

## SSNAP Clinical Executive Summaries – London

### An overview of hospital stroke care quality up to November 2016

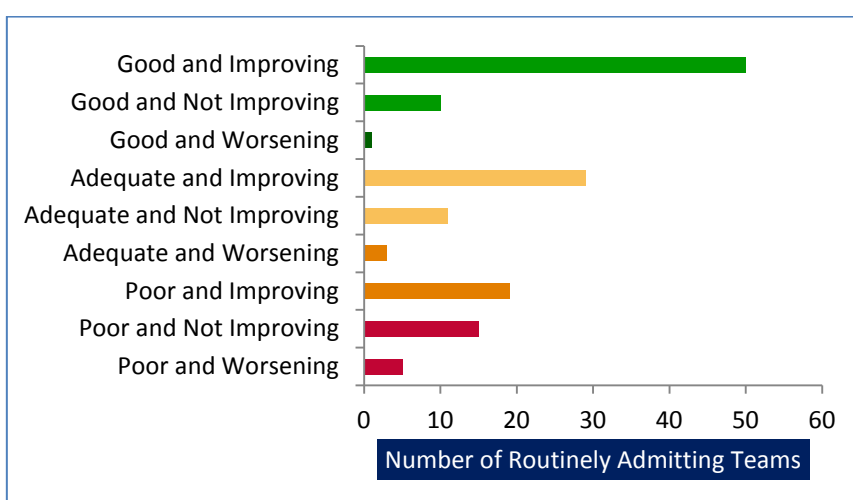
The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland.

This regional pack contains an overview of the hospitals' overall SSNAP score performance in a series of graphs charting the change in score over time for each hospital. The overall SSNAP score is a composite score combining the achievement on 44 care process measures derived from National Clinical Guidelines for Stroke and adjusted for case ascertainment and audit compliance. The 44 key indicators are grouped into 10 domains of care. The change over time in this overall score has been summarised in two ways:

- Performance over the whole two and a half year period has been characterised as Improving, Not Improving or Worsening depending on the slope of a trend line plotted through all the hospital's scores at every time point.
- Recent performance has been characterised as Good, Adequate or Poor depending on where the trend line meets the latest time period.

This regional pack also contains the individual executive summaries of the stroke care provided by the hospitals in this region between April 2014 and November 2016. These executive summaries highlight areas of good, adequate and poor performance in order to identify key areas to draw up action plans for improvement. Further information on resource use for stroke is given including activity, length of stay, cost of stroke and admissions to care homes after stroke. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

Nationally, it is encouraging to see that most teams are “Improving”, though there are a number of teams who are consistently not achieving “Adequate” scores, and it is concerning that performance within a few services appears to be deteriorating.



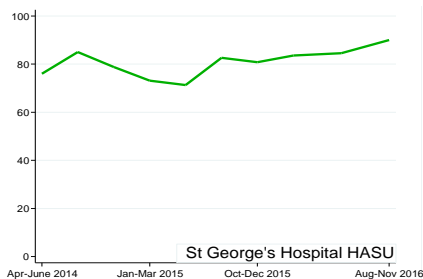
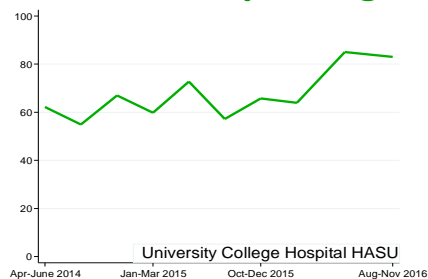
*Distribution of categories for all hospitals which routinely admit stroke patients in England, Wales and Northern Ireland*

# London SCN: SSNAP Clinical Executive Summaries

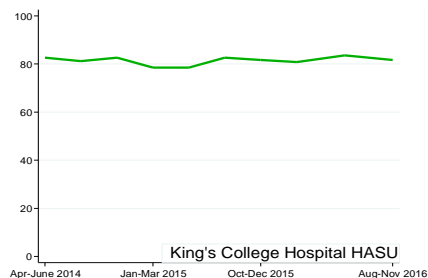
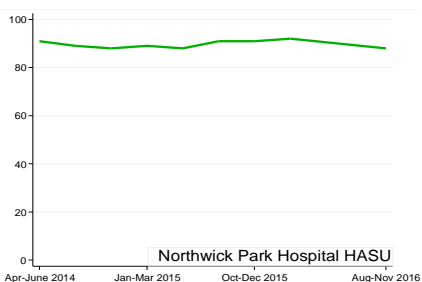
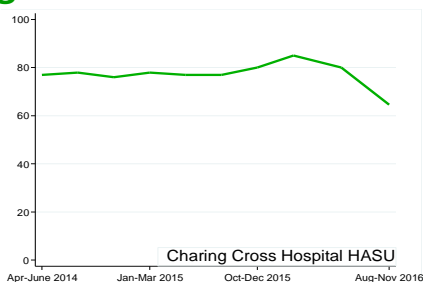
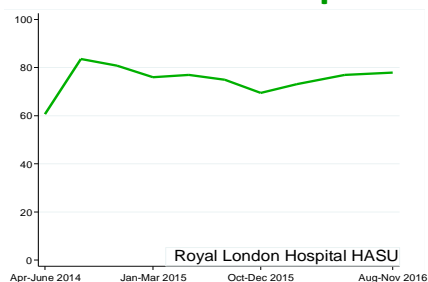
Overall SSNAP score performance from April 2014 to November 2016

## Routinely admitting teams:

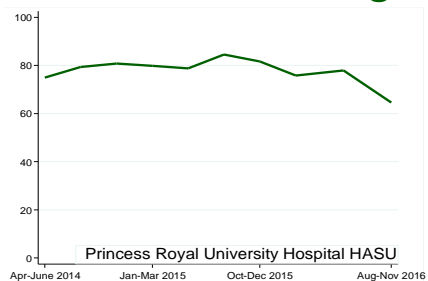
### Good and Improving



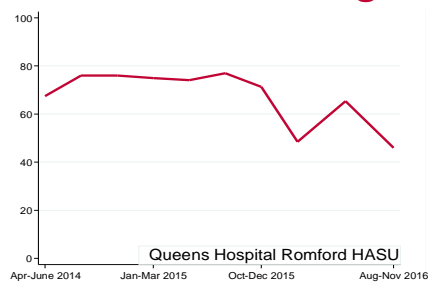
### Good and Not Improving



### Good and Worsening



### Poor and Worsening

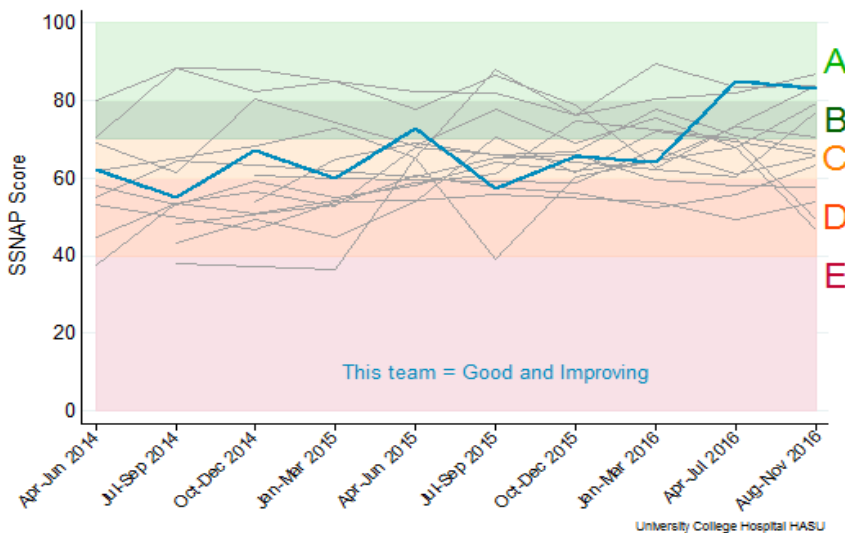




### University College Hospital HASU - SSNAP Executive Summary

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

#### Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

**Good**

This hospital's performance over the two and a half years has generally been:

**Improving**

#### Performance in key indicators of care quality over the past year

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
<b>Stroke Unit</b>	<b>(None)</b>	<b>Scanning Thrombolysis Specialist Assessments Occupational Therapy Physiotherapy Speech and Language Therapy Multidisciplinary Team Working Standards by Discharge Discharge Processes</b>
<i>**areas to focus quality improvement on, as require substantial improvement</i>	<i>**areas where further improvements are still needed.</i>	<i>**areas to celebrate success, maintain performance and identify whether further improvements are feasible.</i>

For further information about performance in different domains of care and scoring methodology, visit our results portal:

<https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx>

# University College Hospital HASU - SSNAP Executive Summary

## Activity and length of stay

In August-November 2016 this hospital treated 413 patients, of which:

413 patients were first admitted to this hospital      0 patients were transferred in from another hospital

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=413	For patients discharged/transferred alive from this team N=405
0-3 days	40.3% (11,087 patients)	65.4% (270)	66.2% (268)
4-7 days	20.3% (5,580 patients)	27.1% (112)	27.4% (111)
8-21 days	21.4% (5,886 patients)	7.0% (29)	5.9% (24)
22-30 days	5.3% (1,446 patients)	0.5% (2)	0.5% (2)
31+ days	12.8% (3,508 patients)	0.0% (0)	0.0% (0)
<b>Mean</b>	<b>14.0 days</b>	<b>3.8 days</b>	<b>3.7 days</b>

## Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

<b>Thrombolysis</b>	<i>Your current thrombolysis rate</i>	15%
<b>Cost Savings</b>	<i>Thrombolysis rate at top 20 performing units</i>	20%
<b>over 5 years:</b>	<i>Average NHS cost saving by thrombolysing 1 more eligible patient</i>	£4,100
	<i>Average social care cost saving by thrombolysing 1 more eligible patient</i>	£6,900
	<i>Overall average cost saving by thrombolysing 1 more eligible patient</i>	£11,000
	<i>Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient</i>	0.26 QALYs
<b>Early Supported Discharge (ESD)</b>	<i>Your current rate of discharge with ESD</i>	52%
<b>Cost Savings</b>	<i>Rate of discharge with ESD at top 20 performing units</i>	60%
<b>over 5 years:</b>	<i>Average NHS cost saving by discharging 1 more eligible patient with ESD</i>	£1,600
	<i>Average social care cost saving by discharging 1 more eligible patient with ESD</i>	£8,700
	<i>Overall average cost saving by discharging 1 more eligible patient with ESD</i>	£10,300
	<i>Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD</i>	0.14 QALYs

## Admissions to care homes after stroke

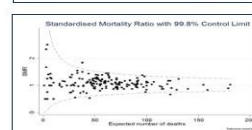
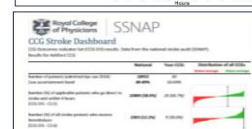
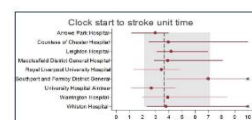
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 5.0% (18/359) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

## For further information, visit our results portal:

[www.strokeaudit.org/results](http://www.strokeaudit.org/results)

Information is available for different types of users:

- Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland
- **Regional** slideshows and **Easy Access** Versions
- Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales
- Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)
- Data about **patient characteristics** (e.g. AF, age profiles)
- Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)
- **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention times** (*requires log-in*)
- Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge
- Interactive **maps, infographics** and **dashboards**.

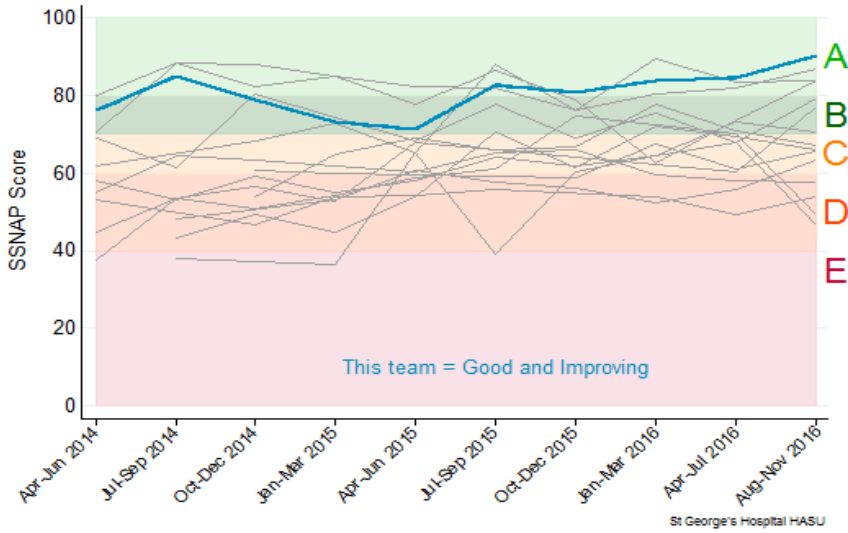




**St George's Hospital HASU - SSNAP Executive Summary**

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

**Overall SSNAP score performance from April 2014 to November 2016**



Performance recently has generally been:

**Good**

This hospital's performance over the two and a half years has generally been:

**Improving**

**Performance in key indicators of care quality over the past year**

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
(None)	Stroke Unit	Scanning Thrombolysis Specialist Assessments Occupational Therapy Physiotherapy Speech and Language Therapy Multidisciplinary Team Working Standards by Discharge Discharge Processes
<i>**areas to focus quality improvement on, as require substantial improvement</i>	<i>**areas where further improvements are still needed.</i>	<i>**areas to celebrate success, maintain performance and identify whether further improvements are feasible.</i>

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# St George's Hospital HASU - SSNAP Executive Summary

## Activity and length of stay

In August-November 2016 this hospital treated 429 patients, of which:

424 patients were first admitted to this hospital      5 patients were transferred in from another hospital

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=429	For patients discharged/transferred alive from this team N=393
0-3 days	40.3% (11,087 patients)	56.4% (242)	58.8% (231)
4-7 days	20.3% (5,580 patients)	26.8% (115)	25.7% (101)
8-21 days	21.4% (5,886 patients)	15.9% (68)	14.5% (57)
22-30 days	5.3% (1,446 patients)	0.5% (2)	0.5% (2)
31+ days	12.8% (3,508 patients)	0.5% (2)	0.5% (2)
<b>Mean</b>	<b>14.0 days</b>	<b>4.8 days</b>	<b>4.7 days</b>

## Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

<b>Thrombolysis</b>	Your current thrombolysis rate	14%
<b>Cost Savings</b>	Thrombolysis rate at top 20 performing units	20%
<b>over 5 years:</b>	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
<b>Early Supported Discharge (ESD)</b>	Your current rate of discharge with ESD	34%
<b>Cost Savings</b>	Rate of discharge with ESD at top 20 performing units	60%
<b>over 5 years:</b>	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

## Admissions to care homes after stroke

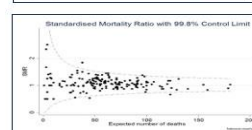
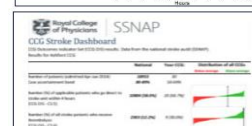
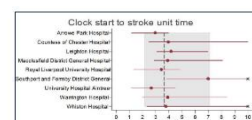
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 5.1% (18/354) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

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- **Regional** slideshows and **Easy Access** Versions
- Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales
- Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)
- Data about **patient characteristics** (e.g. AF, age profiles)
- Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)
- **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention times** (*requires log-in*)
- Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge
- Interactive **maps, infographics** and **dashboards**.

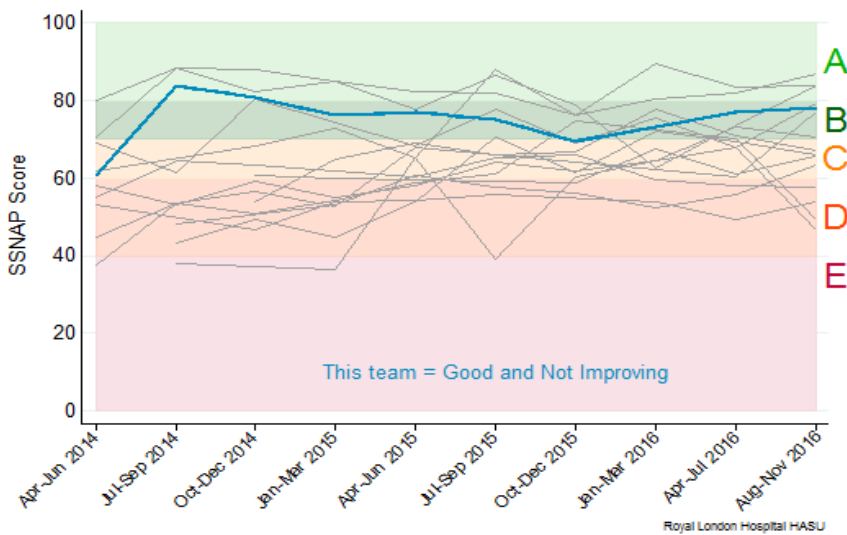




**Royal London Hospital HASU - SSNAP Executive Summary**

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

**Overall SSNAP score performance from April 2014 to November 2016**



Performance recently has generally been:

**Good**

This hospital's performance over the two and a half years has generally been:

**Not Improving**

**Performance in key indicators of care quality over the past year**

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
(None)	Stroke Unit Specialist Assessments Standards by Discharge Discharge Processes	Scanning Thrombolysis Occupational Therapy Physiotherapy Speech and Language Therapy Multidisciplinary Team Working
<i>**areas to focus quality improvement on, as require substantial improvement</i>	<i>**areas where further improvements are still needed.</i>	<i>**areas to celebrate success, maintain performance and identify whether further improvements are feasible.</i>

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## Royal London Hospital HASU - SSNAP Executive Summary

### Activity and length of stay

In August-November 2016 this hospital treated 285 patients, of which:

280 patients were first admitted to this hospital      5 patients were transferred in from another hospital

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=285	For patients discharged/transferred alive from this team N=281
<b>0-3 days</b>	40.3% (11,087 patients)	81.4% (232)	81.9% (230)
<b>4-7 days</b>	20.3% (5,580 patients)	15.1% (43)	14.9% (42)
<b>8-21 days</b>	21.4% (5,886 patients)	2.1% (6)	2.1% (6)
<b>22-30 days</b>	5.3% (1,446 patients)	0.4% (1)	0.4% (1)
<b>31+ days</b>	12.8% (3,508 patients)	1.1% (3)	0.7% (2)
<b>Mean</b>	14.0 days	3.6 days	3.5 days

### Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

<b>Thrombolysis</b>	Your current thrombolysis rate	13%
<b>Cost Savings</b>	Thrombolysis rate at top 20 performing units	20%
<b>over 5 years:</b>	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
<b>Early Supported Discharge (ESD)</b>	Your current rate of discharge with ESD	13%
<b>Cost Savings</b>	Rate of discharge with ESD at top 20 performing units	60%
<b>over 5 years:</b>	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

### Admissions to care homes after stroke

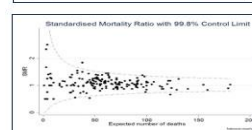
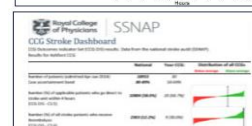
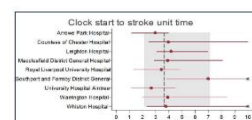
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 5.4% (14/257) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

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- Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge
- Interactive **maps, infographics** and **dashboards**.



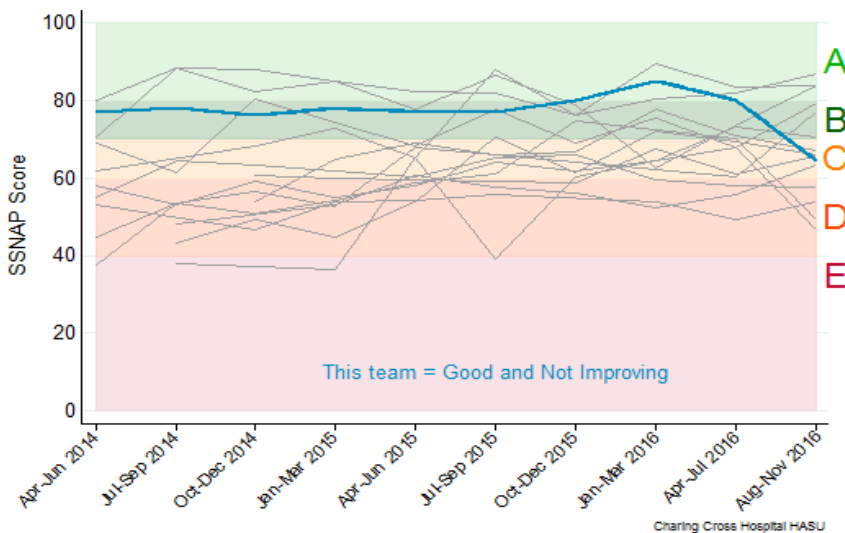




### Charing Cross Hospital HASU - SSNAP Executive Summary

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

#### Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

**Good**

This hospital's performance over the two and a half years has generally been:

**Not Improving**

#### Performance in key indicators of care quality over the past year

Mainly LOW scoring domains (D or E average):

Mainly ADEQUATE domains (C average):

Mainly GOOD domains (A or B average):

**Standards by Discharge**

**Speech and Language Therapy Discharge Processes**

**Scanning Stroke Unit Thrombolysis Specialist Assessments Occupational Therapy Physiotherapy Multidisciplinary Team Working**

*\*\*areas to focus quality improvement on, as require substantial improvement*

*\*\*areas where further improvements are still needed.*

*\*\*areas to celebrate success, maintain performance and identify whether further improvements are feasible.*

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## Charing Cross Hospital HASU - SSNAP Executive Summary

### Activity and length of stay

In August-November 2016 this hospital treated 294 patients, of which:

279 patients were first admitted to this hospital      15 patients were transferred in from another hospital

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=294	For patients discharged/transferred alive from this team N=274
<b>0-3 days</b>	40.3% (11,087 patients)	51.0% (150)	51.8% (142)
<b>4-7 days</b>	20.3% (5,580 patients)	31.0% (91)	31.0% (85)
<b>8-21 days</b>	21.4% (5,886 patients)	15.6% (46)	14.6% (40)
<b>22-30 days</b>	5.3% (1,446 patients)	0.7% (2)	0.7% (2)
<b>31+ days</b>	12.8% (3,508 patients)	1.7% (5)	1.8% (5)
<b>Mean</b>	14.0 days	5.6 days	5.5 days

### Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

<b>Thrombolysis</b>	Your current thrombolysis rate	12%
<b>Cost Savings</b>	Thrombolysis rate at top 20 performing units	20%
<b>over 5 years:</b>	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
<b>Early Supported Discharge (ESD)</b>	Your current rate of discharge with ESD	17%
<b>Cost Savings</b>	Rate of discharge with ESD at top 20 performing units	60%
<b>over 5 years:</b>	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

### Admissions to care homes after stroke

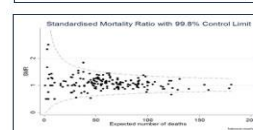
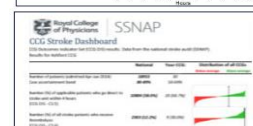
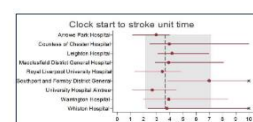
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 6.4% (13/203) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

### For further information, visit our results portal:

[www.strokeaudit.org/results](http://www.strokeaudit.org/results)

Information is available for different types of users:

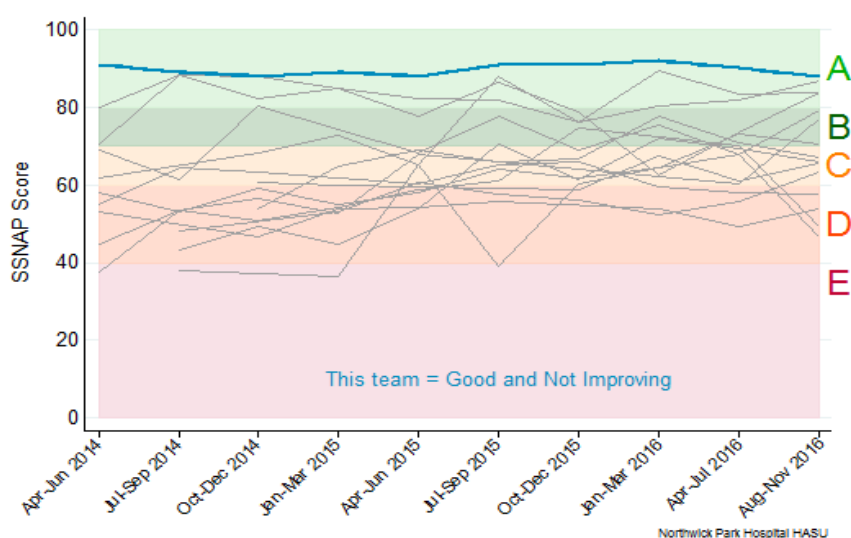
- Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland
- **Regional** slideshows and **Easy Access** Versions
- Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales
- Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)
- Data about **patient characteristics** (e.g. AF, age profiles)
- Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)
- **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention times** (*requires log-in*)
- Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge
- Interactive **maps, infographics** and **dashboards**.



## Northwick Park Hospital HASU - SSNAP Executive Summary

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

### Overall SSNAP score performance from April 2014 to November 2016



Performance recently has  
generally been:

**Good**

This hospital's performance  
over the two and a half years  
has generally been:

**Not  
Improving**

### Performance in key indicators of care quality over the past year

Mainly LOW scoring domains  
(D or E average):

(None)

Mainly ADEQUATE domains  
(C average):

Discharge Processes

Mainly GOOD domains  
(A or B average):

Scanning  
Stroke Unit  
Thrombolysis  
Specialist Assessments  
Occupational Therapy  
Physiotherapy  
Speech and Language Therapy  
Multidisciplinary Team Working  
Standards by Discharge

*\*\*areas to focus quality  
improvement on, as require  
substantial improvement*

*\*\*areas where further  
improvements are still needed.*

*\*\*areas to celebrate success,  
maintain performance and identify  
whether further improvements are  
feasible.*

For further information about performance in different domains of care and scoring methodology, visit our results portal:

<https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx>

## Northwick Park Hospital HASU - SSNAP Executive Summary

### Activity and length of stay

In August-November 2016 this hospital treated 364 patients, of which:

364 patients were first admitted to this hospital      0 patients were transferred in from another hospital

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=364	For patients discharged/transferred alive from this team N=340
0-3 days	40.3% (11,087 patients)	64.8% (236)	63.5% (216)
4-7 days	20.3% (5,580 patients)	34.6% (126)	35.9% (122)
8-21 days	21.4% (5,886 patients)	0.5% (2)	0.6% (2)
22-30 days	5.3% (1,446 patients)	0.0% (0)	0.0% (0)
31+ days	12.8% (3,508 patients)	0.0% (0)	0.0% (0)
<b>Mean</b>	<b>14.0 days</b>	<b>3.4 days</b>	<b>3.4 days</b>

### Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

<b>Thrombolysis</b>	Your current thrombolysis rate	13%
<b>Cost Savings</b>	Thrombolysis rate at top 20 performing units	20%
<b>over 5 years:</b>	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
<b>Early Supported Discharge (ESD)</b>	Your current rate of discharge with ESD	4%
<b>Cost Savings</b>	Rate of discharge with ESD at top 20 performing units	60%
<b>over 5 years:</b>	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

### Admissions to care homes after stroke

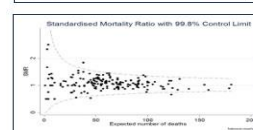
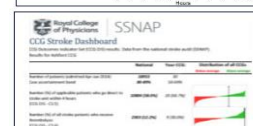
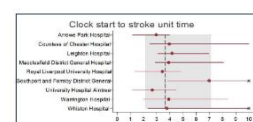
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 4.3% (13/299) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

### For further information, visit our results portal:

[www.strokeaudit.org/results](http://www.strokeaudit.org/results)

Information is available for different types of users:

- Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland
- **Regional** slideshows and **Easy Access** Versions
- Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales
- Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)
- Data about **patient characteristics** (e.g. AF, age profiles)
- Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)
- **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention times** (*requires log-in*)
- Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge
- Interactive **maps, infographics** and **dashboards**.

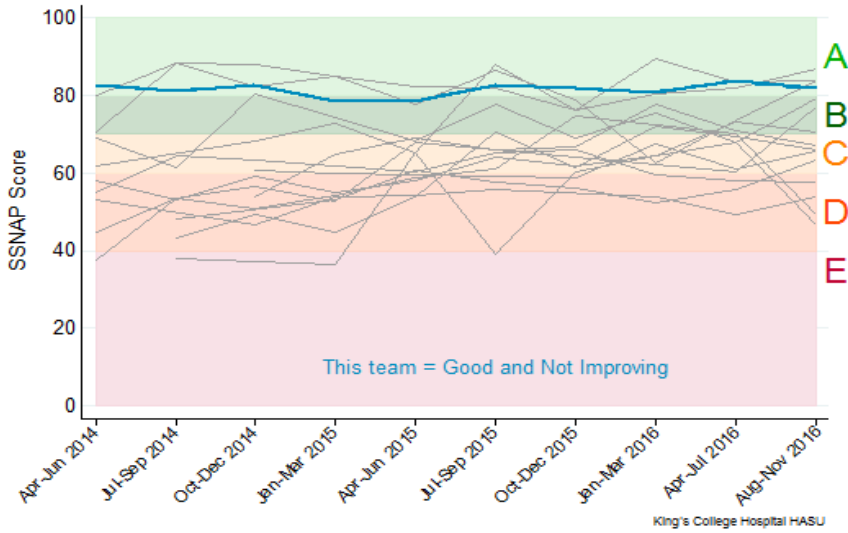




**King's College Hospital HASU - SSNAP Executive Summary**

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

**Overall SSNAP score performance from April 2014 to November 2016**



Performance recently has generally been:

**Good**

This hospital's performance over the two and a half years has generally been:

**Not Improving**

**Performance in key indicators of care quality over the past year**

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
<b>Stroke Unit</b>	<b>(None)</b>	<b>Scanning Thrombolysis Specialist Assessments Occupational Therapy Physiotherapy Speech and Language Therapy Multidisciplinary Team Working Standards by Discharge Discharge Processes</b>
<i>**areas to focus quality improvement on, as require substantial improvement</i>	<i>**areas where further improvements are still needed.</i>	<i>**areas to celebrate success, maintain performance and identify whether further improvements are feasible.</i>

For further information about performance in different domains of care and scoring methodology, visit our results portal:

<https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx>

## King's College Hospital HASU - SSNAP Executive Summary

### Activity and length of stay

In August-November 2016 this hospital treated 260 patients, of which:

258 patients were first admitted to this hospital      2 patients were transferred in from another hospital

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=260	For patients discharged/transferred alive from this team N=245
<b>0-3 days</b>	40.3% (11,087 patients)	53.5% (139)	55.5% (136)
<b>4-7 days</b>	20.3% (5,580 patients)	29.6% (77)	28.6% (70)
<b>8-21 days</b>	21.4% (5,886 patients)	15.0% (39)	13.9% (34)
<b>22-30 days</b>	5.3% (1,446 patients)	0.8% (2)	0.8% (2)
<b>31+ days</b>	12.8% (3,508 patients)	1.2% (3)	1.2% (3)
<b>Mean</b>	14.0 days	5.3 days	5.1 days

### Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

<b>Thrombolysis</b>	<i>Your current thrombolysis rate</i>	16%
<b>Cost Savings over 5 years:</b>	<i>Thrombolysis rate at top 20 performing units</i>	20%
	<i>Average NHS cost saving by thrombolysing 1 more eligible patient</i>	£4,100
	<i>Average social care cost saving by thrombolysing 1 more eligible patient</i>	£6,900
	<i>Overall average cost saving by thrombolysing 1 more eligible patient</i>	£11,000
	<i>Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient</i>	0.26 QALYs
<b>Early Supported Discharge (ESD)</b>	<i>Your current rate of discharge with ESD</i>	34%
<b>Cost Savings over 5 years:</b>	<i>Rate of discharge with ESD at top 20 performing units</i>	60%
	<i>Average NHS cost saving by discharging 1 more eligible patient with ESD</i>	£1,600
	<i>Average social care cost saving by discharging 1 more eligible patient with ESD</i>	£8,700
	<i>Overall average cost saving by discharging 1 more eligible patient with ESD</i>	£10,300
	<i>Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD</i>	0.14 QALYs

### Admissions to care homes after stroke

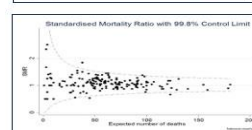
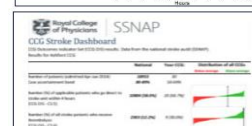
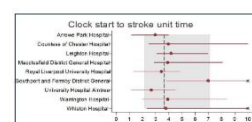
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 7.6% (17/224) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

### For further information, visit our results portal:

[www.strokeaudit.org/results](http://www.strokeaudit.org/results)

Information is available for different types of users:

- Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland
- **Regional** slideshows and **Easy Access** Versions
- Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales
- Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)
- Data about **patient characteristics** (e.g. AF, age profiles)
- Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)
- **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention times** (*requires log-in*)
- Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge
- Interactive **maps, infographics** and **dashboards**.

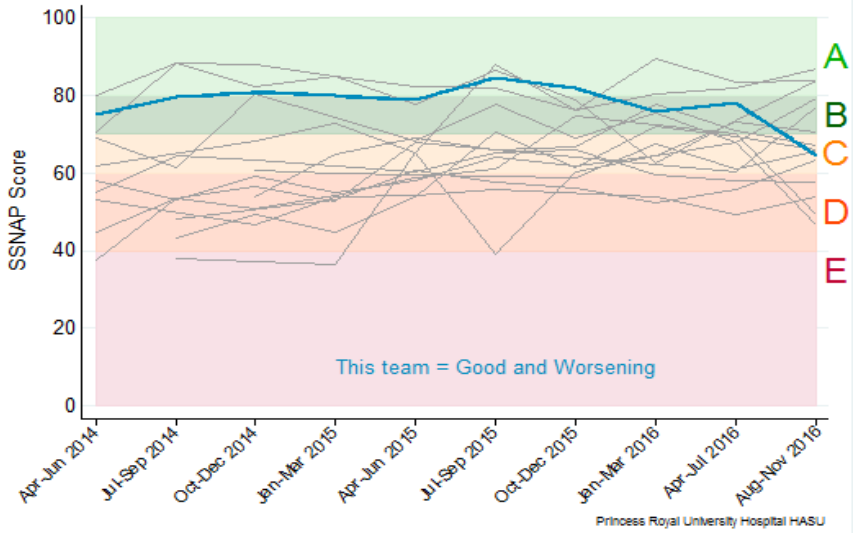




**Princess Royal University Hospital HASU - SSNAP Executive Summary**

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

**Overall SSNAP score performance from April 2014 to November 2016**



Performance recently has generally been:

**Good**

This hospital's performance over the two and a half years has generally been:

**Worsening**

**Performance in key indicators of care quality over the past year**

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
(None)	Stroke Unit Speech and Language Therapy Multidisciplinary Team Working Discharge Processes	Scanning Thrombolysis Specialist Assessments Occupational Therapy Physiotherapy Standards by Discharge
<i>**areas to focus quality improvement on, as require substantial improvement</i>	<i>**areas where further improvements are still needed.</i>	<i>**areas to celebrate success, maintain performance and identify whether further improvements are feasible.</i>

For further information about performance in different domains of care and scoring methodology, visit our results portal:

<https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx>

# Princess Royal University Hospital HASU - SSNAP Executive Summary

## Activity and length of stay

In August-November 2016 this hospital treated 221 patients, of which:

221 patients were first admitted to this hospital      0 patients were transferred in from another hospital

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=221	For patients discharged/transferred alive from this team N=206
0-3 days	40.3% (11,087 patients)	48.9% (108)	49.0% (101)
4-7 days	20.3% (5,580 patients)	36.2% (80)	36.4% (75)
8-21 days	21.4% (5,886 patients)	14.0% (31)	13.6% (28)
22-30 days	5.3% (1,446 patients)	0.9% (2)	1.0% (2)
31+ days	12.8% (3,508 patients)	0.0% (0)	0.0% (0)
<b>Mean</b>	<b>14.0 days</b>	<b>5.1 days</b>	<b>5.1 days</b>

## Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

<b>Thrombolysis</b>	<i>Your current thrombolysis rate</i>	13%
<b>Cost Savings</b>	<i>Thrombolysis rate at top 20 performing units</i>	20%
<b>over 5 years:</b>	<i>Average NHS cost saving by thrombolysing 1 more eligible patient</i>	£4,100
	<i>Average social care cost saving by thrombolysing 1 more eligible patient</i>	£6,900
	<i>Overall average cost saving by thrombolysing 1 more eligible patient</i>	£11,000
	<i>Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient</i>	0.26 QALYs
<b>Early Supported Discharge (ESD)</b>	<i>Your current rate of discharge with ESD</i>	10%
<b>Cost Savings</b>	<i>Rate of discharge with ESD at top 20 performing units</i>	60%
<b>over 5 years:</b>	<i>Average NHS cost saving by discharging 1 more eligible patient with ESD</i>	£1,600
	<i>Average social care cost saving by discharging 1 more eligible patient with ESD</i>	£8,700
	<i>Overall average cost saving by discharging 1 more eligible patient with ESD</i>	£10,300
	<i>Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD</i>	0.14 QALYs

## Admissions to care homes after stroke

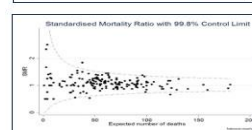
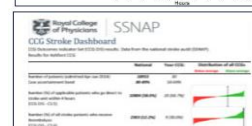
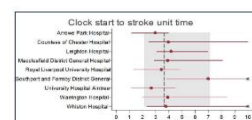
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 10.1% (19/188) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

## For further information, visit our results portal:

[www.strokeaudit.org/results](http://www.strokeaudit.org/results)

Information is available for different types of users:

- Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland
- **Regional** slideshows and **Easy Access** Versions
- Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales
- Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)
- Data about **patient characteristics** (e.g. AF, age profiles)
- Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)
- **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention times** (*requires log-in*)
- Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge
- Interactive **maps, infographics** and **dashboards**.



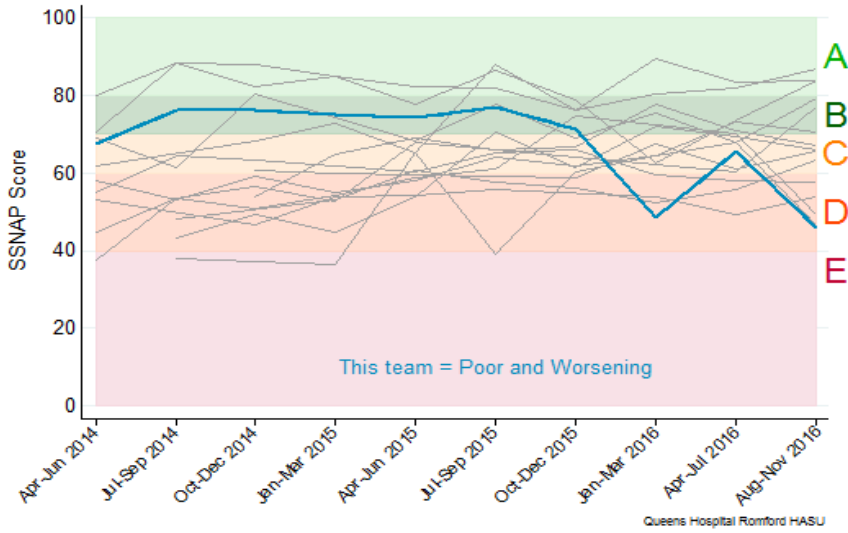




**Queens Hospital Romford HASU - SSNAP Executive Summary**

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

**Overall SSNAP score performance from April 2014 to November 2016**



Performance recently has generally been:

**Poor**

This hospital's performance over the two and a half years has generally been:

**Worsening**

**Performance in key indicators of care quality over the past year**

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
<b>Stroke Unit</b>	<b>Specialist Assessments</b> <b>Standards by Discharge</b>	<b>Scanning</b> <b>Thrombolysis</b> <b>Occupational Therapy</b> <b>Physiotherapy</b> <b>Speech and Language Therapy</b> <b>Multidisciplinary Team Working</b> <b>Discharge Processes</b>
<i>**areas to focus quality improvement on, as require substantial improvement</i>	<i>**areas where further improvements are still needed.</i>	<i>**areas to celebrate success, maintain performance and identify whether further improvements are feasible.</i>

For further information about performance in different domains of care and scoring methodology, visit our results portal:

<https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx>

## Queens Hospital Romford HASU - SSNAP Executive Summary

### Activity and length of stay

In August-November 2016 this hospital treated 214 patients, of which:

211 patients were first admitted to this hospital      3 patients were transferred in from another hospital

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=214	For patients discharged/transferred alive from this team N=210
0-3 days	40.3% (11,087 patients)	74.3% (159)	74.8% (157)
4-7 days	20.3% (5,580 patients)	16.4% (35)	16.2% (34)
8-21 days	21.4% (5,886 patients)	8.4% (18)	8.1% (17)
22-30 days	5.3% (1,446 patients)	0.9% (2)	1.0% (2)
31+ days	12.8% (3,508 patients)	0.0% (0)	0.0% (0)
<b>Mean</b>	<b>14.0 days</b>	<b>3.9 days</b>	<b>3.9 days</b>

### Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

<b>Thrombolysis</b>	Your current thrombolysis rate	13%
<b>Cost Savings</b>	Thrombolysis rate at top 20 performing units	20%
<b>over 5 years:</b>	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
<b>Early Supported Discharge (ESD)</b>	Your current rate of discharge with ESD	16%
<b>Cost Savings</b>	Rate of discharge with ESD at top 20 performing units	60%
<b>over 5 years:</b>	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

### Admissions to care homes after stroke

Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 5.5% (11/200) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

### For further information, visit our results portal:

[www.strokeaudit.org/results](http://www.strokeaudit.org/results)

Information is available for different types of users:

- Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland
- **Regional** slideshows and **Easy Access** Versions
- Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales
- Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)
- Data about **patient characteristics** (e.g. AF, age profiles)
- Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)
- **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention times** (*requires log-in*)
- Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge
- Interactive **maps, infographics** and **dashboards**.

