

Impact of NCAPOP



Healthcare Quality Improvement Partnership

IN-FOCUS

Respiratory in-focus impact report

Supporting local improvements in respiratory care: impact report

The National Respiratory Audit Programme (NRAP) for England and Wales aims to improve the quality of care and clinical outcomes for people with respiratory conditions. In 2024, we published our refreshed healthcare quality improvement (HI) strategy with five key goals to achieve by May 2026.

How does NRAP support local improvement?

- Resources for services:** 'how-to' data videos, new user sessions, welcome pack, quarterly newsletter and user guides
- Clinical, organisational and primary care reports:** national recommendations underpinned by HI tips for local services
- Real-time service-level data in run charts and benchmarking tables**

Local engagement: We've been engaging with services, systems and regions to improve participation in our audits. For the pulmonary rehabilitation audit this has led to **94%** of eligible services now participating and over **76%** case containment in 2022-23, up from **57%** previously. These improved data support services to shape their understanding of the patient care they are providing.

Good practice repositories: We've developed a suite of over **30 good practice case studies** from participating services in all NRAP audits. As well as showcasing local impact, these are used by others as examples of how change is made and how NRAP data can help to shape improvement.

Healthcare quality improvement (HI) education programme: **30** teams have joined our education programme in 2024, alongside **10** improvement coaches. Teams undertake an improvement project with guidance from an NRAP coach, while getting peer support from other teams. Impact will be measured through NRAP data and evaluated 3 months after the programme has ended.

Case study: John Radcliffe Hospital

The John Radcliffe Hospital in Oxford has significantly improved the proportion of current smokers living with COPD who are offered advice and support to quit. Using NRAP data, the specialist respiratory team could see that their support rates were well below average and their own expectations. They decided to overhaul training and induction processes to ensure that everyone knew what was available to help people quit.

Brief training is now mandatory for all members of the respiratory team, with most team members also having additional in-depth training.

The hospital's new electronic patient record system ensures that whenever a patient is recorded as a current smoker, a referral is automatically sent to the inpatient smoking cessation service.

The significant improvement can be seen in the figures below and means that the hospital is now approaching the NICE target of 100% of patients with COPD offered advice and support to quit smoking:

Year	Percentage
2019-20	32.3%
2020-21	42.9%
2021-22	80.7%
2022-23	90.3%
2023-24	92.4%

For further information please visit www.nrnp.org.uk or contact NRAPinbox@rcp.ac.uk

Commissioned by HQIP

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Supporting national targeted quality improvement initiatives

Supporting national targeted quality improvement initiatives

A key ambition of the NHS England long-term plan is "expanding mechanical thrombectomy – from 1% to 10% of stroke patients". SSNAP provided a baseline for this ambition, measures progress over time and supports national and local quality improvement (QI) initiatives for thrombectomy.

Proportion of all patients receiving thrombectomy

The national thrombectomy rate has increased to **3.9%** since publication of the long-term plan and the number of thrombectomies has increased **127%**.

How has SSNAP supported improvements in thrombectomy?

- Changes to data collection method** allows the patient pathway to be broken down for identification of referring centre, reporting of transfer timings and comparisons between transferred and directly admitted patients to support targeted QI.
 - 101 referring centres
 - 24 thrombectomy centres
 - 60% transferred
 - 2h13m door in, door out time
 - 50m conveyance time
- Increasing reporting outputs and frequency** to identify and monitor trends in more real-time and increase data available to inform, plan and assess local QI.
 - dashboard with monthly thrombectomy rate at national, country and regional level
 - Quarterly reports for thrombectomy centres
 - New quarterly and annual reports for referring centres
 - Thrombectomy fact sheet to spotlight key thrombectomy data, used by clinicians, policy makers and the public
- Collaboration with national bodies** to drive QI, encourage shared learning and reduce variation.
 - 22 visits
 - production and provision of bespoke data packs for NHS England Medical Director visits to thrombectomy centres

Door in, door out: Time from admission to discharge at first admitting hospital. Conveyance: Time to admission at thrombectomy performing centre from discharge at first admitting hospital. Directly admitted: patients that arrived directly at a thrombectomy centre. Transferred: patients that were specifically transferred for thrombectomy from an admitting site.

Stroke in-focus impact report

NATIONAL

How the project provides evidence of quality and outcomes of care nationally

End of Life: To date, the NACEL 2024 dataset holds 13,229 case note reviews, 14,406 staff surveys, 4,748 bereavement surveys and organisational level information supporting a national understanding of care delivery at the end of life in hospitals.

Medical and Surgical CORP: Data from past reports have been used to capture examples of [healthcare inequalities](#) – published in a summary report updated in 2024 – commissioned and promoted by NHSE.

SYSTEM

How the project supports policy development & management of the system

Medical and Surgical CORP: The Association of Coloproctologists of GB&I stated – “We believe that the recommendations in the NCEPOD report are essential to improving the quality of surgery for Crohn's disease in the UK.” in relation to ‘Making the Cut?’

Medical and Surgical CORP: Recommendations from ‘Endometriosis: A Long and Painful Road’ have been included into the update of NICE Guideline NG73

End of Life: NACEL data contributes to conversations about what good end of care looks like in England, Wales and Jersey e.g. emphasising the importance of the assessment of needs for both the patient and those important to them.

LOCAL

How the project stimulates quality improvement

Medical and Surgical CORP: attended local audit/QI meetings to talk about NCEPOD's work programme and, held three online local reporter days with around 150 attendees at each one. Many of them sharing examples of how our reports recommendations are used locally.

Child Health CORP: “Health passport training has been implemented, and existing health passports have been amended to develop a paediatric/ young adult passport.”

End of Life: NACEL has dedicated [quality improvement](#) pages on the [NACEL portal](#), signposting to resources, tools and training to support individuals with local improvement initiatives and develop action plans.

Medical and Surgical CORP: Quality Improvement support tools are available following publication and have been widely downloaded.

Child Health CORP: “An alert for transition (‘This patient is aged 14 years or above and is undergoing the process of transitioning into adult services’) has been added to the electronic patient record, to allow staff to flag up patients who are moving from child to adult health services.”

End of Life: Hosted three quality improvement webinars in 2024, attended by 250+ delegates. Sharing quality improvement ideas, questions and celebrating success.

PUBLIC

How the project is used by the public and the demand for it

End of Life: The NACEL Quality Survey gives members of the public an opportunity to submit feedback about their experience of care. 4,748 feedback surveys submitted to date.

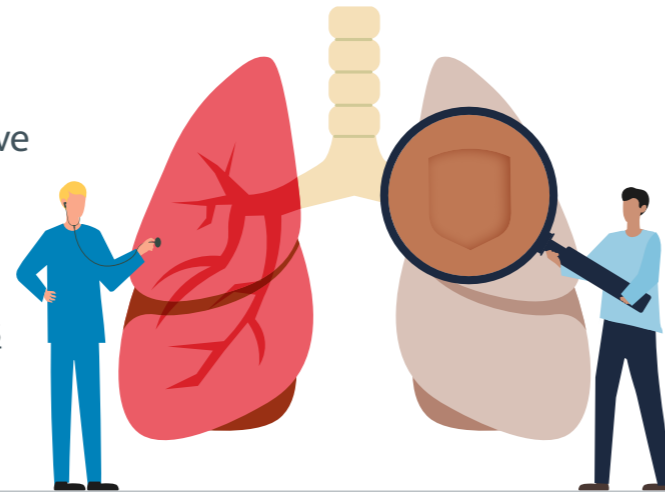
Medical and Surgical CORP: held a public webinar for ‘Endometriosis: A Long and Painful Road’, advertised through Endometriosis UK, joined by 150 participants. Provided a patient leaflet of questions people could ask if they experiencing signs or symptoms of endometriosis.

End of Life: [Key findings](#) report for [patient and carers](#) published including clear recommendations and results, written specifically to ensure patients and carers understand them.

Medical and Surgical CORP: **914 patients** were involved in an online survey for ‘Endometriosis: A Long and Painful Road’ to give their views on the quality of care they had received.

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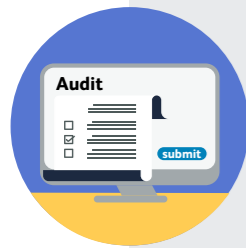


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Real-time service-level data in run charts and benchmarking tables



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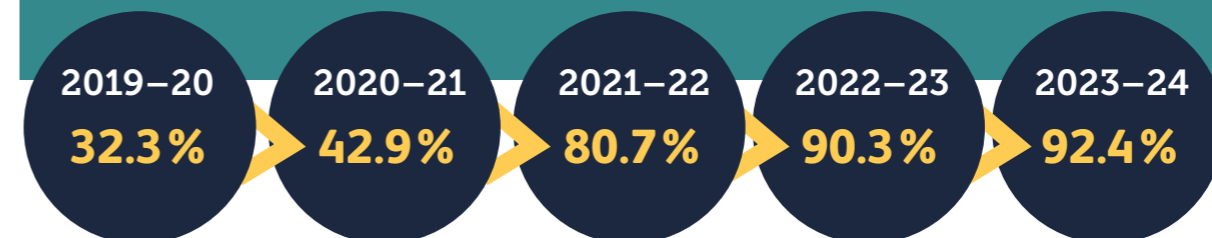
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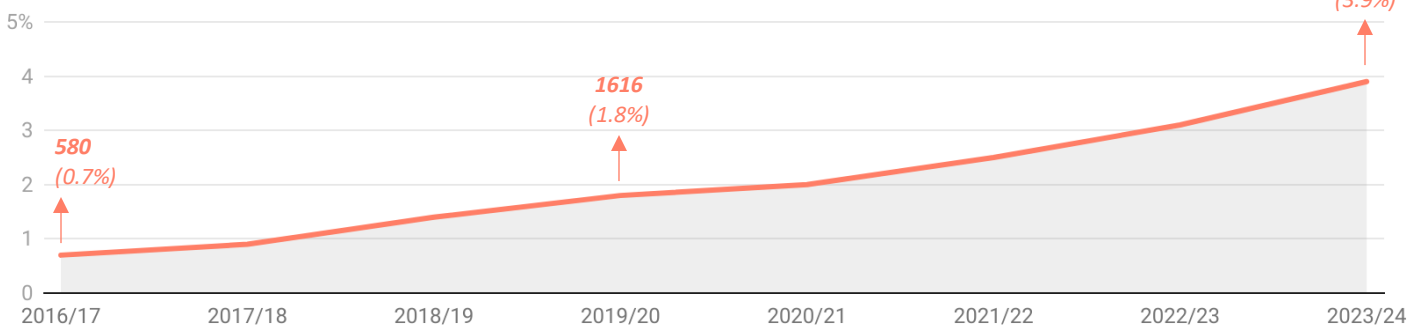
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referring centres



24

thrombectomy centres



60%

transferred



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2

Increasing reporting outputs and frequency to identify and monitor trends in more real-time and increase data available to inform, plan and assess local QI.



dashboard with **monthly** thrombectomy rate at national, country and regional level



Quarterly reports for thrombectomy centres
New **quarterly** and **annual** reports for referring centres

Thrombectomy fact sheet to spotlight key thrombectomy data, used by clinicians, policy makers and the public

3

Collaboration with national bodies to drive QI, encourage shared learning and reduce variation.



22 visits

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