0 (0–0)	0 (0–0)	0 (0–0)
Physiotherapy	posts in respiratory te	am							
Physio-	All (N=185)	176 (95%)	9 (5%)	0 (0%)	0 (0%)	0 (0–0)	0 (0–0)	0 (0–0)	0 (0–0)
therapist	England (N=165)	156 (95%)	9 (5%)	0 (0%)	0 (0%)	0 (0–0)	0 (0–0)	0 (0–0)	0 (0–0)
consultant	Scotland (N=4)	4 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0–0)	-	-	-
	Wales (N=16)	16 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0–0)	0 (0–0)	0 (0–0)	0 (0–0)
Specialist	All (N=186)	58 (31%)	49 (26%)	52 (28%)	27 (15%)	1 (0–2)	0 (0–1)	2 (0–3)	4 (0–10)
respiratory	England (N=165)	47 (28%)	43 (26%)	48 (29%)	27 (16%)	1 (0–2)	0 (0–1)	2 (0–4)	5 (0–10)
therapist	Scotland (N=5)	3 (60%)	1 (20%)	1 (20%)	0 (0%)	0 (0–1)	-	-	-
uner alphot	Wales (N=16)	8 (50%)	5 (31%)	3 (19%)	0 (0%)	1 (0–1)	0 (0–1)	1 (0–3)	4 (0–10)
Other healthca	re professional posts i	n respiratory te	am						
Respiratory	All (N=186)	32 (17%)	44 (24%)	64 (34%)	46 (25%)	2 (1–3)	1 (0-1)	3 (1–5)	9 (4–17)
physiologist	England (N=165)	29 (18%)	40 (24%)	51 (31%)	45 (27%)	2 (1-4)	1 (0-1)	3 (1–5)	8 (3–15)
	Scotland (N=5)	1 (20%)	1 (20%)	2 (40%)	1 (20%)	2 (1–2)	-	-	-

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	Wales (N=16)	2 (13%)	3 (19%)	11 (69%)	0 (0%)	2 (1–3)	1 (0-1)	5 (2–7)	20 (8–26)
Other*	All (N=178)	128 (72%)	27 (15%)	13 (7%)	10 (6%)	0 (0–1)	0 (0–0)	0 (0–1)	0 (0–2)
	England (N=158)	115 (73%)	23 (15%)	13 (8%)	7 (4%)	0 (0–0)	0 (0–0)	0 (0-1)	0 (0-1)
	Scotland (N=4)	3 (75%)	1 (25%)	0 (0%)	0 (0%)	0 (0-1)	-	-	-
	Wales (N=16)	10 (63%)	3 (19%)	0 (0%)	3 (19%)	0 (0-1)	0 (0–0)	0 (0–2)	0 (0–7)

A similar question was asked in the 2017 COPD organisational audit for England and Wales (the full report is available at: <a href="https://www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017">www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017</a>).

\*Other (for either filled or unfilled staff posts) included: assistant nurse practitioner; associate practitioner; associate/assistant physiologists; asthma research nurse; advanced respiratory practitioner; band 2/3 physiotherapist assistant; band 4/5 physiologist; band 4 technical instructor; clinical scientists; consultant clinical scientist; COPD occupational therapist; dietitian; healthcare assistant; interstitial lung disease (ILD) nurse; lung cancer nurse specialists; NIV specialist nurse; nurse specialist for sleep services; occupational therapist; physiology trainees; psychologist; psychiatrist; respiratory psychologist; respiratory/sleep assistant; respiratory occupational therapist; rotational physiotherapist; respiratory technician; sleep technician; smoking cessation counsellor; speech and language team for asthma; speech and language therapist (SLT) consultants; social support worker; tobacco liaison specialist; TB nurse advanced care practitioner

2.1b Number of unfilled	staff posts in r	respiratory team	at each hospital
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		Number of units with the following vacancies:					
Staff post	2019	No	0.1–1.0	1.1–3.0	>3.0		
		WTE	WTE	WTE	WTE		
Physician posts in respi	ratory team						
FY1/FY2	All (N=178)	168 (94%)	7 (4%)	3 (2%)	0 (0%)		
	England (N=159)	150 (94%)	6 (4%)	3 (2%)	0 (0%)		
	Scotland (N=4)	3 (75%)	1 (25%)	0 (0%)	0 (0%)		
	Wales (N=15)	15 (100%)	0 (0%)	0 (0%)	0 (0%)		
CT1/CT2	All (N=178)	159 (89%)	16 (9%)	3 (2%)	0 (0%)		
	England (N=159)	143 (90%)	14 (9%)	2 (1%)	0 (0%)		
	Scotland (N=4)	4 (100%)	0 (0%)	0 (0%)	0 (0%)		
	Wales (N=15)	12 (80%)	2 (13%)	1 (7%)	0 (0%)		
ST3 and above	All (N=179)	124 (69%)	45 (25%)	10 (6%)	0 (0%)		
	England (N=159)	109 (69%)	40 (25%)	10 (6%)	0 (0%)		
	Scotland (N=5)	4 (80%)	1 (20%)	0 (0%)	0 (0%)		
	Wales (N=15)	11 (73%)	4 (27%)	0 (0%)	0 (0%)		
Respiratory	All (N=180)	105 (58%)	46 (26%)	26 (14%)	3 (2%)		
consultant	England (N=161)	89 (55%)	44 (27%)	25 (16%)	3 (2%)		
	Scotland (N=4)	2 (50%)	1 (25%)	1 (25%)	0 (0%)		
	Wales (N=15)	14 (93%)	1 (7%)	0 (0%)	0 (0%)		
Associate specialist	All (N=177)	176 (99%)	1 (1%)	0 (0%)	0 (0%)		
	England (N=158)	157 (99%)	1 (1%)	0 (0%)	0 (0%)		
	Scotland (N=4)	4 (100%)	0 (0%)	0 (0%)	0 (0%)		
	Wales (N=15)	15 (100%)	0 (0%)	0 (0%)	0 (0%)		
Staff grade	All (N=178)	167 (94%)	10 (6%)	1 (1%)	0 (0%)		
	England (N=158)	148 (94%)	9 (6%)	1 (1%)	0 (0%)		
	Scotland (N=5)	4 (80%)	1 (20%)	0 (0%)	0 (0%)		
	Wales (N=15)	15 (100%)	0 (0%)	0 (0%)	0 (0%)		
Nurse posts							
General respiratory	All (N=180)	146 (81%)	20 (11%)	9 (5%)	5 (3%)		
nurse specialist	England (N=160)	130 (81%)	18 (11%)	8 (5%)	4 (3%)		
	Scotland (N=5)	2 (40%)	1 (20%)	1 (20%)	1 (20%)		
	Wales (N=15)	14 (93%)	1 (7%)	0 (0%)	0 (0%)		
COPD nurse specialist	All (N=178)	166 (93%)	12 (7%)	0 (0%)	0 (0%)		
	England (N=159)	148 (93%)	11 (7%)	0 (0%)	0 (0%)		
	Scotland (N=4)	4 (100%)	0 (0%)	0 (0%)	0 (0%)		
	Wales (N=15)	14 (93%)	1 (7%)	0 (0%)	0 (0%)		
Asthma nurse	All (N=179)	171 (96%)	8 (4%)	0 (0%)	0 (0%)		
specialist	England (N=160)	152 (95%)	8 (5%)	0 (0%)	0 (0%)		
	Scotland (N=4)	4 (100%)	0 (0%)	0 (0%)	0 (0%)		
	Wales (N=15)	15 (100%)	0 (0%)	0 (0%)	0 (0%)		
Nurse consultant	All (N=178)	178 (100%)	0 (0%)	0 (0%)	0 (0%)		
	England (N=159)	159 (100%)	0 (0%)	0 (0%)	0 (0%)		
	Scotland (N=4)	4 (100%)	0 (0%)	0 (0%)	0 (0%)		
	Wales (N=15)	15 (100%)	0 (0%)	0 (0%)	0 (0%)		

Physiotherapy posts in I	espiratory team				
Physiotherapist	All (N=178)	178 (100%)	0 (0%)	0 (0%)	0 (0%)
consultant	England (N=159)	159 (100%)	0 (0%)	0 (0%)	0 (0%)
	Scotland (N=4)	4 (100%)	0 (0%)	0 (0%)	0 (0%)
	Wales (N=15)	15 (100%)	0 (0%)	0 (0%)	0 (0%)
Specialist respiratory	All (N=179)	160 (89%)	15 (8%)	4 (2%)	0 (0%)
physiotherapist	England (N=159)	144 (91%)	12 (8%)	3 (2%)	0 (0%)
	Scotland (N=4)	4 (100%)	0 (0%)	0 (0%)	0 (0%)
	Wales (N=16)	12 (75%)	3 (19%)	1 (6%)	0 (0%)
Other healthcare profes	sional posts in respira	tory team			
Respiratory	All (N=181)	147 (81%)	28 (15%)	5 (3%)	1 (1%)
physiologist	England (N=162)	129 (80%)	27 (17%)	5 (3%)	1 (1%)
	Scotland (N=4)	4 (100%)	0 (0%)	0 (0%)	0 (0%)
	Wales (N=15)	14 (93%)	1 (7%)	0 (0%)	0 (0%)
Other, please specify	All (N=172)	166 (97%)	5 (3%)	1 (1%)	0 (0%)
	England (N=153)	147 (96%)	5 (3%)	1 (1%)	0 (0%)
	Scotland (N=4)	4 (100%)	0 (0%)	0 (0%)	0 (0%)
	Wales (N=15)	15 (100%)	0 (0%)	0 (0%)	0 (0%)

A similar question was asked in the 2017 COPD organisational audit for England and Wales (the full report is available at: <a href="https://www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017">www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017</a>).



# Section 3: Access to specialist staff and services Back to contents

# Navigation

*This section contains the following tables and graphs. If you are viewing this report on an electronic device, you can select the table that you wish to see from the list below.* 

- 3.1 Do senior members of the respiratory team contribute to the acute medical take at the hospital?
- 3.2 Approximately how often is either a respiratory consultant of ST3 and above on call for acute medicine at hospital?
- 3.3 Do respiratory physicians operate a dedicated on-call rota for respiratory emergency admissions at hospital?
- 3.4 Does the hospital have a designated named clinical lead for COPD?
- 3.5 Does the hospital have a designated named clinical lead for asthma?
- 3.6 How often are patients with COPD and asthma on the admissions ward reviewed by any senior decision maker (ST3 or above) at the hospital?
- 3.7 Which patients have access to an inpatient dietetic service at the hospital?
- 3.8 Which patients have access to an on-site palliative care service at the hospital?
- 3.9 Which patients have access to a smoking cessation service at the hospital?
  - 3.9a Are the following smoking-cessation pharmacotherapies routinely available within your hospital's pharmacy to inpatients?

#### Key standards – access to respiratory medical team:

- <u>National COPD Audit Programme 2014 [National Organisational Audit Report]</u>: Each unit should nominate a respiratory clinical lead for discharge care and integrating services, this individual having designated time to improve the uptake of discharge bundles, improve the quality of discharge information and work collaboratively with colleagues in primary care to improve integrated pathways for COPD.<sup>3</sup>
- <u>NICE 2011 QS10 [QS10]</u>: People admitted to hospital with an exacerbation of COPD are cared for by a respiratory team, and have access to a specialist early supported discharge scheme with appropriate community support.<sup>1</sup>
- <u>NICE 2013 QS25 [QS9]</u>: People admitted to hospital with an acute exacerbation of asthma have a structured review by a member of a specialist respiratory team before discharge.<sup>2</sup>
- <u>NRAD 2014 [Organisation of NHS Services, Recommendation 1]</u>: Every NHS hospital and general practice should have a designated, named clinical lead for asthma services, responsible for formal training in the management of acute asthma.<sup>4</sup>

#### Audit results – access to respiratory medical team:

- 81% of hospitals have a **designated named clinical lead for asthma**, and 84% of hospitals have a **designated named clinical lead for COPD**.
- 81% of asthma and COPD patients on admissions wards are **reviewed by a senior decision maker (ST3 or above)** daily on weekdays. In addition, 58% of asthma and COPD patients are reviewed daily on weekends by a senior decision maker.
- For 78% of hospitals, respiratory consultants and ST3s contribute to the acute medical take.

- On-call availability of respiratory consultants, or ST3s and above, for acute medicine is mixed with:
  - o availability every day in 9% of hospitals
  - availability 1 day in 2 to 3 in 23% of hospitals
  - availability 1 day in 4 to 5 in 32% of hospitals
  - availability less frequently than 1 day in 5 in 36% of hospitals
- 19% of hospitals operate a **dedicated on-call rota** for respiratory emergency admissions.

# **3.1** Do senior members of the respiratory team contribute to the acute medical take at the hospital?

	2019						
	All (N=189)	England (N=167)	Scotland (N=6)	Wales (N=16)			
Yes, respiratory consultants only	17 (9%)	14 (8%)	3 (50%)	0 (0%)			
Yes, respiratory ST3s or above only	14 (7%)	13 (8%)	0 (0%)	1 (6%)			
Yes, respiratory consultants and ST3s	147 (78%)	133 (80%)	1 (17%)	13 (81%)			
No	11 (6%)	7 (4%)	2 (33%)	2 (13%)			

**3.2** Approximately how often is either a respiratory consultant or ST3 and above on call for acute medicine at the hospital?

	2019					
	All (N=187)	England (N=167)	Scotland (N=4)	Wales (N=16)		
Every day	16 (9%)	16 (10%)	0 (0%)	0 (0%)		
1 day in 2–3	43 (23%)	39 (23%)	1 (25%)	3 (19%)		
1 day in 4–5	60 (32%)	49 (29%)	2 (50%)	9 (56%)		
Less frequently than 1 day in 5	68 (36%)	63 (38%)	1 (25%)	4 (25%)		

# **3.3** Do respiratory physicians operate a dedicated on-call rota for respiratory emergency admissions at the hospital?

	2019				
	All	England	Scotland	Wales	
	(N=188)	(N=166)	(N=6)	(N=16)	
Yes	36 (19%)	33 (20%)	3 (50%)	0 (0%)	
No	152 (81%)	133 (80%)	3 (50%)	16 (100%)	

#### 3.4 Does the hospital have a designated named clinical lead for COPD?

	2019				
	All (N=189)	England (N=167)	Scotland (N=6)	Wales (N=16)	
Yes	158 (84%)	144 (86%)	3 (50%)	11 (69%)	
No	31 (16%)	23 (14%)	3 (50%)	5 (31%)	

	2019			
	All (N=189)	England (N=167)	Scotland (N=6)	Wales (N=16)
Yes	153 (81%)	137 (82%)	3 (50%)	13 (81%)
No	36 (19%)	30 (18%)	3 (50%)	3 (19%)

### 3.5 Does the hospital have a designated named clinical lead for asthma?

3.6 How often are patients with COPD and asthma on the admissions ward reviewed by any senior decision maker (ST3 or above) at the hospital?

	2019			
	All (N=189)	England (N=167)	Scotland (N=6)	Wales (N=16)
On weekdays?				
Daily	153 (81%)	136 (81%)	4 (67%)	13 (81%)
Twice daily	23 (12%)	22 (13%)	1 (17%)	0 (0%)
Other	13 (7%)	9 (5%)	1 (17%)	3 (19%)
At weekends?				
Daily	110 (58%)	102 (61%)	4 (67%)	4 (25%)
Twice daily	14 (7%)	13 (8%)	1 (17%)	0 (0%)
Other	65 (34%)	52 (31%)	1 (17%)	12 (75%)

### Key standards – access to other staff and services:

- <u>BTS/SIGN 2019 [6.2.9]</u>: Weight-loss interventions (including dietary and exercise-based programmes) should be considered for overweight and obese adults and children with asthma to improve asthma control.<sup>5</sup>
- <u>NICE 2019 NG115 [1.2.103]</u>: Refer people [with COPD] for dietetic advice if they have a BMI that is abnormal (high or low) or changing over time.<sup>6</sup>
- <u>NICE 2019 NG115 [1.2.109]</u>: People with end-stage COPD and their family members or carers (as appropriate) should have access to the full range of services offered by multidisciplinary palliative care teams, including admission to hospices.<sup>6</sup>
- <u>NICE 2011 QS10 [QS13]</u>: People with advanced COPD, and their carers, are identified and offered palliative care that addresses physical, social and emotional needs.<sup>1</sup>

#### Audit results – access to other staff and services:

- 99% of hospitals provide **inpatient dietetic services** which are available to asthma patients and COPD patients.
- 99% of hospitals provide **on-site palliative care services** which are available to COPD patients.

### 3.7 Which patients have access to an inpatient dietetic service at the hospital?\*

	2019			
	All (N=189)	England (N=167)	Scotland (N=6)	Wales (N=16)
COPD patients	187 (99%)	166 (99%)	6 (100%)	15 (94%)
Asthma patients	187 (99%)	162 (97%)	6 (100%)	15 (94%)
Neither COPD nor asthma patients	0 (0%)	0 (0%)	0 (0%)	0 (0%)
No inpatient dietetic service available in this hospital	2 (1%)	1 (1%)	0 (0%)	1 (6%)

\*Please note that multiple answer options were selectable for this question.

#### 3.8 Which patients have access to an on-site palliative care service at the hospital?\*

	2019			
	All England Scotland Wales			Wales
	(N=189)	(N=167)	(N=6)	(N=16)
COPD patients	187 (99%)	167 (100%)	5 (83%)	15 (94%)
Asthma patients	180 (95%)	163 (98%)	4 (67%)	13 (81%)
Neither COPD nor asthma patients	0 (0%)	0 (0%)	0 (0%)	0 (0%)
No on-site palliative care service	2 (1%)	0 (0%)	1 (17%)	1 (6%)

\*Please note that multiple answer options were selectable for this question.

### Key standards – smoking cessation services:

- <u>BTS/SIGN 2019 [6.2.3]</u>: People with asthma and parents/carers of children with asthma should be advised about the dangers of smoking and second-hand tobacco smoke exposure, and should be offered appropriate support to stop smoking.<sup>5</sup>
- <u>NICE 2019 NG115 [1.2.3]</u>: At every opportunity, advise and encourage every person with COPD who is still smoking (regardless of their age) to stop, and offer them help to do so.<sup>6</sup>
- <u>NICE 2019 NG115 [1.2.4]</u>: Unless contraindicated, offer nicotine replacement therapy, varenicline or bupropion as appropriate to people who want to stop smoking, combined with an appropriate support programme to optimise smoking quit rates for people with COPD.<sup>6</sup>
- <u>NICE 2018 NG92 [1.1.1]</u>: Use sustainability and transformation plans, health and wellbeing strategies, and any other relevant local strategies and plans to ensure evidence-based stop smoking interventions and services are available for everyone who smokes.<sup>7</sup>
- NICE 2018 NG92 [1.1.3]: Prioritise specific groups who are at high risk of tobacco-related harm.<sup>7</sup>
- <u>NICE 2018 NG92 [1.3.1]</u>: Ensure the following evidence-based interventions are available for adults who smoke:<sup>7</sup>
  - <u>behavioural support</u> (individual and group)
  - o **bupropion**
  - o <u>nicotine replacement therapy</u> (NRT) short and long acting
  - o varenicline
  - very brief advice.
- <u>NICE 2018 NG92 [1.3.3]</u>: Offer varenicline as an option for adults who want to stop smoking, normally only as part of a programme of behavioural support, in line with NICE's technology appraisal guidance on <u>varenicline</u>.<sup>7</sup>
- <u>NICE 2018 NG92 [1.3.4]</u>: For adults, prescribe or provide varenicline, bupropion or NRT before they stop smoking.<sup>7</sup>
- NICE 2018 NG92 [1.3.8]: Ensure behavioural support is provided by trained stop smoking staff.<sup>7</sup>

Audit results – smoking cessation services:

- 63% of hospitals have a smoking cessation service available for asthma and COPD patients to access.<sup>f</sup>
- **Nicotine replacement therapy** is routinely **available in 99%** of hospitals, but varenicline (52%) and bupropion (37%) are less widely available to inpatients.

### 3.9 Which patients have access to a smoking cessation service at the hospital?\*

	2019			
	All	England	Scotland	Wales
	(N=189)	(N=167)	(N=6)	(N=16)
COPD patients	120 (63%)	98 (59%)	6 (100%)	16 (100%)
Asthma patients	120 (63%)	98 (59%)	6 (100%)	16 (100%)
No smoking cessation service available	69 (37%)	69 (41%)	0 (0%)	0 (0%)

\*Please note that multiple answer options were selectable for this question.

# 3.9a Are the following smoking-cessation pharmacotherapies routinely available within the hospital's pharmacy to inpatients?\*

	2019			
	All (N=189)	England (N=167)	Scotland (N=6)	Wales (N=16)
Our hospital has no pharmacy	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Nicotine replacement therapy	188 (99%)	166 (99%)	6 (100%)	16 (100%)
Varenicline	99 (52%)	83 (50%)	4 (67%)	12 (75%)
Bupropion	70 (37%)	58 (35%)	1 (17%)	11 (69%)
Our hospital pharmacy does not offer any of these therapies	1 (1%)	1 (1%)	0 (0%)	0 (0%)

A similar question was asked in the 2017 COPD organisational audit for England and Wales (the full report is available at: <a href="https://www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017">www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017</a>). \*Please note that multiple answer options were selectable for this question.

<sup>&</sup>lt;sup>f</sup> For this organisational audit, 'smoking cessation service' was defined as a formal smoking cessation programme, delivered in the hospital, either by hospital staff or a visiting smoking cessation practitioner.



Section 4: Seven-day working Back to contents

# Navigation

*This section contains the following tables and graphs. If you are viewing this report on an electronic device, you can select the table that you wish to see from the list below.* 

- 4.1 On which days and times does your hospital provide an ICU outreach service for critically ill cases requiring ICU management?
- 4.2 On which days and times does your hospital operate a system of specialty triage of patients to respiratory medicine?
- 4.3 On which days and times is an on-call respiratory consultant availability?
- 4.4 On which days and time does a senior decision maker from the respiratory team (ST3 or above) undertake a ward round of new COPD and asthma patients on a) the MAU/admissions wards, b) the respiratory wards and c) other wards?
- 4.5 On which days are respiratory nurses available to review a) COPD and b) asthma patients?
- 4.6 On which days are physiotherapists available to review a) COPD inpatients and b) asthma inpatients?

#### **Key standards:**

- <u>NICE 2011 QS10 [QS10]</u>: People admitted to hospital with an exacerbation of COPD are cared for by a respiratory team, and have access to a specialist early supported discharge scheme with appropriate community support.<sup>1</sup>
- <u>NICE 2013 QS25 [QS9]</u>: People admitted to hospital with an acute exacerbation of asthma have a structured review by a member of a specialist respiratory team before discharge.<sup>2</sup>
- <u>NICE 2019 NG115 [1.3.36]</u>: Consider physiotherapy using positive expiratory pressure devices for selected people with exacerbations of COPD, to help with clearing sputum.<sup>6</sup>
- <u>NICE 2019 NG115 [1.2.98]</u>: It is recommended that the multidisciplinary COPD team includes respiratory nurse specialists.<sup>.6</sup>

#### Audit results – ICU outreach provision:

- An ICU outreach service is provided for critically ill cases requiring ICU management on weekdays in 88% of hospitals, at weekends in 84% of hospitals and out of hours in 59% of hospitals.
- 12% of hospitals do not provide an ICU outreach service.

#### Audit results – specialty triage to respiratory medicine provision:

- Operation of a system of speciality triage of patients to respiratory medicine is available on weekdays in 60% of hospitals, at weekends in 42% of hospitals, and out of hours in 22% of hospitals.
- 40% of hospitals operate no specialty triage of patients to respiratory medicine.

#### Audit results – on-call respiratory consultant provision:

- An on-call respiratory consultant is available on weekdays in 53% of hospitals, at weekends in 30% of hospitals, and out of hours in 22% of hospitals.
- 46% of hospitals do not have an on-call respiratory consultant.

#### Audit results – new-patient ward rounds by senior decision makers:

- The provision of new-patient ward rounds by senior decision makers (ST3 or above) from the respiratory team are as follows:
  - on acute medical units (AMUs):
    - 53% of hospitals undertake new-patient ward rounds on weekdays and 22% of hospitals do so on weekends. In 5% of hospitals new-patient ward rounds are undertaken during out of hours.
  - on respiratory wards:
    - 93% of hospitals undertake new-patient ward rounds on weekdays and 32% of hospitals do so on weekends. In 6% of hospitals, new patient ward rounds are undertaken during out of hours.
  - o on other wards:
    - 41% of hospitals undertake new-patient ward rounds on weekdays, 12% on weekends, and 3% during out of hours.

#### Audit results – respiratory nurse provision:

- 89% of hospitals provide respiratory nurse(s) review on weekdays for asthma patients and 93% provide this for COPD patients. This is lower at weekends for asthma and COPD patients (19% and 30% respectively).
- 1% of hospitals have respiratory nurse availability for these patients in out of hours.

#### Audit results – inpatient physiotherapist provision:

- 95% of hospitals provide **inpatient physiotherapist review on weekdays** for asthma patients, and 96% for COPD patients. This is **lower at weekends** for asthma and COPD patients (70% and 72% respectively).
- Out of hours, inpatient physiotherapist availability for asthma and COPD patients is lower (50% and 51% respectively).

# 4.1 On which days and times does your hospital provide an ICU outreach service for critically ill cases requiring ICU management?\*<sup>g</sup>

	2019			
	All	England	Scotland	Wales
	(N=189)	(N=167)	(N=6)	(N=16)
Weekdays (08:00 hrs – 18:30 hrs)	166 (88%)	155 (93%)	2 (33%)	9 (56%)
Weekends	158 (84%)	149 (89%)	2 (33%)	7 (44%)
Out of hours	111 (59%)	106 (63%)	2 (33%)	3 (19%)
No outreach service	23 (12%)	12 (7%)	4 (67%)	7 (44%)

<sup>&</sup>lt;sup>g</sup> For this audit, we defined weekends as between 18:30 hrs on a Friday until 08:00 hrs on a Monday, and we defined out of hours as 18:30 hrs until 08:00 hrs on weekdays.

4.2 On which days and times does your hospital operate a system of specialty triage of patients to respiratory medicine?\*<sup>h</sup>

	2019			
	All	England	Scotland	Wales
	(N=189)	(N=167)	(N=6)	(N=16)
Weekdays (08:00 hrs – 18:30 hrs)	113 (60%)	104 (62%)	4 (67%)	5 (31%)
Weekends	80 (42%)	74 (44%)	4 (67%)	2 (13%)
Out of hours	42 (22%)	40 (24%)	2 (33%)	0 (0%)
No specialty triage of patients to respiratory medicine	76 (40%)	63 (38%)	2 (33%)	11 (69%)

\*Please note that multiple answer options were selectable for this question.

#### 4.3 On which days and times is there an on-call respiratory consultant available?\*h

	2019			
	All	England	Scotland	Wales
	(N=189)	(N=167)	(N=6)	(N=16)
Weekdays (08:00 hrs – 18:30 hrs)	100 (53.0%)	90 (54%)	4 (67%)	6 (38%)
Weekends	56 (30.0%)	53 (32%)	2 (33%)	1 (6%)
Out of hours	41 (22.0%)	38 (23%)	2 (33%)	1 (6%)
No on-call respiratory consultant available	87 (46.0%)	75 (45%)	2 (33%)	10 (63%)

<sup>&</sup>lt;sup>h</sup> For this audit, we defined weekends as between 18:30 hrs on a Friday until 08:00 hrs on a Monday, and we defined out of hours as 18:30 hrs until 08:00 hrs on weekdays.

4.4 On which days and times does a senior decision maker from the respiratory team (ST3 or above) undertake a ward round of new COPD and asthma patients:\*<sup>i</sup>

	2019					
	All	England	Scotland	Wales		
	(N=189)	(N=167)	(N=6)	(N=16)		
on the AMU/admissions wards?						
Weekdays (08:00 hrs – 18:30 hrs)	100 (53%)	88 (53%)	3 (50%)	9 (56%)		
Weekends	42 (22%)	39 (23%)	2 (33%)	1 (6%)		
Out of hours	10 (5%)	10 (6%)	0 (0%)	0 (0%)		
None	85 (45%)	75 (45%)	3 (50%)	7 (44%)		
on the respiratory wards?	on the respiratory wards?					
Weekdays (08:00 hrs – 18:30 hrs)	175 (93%)	159 (95%)	4 (67%)	12 (75%)		
Weekends	60 (32%)	57 (34%)	2 (33%)	1 (6%)		
Out of hours	11 (6%)	11 (7%)	0 (0%)	0 (0%)		
None	14 (7%)	8 (5%)	2 (33%)	4 (25%)		
on other wards?						
Weekdays (08:00 hrs – 18:30 hrs)	78 (41%)	73 (44%)	3 (50%)	2 (13%)		
Weekends	22 (12%)	20 (12%)	2 (33%)	0 (0%)		
Out of hours	5 (3%)	5 (3%)	0 (0%)	0 (0%)		
None	111 (59%)	94 (56%)	3 (50%)	14 (88%)		

\*Please note that multiple answer options were selectable for this question.

### 4.5a On which days is a/are respiratory nurse(s) available to review COPD patients?\*<sup>i</sup>

	2019			
	All (N=189)	England (N=167)	Scotland (N=6)	Wales (N=16)
Weekdays (08:00 hrs – 18:30 hrs)	175 (93%)	154 (92%)	5 (83%)	16 (100%)
Weekends	56 (30%)	54 (32%)	2 (33%)	0 (0%)
Out of hours	2 (1%)	2 (1%)	0 (0%)	0 (0%)
No respiratory nurse available	14 (7%)	13 (8%)	1 (17%)	0 (0%)

\*Please note that multiple answer options were selectable for this question.

### 4.5b On which days is a/are respiratory nurse(s) available to review asthma patients?\*<sup>i</sup>

	2019			
	All England Scotland Wales			Wales
	(N=188)	(N=166)	(N=6)	(N=16)
Weekdays (08:00 hrs – 18:30 hrs)	168 (89%)	147 (89%)	5 (83%)	16 (100%)
Weekends	36 (19%)	34 (20%)	2 (33%)	0 (0%)
Out of hours	2 (1%)	2 (1%)	0 (0%)	0 (0%)
No respiratory nurse available	20 (11%)	19 (11%)	1 (17%)	0 (0%)

<sup>&</sup>lt;sup>i</sup> For this audit, we defined weekends as between 18:30 hrs on a Friday until 08:00 hrs on a Monday, and we defined out of hours as 18:30 hrs until 08:00 hrs on weekdays.

# 4.6 On which days is/are physiotherapist(s) available to review:\*<sup>j</sup>

	2019			
	All (N=189)	England (N=167)	Scotland (N=6)	Wales (N=16)
COPD inpatients?				
Weekdays (08:00 hrs – 18:30 hrs)	182 (96%)	162 (97%)	5 (83%)	15 (94%)
Weekends	137 (72%)	124 (74%)	3 (50%)	10 (63%)
Out of hours	97 (51%)	85 (51%)	2 (33%)	10 (63%)
No physiotherapist available	7 (4%)	5 (3%)	1 (17%)	1 (6%)
asthma inpatients?				
Weekdays (08:00 hrs – 18:30 hrs)	179 (95%)	159 (95%)	5 (83%)	15 (94%)
Weekends	132 (70%)	119 (71%)	3 (50%)	10 (63%)
Out of hours	95 (50%)	83 (50%)	2 (33%)	10 (63%)
No physiotherapist available	10 (5%)	8 (5%)	1 (17%)	1 (6%)

<sup>&</sup>lt;sup>j</sup> For this audit, we defined weekends as between 18:30 hrs on a Friday until 08:00 hrs on a Monday, and we defined out of hours as 18:30 hrs until 08:00 hrs on weekdays.



Section 5: Management of care Back to contents

# Navigation

*This section contains the following tables and graphs. If you are viewing this report on an electronic device, you can select the table that you wish to see from the list below.* 

- 5.1 Does your hospital have an Electronic Patient Record (EPR) system?
  - 5.1a Names of EPR system suppliers
- 5.2 Does your hospital use DECAF scoring to aid decision making on any of the following?
- 5.3 Does your hospital have an oxygen policy?
- 5.4 Does the ward medication chart/record have a designated place in which to record the prescription of oxygen?
- 5.5 Which of the following 2018 BTS Non Invasive Ventilation (NIV) Quality Statements does your hospital meet?
- 5.6 Does your hospital use of a system of early warning detection?
  - o 5.6a Does your early warning detection chart allow the following to be recorded?
- 5.7 Is there a pulmonary rehabilitation service available to COPD patients discharged following exacerbation?
  - o 5.7a If yes, is/are these services available within 4 weeks of discharge?

#### 5.1 Does your hospital have an Electronic Patient Record (EPR) system?

	2019			
		England	Scotland	Wales
	(N=189)	(N=167)	(N=6)	(N=16)
Yes	100 (53%)	90 (54%)	5 (83%)	5 (31%)
No	89 (47%)	77 (46%)	1 (17%)	11 (69%)

# 5.1a If yes, please state the name of the EPR system supplier.

	2019
	All
	(N=100)
Cerner system	22 (22%)
Evolve system	9 (9%)
Lorenzo/DXC system	10 (10%)
Oracle system	3 (3%)
Allscripts system	7 (7%)
EPIC system	2 (2%)
EPRO system	3 (3%)
Graphnet system	2 (2%)
Meditech system	3 (3%)
Medway system	4 (4%)
Trakcare system	7 (7%)
NHS Clinical Work Station system	3 (3%)
In-house build	2 (2%)
Other*	23 (23%)

\*Other includes: EDMS; EMIS; Harris Quadramed; iPortal; iSOFT; Maxims; Nexus; NerveCentre; Patient Electronic Notes System; Silverlink ICS; System C; Welsh Clinical Portal.

# 5.2 Does the hospital use DECAF scoring to aid decision making on any of the following?\*

	2019			
	All (N=188)	England (N=166)	Scotland (N=6)	Wales (N=16)
Admission avoidance from ED	5 (3%)	5 (3%)	0 (0%)	0 (0%)
Select patients for hospital at home/early supported discharge	23 (12%)	21 (13%)	0 (0%)	2 (13%)
To influence provision of care (e.g. antibiotic choice, level or frequency of monitoring, place of care)	26 (14%)	26 (16%)	0 (0%)	0 (0%)
No	148 (79%)	128 (77%)	6 (100%)	14 (88%)
Not known	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Key standards – managing respiratory failure (emergency oxygen therapy):

- <u>BTS 2017 [Guideline for oxygen use in healthcare and emergency settings 11.1.2]</u>: Each hospital should have an agreed policy and protocol for oxygen prescribing to allow staff to adjust oxygen delivery devices and to give oxygen in emergency situations prior to the availability of a prescription.<sup>8</sup>
- <u>BTS 2017 [Guideline for oxygen use in healthcare and emergency settings 11.1.6]</u>: Every healthcare facility should have a standard oxygen prescription document or, preferably, a designated oxygen section on all drug-prescribing cards or guided prescription of oxygen in electronic prescribing systems.<sup>8</sup>
- <u>BTS 2017 [Guideline for oxygen use in healthcare and emergency settings]</u>: All critically ill patients outside of a critical care area (eg intensive care unit (ICU), high dependency unit (HDU), respiratory HDU) should be assessed and monitored using a recognised physiological track and trigger system such as the National Early Warning Score (NEWS).<sup>8</sup>
- <u>BTS 2017 [Guideline for oxygen use in healthcare and emergency settings]</u>: Oxygen should be prescribed to achieve a target saturation of 94%–98% for most acutely ill patients or 88%–92% or patient-specific target range for those at risk of hypercapnic respiratory failure.<sup>8</sup>

Audit results – managing respiratory failure (emergency oxygen therapy):

- 96% of hospitals have an **oxygen policy** in place.
- 98% of hospitals have a **designated place in which to record the prescription of oxygen** in the ward medication chart/record.
- **NEWS2** is used in 79% of hospitals as their system of early warning detection.
- Early warning detection charts allow target saturation to be recorded at 87% of hospitals, actual saturation to be recorded at 96% of hospitals and amount of oxygen administered to be recorded at 95% of hospitals.

## 5.3 Does your hospital have an oxygen policy?

	2019			
	All (N=189)	England (N=167)	Scotland (N=6)	Wales (N=16)
Yes	181 (96%)	160 (96%)	5 (83%)	16 (100%)
No	5 (3%)	5 (3%)	0 (0%)	0 (0%)
Not known	3 (2%)	2 (1%)	1 (17%)	0 (0%)

In the 2017 COPD organisational audit for England and Wales, 94% of hospitals had an oxygen policy in place (the full report is available at: <a href="https://www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017">www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017</a>).

# 5.4 Does the ward medication chart/record at the hospital have a designated place in which to record the prescription of oxygen?

	2019			
	All (N=188)	England (N=166)	Scotland (N=6)	Wales (N=16)
Yes	184 (98%)	162 (98%)	6 (100%)	16 (100%)
No	4 (2%)	4 (2%)	0 (0%)	0 (0%)

In the 2017 COPD organisational audit for England and Wales, 96% of hospitals had a designated place in which to record the prescription of oxygen in the ward medication chart/record (the full report is available at: <a href="http://www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017">www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017</a>).

# 5.5 Which of the following 2018 BTS Non Invasive Ventilation (NIV) Quality Statements does your hospital meet?\*<sup>k</sup>

	2019			
2018 BTS NIV Quality Statement	All (N=187)	England (N=166)	Scotland (N=5)	Wales (N=16)
There should be adequate capacity to provide acute NIV for all eligible patients. <u>(BTS 2018 NIV QS1)</u> 9	173 (93%)	155 (93%)	5 (100%)	13 (81%)
Staff involved in NIV treatment should have evidence of appropriate training. (BTS 2018 NIV QS2) <sup>9</sup>	138 (74%)	122 (73%)	2 (40%)	14 (88%)
Acute NIV should only be carried out in specified clinical areas designated for the delivery of acute NIV. <u>(BTS 2018 NIV QS3</u> ) <sup>9</sup>	170 (91%)	151 (91%)	5 (100%)	14 (88%)
Patients should start NIV within 60min of decision to provide NIV and within 120min of hospital arrival when presenting acutely. <u>(BTS 2018 NIV QS4)</u> <sup>9</sup>	123 (66%)	107 (64%)	4 (80%)	12 (75%)
<ul> <li>Patients should have a documented escalation plan before treatment.</li> <li>Clinical progress reviewed (BTS 2018 NIV QS5)<sup>9</sup>:</li> <li>within 4 hours – appropriate healthcare professional review.</li> <li>within 14 hours – appropriate consultant review.</li> </ul>	138 (74%)	125 (75%)	4 (80%)	9 (56%)
Blood gas analysis to be performed within 2 hours of starting acute NIV. Lack of improvement should trigger specialist review within 30 min. <u>(BTS</u> <u>2018 NIV QS6)</u> <sup>9</sup>	140 (75%)	122 (73%)	5 (100%)	13 (81%)
None of the above**	4 (2%)	3 (2%)	0 (0%)	1 (6%)

\*Please note that multiple answer options were selectable for this question.

\*\*Please note that the 'None of the above' responses may include instances where NIV is not provided at the unit.

<sup>&</sup>lt;sup>k</sup> For the purposes of presenting the data in this table the 2018 BTS NIV Quality Statements have been paraphrased. The original BTS NIV Quality Statementswere included in the organisational audit dataset, but are also available at: <u>www.brit-thoracic.org.uk/quality-improvement/quality-standards/niv/</u>

### 5.6 Does the hospital use a system of early warning detection?

	2019			
	All (N=189)	England (N=167)	Scotland (N=6)	Wales (N=16)
PAR	0 (0%)	0 (0%)	0 (0%)	0 (0%)
NEWS	32 (17%)	16 (10%)	1 (17%)	15 (94%)
NEWS2	150 (79%)	144 (86%)	5 (83%)	1 (6%)
Other	7 (4%)	7 (4%)	0 (0%)	0 (0%)
No	0 (0%)	0 (0%)	0 (0%)	0 (0%)

A similar question was asked in the 2017 COPD organisational audit for England and Wales (the full report is available at: <a href="http://www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017">www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017</a>).

#### 5.6a Does the early warning detection chart at the hospital allow the following to be recorded?\*

	2019			
	All (N=189)	England (N=167)	Scotland (N=6)	Wales (N=16)
Target saturation	165 (87%)	148 (89%)	4 (67%)	13 (81%)
Actual saturation	182 (96%)	161 (96%)	6 (100%)	15 (94%)
Amount of oxygen administered	179 (95%)	157 (94%)	6 (100%)	16 (100%)
None of the above	0 (0%)	0 (0%)	0 (0%)	0 (0%)

\*Please note that multiple answer options were selectable for this question.

#### Key standards – pulmonary rehabilitation:

- <u>BTS 2014 Quality standards for pulmonary rehabilitation [QS3]</u>: People admitted to hospital with acute exacerbations of COPD (AECOPD) are referred for pulmonary rehabilitation at discharge.<sup>10</sup>
- <u>BTS 2014 Quality standards for pulmonary rehabilitation [QS3]</u>: People referred for pulmonary rehabilitation following admission with AECOPD are enrolled within one month of leaving hospital.<sup>10</sup>
- <u>NICE 2019 NG115 [1.2.81]</u>: Make pulmonary rehabilitation available to all appropriate people with COPD (see recommendation 1.2.82), including people who have had a recent hospitalisation for an acute exacerbation.<sup>6</sup>
- <u>NICE 2016 QS10 [QS5]</u>: People admitted to hospital for an acute exacerbation of COPD start a pulmonary rehabilitation programme within 4 weeks of discharge.<sup>1</sup>

#### Audit results – pulmonary rehabilitation:

- 84% of hospitals recorded that provision of PR takes place within the community. 33% of hospitals have a PR service available for their patients on site, and 17% have an available service at another hospital.
  - Of the hospitals that provide a pulmonary rehabilitation service (either at the hospital, at another hospital, or within the community), 45% provide this service to COPD patients within 4 weeks of discharge from hospital.

5.7 Is there a pulmonary rehabilitation service available to COPD patients discharged following exacerbation from the hospital?\*

	2019			
	All	England	Scotland	Wales
	(N=187)	(N=166)	(N=5)	(N=16)
Yes, based at this hospital	62 (33%)	54 (33%)	1 (20%)	7 (44%)
Yes, based within another hospital	31 (17%)	29 (17%)	0 (0%)	2 (13%)
Yes, based within the community	157 (84%)	145 (87%)	4 (80%)	8 (50%)
No	3 (2%)	1 (1%)	0 (0%)	2 (13%)

A similar question was asked in the 2017 COPD organisational audit for England and Wales (the full report is available at: <a href="https://www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017">www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017</a>). \*Please note that multiple answer options were selectable for this question.

#### 5.7a If yes, is this/are these services available within 4 weeks of discharge?

	2019			
	All	England	Scotland	Wales
	(N=183)	(N=165)	(N=4)	(N=14)
Yes	83 (45%)	78 (47%)	3 (75%)	2 (14%)
No	80 (44%)	67 (41%)	1 (25%)	12 (86%)
Not known	20 (11%)	20 (12%)	0 (0%)	0 (0%)

In the 2017 COPD organisational audit for England and Wales 45% of hospitals recorded availability of PR services for patients within 4 weeks of discharge (the full report is available at:

www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017).



Section 6: Integrating care Back to contents

# Navigation

*This section contains the following tables and graphs. If you are viewing this report on an electronic device, you can select the table that you wish to see from the list below.* 

- 6.1 Does the hospital have a severe asthma service?
  - 6.1a If no, does the hospital have a referral pathway to a severe asthma service?
- 6.2 Other service provision for the hospital (Which services are provided and by whom?)
- 6.3 Is there a regular MDT meeting between hospital and community teams for patients with COPD?
  - 6.3a How frequently does the meeting occur?
  - 6.3b Which of the following staff attend?
- 6.4 Is there sessional time devoted to developing integrated respiratory services in your area?
  - o 6.4a What is the designation of individuals responsible for developing these services?

Key standards – severe asthma service:

- <u>BTS/SIGN 2019 [4.3.4]</u>: Patients requiring frequent or continuous use of oral corticosteroids should be under the care of a specialist asthma service.<sup>5</sup>
- <u>NICE 2018 QS25 [QS5]</u>: People with suspected severe asthma are referred to a specialist multidisciplinary severe asthma service.<sup>2</sup>
- NRAD 2014 [Organisation of NHS Services, Recommendation 2]: Patients with asthma must be referred to a specialist asthma service if they have required more than two courses of systemic corticosteroids, oral or injected, in the previous 12 months or require management using British Thoracic Society (BTS) stepwise treatment 4 or 5 to achieve control.<sup>4</sup>

#### Audit results – severe asthma service:

• **39%** of hospitals have a **severe asthma service**. Of the 61% of hospitals that do not, only **86%** have a **referral pathway** to a severe asthma service.

# 6.1 Does the hospital have a severe asthma service?

	2019			
	All	England	Scotland	Wales
	(N=189)	(N=167)	(N=6)	(N=16)
Yes	74 (39%)	60 (36%)	4 (67%)	10 (63%)
No	115 (61%)	107 (64%)	2 (33%)	6 (37%)

	2019			
	All	England	Scotland	Wales
	(N=115)	(N=107)	(N=2)	(N=6)
Yes	99 (86%)	93 (87%)	1 (50%)	5 (83%)
No	16 (14%)	14 (13%)	1 (50%)	1 (17%)

#### 6.1a If no, does the hospital have a referral pathway to a severe asthma service?

#### Key standards – integrating care:

<u>NICE 2011 QS10 [QS10]</u>: People admitted to hospital with an exacerbation of COPD are cared for by a respiratory team, and have access to a specialist early supported discharge scheme with appropriate community support.<sup>1</sup>

<u>NICE 2016 QS10 [QS3]</u>: People with stable chronic obstructive pulmonary disease (COPD) and a persistent resting stable oxygen saturation level of 92% or less have their arterial blood gases measured to assess whether they need long-term oxygen therapy.<sup>1</sup>

<u>NICE 2018 NG92 [1.1.1]</u>: Use sustainability and transformation plans, health and wellbeing strategies, and any other relevant local strategies and plans to ensure evidence-based stop smoking interventions and services are available for everyone who smokes.<sup>7</sup>

#### Audit results – outreach and in-reach early/supported discharge:

- 52% of hospitals provide an outreach early/supported discharge service that is delivered by a hospital team that works jointly with a community team and 27% of hospitals do not provide this service. 25% of hospitals selected that this service was delivered by a hospitalbased team.\*
- 54% of hospitals provide an in-reach early/supported discharge service that is delivered by a community team that works jointly with a hospital team and 39% of hospitals do not provide this service. 11% of hospitals selected that this service was delivered by a community-based team.\*

\*Please note that these figures combined add up to 104%. This is likely due to data entry error as the answer options for the relevant question within the dataset (Which services are provided by whom?) followed a 'tick all that apply' format.

#### Audit results – admissions avoidance:

• 26% of hospitals provide an admissions avoidance service delivered by a single team that works across the primary/secondary care interface.

#### Audit results – oxygen assessment service:

• 35% of hospitals provide an oxygen assessment service delivered by a single team that works across the primary/secondary care interface.

#### **Medicines management service:**

• **17%** of hospitals **provide a medicines management service** that is delivered by a **single team that works across the primary/secondary care interface.** 

#### Chronic disease management service:

• 24% of hospitals provide a chronic disease management service that is delivered by a single team that works across the primary/secondary care interface.
# Smoking cessation advice:

• **19%** of hospitals provide a **smoking cessation service** that is delivered by a **single team that works across the primary/secondary care interface.** 

# Audit results – developing integrated respiratory services:

- **33%** of hospitals have **sessional time devoted to developing integrated respiratory services** in the area.
  - Of these hospitals, represented staff members who have designated responsibility for developing these services include: respiratory consultants (65%), respiratory specialist nurses (39%), integrated care respiratory consultants (32%) and respiratory physiotherapists (27%).

# 6.2 Which services are provided and by whom?\*

		2019			
		All (N=186)	England (N=165)	Scotland (N=5)	Wales (N=16)
Outreach	Hospital-based team	46 (25%)	42 (25%)	2 (40%)	2 (13%)
early/ supported	Hospital team that works jointly with a community team	96 (52%)	86 (52%)	3 (60%)	7 (44%)
discharge	Service not provided	50 (27%)	43 (26%)	0 (0%)	7 (44%)
		All (N=186)	England (N=165)	Scotland (N=5)	Wales (N=16)
In-reach	Community-based team	20 (11%)	19 (12%)	0 (0%)	1 (6%)
early/ supported	Community team that works jointly with a hospital team	100 (54%)	93 (56%)	0 (0%)	7 (44%)
discharge	Service not provided	72 (39%)	59 (36%)	5 (100%)	8 (50%)
		All (N=185)	England (N=164)	Scotland (N=5)	Wales (N=16)
	Hospital-based team	40 (22%)	38 (23%)	1 (20%)	1 (6%)
Admissions	Community-based team	69 (37%)	64 (39%)	2 (40%)	3 (19%)
avoidance	Single team works across primary/ secondary care interface	48 (26%)	43 (26%)	0 (0%)	5 (31%)
	Service not provided	49 (26%)	39 (24%)	2 (40%)	8 (50%)
		All (N=186)	England (N=165)	Scotland (N=5)	Wales (N=16)
	Hospital-based team	83 (45%)	71 (43%)	5 (100%)	7 (44%)
Oxygen	Community-based team	81 (44%)	76 (46%)	0 (0%)	5 (31%)
assessment service	Single team works across primary/ secondary care interface	66 (35%)	58 (35%)	0 (0%)	8 (50%)
	Service not provided	4 (2%)	4 (2%)	0 (0%)	0 (0%)
		All (N=185)	England (N=165)	Scotland (N=4)	Wales (N=16)
Medicines	Hospital-based team	90 (49%)	82 (50%)	1 (25%)	7 (44%)
manage-	Community-based team	64 (35%)	59 (36%)	3 (75%)	2 (13%)
ment	Single team works across primary/ secondary care interface	31 (17%)	26 (16%)	0 (0%)	5 (31%)
Service	Service not provided	38 (21%)	35 (21%)	0 (0%)	3 (19%)
		All (N=185)	England (N=165)	Scotland (N=4)	Wales (N=16)
Chronic	Hospital-based team	69 (37%)	65 (39%)	3 (75%)	1 (6%)
disease	Community-based team	85 (46%)	76 (46%)	2 (50%)	7 (44%)
manage-	Single team works across primary/ secondary care interface	44 (24%)	38 (23%)	1 (25%)	5 (31%)
ment	Service not provided	33 (18%)	29 (18%)	0 (0%)	4 (25%)
		All (N=186)	England (N=165)	Scotland (N=5)	Wales (N=16)
	Hospital-based team	94 (51%)	79 (48%)	5 (100%)	10 (63%)
Nebuliser	Community-based team	52 (28%)	52 (32%)	0 (0%)	0 (0%)
service	Single team works across primary/ secondary care interface	37 (20%)	32 (19%)	0 (0%)	5 (31%)
	Service not provided	30 (16%)	29 (18%)	0 (0%)	1 (6%)
		All (N=188)	England (N=167)	Scotland (N=5)	Wales (N=16)
	Hospital-based team	68 (36%)	56 (34%)	1 (20%)	11 (69%)
Smoking	Community-based team	98 (52%)	90 (54%)	1 (20%)	7 (44%)
cessation advice	Single team works across primary/ secondary care interface	35 (19%)	25 (15%)	4 (80%)	6 (38%)
	Service not provided	34 (18%)	34 (20%)	0 (0%)	0 (0%)

\*Please note that multiple answer options were selectable for this question.

A similar question was asked in the 2017 COPD organisational audit for England and Wales (the full report is available at: <a href="http://www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017">www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017</a>).

## Key standards – multidisciplinary team meetings for COPD:

- NICE NG115 [1.2.96]: COPD care should be delivered by a multidisciplinary team.<sup>6</sup>
- <u>NICE NG115 [1.2.98]</u>: It is recommended that the multidisciplinary COPD team includes respiratory nurse specialists.<sup>6</sup>

# Audit results – multidisciplinary team (MDT) meetings for COPD:

- **58%** of hospitals hold a **regular multidisciplinary team (MDT) meeting between the hospital and community teams** for patients with COPD.
  - Of these hospitals, 49% host this meeting on a weekly basis and 24% host this on a monthly basis.
  - Of these hospitals, represented staff members include: respiratory consultants (95%), community nurses (97%) and community physiotherapists (86%).

# 6.3 Is there a regular MDT meeting between hospital and community teams for patients with COPD?

	2019					
	All	All England Scotland				
	(N=188)	(N=166)	(N=6)	(N=16)		
Yes	109 (58%)	97 (58%)	4 (67%)	8 (50%)		
No	79 (42%)	69 (42%)	2 (33%)	8 (50%)		

# 6.3a If yes to Q6.3, how frequently does the meeting occur?

	2019					
	All (N=109)	England (N=97)	Scotland (N=4)	Wales (N=8)		
Weekly	53 (49%)	48 (49%)	1 (25%)	4 (50%)		
Fortnightly	18 (17%)	15 (15%)	2 (50%)	1 (13%)		
Monthly	26 (24%)	24 (25%)	0 (0%)	2 (25%)		
Quarterly	3 (3%)	2 (2%)	1 (25%)	0 (0%)		
Other, please specify*	9 (8%)	8 (8%)	0 (0%)	1 (13%)		

\*Other included: anytime required; bi-monthly; community COPD nurses and consultant meet weekly for geographical area with high COPD admission rates; every 2 months; immediate access if required; limited city-based cohort; once every 2/12; quarterly; twice yearly.

# 6.3b If yes to Q6.3, which of the following staff attend?\*

	2019		
Staff post			
Physician posts			
	All (N=109)	104 (95%)	
Respiratory consultant	England (N=97)	92 (95%)	
Respiratory consultant	Scotland (N=4)	4 (100%)	
	Wales (N=8)	8 (100%)	
	All (N=109)	60 (55%)	
Other member of the respiratory specialist team	England (N=97)	57 (59%)	
other member of the respiratory specialist team	Scotland (N=4)	1 (25%)	
	Wales (N=8)	2 (25%)	
	All (N=109)	10 (9%)	
General practitioner	England (N=97)	9 (9%)	
	Scotland (N=4)	0 (0%)	
	Wales (N=8)	1 (13%)	
Nurse posts			
	All (N=99)	39 (39%)	
Ward nurse	England (N=88)	36 (41%)	
with hulse	Scotland (N=3)	1 (33%)	
	Wales (N=8)	2 (25%)	
	All (N=99)	96 (97%)	
Community nurse	England (N=88)	85 (97%)	
	Scotland (N=3)	3 (100%)	
	Wales (N=8)	8 (100%)	
Physiotherapist posts			
Ward physiotherapist	All (N=72)	23 (32%)	
	England (N=66)	23 (35%)	
	Scotland (N=3)	0 (0%)	
	Wales (N=3)	0 (0%)	
	All (N=43)	5 (12%)	
Ward occupational therapist	England (N=39)	3 (8%)	
· · · · · · · · · · · · · · · · · · ·	Scotland (N=1)	0 (0%)	
	Wales (N=3)	2 (67%)	
	All (N=72)	62 (86%)	
Community physiotherapist	England (N=66)	56 (85%)	
	Scotland (N=3)	3 (100%)	
	Wales (N=3)	3 (100%)	
	All (N=43)	6 (14%)	
Community occupational therapist	England (N=39)	6 (15%)	
<i>,</i>	Scotland (N=1)	0 (0%)	
	Wales (N=3)	0 (0%)	
Other healthcare professional posts			
	All (N=43)	3 (7%)	
Ward pharmacist	England (N=39)	3 (8%)	
	Scotland (N=1)	0 (0%)	
	wales (N=3)	0 (0%)	
	All (N=43)	6 (14%)	
Community pharmacist	England (N=39)	5 (13%)	
	Scotland (N=1)	1 (100%)	
	Wales (N=3)	0 (0%)	
	All (N=43)	5 (12%)	
Smoking cessation counsellor	England (N=39)	4 (10%)	
	Scotland (N=1)	0 (100%)	

	Wales (N=3)	1 (33%)
Psychologist	All (N=43)	16 (37%)
	England (N=39)	14 (36%)
	Scotland (N=1)	1 (100%)
	Wales (N=3)	1 (33%)
Other**	All (N=43)	23 (53%)
	England (N=39)	23 (59%)
	Scotland (N=1)	1 (100%)
	Wales (N=3)	0 (0%)

\*Please note that multiple answer options were selectable for this question.

\*\*Other included: community matron; consultant nurse; community palliative care; community pulmonary rehabilitation nurse; COPD specialist nurses; dietitian; gerontologist; hospital at home team; lung physiologist; mental health practitioner; oxygen specialist nurses; palliative care consultant; palliative care specialist; pulmonary rehabilitation; psychiatrist; respiratory nurses; social care coordinator; social worker; specialist nurses; surgeon.

## 6.4 Is there sessional time devoted to developing integrated respiratory services in your area?

	2019			
	All England Scotland Wale			
	(N=188)	(N=166)	(N=6)	(N=16)
Yes	62 (33%)	60 (36%)	2 (33%)	0 (0%)
No	126 (67%)	106 (64%)	4 (67%)	16 (100%)

A similar question was asked in the 2017 COPD organisational audit for England and Wales (the full report is available at: <a href="https://www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017">www.rcplondon.ac.uk/projects/outputs/copd-time-integrate-care-organisational-audit-2017</a>).

# 6.4a If yes to Q6.4, What is the designation of the individual(s) responsible for developing these services?\*

	2019			
	All (N=62)	England (N=60)	Scotland (N=2)	Wales (N=0)
Integrated care respiratory consultant	20 (32%)	19 (32%)	1 (50%)	NA
Respiratory consultant	40 (65%)	38 (63%)	2 (100%)	NA
Respiratory nurse specialist	24 (39%)	22 (37%)	2 (100%)	NA
Nurse consultant	6 (10%)	6 (10%)	0 (0%)	NA
Respiratory physiotherapist	17 (27%)	16 (27%)	1 (50%)	NA
Other, please specify**	12 (19%)	12 (20%)	0 (0%)	NA

\*Please note that multiple answer options were selectable for this question.

\*\*Other included: CCG managers; GP respiratory lead; lead nurse for respiratory conditions; lung physiologist; respiratory consultant and others liaise with CCG Specialist Advisory Group; transformation team.



# Section 7: Patient and carer engagement Back to contents

# Navigation

This section contains the following tables and graphs. If you are viewing this report on an electronic device, you can select the table that you wish to see from the list below.

Audit results – formal surveys:

- 28% of hospitals undertake a formal survey less than once a year, 11% undertake a formal survey 1–2 times a year and 10% undertake continuous surveys.<sup>1</sup>
- 46% of hospitals never undertake a formal survey seeking patient/carer views on respiratory services.

# Audit results – strategic group for respiratory:

- 69% of hospitals have a strategic group for respiratory services.
  - Of these hospitals, 29% include patient representation on this group.

# 7.1 How often is a formal survey seeking patient/carer views on respiratory services undertaken at the hospital?

	2019			
	All	England	Scotland	Wales
	(N=188)	(N=167)	(N=5)	(N=16)
Continuous (every patient)	18 (10%)	18 (11%)	0 (0%)	0 (0%)
More than 4 times a year	6 (3%)	4 (2%)	1 (20%)	1 (6%)
3–4 times a year	3 (2%)	3 (2%)	0 (0%)	0 (0%)
1–2 times a year	21 (11%)	21 (13%)	0 (0%)	0 (0%)
Less than once a year	53 (28%)	49 (29%)	0 (0%)	4 (25%)
Never	87 (46%)	72 (43%)	4 (80%)	11 (69%)

#### 7.2 Do you have a strategic group for respiratory services at the hospital?<sup>m</sup>

	2019			
	All (N=189)	England (N=167)	Scotland (N=6)	Wales (N=16)
Yes	131 (69%)	116 (69%)	4 (67%)	11 (69%)
No	48 (25%)	43 (26%)	2 (33%)	3 (19%)
Not known	10 (5%)	8 (5%)	0 (0%)	2 (13%)

<sup>&</sup>lt;sup>1</sup> For the purposes of this audit, a formal survey excluded the friends and family test, but could be defined locally by hospital teams completing the organisational audit.

<sup>&</sup>lt;sup>m</sup> Due to rounding of percentages for the purposes of presenting this data some lines of data may not add up to 100%.

	2019			
	All (N=131)	England (N=116)	Scotland (N=4)	Wales (N=11)
Yes	38 (29%)	31 (27%)	2 (50%)	5 (46%)
No	82 (63%)	77 (66%)	2 (50%)	3 (27%)
Not known	11 (8%)	8 (7%)	0 (0%)	3 (27%)

# 7.2a If yes, does this group have patient representation?



Section 8: Transitional care Back to contents

## **Key standards:**

- <u>BTS/SIGN 2019 [11.11.4]</u>: Transition services must be multidisciplinary and multi-agency. Optimal care requires a cooperative working relationship between adult and paediatric services, particularly where the young person has complex needs with multiple specialty involvement.<sup>5</sup>
- <u>BTS/SIGN 2019 [11.11.4]</u>: Coordination of transitional care is critical. There should be an identified co-ordinator who supports the young person until he or she is settled within the adult system.<sup>5</sup>
- <u>BTS/SIGN 2019 [11.11.4]</u>: Transition services must address the needs of parents/carers whose role in their child's life is evolving at this time.<sup>5</sup>

# Audit results – transitional care:

- **30%** of hospitals have **formal transition arrangements in place** for young people with asthma moving from paediatric to adult services. Of these:
  - 16% ensure the young person has a full record of their condition
  - 18% ensure the young person's GP is sent the same record
  - 23% ensure the young person has a transition plan that has been agreed with both paediatric and adult clinicians
  - 11% ensure the young person has a named case worker to assist in signposting for them and their family.

#### 8.1 Do your processes for transitioning young people from paediatric to adult services ensure that:

	2019			
Transitional care arrangements	All (N=188)	England (N=167)	Scotland (N=5)	Wales (N=16)
the young person has a full record of their condition	31 (16%)	30 (18%)	0 (0%)	1 (6%)
their GP is sent the same record	34 (18%)	33 (20%)	0 (0%)	1 (6%)
the young person has a transition plan that has been agreed with both paediatric and adult clinicians	43 (23%)	41 (25%)	1 (20%)	1 (6%)
the young person has a named case worker to assist in signposting for them and their family	20 (11%)	19 (11%)	0 (0%)	1 (6%)
we do not have any formal transition arrangements	131 (70%)	112 (67%)	4 (80%)	15 (94%)



# Section 9: Reimbursement for costs of care Back to contents

# Navigation

*This section contains the following tables and graphs. If you are viewing this report on an electronic device, you can select the table that you wish to see from the list below.* 

- 9.1 How is reimbursement for costs of care for patients with COPD achieved?
- 9.2 Has your trust's local commissioner agreed to make the Best Practice Tariff (BPT) payments for COPD if the BPT is achieved (England only)?
- 9.3 How is reimbursement for costs of care for patients with asthma achieved?
- 9.4 Has your commissioner/health board agreed a Commissioning for Quality and Innovation (CQUIN) payment or Local Incentive Payment (LIP) for asthma and COPD care?

## Audit results – reimbursement for costs of COPD care:

- For **46%** of hospitals, **reimbursement for costs of COPD care** occurs via **block contract**, and for 32% of hospitals, reimbursement is via payment by results.
- For hospitals in England, 82% of trust local commissioners agree to make the Best Practice Tariff (BPT) payment for COPD if the BPT is achieved.
- **11%** of hospitals report that commissioners/health boards have agreed a **Commissioning for Quality and Innovation (CQUIN) payment or Local Incentive Payment (LIP)** for COPD care.

#### Audit results – reimbursement for costs of asthma care:

- For **45%** of hospitals, **reimbursement for costs of asthma care** is via **block contract** and for 34% of hospitals, reimbursement is via payment by results.
- **11%** of hospitals report that commissioners have agreed a **CQUIN or LIP** for asthma care.

	2019			
	All (N=186)	England (N=164)	Scotland (N=6)	Wales (N=16)
Payment via block contract	85 (46%)	82 (50%)	1 (17%)	2 (13%)
Payment by results	60 (32%)	60 (37%)	0 (0%)	0 (0%)
Locally negotiated tariff	9 (5%)	8 (5%)	1 (17%)	0 (0%)
Other	32 (17%)	14 (9%)	4 (67%)	14 (88%)

# 9.1 How is reimbursement for costs of care for patients with COPD achieved?

9.2 Has your trust's local commissioner agreed to make the Best Practice Tariff (BPT) payments for COPD if the BPT is achieved? (England only)

	2019
	(N=164)
Yes	135 (82%)
No	29 (18%)

		20	)19	
	All (N=186)	England (N=164)	Scotland (N=6)	Wales (N=16)
Payment via block contract	84 (45%)	81 (49%)	1 (17%)	2 (13%)
Payment by results	63 (34%)	63 (38%)	0 (0%)	0 (0%)
Locally negotiated tariff	7 (4%)	6 (4%)	1 (17%)	0 (0%)
Other	32 (17%)	14 (9%)	4 (67%)	14 (88%)

# 9.3 How is reimbursement for costs of care for patients with asthma achieved?

9.4 Has your commissioner/health board agreed a Commissioning for Quality and Innovation (CQUIN) payment or Local Incentive Payment (LIP) for a) asthma care and b) COPD care?

		201	19	
	All (N=184)	England (N=163)	Scotland (N=5)	Wales (N=16)
Asthma care				
Yes	21 (11%)	21 (13%)	0 (0%)	0 (0%)
No	163 (89%)	142 (87%)	5 (100%)	16 (100%)
COPD care				
Yes	21 (11%)	19 (12%)	0 (0%)	2 (13%)
No	163 (89%)	144 (88%)	5 (100%)	14 (87%)



# Section 10: Benchmarking of key indicators for participating hospitals Back to contents

<u>Table 1</u> presents the indicators that have been selected for benchmarking, as well as the criteria required for hospitals to meet each indicator based on the answer options provided in the audit dataset. <u>Table 2</u> presents whether each hospital meets the indicators or not. Please note that the data presented here are calculated based only on the information hospital teams provided during the snapshot audit.

Indi- cator no.	Organisational audit dataset question used as benchmarking indicator:	Requirements to meet benchmarking indicator:
1	Does your hospital have a high dependency unit(s) (HDUs) to which respiratory patients can be admitted? (Q1.5)	Target met if hospital selected 'Yes' in Q1.5.
2	Does your hospital have an intensive care unit (ICU) to which respiratory patients can be admitted? (Q1.6)	Target met if hospital selected 'Yes' in Q1.6.
3	How often are patients with COPD and asthma on the admissions ward reviewed by any senior decision maker (ST3 or above)? (Q3.6)	Target met if hospital provided senior decision maker review 24/7 on the admissions ward. This was defined as an answer of 'Daily' or 'Twice daily' on both weekdays and weekends in Q3.6.
4	Which patients have access to an on-site palliative care service? (Q3.8) (NICE 2019 NG115 [1.2.109])	Target met if hospital selected 'COPD patients' and/or 'asthma patients' in Q3.8.
5	Which patients have access to a smoking cessation service? (Q3.9) (NICE 2018 NG92 [1.1.1]) (NICE 2013 PH48 [2.3])	Target met if hospital selected 'COPD patients' and/or 'asthma patients' in Q3.9.
6	On which days and times does a senior decision maker from the respiratory team (ST3 or above) undertake a ward round of new COPD and asthma patients on AMU/admissions wards? (Q4.4)	Target met if hospital provided senior decision maker ward rounds of new patients 7 days/week on the AMU ward. This was defined as an answer of 'Weekdays' <u>and</u> 'Weekends' in the AMU/admissions wards component in Q4.4.
7	Which of the following 2018 BTS Non Invasive Ventilation (NIV) Quality Statements does your hospital meet? (Q5.5) ( <u>BTS 2018 (Acute NIV in adults [QS1–6])</u>	Target met if hospital selected all BTS NIV quality statements in Q5.5, except 'None of the above'.
8	Is there a pulmonary rehabilitation service available to COPD patients discharged following exacerbation? (Q5.7) ( <u>BTS 2014 Quality standards for pulmonary</u> <u>rehabilitation [QS3]</u> ) (NICE 2019 NG115 [1.2.81])	Target me if hospital selected any of the following answer options in Q5.7: 'Yes, based at this hospital' OR 'Yes, based within another hospital' OR 'Yes, based within the community'.
9	Is there a regular MDT meeting between hospital and community teams for patients with COPD? (Q6.3) ( <u>NICE</u> <u>NG115 [1.2.96]</u> )	Target met if hospital selected 'Yes' in Q6.3.
10	Does your hospital have a severe asthma service? (Q6.1) ( <u>NICE 2018 QS25 [QS5])</u>	Target met if hospital selected 'Yes' in Q6.1.

## Table 1. Methodology for benchmarking key indicators

Benchmarking key indicators colour key:

Green = Target met (please review Table 1 for methodology on achievement of how each indicator was classified)

Red = Target not met (please review Table 1 for methodology on achievement of how each indicator was classified)

Grey = Hospitals that did not contribute to the adult asthma clinical audit were excluded from benchmarking metrics that were asthma-specific, and hospitals that did not contribute to the COPD audit were excluded from benchmarking metrics that were COPD-specific.

# Table 2. Unadjusted benchmarking of key indicators for hospitals in England, Scotland and Wales

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	and COPD				COPD		Asthma
England											
Addenbrooke's Hospital	Cambridge University Hospital NHS Foundation Trust										
Airedale General Hospital	Airedale NHS Foundation Trust										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	Ind COPD				COPD		Asthma
Arrowe Park Hospital	Wirral University Teaching Hospital NHS Foundation Trust										
Barnet General Hospital	Royal Free London NHS Foundation Trust										
Barnsley District General Hospital	Barnsley Hospital NHS Foundation Trust										
Basildon Hospital	Basildon and Thurrock University Hospitals NHS Foundation Trust										
Basingstoke and North Hampshire Hospital	Hampshire Hospitals NHS Foundation Trust										
Bassetlaw District General Hospital	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust										
Bedford Hospital	Bedford Hospital NHS Trust										
Birmingham City Hospital	Sandwell and West Birmingham Hospitals NHS Trust										

Hospital name	Trust / health board name	НВИ	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	and COPD				COPD		Asthma
Birmingham Heartlands Hospital	University Hospitals Birmingham NHS Foundation Trust										
Bradford Royal Infirmary	Bradford Teaching Hospitals NHS Foundation Trust										
Bristol Royal Infirmary	University Hospital Bristol NHS Foundation Trust										
Broomfield Chelmsford	Mid Essex Hospital Services NHS Trust										
Calderdale Royal Hospital	Calderdale and Huddersfield NHS Foundation Trust										
Charing Cross Hospital	Imperial College Healthcare NHS Trust										
Chelsea and Westminster Hospital	Chelsea and Westminster Hospital NHS Foundation Trust										
Chesterfield Royal	Chesterfield Royal Hospital NHS Foundation Trust										
Chorley Hospital	Lancashire Teaching Hospitals NHS Foundation Trust										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	nd COPD				COPD		Asthma
Colchester General Hospital	Colchester Hospital University NHS Foundation Trust										
Conquest Hospital	East Sussex Healthcare NHS Trust										
Countess of Chester Hospital	East Suffolk and North Essex NHS Foundation Trust										
County Hospital (Stafford)	University Hospitals of North Midlands NHS Trust										
County Hospital Hereford	Wye Valley NHS Trust										
Croydon University Hospital	Croydon Health Services NHS Trust										
Cumberland Infirmary	North Cumbria University Hospital NHS Trust										
Darent Valley Hospital	Dartford and Gravesham NHS Trust										
Darlington Memorial Hospital	County Durham and Darlington NHS Foundation Trust										
Derriford Hospital	University Hospitals Plymouth NHS Trust										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	Ind COPD				COPD		Asthma
Diana, Princess of Wales Hospital	Northern Lincolnshire and Goole NHS Foundation Trust										
Doncaster Royal Infirmary	Doncaster and Bassetlaw Teach Hospitals NHS Foundation Trust										
Dorset County Hospital	Dorset County Hospital NHS Foundation Trust										
Ealing Hospital	London North West University Healthcare NHS Trust										
East Surrey Hospital	Surrey and Sussex Healthcare NHS Trust										
Eastbourne District General Hospital	East Sussex Healthcare NHS Trust										
Epsom Hospital	Epsom and St Helier University Hospital NHS Trust										
Fairfield General Hospital	The Pennine Acute Hospitals NHS Trust										
Friarage Hospital	South Tees Hospitals NHS Foundation Trust										
Frimley Park Hospital	Frimley Health NHS Foundation Trust										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	Ind COPD				COPD		Asthma
Furness General	Univeristy Hospitals of Morcambe Bay NHS Foundation Trust										
George Eliot Hospital	George Eliot Hospital NHS Trust										
Glenfield Hospital	University Hospitals of Leicester NHS Trust										
Gloucestershire Royal Hospital	Gloucestershire Hospitals NHS Foundation Trust										
Good Hope General Hospital	University Hospitals Birmingham NHS Foundation Trust										
Grantham and District General Hospital	United Lincolnshire Hospitals NHS Trust										
Harrogate District Hospital	Harrogate and District NHS Foundation Trust										
Hillingdon Hospital	The Hillingdon Hospitals NHS Foundation Trust										
Hinchingbrooke Hospital	North West Anglia NHS Foundation Trust										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	and COPD				COPD		Asthma
Homerton Hospital	Homerton University Hospital NHS Foundation Trust										
Horton General Hospital	Oxford University Hospitals NHS Foundation Trust										
Hull Royal Infirmary	Hull University Teaching Hospitals NHS Trust										
James Cook University	South Tees Hospitals NHS										
James Paget Hospital	James Pagent University Hospitals NHS Foundation Trust										
John Radcliffe Hospital	Oxford University Hospitals NHS Foundation Trust										
Kettering General Hospital	Kettering General Hospital NHS Foundation Trust										
King George Hospital	Barking, Havering and Redbridge University Hospitals NHS Trust										
King's College Hospital	King's College Hospital NHS Foundation Trust										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	ind COPD				COPD		Asthma
King's Mill Hospital	Sherwood Forest Hospitals NHS Foundation Trust										
Kingston Hospital	Kingston Hospital NHS Foundation Trust										
Leeds General Infirmary	The Leeds Teaching Hospitals NHS Foundation Trust										
Leicester Royal Infirmary	University Hospital Leicester NHS Trust										
Lincoln County Hospital	United Lincolnshire Hospitals NHS Trust										
Lister Hospital	East and North Hertfordshire NHS Trust										
Luton and Dunstable Hospital	Luton and Dunstable University Hospital NHS Foundation Trust										
Lymington New Forest Hospital	Southern Health NHS Foundation Trust										
Macclesfield District General Hospital	East Cheshire NHS Trust										
Maidstone General Hospital	Maidstone and Tunbridge Wells NHS Trust										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	nd COPD				COPD		Asthma
Manchester Royal Infirmary	Manchester University NHS Foundation Trust										
Manor Hospital	Walsall Healthcare NHS Trust										
Medway Maritime Hospital	Medway NHS Foundation Trust										
Milton Keynes General Hospital	Milton Keynes University Hospital NHS Foundation Trust										
Musgrove Park Hospital	Taunton and Somerset NHS Foundation Trust										
New Cross Hospital	The Royal Wolverhampton NHS Trust										
Norfolk and Norwich Hospital	Norfolk and Norwich University Hospitals NHS Foundation Trust										
North Devon District Hospital	Northern Devon Healthcare NHS Trust										
North Manchester General Hospital	The Pennine Acute Hospitals NHS Trust										
North Middlesex Hospital	North Middlesex University Hospital NHS Trust										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	nd COPD				COPD		Asthma
Northampton General Hospital	Northampton General Hospital NHS Trust										
Northern General Hospital	Sheffield Teaching Hospitals NHS Foundation Trust										
Northumbria Specialist Emergency Care Hospital	Northumbria Healthcare NHS Foundation Trust										
Northwick Park Hospital	London North West University Healthcare NHS Trust										
Nottingham City Hospital	Nottingham University Hospitals NHS Trust										
Peterborough City Hospital	North West Anglia NHS Foundation Trust										
Pilgrim Hospital	United Lincolnshire Hospitals NHS Trust										
Pinderfields General Hospital	The Mid Yorkshire Hospital NHS Trust										
Poole General Hospital	Poole Hospital NHS Foundation Trust										
Princess Alexandra Hospital	The Princess Alexandra Hospital NHS Trust										

Hospital name	Trust / health board name	НВИ	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	and COPD				COPD		Asthma
Princess Royal University Hospital (Bromley)	King's College Hospital NHS Foundation Trust										
Queen Alexandra Hospital	Portsmouth Hospitals NHS Trust										
Queen Elizabeth Hospital, Edgbaston	University Hospitals Birmingham NHS Foundation Trust										
Queen Elizabeth Hospital, Gateshead	Gateshead Health NHS Foundation Trust										
Queen Elizabeth Hospital, King's Lynn	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust										
Queen Elizabeth Hospital, Woolwich	Lewisham and Greenwich NHS Trust										
Queen Elizabeth the Queen Mother Hospital	East Kent Hospitals University NHS Foundation Trust										
Queen's Hospital	University Hospitals of Derby and Burton NHS Foundation Trust										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	nd COPD				COPD		Asthma
Queen's Hospital Romford	Barking, Havering and Redbridge University Hospitals										
Rotherham General Hospital	The Rotherham NHS Foundation Trust										
Royal Albert Edward Infirmary	Wrightington, Wigan and Leigh NHS Foundation Trust										
Royal Berkshire Hospital	Royal Berkshire NHS Foundation Trust										
Royal Blackburn Hospital	East Lancashire Hospitals NHS Trust										
Royal Bolton Hospital	Bolton NHS Foundation Trust										
Royal Bournemouth General Hospital	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust										
Royal Cornwall Hospital	Royal Cornwall Hospitals NHS Trust										
Royal Derby Hospital	Derby Teaching Hospitals NHS Foundation Trust										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	Ind COPD				COPD		Asthma
Royal Devon and Exeter Hospital	Royal Devon and Exeter NHS Foundation Trust										
Royal Free Hospital	Royal Free London NHS Foundation Trust										
Royal Hampshire County Hospital	Hampshire Hospitals NHS Foundation Trust										
Royal Lancaster Infirmary	University Hospitals of Morecambe Bay NHS Foundation Trust										
Royal Liverpool University Hospital	Royal Liverpool and Broadgreen University Hospitals NHS Trust										
Royal London Hospital	Barts Health NHS Trust										
Royal Oldham Hospital	The Pennine Acute Hospitals NHS Trust										
Royal Preston Hospital	Lancashire Teaching Hospitals NHS Foundation Trust										
Royal Stoke University Hospital	University Hospitals of North Midlands NHS Trust										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	nd COPD				COPD		Asthma
Royal Surrey County Hospital	Royal Surrey County Hospital NHS Foundation Trust										
Royal Sussex County Hospital	Brighton and Sussex University Hospitals NHS Trust										
Royal United Hospital Bath	Royal United Hospitals Bath NHS Foundation Trust										
Royal Victoria Infirmary	The Newcastle upon Tyne Hospitals NHS Foundation Trust										
Russells Hall Hospital	The Dudley Group NHS Foundation Trust										
Salford Royal Hospital	Salford Royal NHS Foundation Trust										
Salisbury District Hospital	Salisbury NHS Foundation Trust										
Sandwell District Hospital	Sandwell and West Birmingham Hospitals NHS Trust										
Scarborough General Hospital	York Teaching Hospital NHS Foundation Trust										
Scunthorpe General Hospital	Northern Lincolnshire and Goole NHS Foundation Trust										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	nd COPD				COPD		Asthma
Solihull General Hospital	University Hospitals Birmingham NHS Foundation Trust										
South Tyneside District Hospital	South Tyneside NHS Foundation Trust										
Southampton General Hospital	University Hospital Southampton										
Southend Hospital	Southend University Hospital NHS Foundation Trust										
Southmead Hospital	North Bristol NHS Trust										
Southport and Formby District General	Southport and Ormskirk Hospital NHS Trust										
St George's Hospital	St George's University Hospitals NHS Foundation Trust										
St Helier Hospital	Epsom and St Helier University Hospitals NHS Trust										
St Mary's Hospital, Newport	Isle of White NHS Trust										

Hospital name	Trust / health board name	НВИ	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 davs/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	Ind COPD				COPD		Asthma
St Mary's Hospital, Paddington	Imperial College Healthcare NHS Trust										
St Peter's Hospital	Ashford and St. Peter's Hospitals NHS Foundation Trust										
St Richard's Hospital	Western Sussex Hospitals NHS Foundation Trust										
St Thomas' Hospital	Guy's and St Thomas' NHS Foundation Trust										
Stepping Hill Hospital	Stockport NHS Foundation Trust										
Stoke Mandeville Hospital	Buckinghamshire Healthcare NHS Trust										
Sunderland Royal Hospital	City Hospitals Sunderland NHS Foundation Trust										
Tameside General Hospital	Tameside and Glossop Integrated Care NHS Foundation Trust										
The Great Western Hospital	The Great Western Hospitals NHS Foundation Trust										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	nd COPD				COPD		Asthma
The Ipswich Hospital	The Ipswich Hospital NHS Trust										
Torbay Hospital	Torbay and South Devon NHS Foundation Trust										
Trafford General Hospital	Manchester University NHS Foundation Trust										
Tunbridge Wells Hospital	Maidstone and Tunbridge Wells NHS Trust										
University College Hospital	University College London Hospitals NHS Foundation Trust										
University Hospital Aintree	Aintree University Hospital NHS Foundation Trust										
University Hospital Coventry	University Hospitals Coventry and Warwickshire NHS Trust										
University Hospital Lewisham	Lewisham and Greenwich NHS Trust										
University Hospital of North Durham	County Durham and Darlington NHS Foundation Trust										
University Hospital of North Tees	North Tees and Hartlepool NHS Foundation Trust										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	Ind COPD				COPD		Asthma
Victoria Hospital	Blackpool Teaching Hospitals NHS Foundation Trust										
Warrington District General Hospital	Warrington and Halton Hospitals NHS Foundation Trust										
Warwick Hospital	South Warwickshire NHS Foundation Trust										
Watford General Hospital	West Hertfordshire Hospitals NHS Trust										
West Middlesex University Hospital	Chelsea and Westminster Hospital NHS Foundation Trust										
West Suffolk Hospital	West Suffolk NHS Foundation Trust										
Wexham Park Hospital	Frimley Health NHS Foundation Trust										
Whipps Cross Hospital	Barts Health NHS Trust										
Whiston Hospital	St Helens and Knowsley Teaching Hospitals NHS Trust										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	Ind COPD				COPD		Asthma
Whittington Hospital	Whittington Health NHS Trust										
William Harvey Hospital	East Kent Hospitals University NHS Foundation Trust										
Worcestershire Royal Hospital	Worcestershire Acute Hospitals NHS Trust										
Worthing Hospital	Western Sussex Hospitals NHS Foundation Trust										
Wythenshawe Hospital	Manchester University NHS Foundation Trust										
Yeovil District Hospital	Yeovil Hospital NHS Foundation Trust										
York District Hospital	York Teaching Hospital NHS Foundation Trust										
Scotland											
Balfour Hospital	NHS Orkney										
Forth Valley Royal Hospital	NHS Forth Valley										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category				Asthma a	and COPD				COPD		Asthma
Inverclyde Royal Hospital	NHS Greater Glasgow and Clyde										
Royal Infirmary of Edinburgh	NHS Lothian										
St John's Hospital at Howden	NHS Lothian										
Western General Hospital	NHS Lothian										
Wales											
Bronglais General Hospital	Hywel Dda University Health Board										
Glan Clwyd Hospital	Betsi Cadwaladr University Health Board										
Glangwili General Hospital	Hywel Dda University Health Board										
Llandough Hospital	Cardiff and Vale University Health Board										
Morriston Hospital	Abertawe Bro Morgannwg University Health Board										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service
Indicator no.		1	2	3	4	5	6	7	8	9	10
Indicator category		Asthma and COPD							COPD		Asthma
Nevill Hall Hospital	Aneurin Bevan University Health Board										
Prince Charles Hospital	Cwm Taf University Health Board										
Prince Philip Hospital	Hywel Dda University Health Board										
Princess Of Wales Hospital	Cwm Taf University Health Board										
Royal Glamorgan	Cwm Taf University Health Board										
Royal Gwent Hospital	Aneurin Bevan University Health Board										
Singleton Hospital	Abertawe Bro Morgannwg University Health Board										
University Hospital of Wales	Cardiff and Vale University Health Board										
Withybush General Hospital	Hywel Dda University Health Board										
Ysbyty Gwynedd Hospital	Betsi Cadwaladr University Health Board										

Hospital name	Trust / health board name	HDU	ICU	Reviews on admissions wards by a senior decision maker 24/7	On-site palliative care service	Smoking cessation service	Senior decision maker AMU ward round of new patients 7 days/week	2018 BTS NIV Quality Statements met	PR service available to COPD patients	MDT meeting between hospital/community for COPD patients	Hospital has a severe asthma service	
Indicator no.		1	2	3	4	5	6	7	8	9	10	
Indicator category			Asthma and COPD							COPD		
Ysbyty Ystrad Fawr	Betsi Cadwaladr University Health Board											

# Table 3: Non participating hospitals in England, Scotland and Wales

The hospitals included in this list either did not register for the COPD and/or asthma audit (denoted in grey) or were registered, but did not enter any data for the snapshot organisational audit. Registration to the audit after the organisational audit data entry deadline of 1 July 2019 is not reflected here. Hopsitals with 80% or more missing data were removed from the analysis (denoted in orange).

Hospital name	Trust / health board name							
England								
Huddersfield Royal Infirmary	Calderdale and Huddersfield NHS Foundation Trust							
Leighton Hospital	Mid Cheshire Hospitals NHS Foundation Trust							
Newham General Hospital	Barts Health NHS Trust							
Princess Royal Hospital (Haywards Heath)	Brighton and Sussex University Hospitals NHS Trust							
Princess Royal Hospital, Telford	Shrewsbury and Telford Hospital NHS Trust							
Royal Shrewsbury Hospital	Shrewsbury and Telford Hospital NHS Trust							
Weston General Hospital	Weston Area Health NHS Trust							
Scotland								
Aberdeen Royal Infirmary	NHS Grampian							
Belford Hospital	NHS Highland							
Borders General Hospital	NHS Borders							
Dumfries and Galloway Royal Infirmary	NHS Dumfries and Galloway							
Gartnavel General	NHS Greater Glasgow and Clyde							
Gilbert Bain Hospital	NHS Shetland							
Glasgow Royal Infirmary	NHS Greater Glasgow and Clyde							
New Stobhill Hospital	NHS Greater Glasgow and Clyde							
New Victoria Hospital	NHS Greater Glasgow and Clyde							
Ninewells Hospital	NHS Tayside							
Perth Royal Infirmary	NHS Tayside							
Royal Alexandra Hospital	NHS Greater Glasgow and Clyde							
University Hospital Ayr	NHS Ayrshire and Arran							
University Hospital Crosshouse	NHS Ayrshire and Arran							
University Hospital Hairmyres	NHS Lanarkshire							
University Hospital Monklands	NHS Lanarkshire							
University Hospital Wishaw	NHS Lanarkshire							
Victoria Hospital (Kirkcaldy)	NHS Fife							
Western Isles Hospital	NHS Western Isles							
Wales								
Wrexham Maelor Hospital	Betsi Cadwaladr University Health Board							

# **Appendix A: Methodology**

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## Methodology of the audit creation and set up

The NACAP, which was commissioned from March 2018, delivers clinical and organisational secondary care audits of asthma and COPD care. This is the first report since the launch of the NACAP to present audit data on the resourcing and organisation of adult asthma and COPD secondary care services in a combined manner. The short report, presenting key findings and recommendations, alongside a quality improvement slide set, can be found at: www.rcplondon.ac.uk/copd-asthma-organisational-2018-19

## Recruitment

All hospitals in England, Scotland and Wales (N=219) that admit adult patients with asthma attacks and acute exacerbations of COPD were eligible to participate in the organisational audit. Only hospitals registered to either/both the adult asthma clinical audit or COPD clinical audit could take part, as completion of the organisational audit took place via the NACAP audit web tool, where patient data is inputted for the clinical audits.

A total of 200 hospitals were fully registered to the audit and therefore able to participate in the organisational audit. 189 hospitals submitted their hospital level data during this round of snapshot organisational audit. A full list of non-participating hospitals, including those which were discounted from data analysis due to provision of minimal data for the organisational audit, is provided in <u>section 10</u>.

#### Audit question development

The organisational audit dataset was developed initially by internal review of the previously used 2017 National COPD Audit Programme organisational dataset, alongside review of questions developed specifically for an asthma organisational audit as part of the Asthma Audit Development Project (AADP).<sup>n</sup> Following review and incorporation of questions relevant to both COPD and asthma care by the NACAP team, the dataset was circulated to all members of the NACAP asthma advisory group and COPD advisory group for comment. Amendments to the dataset were made following return of feedback from the advisory groups before the dataset went out for public consultation.

The public consultation of the dataset took place for 2 weeks between 29 November 2018 and 17 December 2018. All registered adult asthma and COPD audit hospital web tool contacts were notified of the consultation and encouraged to review and provide feedback on the dataset. On close of the consultation, the dataset was further refined, amended and finalised.<sup>o</sup> The final dataset was sent to Crown Informatics, who host the NACAP web tool, to develop an online organisational audit pro forma where the data could be entered by hospital teams and extracted by the NACAP team for analysis.

<sup>&</sup>lt;sup>n</sup> The AADP was commissioned between February 2017 and February 2018 to carry out the ground work to set up a national audit of asthma care in adult and paediatric secondary care services, as well as primary care. This specifically involved the development of national audit datasets. For more information about the AADP visit: <u>www.rcplondon.ac.uk/projects/asthma-audit-development-project</u>

<sup>&</sup>lt;sup>o</sup> Feedback on the adult asthma and COPD organisational audit dataset consultation is available at: <u>www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-copd</u>

# Data entry

Hospitals were required to enter their hospital-level information via the audit programme's bespoke web tool, created by Crown Informatics Ltd (available at <u>www.nacap.org.uk</u>). Guidance documents to support participation in the audit, such as the dataset with help notes, audit technical guidance and FAQs were available to download from both the web tool (<u>www.nacap.org.uk</u>) and the adult asthma audit and COPD audit resources webpages on the RCP website (<u>www.rcplondon.ac.uk/nacap</u>).

Data entry to the audit was regularly reviewed by the NACAP team. Reminders about the audit data entry deadline, tailored to hospitals with different completion level rates, were sent to registered teams to support completion of the organisational audit dataset. The NACAP team also sent bespoke emails to hospitals to highlight which specific questions remained blank within their dataset. Participating hospitals were also able to contact the NACAP helpdesk via email or phone directly, which operates 9am–5pm every working day, with any queries about the organisational audit.

# Analysis methodology

# Deadline and data transfer

The data entry deadline for completion of the organisational audit dataset was 6pm on 1 July 2019. Hospitals that had not completed the organisational audit in full by this date were provided an extension up until 6pm on 12 July 2019. Thereafter, the data were extracted by the NACAP team at the RCP and sent directly to Imperial College London for analysis.

The audit also applied for externally available admissions data from NHS Digital (for England-only data), NHS Wales Informatics Service (NWIS) (for Wales-only data) and NHS National Services Scotland (for Scotland only-data) to answer the following questions:

- How many adult medical emergencies were admitted to each hospital in the 2018/19 financial year?
- How many respiratory-coded emergencies were admitted to each hospital in the 2018/19 financial year?
- How many COPD-coded emergencies were admitted to each hospital in the 2018/19 financial year?
- How many asthma-coded emergencies were admitted to each hospital in the 2018/19 financial year?

Once received, the externally sourced data were sent to Imperial College to complete the audit analysis. Scottish admissions analyses was highly skewed given the low participation rate in the audit and was therefore omitted from the report.

# Data cleaning

The data were analysed at Imperial College London (National Heart and Lung Institute). Data checking and cleaning occurred as follows:

- List variables were converted to multiple binary variables.
- Missing data for Q1.4a (How many beds on respiratory wards are Level 2 beds?) was assumed as '0'.
- Duplicate entries for hospitals were removed duplicates with lots of missing data were deleted in favour of more complete entries (applicable to two hospitals) and where duplicates were identical, one entry was deleted at random (applicable to four hospitals).
- Hospitals with 80% or more data missing were removed from the dataset (applicable to three hospitals).
- Admissions counts provided within the external data were summed where hospitals had multiple rows of data.

### Main analysis

- Missing data was excluded from analysis
- Non-integer values were rounded to one decimal place
- Externally sourced data were used to answer the following queries presented within the report:
  - National average number of adult medical emergency admissions in the 2018/19 financial year per medical bed
  - National average number of respiratory-coded admissions in the 2018/19 financial year per respiratory bed
  - National average number of COPD-coded emergency admissions in the 2018/19 financial year per 1,000 adult medical emergency admissions
  - National average number of adult asthma-coded emergency admissions in the 2018/19 financial year per 1,000 adult medical emergency admissions
  - National average proportion of emergency COPD-coded respiratory admissions discharged, or died, on dedicated respiratory wards in the 2018/19 financial year
  - National average proportion of emergency adult asthma-coded respiratory admissions discharged, or died, on dedicated respiratory wards in the 2018/19 financial year
  - National average number of HDU beds per 10,000 adult medical emergency admissions
  - National average number of ICU beds per 10,000 adult medical emergency admissions.

### Benchmarking analysis

• Please see <u>Table 1 of section 10</u> for benchmarking analysis methodology.

## **Appendix B: References**

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