SSNAP Key indicators – Somerset CCG 2016 - 2021

			Apr 2016-Mar 2017	Apr 2017-Mar 2018	Apr 2018-Mar 2019	Apr 2019-Mar 2020	Apr 2020-Mar 2021
1. Scanning key indicators	1.1 Percentage of patients scanned within 1 hour of clock start (ref. G6.9)	%	56.1	59.5	57.6	62.4	61.3
	1.2 Percentage of patients scanned within 12 hours of clock start (ref. G6.12)	%	94.1	93.8	93.0	94.6	95.8
	1.3 Median time between clock start and scan (hours:mins) (ref. G6.4)	Median	0:42	0:33	0:40	0:27	0:35
2. Stroke unit key indicators	2.1 Percentage of patients directly admitted to a stroke unit within 4 hours of clock start (ref. G7.18.1)	%	60.1	66.4	64.0	64.2	59.1
	2.2 Median time between clock start and arrival on stroke unit (hours:mins) (ref. G7.4)	Median	3:35	3:31	3:26	3:14	3:11
	2.3 Percentage of patients who spent at least 90% of their stay on stroke unit (ref. J8.11)	%	80.9	83.8	80.8	83.6	80.3
3. Thrombolysis key indicators	3.1 Percentage of all stroke patients given thrombolysis (all stroke types) (ref. G16.3)	%	12.2	12.7	10.7	11.2	7.3
	3.2 Percentage of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis (ref. G16.55)	%	91.3	89.8	93.6	96.6	78.9
	3.3 Percentage of patients who were thrombolysed within 1 hour of clock start (ref. G16.74)	%	55.9	62.4	66.7	54.1	41.2
	3.4 Percentage of applicable patients directly admitted to a stroke unit within 4 hours of clock start AND who either receive thrombolysis or have a pre-specified justifiable reason ('no but') for why it could not be given (ref. G16.77.1)	%	60.1	66.4	64.0	64.1	59.1
	3.5 Median time between clock start and thrombolysis (hours:mins) (ref. G16.42)	Median	0:57	0:54	0:49	0:58	1:06
4. Specialist assessments key indicators	4.1 Percentage of patients assessed by a stroke specialist consultant physician within 24h of clock start (ref. G9.3)	%	68.6	76.3	71.7	78.1	78.7
	4.2 Median time between clock start and being assessed by stroke consultant (hours:mins) (ref. G9.14)	Median	14:28	13:27	14:29	11:22	12:33
	4.3 Percentage of patients who were assessed by a nurse trained in stroke management within 24h of clock start (ref. G8.3)	%	84.2	90.2	87.1	88.9	87.5
	4.4 Median time between clock start and being assessed by stroke nurse (hours:mins) (ref. G8.14)	Median	2:30	1:25	1:52	1:14	1:08
	4.5 Percentage of applicable patients who were given a swallow screen within 4h of clock start (ref. G14.20)	%	65.9	72.8	71.3	69.6	70.8
	4.6 Percentage of applicable patients who were given a formal swallow assessment within 72h of clock start (ref. G15.24)	%	82.1	88.1	86.7	90.6	91.4
5. Occupational therapy key indicators	5.1 Percentage of patients reported as requiring occupational therapy (ref. J3.3)	%	85.2	86.5	84.1	89.3	90.0
	5.2 Median number of minutes per day on which occupational therapy is received (ref. J3.5)	Median	42.0	41.0	42.2	43.3	45.0
	5.3 Median % of days as an inpatient on which occupational therapy is received (ref. J3.4)	Median	62.0	60.3	62.1	63.1	63.4

	5.4 Compliance (%) against the therapy target of an average of 25.7 minutes of occupational therapy across all patients (Target = 45 minutes x (5/7) x 0.8 which is 45 minutes of occupational therapy x 5 out of 7 days per week x 80% of patients) (ref. J3.10)	%	86.3	83.1	85.7	94.9	99.9
6. Physiotherapy key indicators	6.1 Percentage of patients reported as requiring physiotherapy (ref. J4.3)	%	88.5	88.3	88.2	89.7	89.1
	6.2 Median number of minutes per day on which physiotherapy is received (ref. J4.5)	Median	40.0	38.3	37.9	36.8	40.0
	6.3 Median % of days as an inpatient on which physiotherapy is received (ref. J4.4)	Median	68.8	71.4	73.6	70.3	69.6
	6.4 Compliance (%) against the therapy target of an average of 27.1 minutes of physiotherapy across all patients (Target = 45 minutes x (5/7) x 0.85 which is 45 minutes of physiotherapy x 5 out of 7 days per week x 85% of patients) (ref. J4.10)	%	89.2	88.5	90.1	85.0	90.8
7. Speech and language therapy key indicators	7.1 Percentage of patients reported as requiring speech and language therapy (ref. J5.3)	%	44.0	42.3	40.4	50.3	56.5
	7.2 Median number of minutes per day on which speech and language therapy is received (ref. J5.5)	Median	32.5	31.4	31.9	34.6	35.0
	7.3 Median % of days as an inpatient on which speech and language therapy is received (ref. J5.4)	Median	34.0	38.5	46.5	50.7	55.4
	7.4 Compliance (%) against the therapy target of an average of 16.1 minutes of speech and language therapy across all patients (Target = 45 minutes x (5/7) x 0.5 which is 45 minutes of speech and language therapy x 5 out of 7 days per week x 50% of patients) (ref. J5.10)	%	30.2	31.8	37.3	54.9	68.1
8. MDT working key indicators	8.1 Percentage of applicable patients who were assessed by an occupational therapist within 72h of clock start (ref. G10.24)	%	91.8	95.1	92.5	92.2	92.7
	8.2 Median time between clock start and being assessed by occupational therapist (hours:mins) (ref. G10.16)	Median	23:03	22:10	23:20	22:35	22:52
	8.3 Percentage of applicable patients who were assessed by a physiotherapist within 72h of clock start (ref. G11.24)	%	94.7	97.0	94.8	93.8	95.1
	8.4 Median time between clock start and being assessed by physiotherapist (hours:mins) (ref. G11.16)	Median	22:00	21:37	22:35	21:44	22:30
	8.5 Percentage of applicable patients who were assessed by a speech and language therapist within 72h of clock start (ref. G12.24)	%	82.6	87.2	86.1	88.2	93.6
	8.6 Median time between clock start and being assessed by speech and language therapist (hours:mins) (ref. G12.16)	Median	25:37	24:01	24:06	24:33	22:49
	8.7 Percentage of applicable patients who have rehabilitation goals agreed within 5 days of clock start (ref. J13.15)	%	94.3	95.6	94.2	94.0	96.4
	8.8 Percentage of applicable patients who are assessed by a nurse within 24h AND at least one therapist within 24h AND all relevant therapists within 72h AND have rehab goals agreed within 5 days (ref. J14.3)	%	53.9	61.4	56.7	57.9	62.3
9. Standards by discharge key indicators	9.1 Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge (ref. J16.15.1)	%	58.7	76.9	63.7	71.4	84.8
	9.2 Percentage of applicable patients who have a continence plan drawn up within 3 weeks of clock start (ref. J15.23)	%	96.9	98.3	98.5	98.1	98.6
	9.3 Percentage of applicable patients who have mood and cognition screening by discharge (ref. J19.3)	%	97.7	99.4	98.4	88.5	91.0

10. Discharge processes key indicators	10.1 Percentage of applicable patients receiving a joint health and social care plan on discharge (ref. J33.13)	%	95.4	91.1	93.4	95.2	91.8
	10.2 Percentage of patients treated by a stroke skilled Early Supported Discharge team (ref. J10.3)	%	34.2	35.0	32.9	34.0	43.4
	10.3 Percentage of applicable patients in atrial fibrillation on discharge who are discharged on anticoagulants or with a plan to start anticoagulation (ref. J32.16)	%	98.0	99.1	98.4	98.0	92.3
	10.4 Percentage of those patients who are discharged alive who are given a named person to contact after discharge (ref. J34.3)	%	97.5	93.5	96.4	97.6	99.1

Average SSNAP Level

2019				2020				2021
Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020	Jan-Mar 2021
B	B	B	B	B	X	B	B	B