Royal College of Physicians

Pulmonary Rehabilitation Services Accreditation Scheme

Reflections from pulmonary rehabilitation services that have achieved PRSAS accreditation

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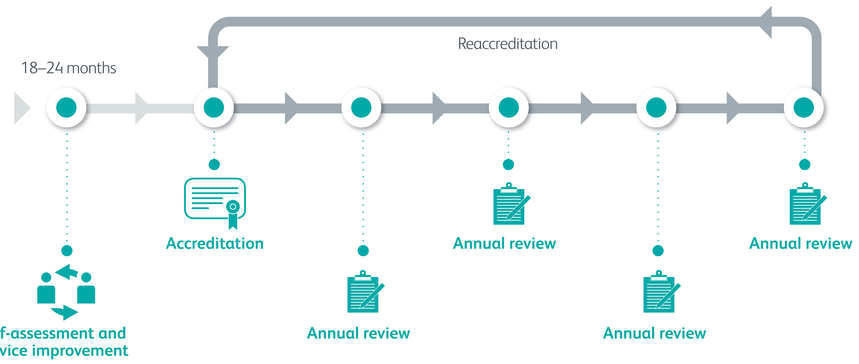
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Background

In 2018, the Royal College of Physicians launched the Pulmonary Rehabilitation Services Accreditation Scheme, PRSAS (www.prsas.org), to improve the quality of UK pulmonary rehabilitation (PR) services.

- Participating services work to an accreditation pathway, which involves self-assessment and quality improvement against the standards.
- Accredited services submit evidence annually to demonstrate maintenance to the standards and undergo an on-site assessment every 5 years.



We wanted to find out about the experiences of accredited services.

Method

A mixed method survey was sent to accredited services (2024) to record experiences of the accreditation journey and to explore the impact, barriers and facilitators.

A descriptive analysis was undertaken with content analysis for qualitative content.

Results

At the time of the survey:

160 services were participating





21 were accredited

- **of these, 18 (86%) had returned the service annual survey.**

Most of the services (14/18; 77.8%) reported measurable changes since starting and achieving accreditation. These included:

Improvements to the exercise delivery programme

21.4% — 3/14

Reduced waiting times

28.6% — 4/14

Improved patient outcome measures tools/data collection

42.9% — 6/14

Similar numbers (14/18; 77.8%) reported positive opportunities post-accreditation, including:

Better clinical links, awareness of PR services within their organisation and/or externally

64.3% — 9/14

Increased staffing (retention/ recruitment/promotion

42.9% — 6/14

88.9% (16/18) had implemented recommendations (ie embedding operational plans and processes (8/16; 50.0%), exercise programme changes

37.5% — 6/16

Feedback from participants highlighted:

- a lack of standardised templates and the need for more information resources to support the process
- variation in assessor requests and as well as additional hurdles with trust requirements for data
- that the accreditation process can be ‘overwhelming’ and ‘tricky’ to coordinate alongside running clinical services.

After completion of the process, many would consider becoming an accreditation champion (12/18; 66.7%).

Conclusions

These findings suggest that accreditation delivers a measurable impact on service key performance indicators and patient outcomes.

The numbers of services participating in and completing the accreditation process successfully are increasing.

Development of standardised templates and additional resources to reduce the burden on clinical teams will support and enhance the accreditation experience.

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