



Royal College
of Physicians



UK carotid endarterectomy audit Round 4 public report

Includes operations performed between
1 October 2010 and 30 September 2011

August 2012

Prepared on behalf of the Carotid Interventions Audit (CIA) Steering Group
by the Royal College of Physicians Clinical Standards Department

Publication Guidance

Public Report of UK Carotid Endarterectomy Audit Round 4

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This new report (2012), commissioned by the Healthcare Quality Improvement Partnership (HQIP), presents the latest findings from Round 4 of the National Carotid Interventions Audit. The audit focussed on the process and outcomes of patients undergoing carotid endarterectomy between 1 October 2010 and 30 September 2011. It includes the characteristics of the patient, the key delays prior to surgery, the surgery itself and any post operative outcomes. It also includes differences between trusts and regions within Round 4 as well as changes over time.

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Report compiled by

Mr Sam Waton BSc Hons

Project Co-ordinator, Clinical Standards Department, Royal College of Physicians of London

Mrs Alex Hoffman MSc

Stroke Audit Programme Manager, Clinical Standards Department, Royal College of Physicians of London

Mr Michael Roughton MSc

Medical Statistician, Clinical Standards Department, Royal College of Physicians of London

Clinical authors and advisors

Mr David Mitchell MA MB BS FRCS

Chair of the Vascular Society of Great Britain and Ireland Audit and Quality Improvement Committee

Dr Geoffrey Cloud FRCP

Stroke Programme Associate Clinical Director, Royal College of Physicians of London

Professor Anthony Rudd FRCP

Stroke Programme Clinical Director, Royal College of Physicians of London

Please see Appendix 3 for the CIA Steering Group membership

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Foreword

This fourth public report from the Carotid Interventions Audit demonstrates continuing improvement in the service that hospital teams provide to patients. With 98% of eligible NHS trusts in England, Northern Ireland, Scotland and Wales participating in the audit, and with 90% of cases in England compared with Hospital Episode Statistics included in the report, it is the most robust review of UK carotid surgical intervention ever. The median time for intervention is still coming down and indicates a commitment to improving the quality of service within the NHS. There is much to be pleased with, but also much to do. We have included some tables illustrating the variation in performance between hospitals in the UK. Some are very good, treating nearly all patients within the NICE target of 14 days from the onset of symptoms. Others are not so good and need to improve their performance. A few are worryingly poor and the clinical teams and the executives of these organisations need to ask themselves if they are providing any benefit to their patients. Serious consideration should be given to moving the service to adjacent better performing Trusts.

One feature of note is that patients are treated most quickly in London. The capital has undergone a significant re-organisation of stroke services, with fewer centres seeing more patients. If it can be shown that re-configuration has delivered clear benefit to patients, then other regions will need to look at how their services can be best organised for patient benefit.

Quality Improvement represents a challenge to organisations. Discussions with high performing centres indicate that a focus on a facilitated pathway of referral, seven day TIA clinic access and working in teams (as opposed to the traditional consultant firm approach) are the keys to improving access to treatment for patients.

Despite patients being operated upon more quickly and at higher risk, reassuringly, we are not seeing a sharp rise in stroke and other peri-operative complications. Carotid surgery is being performed more effectively than before in the NHS and in doing so preventing more strokes and their associated misery. What is required now is to reduce the variation in clinical performance and for teams to work hard on managing their pathways of care to treat all patients within the NICE target.

David Mitchell
Chair, Audit & Quality Improvement committee,
The Vascular Society of Great Britain & Ireland

Summary of Clinical UK Carotid Endarterectomy Audit (Round 4)

Background

This report is based on Round 4 of the National Carotid Interventions Audit, which includes all carotid endarterectomies performed between 1 October 2010 and 30 September 2011 that were submitted to the audit by 31 December 2011. Round 4 builds on progress made within Round 1 (1 December 2005 – 31 December 2007), Round 2 (1 January 2008 – 30 September 2009) and Round 3 (1 October 2010 – 30 September 2010).

Aims

1. To assess the current speed of delivery of carotid endarterectomy in the UK.
2. To assess variations in access and quality of care for patients needing carotid endarterectomy.
3. To assess 30-day mortality and complications rates following carotid endarterectomy.
4. To stimulate improvements over time in the quality of care provided to patients undergoing carotid endarterectomy.

Methods

Data are entered, by vascular surgeons, other members of the vascular team and audit personnel, prospectively into a secure webtool (National Vascular Database) that captures core demographic information as well as clinical data about symptoms, medication and treatment for each case. Critical steps in care are recorded with dates (or within date bands where precise information is not available). The data on time from symptom to referral, referral to imaging and time to referral to the surgical service are recorded. Time from symptom to carotid intervention is also captured. This enables all stakeholders to examine the components of care in the pathway, involving pre-hospital care as well as the in-hospital multi-disciplinary team. Outcomes including complication rates for stroke and cranial nerve injury are captured, as well as survival whilst as an inpatient and at 30 days post-surgery.

Data are analysed by a dedicated team, including statistical support, within the Clinical Standards Department of the Royal College of Physicians to report back to participants. This provides information to enable comparison of the performance of individual trusts and regions with national averages, and in comparison with previous rounds of the audit.

Participation

Data were returned by 93% (425/457) of eligible surgeons, reporting 90% (4849/5360) of comparable cases in England, 99% (153/154) of comparable cases in Northern Ireland and 70% (254/362) of comparable cases in Wales reported in HES in the same time period (1 October 2010 to 30 September 2011).

Data for Scotland is not available due to a new patient management system rolled across a number of Scottish health boards within 2011.

Key findings

Table 1: Case contribution to Round 4 of the CEA Clinical Audit

| Denominator | Number of cases |
|---|-----------------|
| Number of patients in Round 4 | 5543 |
| Number of symptomatic patients | 4818 |
| All patients with data on 30 day survival | 5461 |
| All patients who attended a follow-up appointment | 4638 |

For symptomatic patients (i.e. a patient displaying outward symptoms), these are the main symptoms that triggered referral.

Table 2: Main symptoms that triggered referral

| Symptom | National % |
|---|------------|
| Amaurosis fugax (loss of vision in one eye) | 18 |
| Transient Ischaemic Attack (TIA) | 47 |
| Stroke | 34 |

- The median number of days from symptom onset to carotid surgery 15 was (IQR 8–40).
- The median number of days from symptom onset to referral was 5 (IQR 2–14).
- The median number of days from referral to carotid surgery was 9 (IQR 4–23).

When the delay between symptom and procedure was more than 14 days, the main causes of delay as reported by the auditor, included delay in referral (41%), delay in patient presentation (26%), operation cancellation as patient was unfit or patient choice (20%) and delay in carotid imaging (11%), amongst others.

Table 3: Reported post-operative outcomes

| The rate of complications | Data available for | National % |
|---|--------------------|------------|
| Stroke and death at 30 days after surgery | 121/5462 | 2 |
| Myocardial infarct post-operatively | 36/5543 | 0.6 |
| Bleeding post-operatively | 183/5543 | 3 |
| Cranial nerve injury | 210/5543 | 4 |

Recommendations for change

1. All staff involved in organising and delivering care to patients who require carotid surgery need to examine their data and assess their performance against standards within NICE Guideline CG68.
2. Clinicians should ensure that data from patients having carotid surgery are included in national clinical audit. Appropriate time within job plans must be made available for consultants to validate and act upon their data.
3. Systems should be in place to ensure that coding of patients with carotid surgery is accurate. This requires close collaboration between hospital coding departments and clinicians and is likely to require regular (at least monthly) coding review meetings with the vascular team.
4. Every health economy offering carotid surgery must have a clearly documented pathway of care. This should state how the patient accesses services and how they flow through to surgery if required.
5. Clinicians involved in providing care to patients with TIA and minor stroke should ensure that there are agreed referral protocols to minimise delays in the pathway.
6. It is recommended that referrals to vascular surgery or interventional radiology should go to a central point within the department, rather than individual clinicians. There should be someone available to deal with referrals on a daily basis. These processes should work both during the working week and at the weekend.
7. Patients requiring carotid endarterectomy should be allocated to the next available operating list (ideally within 3 days of referral).
8. Carotid intervention should be prioritised as urgent/emergency in all symptomatic cases.
9. Clinical teams should seek feedback from patients to help improve the quality of care offered.
10. Stroke teams should publicise their services to primary care and the public. Attention should be given to highlighting the importance of amaurosis fugax as this diagnosis is associated with significantly greater delays in the pathway.

Chapter 1: Background and methods

1.1 Introduction

The audit of carotid endarterectomy was initiated in 2005 as a collaboration between the Vascular Society of Great Britain & Ireland and the Royal College of Physicians. The audit's purpose is to report on the quality of care for patients with carotid stenosis who undergo carotid surgery. This report is on the fourth round of the audit.

The facility to collect carotid stent data was added in 2009 and the audit was renamed the Carotid Interventions Audit. However, the number of stenting procedures entered into the audit has not been sufficient to include with these reports. There were a total of 35 carotid stents submitted to the audit within Round 4, from 11 NHS trusts in the UK, ranging from between 1 and 9 per trust. There were 230 carotid stents identified in HES for England for the same time period from a total of 29 trusts.

1.2 Background

Patients with significant narrowing of their carotid arteries are at increased risk of stroke. Those with transient symptoms have the highest risk of stroke in the period immediately following onset. There is a large body of evidence showing that the greatest benefit from carotid surgery is seen if the procedure is carried out quickly following the onset of symptoms. Both NICE and the National Stroke Strategy have set standards for the time from symptom to surgery of 14 days and 48 hours, respectively. For the symptom to surgery pathway to work well, it requires many stakeholders to coordinate care delivery.

The general public and healthcare professionals need to be aware of the symptoms of stroke and TIA; and what to do when they recognise these symptoms. General practitioners need to refer promptly and NHS trusts need to have organised stroke services with rapid access to specialist clinicians, imaging and surgery. This audit provides data on the efficiency of the pathway of care and outcomes for patients who have had an endarterectomy.

1.3 Evidence base

The evidence used for setting audit questions is derived from two main sources:

1. National Clinical Guideline 2009 Stroke: *The diagnosis and acute management of stroke and transient ischaemic attacks by the National Institute for Health and Clinical Excellence*

<http://www.nice.org.uk/Guidance/CG68>.

2. National Stroke Strategy 2007 <http://www.dh.gov.uk> and the accompanying publication *Implementing the National Stroke Strategy – an imaging guide*.

1.4 Project team

The audit is supported by a multidisciplinary Steering Group that is comprised of professional organisations and patients, as shown in Appendix 3.

Day to day management of the audits (including running the helpdesk, analysis and reporting of results) takes place within the Clinical Standards Department of the Royal College of Physicians of London (RCP). The RCP vision is to improve patient care by the setting, monitoring and implementation of clinical standards.

1.5 Aims

The aims of this clinical audit into CEA provision were to:

1. Assess the current speed of delivery of carotid endarterectomy in the UK.
2. Assess variations in access and quality of care for patients needing carotid endarterectomy.
3. Assess 30-day mortality and complications rate following carotid endarterectomy.
4. Stimulate improvements over time in the quality of care provided to patients of carotid endarterectomy.

1.6 Methods

1.6.1 Data collection

The questionnaire was devised by the Steering Group to capture appropriate aspects of CEA provision in relation to describing the process and outcomes of care for a group of patients (referred to as cases) who have CEA in the UK based on the guideline.

This questionnaire (**Appendix 2**) was completed via the National Vascular Database online web tool and includes items from the initial symptom, referral to the vascular surgeon, the operation itself, post-operative stay and the follow-up appointment post hospital discharge.

All vascular surgeons (consultant grade) who might potentially undertake CEA in the UK were contacted by the project team and 457 surgeons confirmed that they undertake the operation. This group are referred to throughout this report as 'eligible surgeons.'

Surgeons were required to complete one questionnaire for each CEA performed (case).

This round of the audit collected CEA operations performed between 1 October 2010 and 30 September 2011 inclusive.

The deadline for submitting data for this round was 31 December 2011.

5543 cases were included in the analysis.

1.6.2 Presentation of results

The median is the average used to present results because it is the middle point of the data and 50% of the values lie on either side.

Results are also presented as totals, percentages, and/or inter-quartile ranges (IQR).

Where numbers are small (e.g. post operative complications) the number and percentage is given to aid interpretation.

The number of cases included in each analysis varies across questions as some were mandatory and some did not apply.

For clarity of presentation, the term trust(s) is used generically for trusts in England and their equivalents in Northern Ireland, Scotland and Wales.

A full glossary is presented in **Appendix 1**.

Chapter 2: Results

2.1 Participation

HES is the national statistical data for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. It is the data source for a wide range of healthcare analyses for the NHS, Government and many other organisations. There are equivalent agencies in Wales, Scotland and Northern Ireland.

The number of carotid endarterectomy operations that were performed according to HES (codes L29.4 and L29.5) over the equivalent audit period was used to compare the extent to which all cases were submitted to the audit by each trust/health board.

There were 5366 CEA cases recorded on HES for the Round 4 time period in England. Round 4 captured 4849/5366 (90%) of comparable cases in England.

There were 362 CEA cases recorded on PEDW (Patient Episode Database for Wales) for the Round 4 time period in Wales. Round 4 captured 254/362 (70%) of comparable cases in Wales.

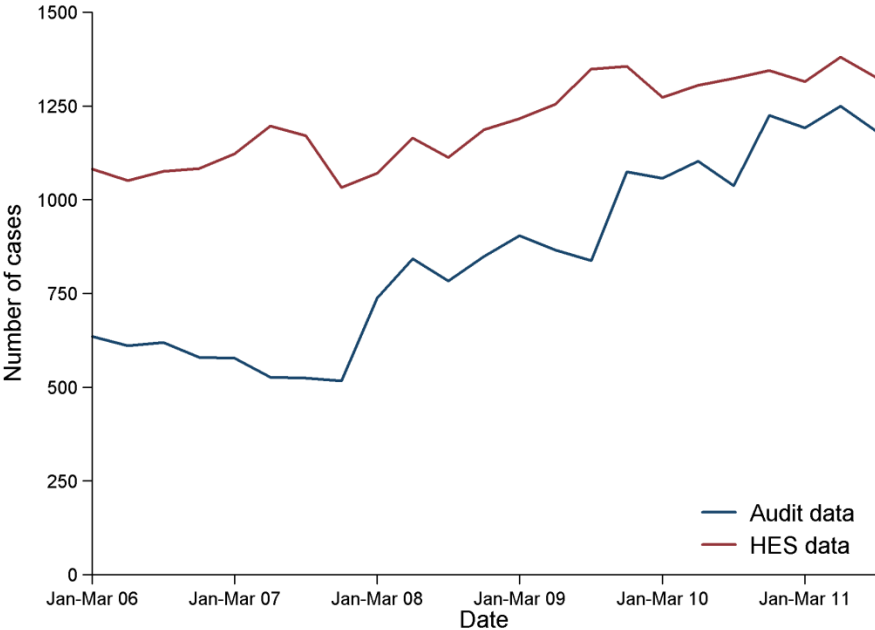
There were 395 CEA cases recorded on SMR01 (Scottish Morbidity Record) for the Round 4 time period in Scotland. Round 4 captured 335 of these cases. However they are subject to further clarification due to a new patient management system being rolled out across a number of health boards. This has had a noticeable impact on the numbers returned from the Scottish SMR01 system.

There were 154 CEA cases recorded on HIS (Hospital Inpatient System) for the Round 4 time period in Northern Ireland. Round 4 captured 153/154 (99%) of comparable cases in Northern Ireland.

From this point on in the report, the term *HES* is used generically to describe data that are collected by these national agencies.

The number of cases compared to HES has increased dramatically since the inception of the audit. The graph below shows this increase using data from England.

Fig 1: Number of cases submitted to the audit compared to HES since Round 1 (England only).



2.2 Patient demographics

Age is an important predictive factor for outcome. The risk of complications following surgery increases with age (Miller et al., 2009). The median age within the audit was 73 years, which is consistent with the previous randomised controlled trials.

Twice as many men (67%) as women underwent carotid surgery. The indications for treatment are very similar in males and females (Kapral et al., 2003) suggesting that the difference in numbers between these two groups is a reflection of a difference in rates of disease rather than patient selection.

2.3 Patient symptoms

Carotid endarterectomy is performed on patients to reduce the risk of stroke caused by carotid stenosis. A symptomatic patient is a patient displaying outward symptoms of carotid stenosis, whereas an asymptomatic patient does not yet show symptoms. In this round of the audit, 4818/5543 (87%) of patients were symptomatic, whereas 725 (13%) of patients were asymptomatic.

There is a robust evidence base (Rothwell et al., 2004) for providing CEA to symptomatic patients. There is less benefit in asymptomatic patients.

Table 4: Main symptoms that triggered referral

| Symptom | National % |
|----------------------------------|------------|
| Amaurosis fugax | 18 |
| Transient Ischaemic Attack (TIA) | 47 |
| Stroke | 34 |

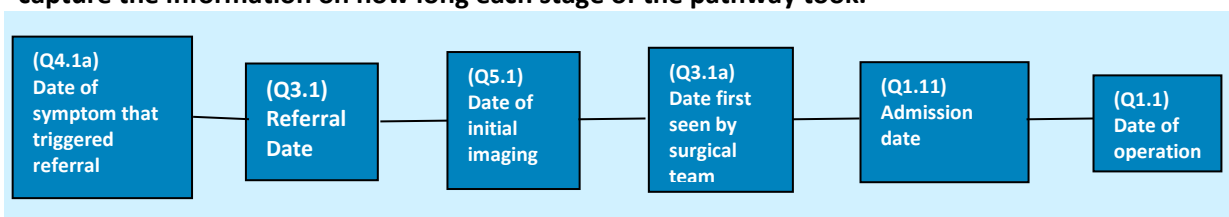
Approximately one third of patients nationally presented with stroke and the remainder with TIA or amaurosis fugax.

2.4 Summary of key delays

There is evidence that greater benefit from CEA is achieved when surgery is performed as soon as possible, ideally within two weeks of the initial symptom (Rothwell et al., 2004).

The typical patient pathway is set out in Figure 2 below:

Fig 2: Typical example of the patient path to operation, and the audit question number used to capture the information on how long each stage of the pathway took.



The ten year National Stroke Strategy sets a target of 48 hours from symptom to operation (to be effected by 2017) to minimise the risk of high-risk patients with TIA developing a stroke. The current NICE guideline recommends two weeks. This round of the audit showed substantial improvements:

- The median time from symptom to referral was 5 days (IQR 2–14), which is shorter than Round 3 when it was 6 (IQR 2–20) and Round 2 when it was 8 (IQR 3–26).
- The median time from referral to operation was 9 (IQR 4–23), which is shorter than Round 3 when it was 12 (IQR 5–31) and Round 2 when it was 19 (IQR 7–47).
- The median time from symptom to operation was 15 (IQR 8–40),* which is shorter than Round 3 when it was 21 (IQR 9–54) and Round 2 when it was 28 (IQR 12–68).

*The symptom to operation median cannot be calculated by summing the symptom to referral median with the referral to operation median.

These results show that patients now progress along the care pathway much more rapidly since Round 2. Vascular surgeons are to be congratulated upon these improvements to patient care. However, the NICE Guideline of 14 days between symptom and surgery has not yet been achieved consistently.

2.5 Changes in delays during rounds 2 to 4

To demonstrate reductions in delays, the symptomatic cases submitted for the Round 2 period (21 months) were divided into *three equal seven month periods* (January 2008 to July 2008, August 2008 to February 2009 and March 2009 to September 2009).

The symptomatic cases for the Round 3 and Round 4 periods (12 months each) were then divided into *four equal six month periods* (October 2009 to March 2010, April 2010 to September 2010, October 2010 to March 2011 and April 2011 to September 2011) and added to the same graph to show the median delays over the whole 45 month period.

Fig 3: Symptom to referral (number of days) during Rounds 2 – 4.

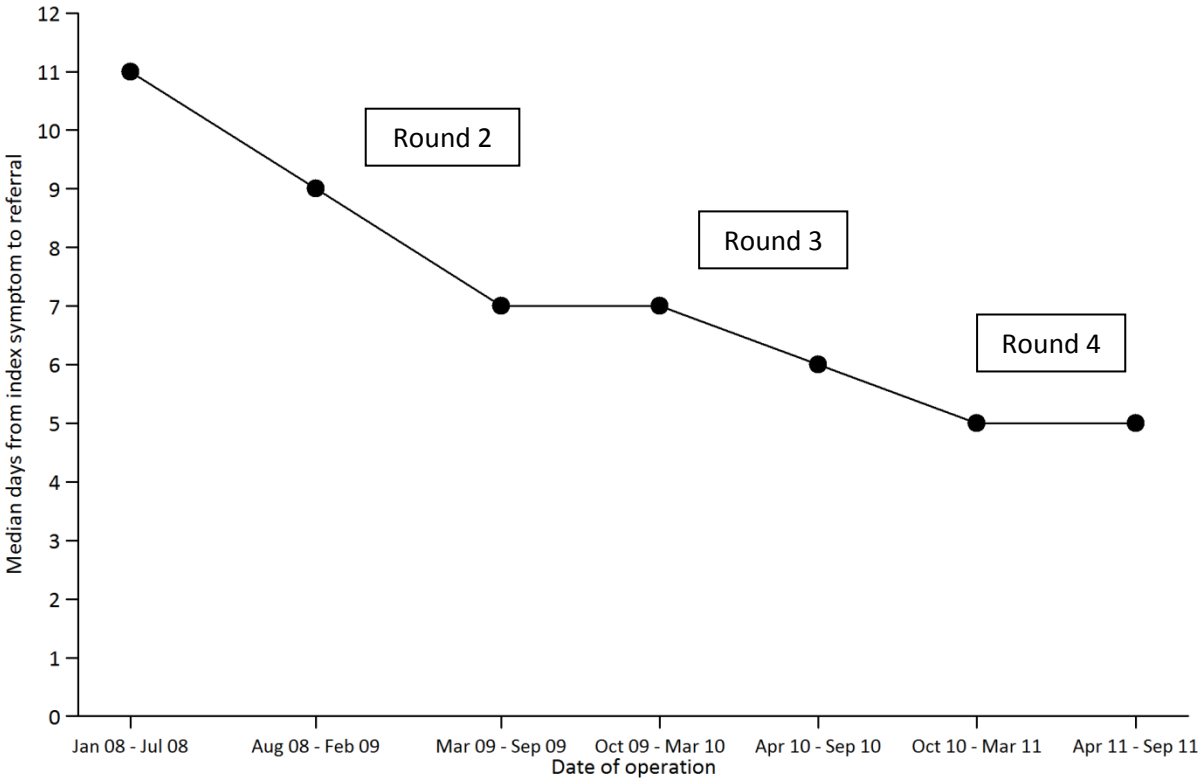


Fig 4: Referral to operation (number of days) during Rounds 2 – 4.

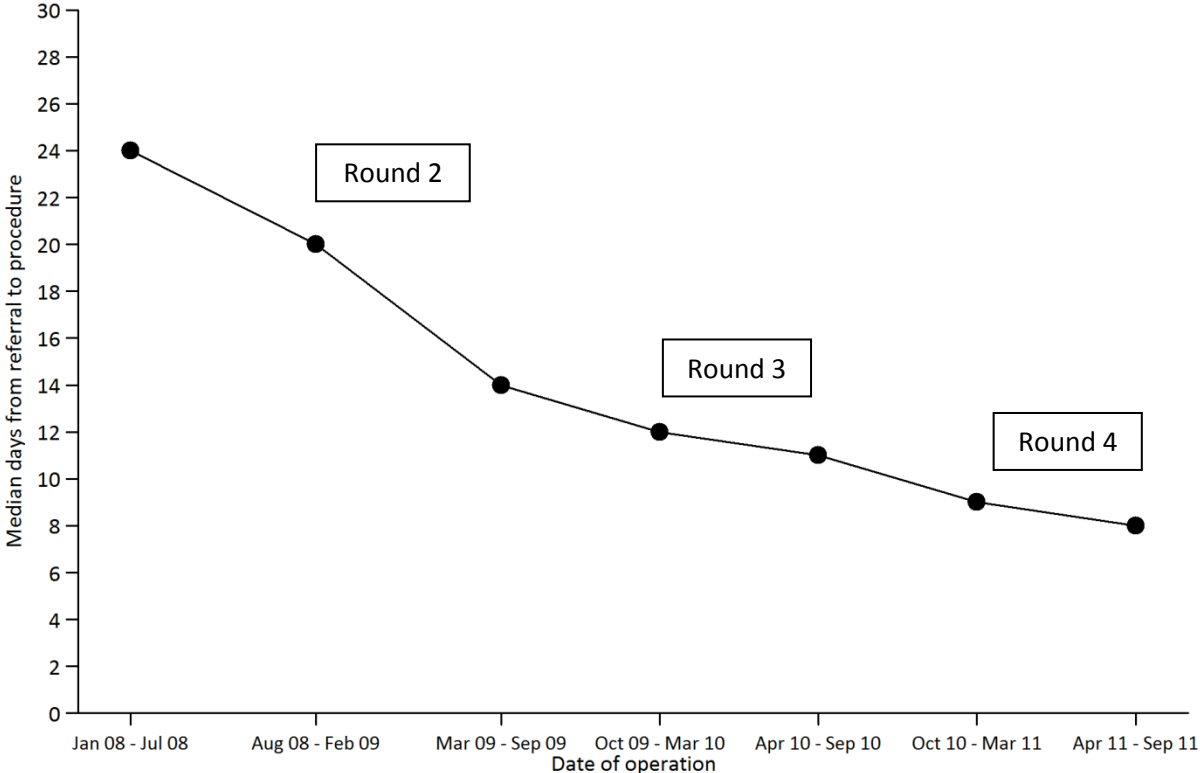
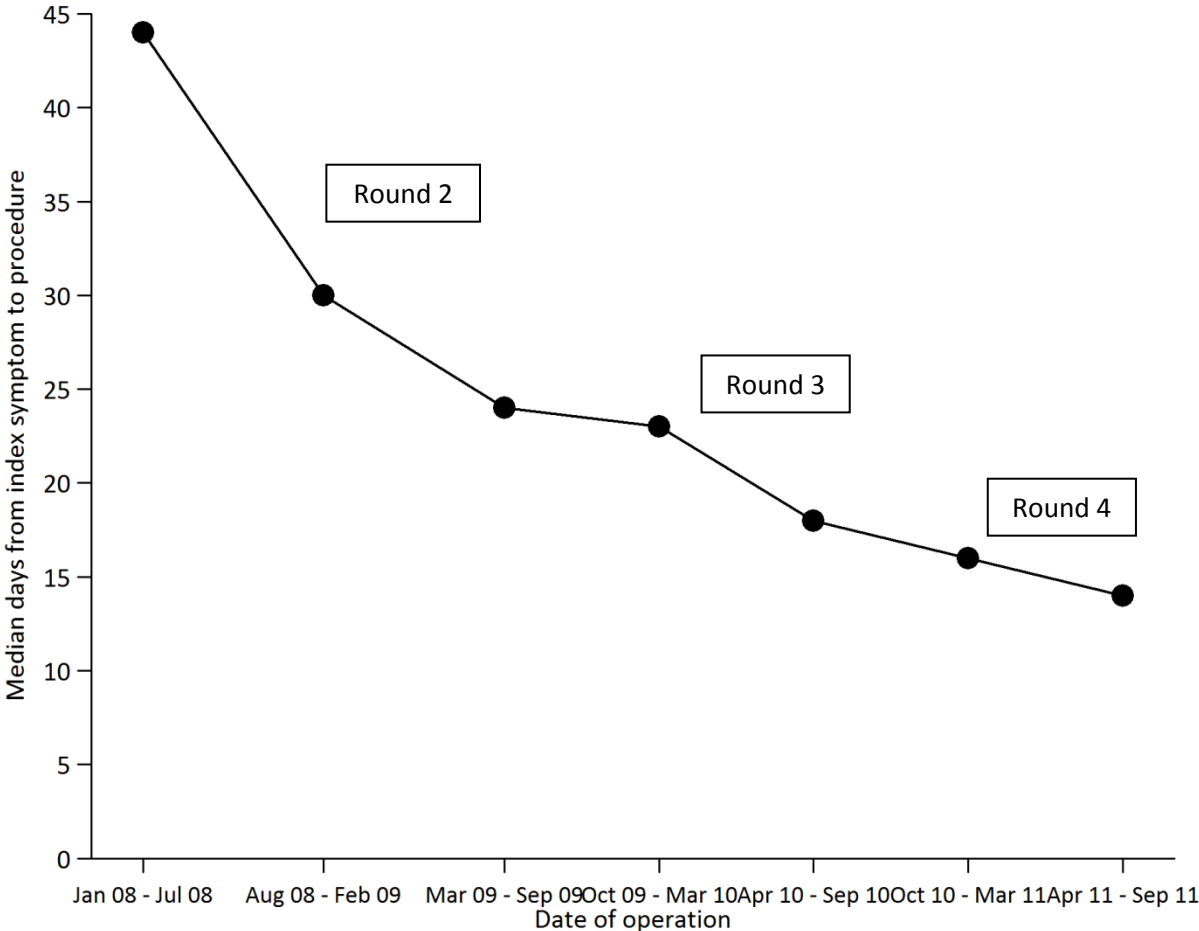


Fig 5: Symptom to operation (number of days) during Rounds 2 – 4.





These data show that the most common reasons for delay, according to the auditor, before surgery were related to presentation and referral. Raising public awareness of stroke and TIA has been a recent priority (for example the NHS F.A.S.T campaign) and should continue, in order to educate the public and healthcare professionals of the importance of early referral and treatment. If patients are to be treated within two weeks, and ideally within 48 hours, further reorganisation of vascular services will be needed to minimise the delays associated with lack of operating time and limited surgeon availability. Concerns remain that the times to imaging are also a cause of significant delay in the pathway. Trusts need to ensure daily access to imaging for patients with symptomatic carotid disease.

Table 5: Reasons for delays of more than two weeks between index symptom and surgery

| Reason cited* | Based on 2122 patients (%) |
|---|----------------------------|
| Delay in patient presenting at GP or hospital | 26% |
| Delay in referral | 41% |
| Delay in carotid imaging | 11% |
| Patient cancellation/delay - unfit | 10% |
| Patient cancellation/delay - patient choice | 10% |
| Limited availability of surgeon | 10% |
| Limited availability of anaesthetist | 0.6% |
| Limited availability of radiologist | 0.2% |
| Lack of operating time | 10% |
| Other case took priority | 2% |
| Other | 15% |

*Multiple reasons could be selected, so totals may not add up to 100%

2.6 Duration of surgery

This round of the audit showed that CEAs take a median of 120 minutes (IQR 95–145) to perform, which has remained consistent over the four rounds.

2.7 A Patient's experience of a carotid endarterectomy

Male aged 64

It all started with a funny turn when my fingers in my left hand suddenly started to tingle and I felt a bit spaced out. Things quickly got better and I didn't think anything much about it but my wife wanted me to go to the doctor. My doctor was very thorough and examined me and referred me urgently to hospital to a TIA clinic.

The specialist I saw at the hospital was concerned and sent me for several tests, the first one was an ECG, and then I had a grand tour of the hospital - it took all day! I had a CT scan. I also had a jelly scan of my heart, some blood tests and a jelly scan of my neck. In between all these tests I had an appointment to see the surgeon as well. The surgeon was very thorough with his examination. He told me I was very lucky not to have had a dense stroke as my artery was very narrowed and the lining was all rough and loose, was I think how he explained it. It was a bit of a shock when he said he wanted me to come back for an operation in the morning, the next day, so no waiting list or anything. The Nurse Practitioner took over, explaining what would happen and getting all my paperwork done for the next day, can't say I remember a lot about that bit.

The next day I went to the admissions reception and had the operation done in the morning. I had a general anaesthetic as it was a big job; the cut goes right up under my ear and down to my collar. They had to put in a plastic patch too. I didn't expect it to be such a big scar really. My voice is croaky since the operation, but it's better than it was. My wife has been answering the phone and everything up to now. She can drive too so that was good, she's a good driver. I've still got some little thing, like my face is a bit numb and when I lie on one side at night my lip falls into my mouth, so I bit it by mistake.

To be honest now that I'm through it, I am grateful that I didn't have a stroke. I had a friend who had a stroke. He couldn't talk to anyone and didn't know what was going on, it was really sad.

My doctor is really good, she knew what was going on and the hospital treatment was very good, it just took all day for the tests, and we had to jump the queue sometimes for some tests.

2.8 Patient outcomes and complications

The likelihood of complication following carotid endarterectomy is low, however it is important to understand the risks and how these may be reduced or approached.

When a complication occurs, it is likely to be one of the following:

- Bleeding.
- Myocardial Infarct: otherwise known as a heart attack, this involves the interruption of blood supply to part of the heart.
- Cranial Nerve Injury: abbreviated to CNI, this is damage to one of the nerves to the face and neck.
- Transient Ischaemic Attack: a “mini-stroke” or TIA occurs when the blood supply to the brain is briefly interrupted.

The following table reports the rate of complication and death across the UK following CEA.

| Table 6: Reported Outcomes | | | | | |
|----------------------------|---|---------------------|------------|---------------------|------------|
| Complication | Stage complication was experienced | Round 3 (12 months) | | Round 4 (12 months) | |
| | | National N | Percentage | National N | Percentage |
| Myocardial Infarct (MI) | Inpatient | 40/4971 | 0.8% | 36/5543 | 0.6% |
| Bleeding | Inpatient | 177/4971 | 4% | 183/5543 | 3% |
| Cranial Nerve Injury (CNI) | Inpatient CNI | 96/4971 | 2% | 109/5543 | 2% |
| | Overall CNI (inpatient or at follow-up) | 184/4971 | 4% | 210/5543 | 4% |
| Transient Ischaemic Attack | Inpatient | 26/4971 | 0.5% | 25/5543 | 0.5% |
| Stroke | Inpatient stroke | 104/4971 | 2% | 80/5543 | 1% |
| | Stroke at any point by follow-up | 134/4749 | 3% | 111/5462 | 2% |
| | Stroke within 30 days of operation | 124/4749 | 3% | 99/5462 | 2% |
| Death | Inpatient death | 37/4954 | 0.8% | 28/5543 | 0.5% |
| | Death within 30 days of the operation | 39/4742 | 0.8% | 46/5461 | 0.8% |
| Stroke/Death | Death and/or stroke within 30 days | 139/4749 | 3% | 121/5462 | 2% |
| MI/Stroke/Death | Inpatient | 150/4954 | 3% | 120/5543 | 2% |




There were 20 inpatient deaths following CEA recorded for England by the national agency (HES) and 24 reported in the audit.




The most common reason for return to theatre was bleeding (128/5543, 2%) which is similar to the findings of randomised controlled trials (Meier et al., 2010).

One concern about expediting CEA in patients with recent TIA/stroke was that it might be associated with an increase in the procedural risk. The Round 4 data suggest that this has not occurred. However, the low reported procedural stroke rate raises concerns that there may still be reporting bias. It is, therefore, recommended that patients should be followed up by both surgical and stroke teams to ensure that outcome data (peri-operative stroke, TIA and cranial nerve injuries) are reported as accurately as possible.

Chapter 3: Trust participation in the audit




























There is concern amongst many healthcare professionals regarding the accuracy of HES data, and this was examined further in an Organisational Audit of Vascular Surgical Services in 2009. The authors of this report asked trusts to self-report the number of CEAs they had performed in that year, and a reasonable association was found between the self-reported data and that obtained from HES. However, HES is the only national data available with which to compare.

From Round 3 onwards the Vascular Society has used a traffic light system to illustrate trusts' contribution of cases compared with HES. Red  indicates that the trust has submitted 75% or fewer of their cases compared to HES. Amber  indicates that the trust has submitted between 76% and 90%. Green  indicates that the trust has submitted 91% or more of their cases compared with HES. The green category has been capped at 110% as this probably indicates a HES coding issue within the trust. Therefore contribution rates of over 110% fall within the amber category.

The ,  or  in the final column is included to aid those who find it difficult to differentiate between red and green.






As the HES data are based on discharge date from hospital, the numbers in the HES comparison may differ slightly from the total number of cases included in analysis for Round 4.

Table 7: Trust contribution compared to HES.

| Trust Name | Total Number of Cases in Round 4 | Number in R4 for HES Comparison | Number of Cases in HES | % | |
|--|----------------------------------|---------------------------------|------------------------|------|---|
| East Midlands | | | | | |
| Derby Hospitals NHS Foundation Trust | 29 | 31 | 30 | 103% |  |
| Kettering General Hospital NHS Foundation Trust | 35 | 35 | 35 | 100% |  |
| Northampton General Hospital NHS Trust | 44 | 43 | 42 | 102% |  |
| Nottingham University Hospitals NHS Trust | 84 | 85 | 92 | 92% |  |
| Sherwood Forest Hospitals NHS Foundation Trust | 37 | 38 | 40 | 95% |  |
| United Lincolnshire Hospitals NHS Trust | 28 | 28 | 45 | 62% |  |
| University Hospitals of Leicester NHS Trust | 123 | 121 | 121 | 100% |  |
| East of England | | | | | |
| Basildon and Thurrock University Hospital NHS Foundation Trust | 14 | 14 | 24 | 58% |  |
| Bedford Hospital NHS Trust | 50 | 51 | 48 | 106% |  |
| Cambridge University Hospitals NHS Foundation Trust | 94 | 94 | 102 | 92% |  |
| Colchester Hospital University NHS Foundation Trust | 42 | 41 | 41 | 100% |  |
| East and North Hertfordshire NHS Trust | 23 | 23 | 23 | 100% |  |
| Ipswich Hospital NHS Trust | 19 | 19 | 20 | 95% |  |
| Mid Essex Hospital Services NHS Trust | 34 | 34 | 38 | 89% |  |
| Norfolk and Norwich University Hospitals NHS Foundation Trust | 93 | 94 | 99 | 95% |  |
| Peterborough and Stamford Hospitals NHS Foundation Trust | 15 | 15 | 16 | 94% |  |
| Princess Alexandra Hospital NHS Trust | 37 | 36 | 36 | 100% |  |
| Southend University Hospital NHS Foundation Trust | 57 | 59 | 57 | 104% |  |
| West Hertfordshire Hospitals NHS Trust | 36 | 36 | 52 | 69% |  |
| London | | | | | |
| Barking, Havering And Redbridge University Hospitals NHS Trust | 41 | 40 | 54 | 74% |  |
| Barnet and Chase Farm Hospitals NHS Trust | 17 | 17 | 27 | 63% |  |
| Barts and The London NHS Trust | 48 | 50 | 53 | 94% |  |
| Croydon Health Services NHS Trust | 0 | 0 | 3 | 0% |  |
| Ealing Hospitals NHS Trust* | 0 | 0 | 2* | N/A | |
| Epsom and St Helier University Hospitals NHS Trust | 0 | 0 | 7 | 0% |  |
| Guy's and St Thomas' Hospital NHS Foundation Trust | 31 | 32 | 31 | 103% |  |
| Hillingdon Hospitals NHS Foundation Trust | 2 | 2 | 10 | 20% |  |
| Imperial College Healthcare NHS Trust | 103 | 107 | 119 | 90% |  |
| King's College Hospital NHS Foundation Trust | 64 | 67 | 90 | 74% | |

| Trust Name | Total Number of Cases in Round 4 | Number in R4 for HES Comparison | Number of Cases in HES | % | |
|---|----------------------------------|---------------------------------|------------------------|------|---|
| Lewisham Healthcare NHS Trust | 3 | 4 | 11 | 36% | ✗ |
| North West London Hospitals NHS Trust | 39 | 39 | 40 | 98% | ✓ |
| Royal Brompton and Harefield NHS Foundation Trust* | 0 | 0 | 2* | N/A | |
| Royal Free Hampstead NHS Trust | 12 | 12 | 13 | 92% | ✓ |
| St George's Healthcare NHS Trust | 70 | 70 | 70 | 100% | ✓ |
| University College London Hospitals NHS Foundation Trust | 57 | 60 | 62 | 97% | ✓ |
| Whipps Cross University Hospital NHS Trust | 2 | 2 | 3 | 67% | ✗ |
| North East | | | | | |
| City Hospitals Sunderland NHS Foundation Trust | 42 | 43 | 44 | 98% | ✓ |
| County Durham and Darlington NHS Foundation Trust | 62 | 61 | 71 | 86% | ◆ |
| Gateshead Health NHS Foundation Trust | 19 | 20 | 19 | 105% | ✓ |
| Newcastle upon Tyne Hospitals NHS Foundation Trust | 76 | 81 | 90 | 90% | ◆ |
| South Tees Hospitals NHS Foundation Trust | 61 | 63 | 59 | 107% | ✓ |
| North West | | | | | |
| Aintree University Hospitals NHS Foundation Trust | 39 | 39 | 61 | 64% | ✗ |
| Blackpool Teaching Hospitals NHS Foundation Trust | 0 | 0 | 42 | 0% | ✗ |
| Bolton NHS Foundation Trust | 40 | 38 | 37 | 103% | ✓ |
| Central Manchester University Hospitals NHS Foundation Trust | 77 | 76 | 82 | 93% | ✓ |
| Countess of Chester Hospital NHS Foundation Trust | 52 | 52 | 56 | 93% | ✓ |
| East Lancashire Hospitals NHS Trust | 87 | 90 | 90 | 100% | ✓ |
| Lancashire Teaching Hospitals NHS Foundation Trust | 46 | 46 | 48 | 96% | ✓ |
| Mid Cheshire Hospitals NHS Foundation Trust | 18 | 18 | 21 | 86% | ◆ |
| North Cumbria University Hospitals NHS Trust | 20 | 20 | 28 | 71% | ✗ |
| Pennine Acute Hospitals NHS Trust | 150 | 152 | 165 | 92% | ✓ |
| Royal Liverpool and Broadgreen University Hospitals NHS Trust | 40 | 40 | 46 | 87% | ◆ |
| Salford Royal NHS Foundation Trust* | 0 | 0 | 2* | N/A | |
| Southport and Ormskirk Hospital NHS Trust | 22 | 22 | 21 | 105% | ✓ |
| Tameside Hospital NHS Foundation Trust | 21 | 21 | 39 | 54% | ✗ |
| The Walton Centre NHS Foundation Trust | 9 | 9 | 10 | 90% | ◆ |
| University Hospital of South Manchester NHS Foundation Trust | 114 | 117 | 126 | 93% | ✓ |
| University Hospitals Of Morecambe Bay NHS Foundation Trust | 44 | 44 | 50 | 88% | ◆ |
| Warrington and Halton Hospitals NHS Foundation Trust | 46 | 46 | 51 | 90% | ◆ |
| Wirral University Teaching Hospital NHS Foundation Trust | 52 | 52 | 52 | 100% | ✓ |
| Wrightington, Wigan And Leigh NHS Foundation Trust | 41 | 40 | 50 | 80% | ◆ |
| South Central | | | | | |
| Basingstoke and North Hampshire NHS Foundation Trust | 6 | 6 | 5 | 120% | ◆ |
| Buckinghamshire Hospitals NHS Trust | 81 | 83 | 74 | 112% | ◆ |
| Milton Keynes Hospital NHS Foundation Trust | 3 | 3 | 4 | 75% | ✗ |
| Oxford University Hospitals NHS Trust | 82 | 82 | 99 | 83% | ◆ |
| Portsmouth Hospitals NHS Trust | 87 | 89 | 92 | 97% | ✓ |
| Royal Berkshire NHS Foundation Trust | 14 | 14 | 14 | 100% | ✓ |
| University Hospital Southampton NHS Foundation Trust | 103 | 102 | 104 | 98% | ✓ |
| South East Coast | | | | | |
| Ashford And St Peter's Hospitals NHS Foundation Trust | 38 | 36 | 39 | 92% | ✓ |
| Brighton and Sussex University Hospitals NHS Trust | 39 | 39 | 39 | 100% | ✓ |
| Dartford and Gravesham NHS Trust | 8 | 8 | 11 | 73% | ✗ |
| East Kent Hospitals University NHS Foundation Trust | 71 | 72 | 89 | 81% | ◆ |
| East Sussex Healthcare NHS Trust | 9 | 9 | 23 | 39% | ✗ |
| Frimley Park Hospital NHS Foundation Trust | 57 | 57 | 66 | 86% | ◆ |
| Maidstone and Tunbridge Wells NHS Trust | 11 | 11 | 7 | 157% | ◆ |
| Medway NHS Foundation Trust | 25 | 25 | 25 | 100% | ✓ |
| Surrey and Sussex Healthcare NHS Trust | 27 | 28 | 25 | 112% | ◆ |
| Western Sussex Hospitals NHS Trust | 27 | 28 | 34 | 82% | ◆ |

| Trust Name | Total Number of Cases in Round 4 | Number in R4 for HES Comparison | Number of Cases in HES | % | |
|---|----------------------------------|---------------------------------|------------------------|------------|----|
| South West | | | | | |
| Dorset County Hospital NHS Foundation Trust | 25 | 24 | 26 | 92% | ✓ |
| Gloucestershire Hospitals NHS Foundation Trust | 62 | 63 | 60 | 105% | ✓ |
| Great Western Hospitals NHS Foundation Trust | 23 | 22 | 22 | 100% | ✓ |
| North Bristol NHS Trust | 27 | 29 | 29 | 100% | ✓ |
| Northern Devon Healthcare NHS Trust | 23 | 23 | 23 | 100% | ✓ |
| Plymouth Hospitals NHS Trust | 47 | 49 | 49 | 100% | ✓ |
| Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust | 78 | 77 | 83 | 93% | ✓ |
| Royal Cornwall Hospitals NHS Trust | 43 | 42 | 41 | 102% | ✓ |
| Royal Devon and Exeter NHS Foundation Trust | 44 | 43 | 46 | 93% | ✓ |
| Royal United Hospital Bath NHS Trust | 36 | 36 | 41 | 88% | ◆ |
| Salisbury NHS Foundation Trust | 25 | 25 | 29 | 86% | ◆ |
| South Devon Healthcare NHS Foundation Trust | 31 | 32 | 31 | 103% | ✓ |
| Taunton and Somerset NHS Foundation Trust | 54 | 55 | 54 | 102% | ✓ |
| University Hospitals of Bristol NHS Foundation Trust | 43 | 43 | 43 | 100% | ✓ |
| West Midlands | | | | | |
| Dudley Group of Hospitals NHS Trust | 84 | 86 | 85 | 101% | ✓ |
| Heart of England NHS Foundation Trust | 81 | 82 | 85 | 96% | ✓ |
| Mid Staffordshire NHS Foundation Trust | 10 | 11 | 12 | 92% | ✓ |
| Royal Wolverhampton Hospitals NHS Trust | 38 | 39 | 38 | 103% | ✓ |
| Sandwell and West Birmingham Hospitals NHS Trust | 30 | 32 | 30 | 107% | ✓ |
| Shrewsbury & Telford Hospital NHS Trust | 40 | 40 | 46 | 87% | ◆ |
| University Hospital of North Staffordshire NHS Trust | 48 | 53 | 62 | 85% | ◆ |
| University Hospitals Birmingham NHS Foundation Trust | 45 | 44 | 57 | 77% | ◆ |
| University Hospitals Coventry and Warwickshire NHS Trust | 69 | 69 | 77 | 90% | ◆ |
| Walsall Hospitals NHS Trust | 28 | 27 | 38 | 71% | ✗ |
| Worcestershire Acute Hospitals NHS Trust | 49 | 49 | 72 | 68% | ✗ |
| Yorkshire and The Humber | | | | | |
| Bradford Teaching Hospitals NHS Foundation Trust | 48 | 51 | 57 | 89% | ◆ |
| Calderdale and Huddersfield NHS Foundation Trust | 47 | 51 | 48 | 106% | ✓ |
| Doncaster and Bassetlaw Hospitals NHS Foundation Trust | 53 | 53 | 53 | 100% | ✓ |
| Hull and East Yorkshire Hospitals NHS Trust | 64 | 64 | 63 | 102% | ✓ |
| Leeds Teaching Hospitals NHS Trust | 38 | 39 | 63 | 62% | ✗ |
| Mid Yorkshire Hospitals NHS Trust | 29 | 29 | 32 | 91% | ✓ |
| Northern Lincolnshire and Goole Hospitals NHS Foundation Trust | 10 | 10 | 10 | 100% | ✓ |
| Scarborough and North East Yorkshire Healthcare NHS Trust | 21 | 21 | 28 | 75% | ◆ |
| Sheffield Teaching Hospitals NHS Foundation Trust | 64 | 64 | 73 | 88% | ◆ |
| York Teaching Hospital NHS Foundation Trust | 94 | 91 | 92 | 99% | ✓ |
| ENGLAND TOTAL | 4800 | 4849 | 5360 | 90% | |
| Northern Ireland | | | | | |
| Belfast Health and Social Care Trust | 122 | 124 | 121 | 102% | ✓ |
| Southern Health and Social Care Trust | 10 | 10 | 17 | 59% | ✗ |
| Western Health and Social Care Trust | 19 | 19 | 16 | 119% | ◆ |
| NORTHERN IRELAND TOTAL | 151 | 153 | 154 | 99% | ✓ |
| Scotland | | | | | |
| NHS Ayrshire & Arran | 21 | 21 | 24 | 88% | ** |
| NHS Dumfries & Galloway | 30 | 30 | 22 | 136% | ** |
| NHS Fife | 10 | 10 | 11 | 91% | ✓ |
| NHS Forth Valley | 32 | 31 | 34 | 91% | ✓ |
| NHS Grampian | 17 | 17 | 11 | 155% | ** |
| NHS Greater Glasgow & Clyde | 48 | 46 | 102 | 45% | ** |
| NHS Highland | 55 | 54 | 54 | 100% | ✓ |
| NHS Lanarkshire | 17 | 17 | 37 | 46% | ** |
| NHS Lothian | 92 | 92 | 90 | 102% | ✓ |
| NHS Tayside | 17 | 17 | 10 | 170% | ** |

| Trust Name | Total Number of Cases in Round 4 | Number in R4 for HES Comparison | Number of Cases in HES | % | |
|--|----------------------------------|---------------------------------|------------------------|------------|---|
| SCOTLAND TOTAL | 339 | 335 | 395 | | ** |
| Wales | | | | | |
| Abertawe Bro Morgannwg University Local Health Board | 91 | 90 | 133 | 68% |  |
| Aneurin Bevan Local Health Board | 53 | 54 | 64 | 84% |  |
| Betsi Cadwaladr University Local Health Board | 52 | 55 | 58 | 95% |  |
| Cardiff and Vale University Local Health Board | 6 | 6 | 52 | 12% |  |
| Cwm Taf Local Health Board | 51 | 49 | 55 | 89% |  |
| WALES TOTAL | 253 | 254 | 362 | 70% | |
| UK TOTAL | 5543 | 5592 | 6271 | | |

* These cases were subsequently found to be incorrectly coded on HES and were not carotid endarterectomies, and so are not included in the HES totals.

** Please see the note regarding the accuracy of the SMR01 data on page 11.

Chapter 4: Regional participation and results

4.1 Comparison of Volume of Cases Contributed to the Audit versus Volume of Cases Recorded on HES

The table below uses the same traffic light system as explained on page 18.

Whilst the new SHA Clusters came into effect in 2011, this was not during the time of data collection for Round 4.

Table 8: Case contribution to this audit compared with HES reported caseload by SHA

| Region | ROUND 1 (Operations 1 Dec 2005 to 31 Dec 2007) | ROUND 2 (Operation dates: 1 Jan 2008 to 30 Sept 2009) | Round 3 (Operation dates: 1 Oct 2009 to 30 Sept 2010) | Round 4 (Operation dates: 1 Oct 2010 to 30 Sept 2011) | |
|---------------------------------------|---|---|---|--|---|
| | Total Round 1 cases as recorded by HES (based on contributing trusts only) | Round 2 cases as recorded by HES (based on contributing trusts only) | Round 3 cases as recorded by HES (based on contributing trusts only) | Round 4 cases as recorded by HES | Round 4 cases contributed to this audit (% of HES cases) |
| East Midlands ¹ | 404 | 477 | 382 | 405 | 381 (94%) |
| East of England ¹ | 641 | 477 | 586 | 556 | 516 (93%) |
| London ² | 918 | 1017 | 584 | 593 | 502 (85%) |
| North East ³ | 545 | 483 | 265 | 283 | 268 (95%) |
| North West ³ | 1079 | 1421 | 1008 | 1075 | 922 (86%) |
| South Central ⁴ | 163 | 649 | 370 | 392 | 379 (97%) |
| South East Coast ⁴ | 373 | 579 | 321 | 358 | 313 (87%) |
| South West ⁴ | 1047 | 972 | 584 | 577 | 563 (98%) |
| W Midlands ¹ | 985 | 1032 | 619 | 602 | 532 (88%) |
| Yorkshire and The Humber ³ | 901 | 923 | 538 | 519 | 473 (91%) |
| ENGLAND TOTAL | 7056 | 8345 | 5257 | 5360 | 4849 (90%) |
| Northern Ireland | 324 | 252 | 182 | 154 | 153 (99%) |
| Scotland | 793 | 822 | 494 | 395 | 335 * |
| Wales | 530 | 601 | 328 | 362 | 254 (70%) |
| UK TOTAL | 8703 | 10,020 | 6261 | 6271 | 5591 |

* Please see note regarding the accuracy of the SMR01 data on page 11.

¹ NHS Midlands and East SHA Cluster

² NHS London SHA Cluster

³ NHS North of England SHA Cluster

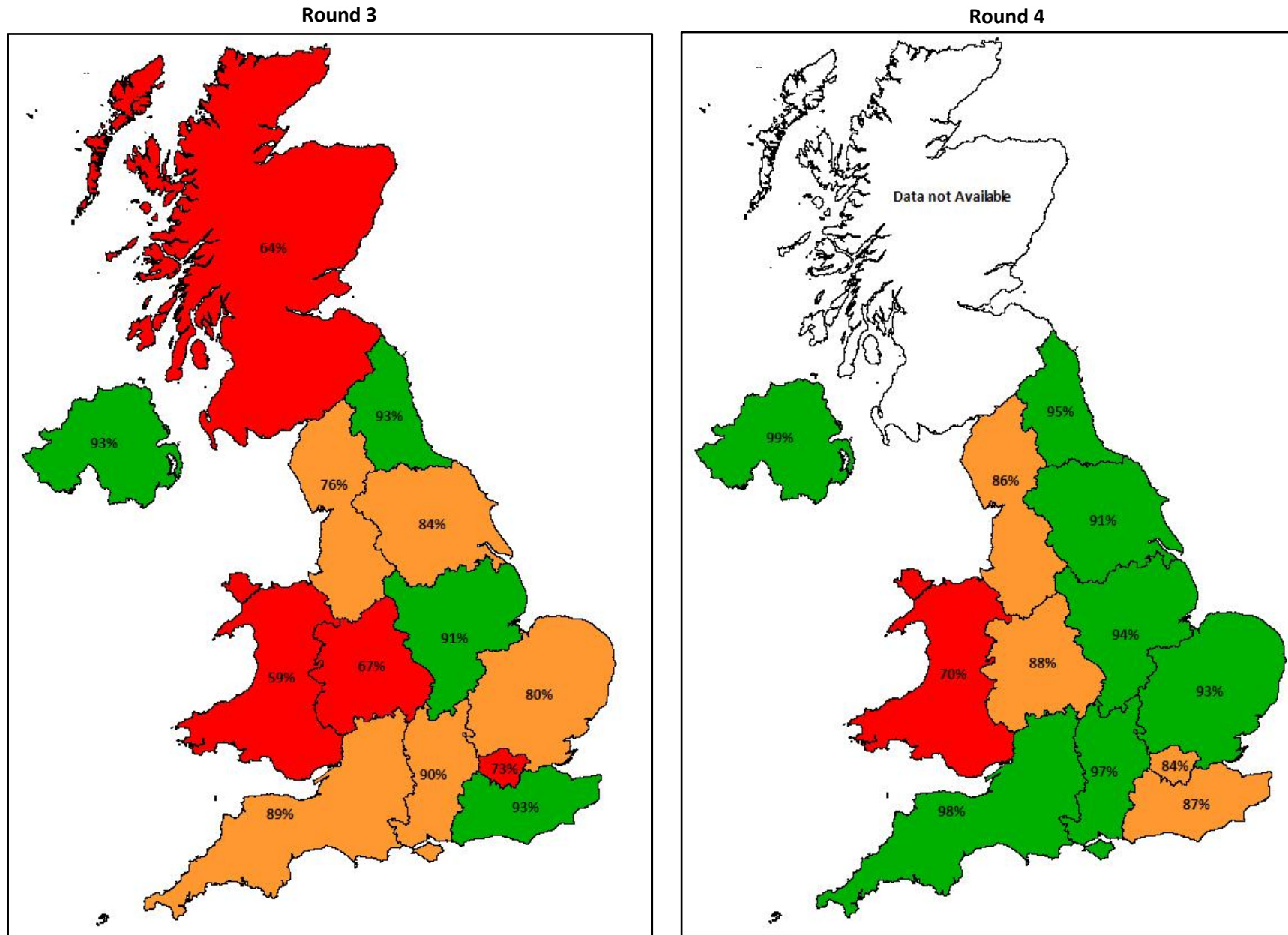
⁴ NHS South of England SHA Cluster

4.2 Participation map

The map on the next page represents the above table graphically, and uses the same colour coding for contribution rates, and shows the change in rates between Round 3 and Round 4 of the audit.

Due to the issues regarding the accuracy of the SMR01 data, there is no percentage given for Scotland in the Round 4 map.

Fig 6: Maps illustrating changes in percentage of cases submitted to the audit in rounds 3 and 4 compared to HES in different regions



4.3 Comparison of delays in the pathway by region

The maps on the following pages illustrate improvements in waiting times for CEA between Round 3 and Round 4. These maps are colour coded and show the variation across the ten English Strategic Health Authorities, Northern Ireland, Scotland and Wales.

The first set of maps show the median delay by region of the three main time points in the pathway from symptom to procedure:

- The median number of days from symptom to referral.
- The median number of days from referral to procedure.
- The median number of days from symptom to procedure.

The maps are colour coded in colours ranging from a light yellow (optimum time) to a dark brown (least optimal time). These colours represent the category the region is in. The same colours are used in each map. The key is shown below:



In each set of maps the Round 3 map is shown on the left and Round 4 on the right, to see improvements over time.

The number inside each region is the number of patients this median is based upon. For example, in the image below it is possible to see that:

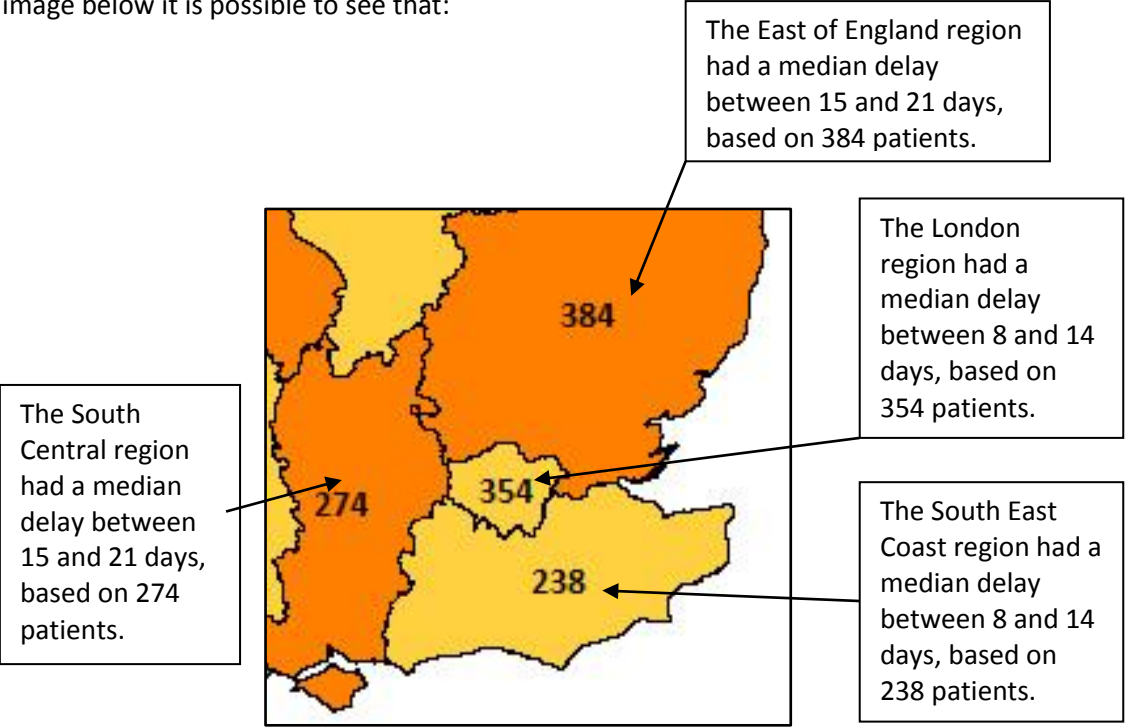


Fig 7: Median delays from symptom to referral

Round 3

Round 4

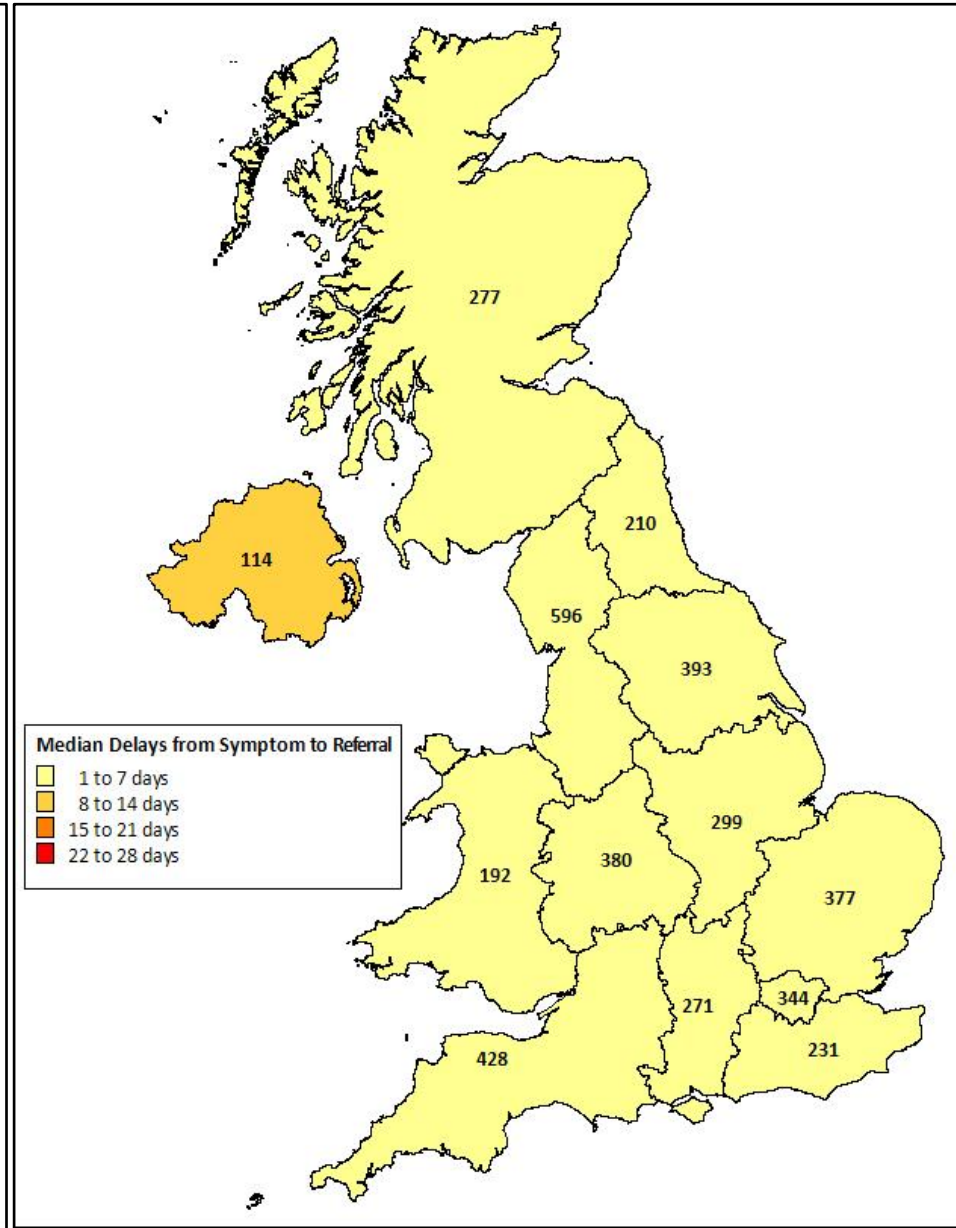
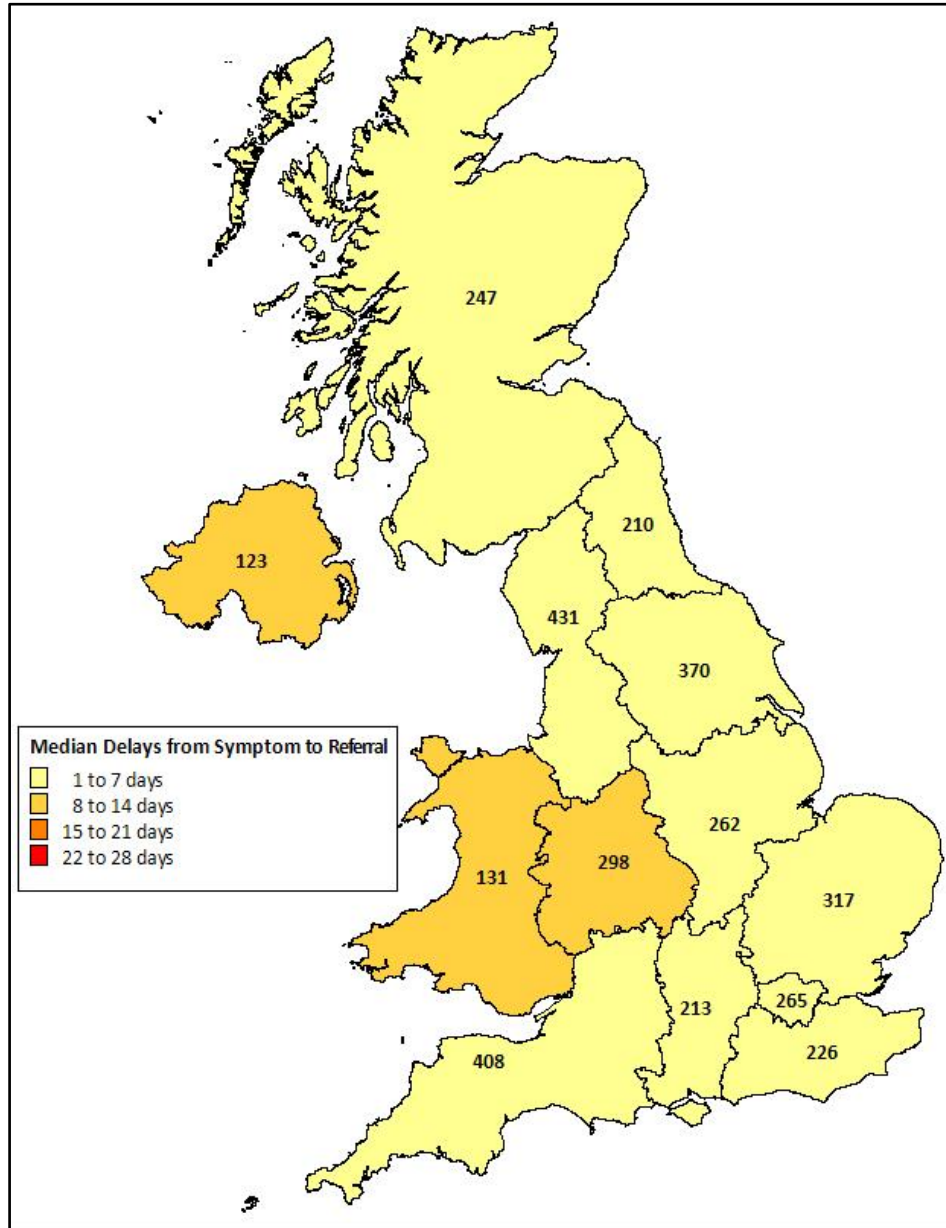
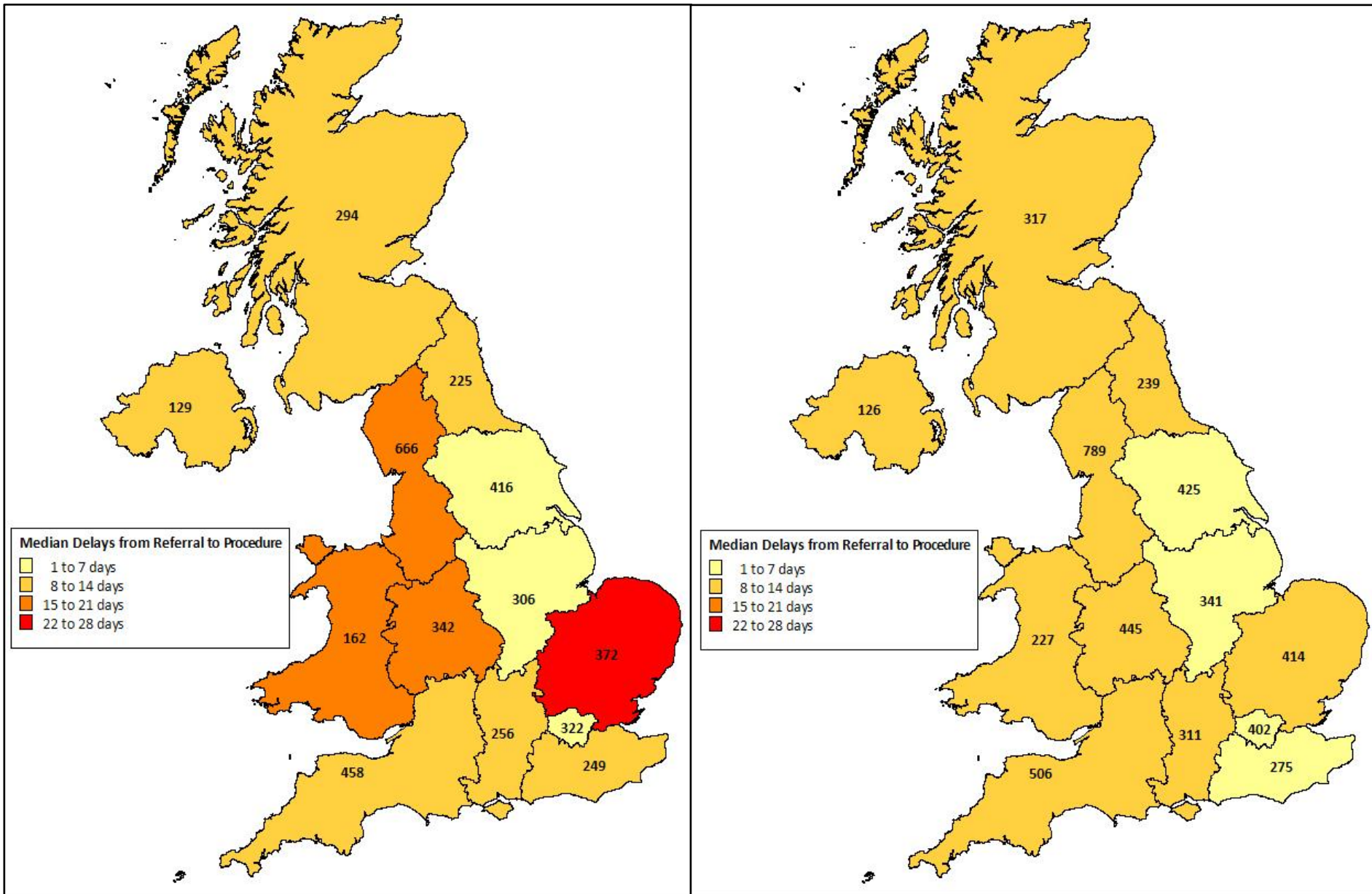


Fig 8: Median delays from referral to procedure

Round 3

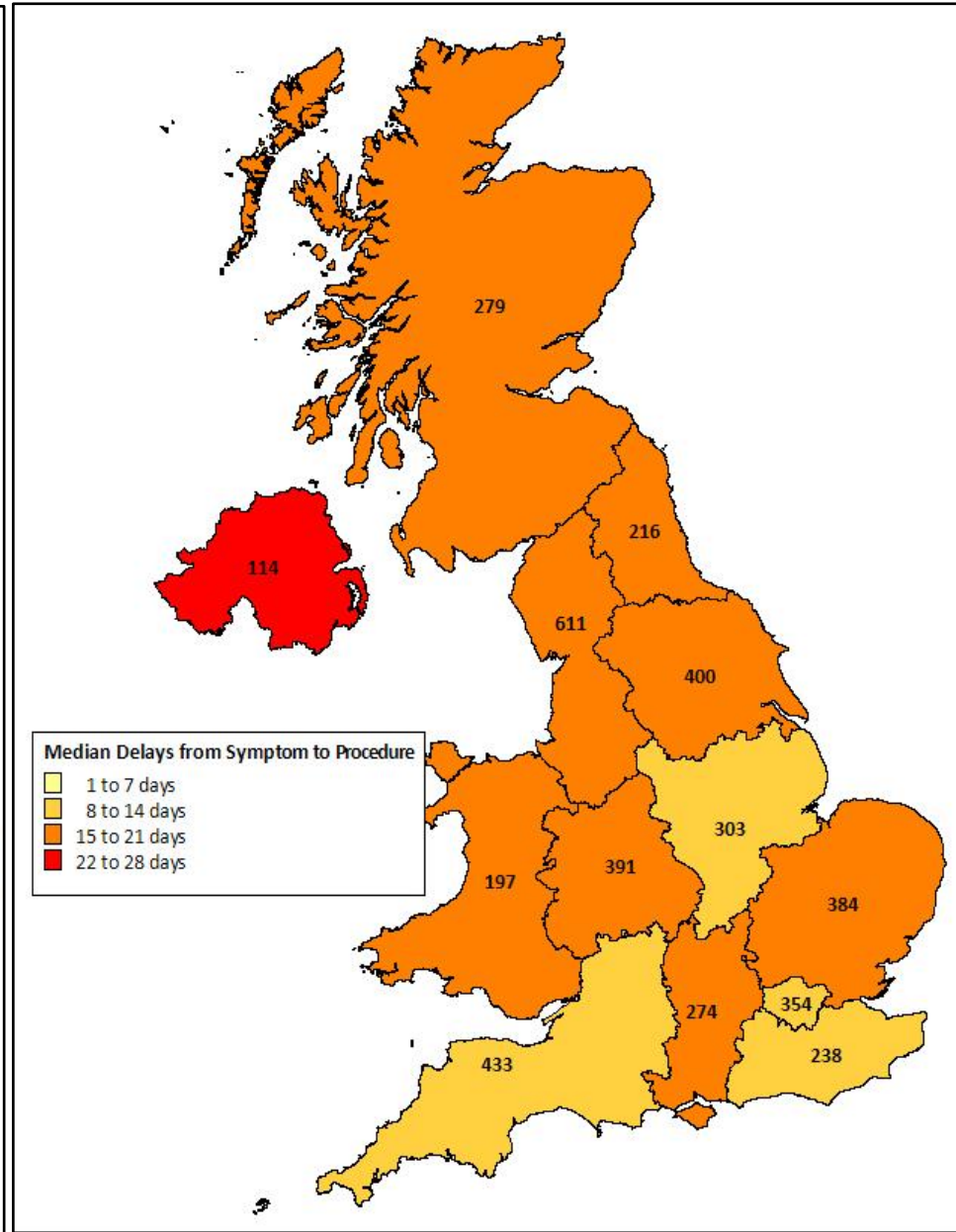
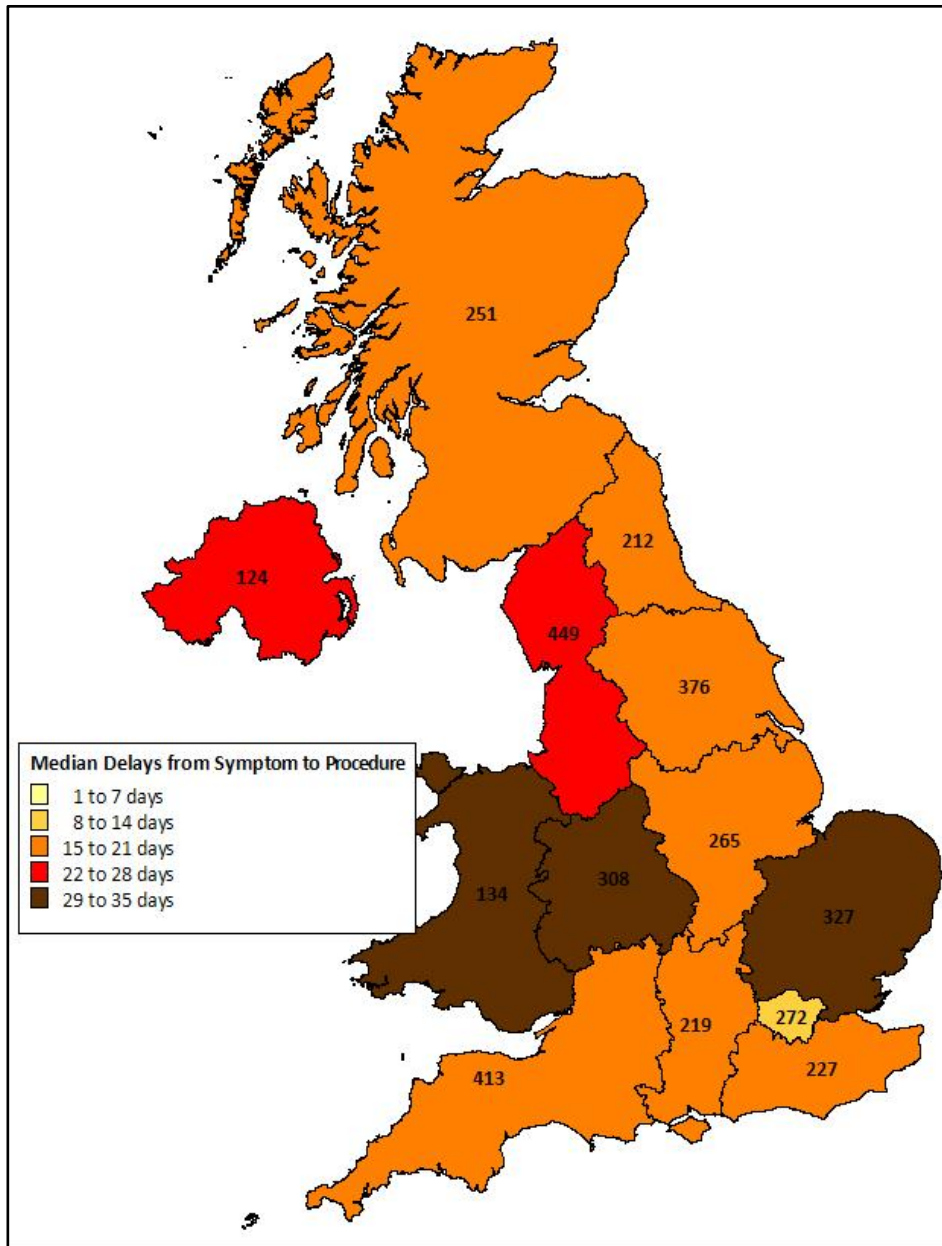
Round 4



Round 3

Fig 9: Median delays from symptom to procedure

Round 4

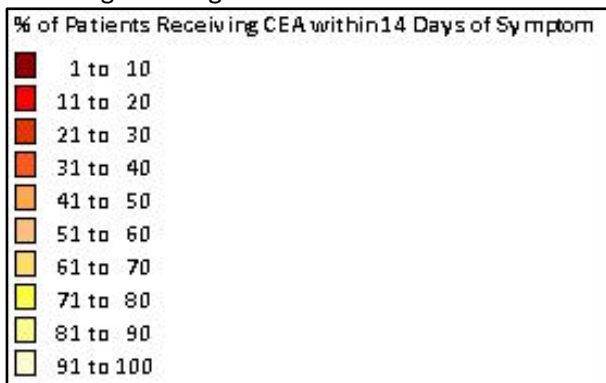


4.4 Comparison of patients reaching standards in the pathway by region

The following set of maps show the percentage of patients per region that reached the following standards:

- Symptom to referral within 7 days.
- Referral to procedure within 7 days.
- Overall symptom to procedure within 14 days.

The maps are also colour coded, but this time from white to dark brown, and are broken down into the following 10 categories:



The same colours are used for each map. In each set of maps the Round 3 map is shown on the left and Round 4 on the right, to see improvements over time.

Again, the number inside each region is the number of patients this median is based upon. For example, in the image below it is possible to see that:

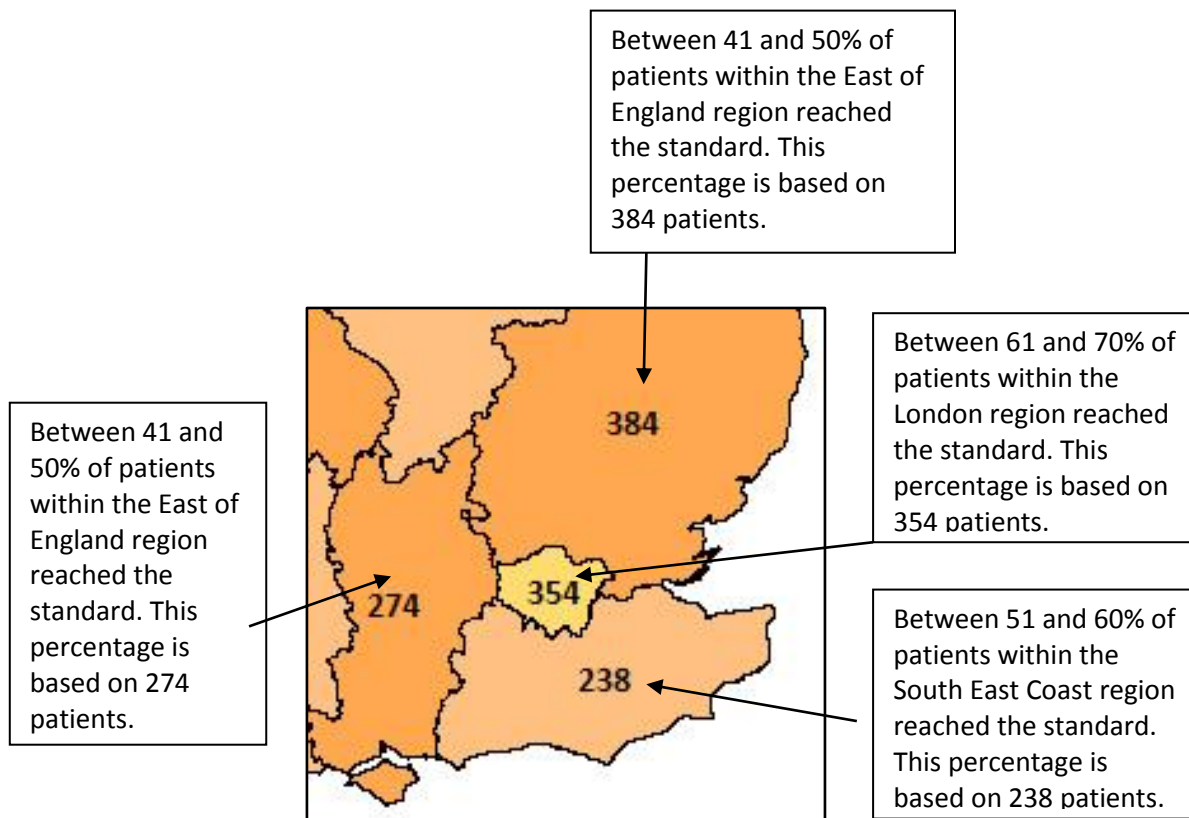


Fig 10: Median delays from symptom to referral

Round 3

Round 4

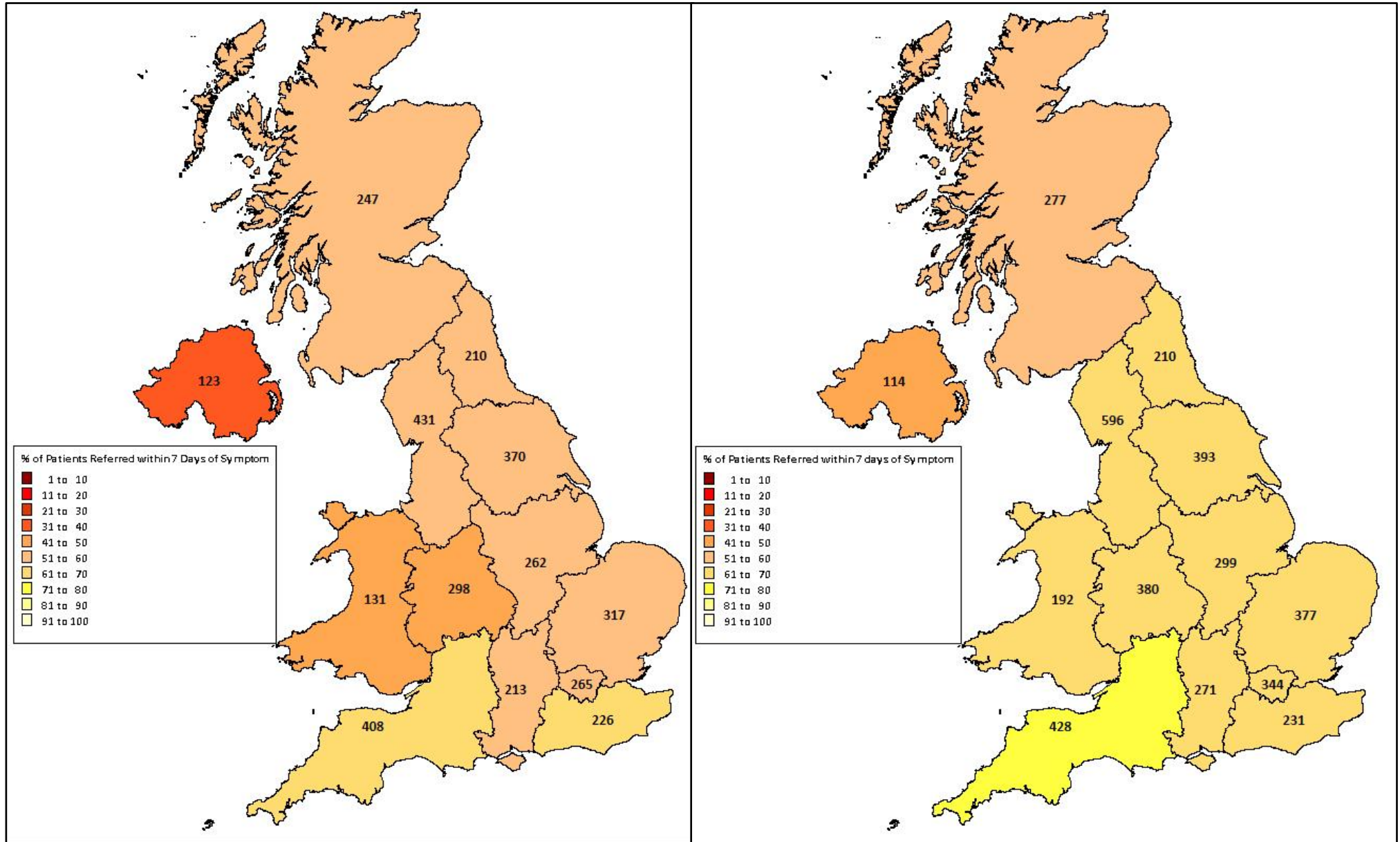


Fig 11: Median delays from referral to procedure

Round 3

Round 4

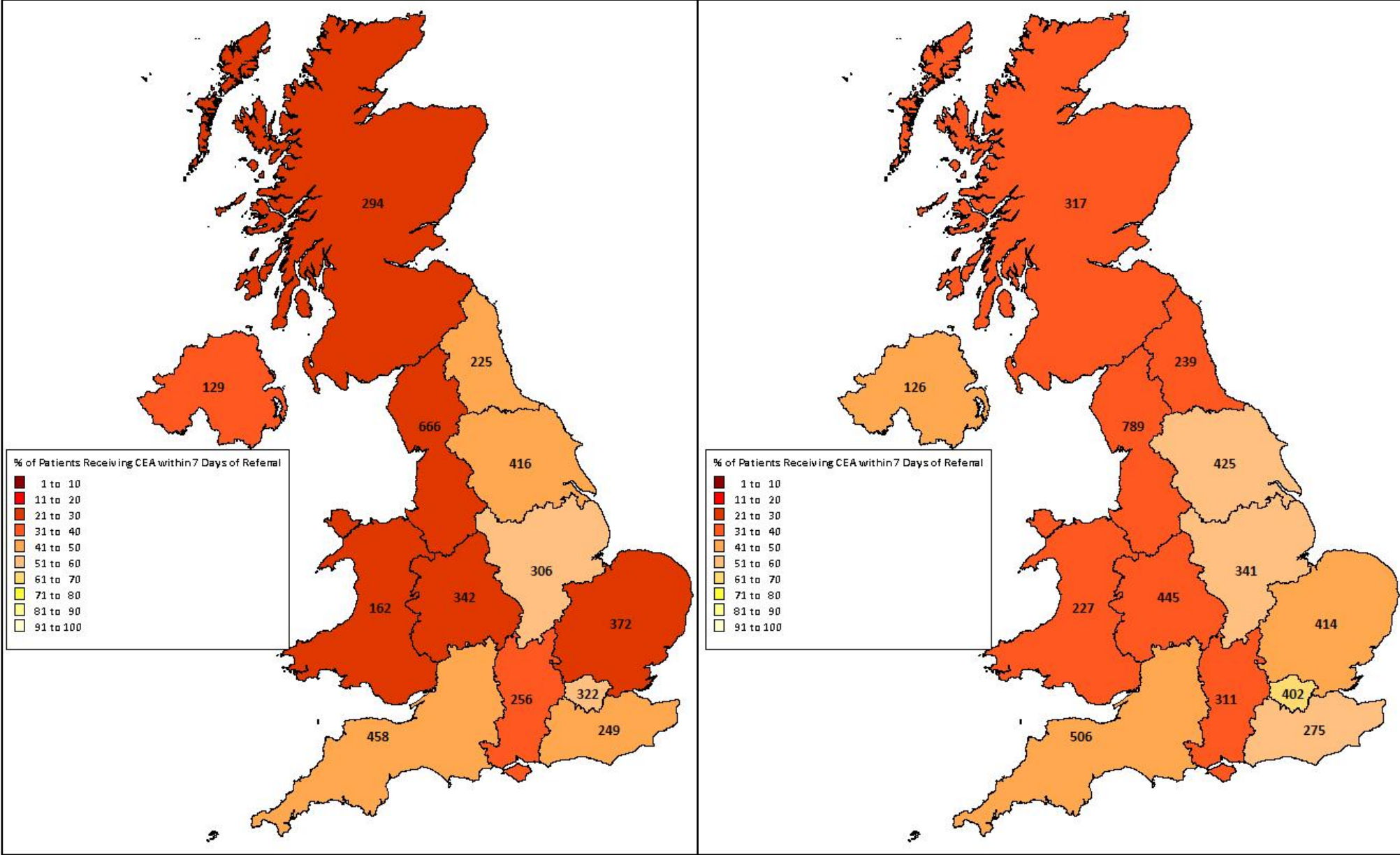
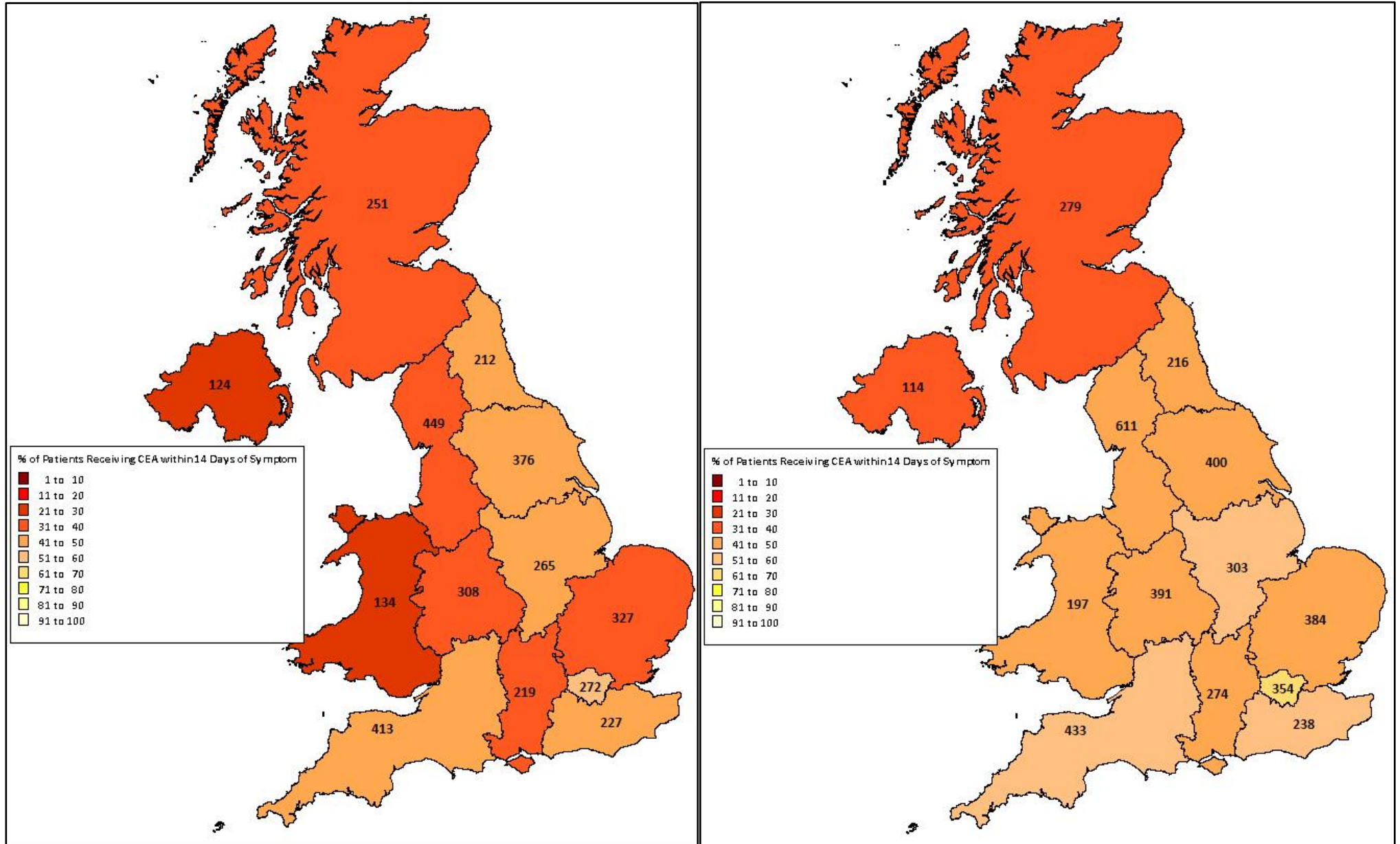


Fig 12: Median delays from symptom to procedure

Round 3

Round 4



Chapter 5: Key indicators for carotid endarterectomy

The key indicators for carotid endarterectomy (CEA) are based on recent guidance and policy: The NICE Acute Stroke and TIA Guideline and The National Stroke Strategy and have been selected in consultation with the Vascular Society of Great Britain and Ireland. As in the first time that these data were presented, the volume and sensitivity of the available data warrants careful consideration. It was therefore thought prudent to continue to present the results at two levels; all indicators at Strategic Health Authority (SHA) level and a selection at trust-level.

Presentation of results

The results are based on all symptomatic Round 4 cases (N =4818) that were submitted to the audit by a total of 125/128 (98%) trusts. The number (N) and percentage (%) of cases receiving care within the specified timeframe is given. These are presented in alphabetical order by country, SHA then name of trust. The national figures for comparison are presented on the top row. National refers to all eligible trusts within the UK.

At trust-level and SHA-level:

- Number of cases in HES.
- N (%) of patients referred within 2 days of symptom (Q4.1a to Q3.1).
- N (%) of patients referred within 14 days of symptom (Q4.1a to Q3.1).
- N (%) of patients receiving surgery within 2 days of referral (Q3.1 to Q1.1).
- N (%) of patients receiving surgery within 14 days of referral (Q3.1 to Q1.1).
- N (%) of patients receiving surgery within 2 days of symptom that triggered referral (Q4.1a to Q1.1).
- N (%) of patients receiving surgery within 14 days of symptom that triggered referral (Q4.1a to Q1.1).

At SHA-level only:

- N (%) of symptomatic patients, with stroke as the symptom that triggered referral, who had a stroke or died within 30 days of undergoing CEA.
- N (%) of symptomatic patients, with TIA or amaurosis fugax as the symptom that triggered referral, who had a stroke or died within 30 days of undergoing CEA.

In Round 4, for the first time we are presenting additional information per named trust:

- Patients referred to vascular surgery for CEA within 7 days of experiencing the index symptom that triggered referral. This indicator has been added because it is based on the NICE Guideline for management of acute stroke and TIA.

The following three indicators have been added to provide more detail and ease of interpretation. The inter-quartile ranges are provided to show the variability per trust.

- The median delay and inter-quartile range between the index symptom that triggered referral and the date of referral (Q4.1a to Q3.1).
- The median delay and inter-quartile range between the date of referral and the date of CEA (Q3.1 to Q1.1).
- The median delay and inter-quartile range between the index symptom that triggered referral and the date of CEA (Q4.1a to Q1.1).

Trust-level key indicators

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic patients | | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | |
|--|------------------------|-------------------|-------------------|----------------------|---|--|--|---|--|--|---|---|---|--|
| | | | | Symptomatic cases | Patients referred because of stroke or TIA or amaurosis fugax | Patients with exact symptom and referral dates | Patients referred within 2 days of symptom | Patients referred within 14 days of symptom | Patients with exact referral and operation dates | Patients receiving surgery within 2 days of referral | Patients receiving surgery within 14 days of referral | Patients with exact symptom and operation dates | Patients receiving surgery within 2 days of symptom that triggered referral | Patients receiving surgery within 14 days of symptom that triggered referral |
| | | | | | | | | | | | | | | |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4756 35 | 4112 28 | 1341 (33%) | 3149 (77%) | 4817 36 | 720 (15%) | 3149 (65%) | 4194 29 | 162 (4%) | 2047 (49%) |
| EAST MIDLANDS | | | | | | | | | | | | | | |
| Derby Hospitals NHS Foundation Trust | 29 | 31 | 30 | 29 | 29 | 23 | 10 (43%) | 19 (83%) | 29 | 9 (31%) | 17 (59%) | 24 | 1 (4%) | 13 (54%) |
| Kettering General Hospital NHS Foundation Trust | 35 | 35 | 35 | 29 | 29 | 22 | 3 (14%) | 8 (36%) | 29 | 1 (3%) | 9 (31%) | 23 | 1 (4%) | 2 (9%) |
| Northampton General Hospital NHS Trust | 44 | 43 | 42 | 39 | 38 | 36 | 15 (42%) | 31 (86%) | 39 | 5 (13%) | 26 (67%) | 36 | 1 (3%) | 17 (47%) |
| Nottingham University Hospitals NHS Trust | 84 | 85 | 92 | 78 | 76 | 68 | 27 (40%) | 61 (90%) | 78 | 32 (41%) | 69 (88%) | 68 | 3 (4%) | 51 (75%) |
| Sherwood Forest Hospitals NHS Foundation Trust | 37 | 38 | 40 | 26 | 25 | 23 | 5 (22%) | 12 (52%) | 26 | 1 (4%) | 17 (65%) | 24 | 0 (0%) | 8 (33%) |
| United Lincolnshire Hospitals NHS Trust | 28 | 28 | 45 | 26 | 25 | 19 | 5 (26%) | 9 (47%) | 26 | 5 (19%) | 14 (54%) | 19 | 1 (5%) | 5 (26%) |
| University Hospitals of Leicester NHS Trust | 123 | 121 | 121 | 114 | 113 | 108 | 43 (40%) | 88 (81%) | 114 | 19 (17%) | 95 (83%) | 109 | 0 (0%) | 73 (67%) |
| EAST OF ENGLAND | | | | | | | | | | | | | | |
| Basildon and Thurrock University Hospital NHS Foundation Trust | 14 | 14 | 24 | 14 | 14 | 14 | 6 (43%) | 9 (64%) | 14 | 0 (0%) | 8 (57%) | 14 | 0 (0%) | 6 (43%) |
| Bedford Hospital NHS Trust | 50 | 51 | 48 | 42 | 42 | 40 | 8 (20%) | 27 (68%) | 42 | 1 (2%) | 20 (48%) | 41 | 1 (2%) | 12 (29%) |
| Cambridge University Hospitals NHS Foundation Trust | 94 | 94 | 102 | 78 | 78 | 74 | 24 (32%) | 47 (64%) | 78 | 4 (5%) | 31 (40%) | 77 | 1 (1%) | 16 (21%) |
| Colchester Hospital University NHS Foundation Trust | 42 | 41 | 41 | 38 | 37 | 34 | 19 (56%) | 28 (82%) | 38 | 7 (18%) | 23 (61%) | 35 | 2 (6%) | 18 (51%) |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic patients | | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | |
|---|------------------------|-------------------|-------------------|----------------------|---|--|--|---|--|--|---|---|---|--|
| | | | | Symptomatic cases | Patients referred because of stroke or TIA or amaurosis fugax | Patients with exact symptom and referral dates | Patients referred within 2 days of symptom | Patients referred within 14 days of symptom | Patients with exact referral and operation dates | Patients receiving surgery within 2 days of referral | Patients receiving surgery within 14 days of referral | Patients with exact symptom and operation dates | Patients receiving surgery within 2 days of symptom that triggered referral | Patients receiving surgery within 14 days of symptom that triggered referral |
| | N | N | N | N | N | N | N (%) | N (%) | N | N (%) | N (%) | N | N (%) | N (%) |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4756 35 | 4112 28 | 1341 (33%) | 3149 (77%) | 4817 36 | 720 (15%) | 3149 (65%) | 4194 29 | 162 (4%) | 2047 (49%) |
| East and North Hertfordshire NHS Trust | 23 | 23 | 23 | 21 | 19 | 18 | 3 (17%) | 13 (72%) | 21 | 5 (24%) | 15 (71%) | 19 | 0 (0%) | 11 (58%) |
| Ipswich Hospital NHS Trust | 19 | 19 | 20 | 13 | 12 | 10 | 4 (40%) | 8 (80%) | 13 | 0 (0%) | 4 (31%) | 10 | 0 (0%) | 2 (20%) |
| Mid Essex Hospital Services NHS Trust | 34 | 34 | 38 | 22 | 22 | 20 | 3 (15%) | 17 (85%) | 22 | 0 (0%) | 4 (18%) | 20 | 0 (0%) | 1 (5%) |
| Norfolk and Norwich University Hospitals NHS Foundation Trust | 93 | 94 | 99 | 74 | 74 | 64 | 19 (30%) | 50 (78%) | 74 | 18 (24%) | 54 (73%) | 64 | 3 (5%) | 38 (59%) |
| Peterborough and Stamford Hospitals NHS Foundation Trust | 15 | 15 | 16 | 15 | 14 | 13 | 0 (0%) | 3 (23%) | 15 | 1 (7%) | 2 (13%) | 13 | 0 (0%) | 1 (8%) |
| Princess Alexandra Hospital NHS Trust | 37 | 36 | 36 | 24 | 24 | 21 | 2 (10%) | 16 (76%) | 24 | 8 (33%) | 19 (79%) | 21 | 1 (5%) | 11 (52%) |
| Southend University Hospital NHS Foundation Trust | 57 | 59 | 57 | 49 | 49 | 49 | 13 (27%) | 49 (100%) | 49 | 9 (18%) | 48 (98%) | 49 | 1 (2%) | 43 (88%) |
| West Hertfordshire Hospitals NHS Trust | 36 | 36 | 52 | 24 | 23 | 20 | 5 (25%) | 13 (65%) | 24 | 1 (4%) | 11 (46%) | 21 | 0 (0%) | 7 (33%) |
| LONDON | | | | | | | | | | | | | | |
| Barking, Havering And Redbridge University Hospitals NHS Foundation Trust | 41 | 40 | 54 | 40 | 40 | 39 | 5 (13%) | 26 (67%) | 40 | 2 (5%) | 32 (80%) | 39 | 0 (0%) | 17 (44%) |
| Barnet and Chase Farm Hospitals NHS Trust | 17 | 17 | 27 | 12 | 11 | 8 | 3 (38%) | 8 (100%) | 12 | 3 (25%) | 8 (67%) | 8 | 0 (0%) | 5 (63%) |
| Barts and The London NHS Trust | 48 | 50 | 53 | 33 | 33 | 26 | 15 (58%) | 24 (92%) | 33 | 11 (33%) | 31 (94%) | 26 | 2 (8%) | 24 (92%) |
| Croydon Health Services NHS Trust | 0 | 0 | 3 | No data | | | | | | | | | | |
| Epsom and St Helier University Hospitals NHS Trust | 0 | 0 | 7 | No data | | | | | | | | | | |
| Guy's and St Thomas' Hospital NHS Foundation Trust | 31 | 32 | 31 | 25 | 24 | 24 | 10 (42%) | 19 (79%) | 25 | 12 (48%) | 20 (80%) | 25 | 4 (16%) | 19 (76%) |
| Hillingdon Hospitals NHS Foundation Trust | 2 | 2 | 10 | 1 | 1 | 1 | 0 (0%) | 0 (0%) | 1 | 0 (0%) | 0 (0%) | 1 | 0 (0%) | 0 (0%) |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic patients | | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | |
|--|------------------------|-------------------|-------------------|----------------------|---|--|--|---|--|--|---|---|---|--|
| | | | | Symptomatic cases | Patients referred because of stroke or TIA or amaurosis fugax | Patients with exact symptom and referral dates | Patients referred within 2 days of symptom | Patients referred within 14 days of symptom | Patients with exact referral and operation dates | Patients receiving surgery within 2 days of referral | Patients receiving surgery within 14 days of referral | Patients with exact symptom and operation dates | Patients receiving surgery within 2 days of symptom that triggered referral | Patients receiving surgery within 14 days of symptom that triggered referral |
| | N | N | N | N | N | N | N (%) | N (%) | N | N (%) | N (%) | N | N (%) | N (%) |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4756 35 | 4112 28 | 1341 (33%) | 3149 (77%) | 4817 36 | 720 (15%) | 3149 (65%) | 4194 29 | 162 (4%) | 2047 (49%) |
| Imperial College Healthcare NHS Trust | 103 | 107 | 119 | 79 | 78 | 65 | 29 (45%) | 50 (77%) | 79 | 16 (20%) | 49 (62%) | 68 | 4 (6%) | 38 (56%) |
| King's College Hospital NHS Foundation Trust | 64 | 67 | 90 | 47 | 47 | 39 | 17 (44%) | 27 (69%) | 47 | 19 (40%) | 33 (70%) | 41 | 9 (22%) | 25 (61%) |
| Lewisham Healthcare NHS Trust | 3 | 4 | 11 | 2 | 2 | 0 | 0 (NA%) | 0 (NA%) | 2 | 0 (0%) | 0 (0%) | 1 | 0 (0%) | 1 (100%) |
| North West London Hospitals NHS Trust | 39 | 39 | 40 | 27 | 26 | 24 | 18 (75%) | 23 (96%) | 27 | 5 (19%) | 25 (93%) | 24 | 2 (8%) | 21 (88%) |
| Royal Free Hampstead NHS Trust | 12 | 12 | 13 | 11 | 11 | 9 | 2 (22%) | 7 (78%) | 11 | 2 (18%) | 8 (73%) | 9 | 0 (0%) | 5 (56%) |
| St George's Healthcare NHS Trust | 70 | 70 | 70 | 67 | 66 | 62 | 26 (42%) | 54 (87%) | 67 | 28 (42%) | 66 (99%) | 64 | 8 (13%) | 50 (78%) |
| University College London Hospitals NHS Foundation Trust | 57 | 60 | 62 | 56 | 56 | 45 | 23 (51%) | 40 (89%) | 56 | 22 (39%) | 49 (88%) | 46 | 6 (13%) | 35 (76%) |
| Whipps Cross University Hospital NHS Trust | 2 | 2 | 3 | 2 | 2 | 2 | 0 (0%) | 0 (0%) | 2 | 0 (0%) | 1 (50%) | 2 | 0 (0%) | 0 (0%) |
| NORTH EAST | | | | | | | | | | | | | | |
| City Hospitals Sunderland NHS Foundation Trust | 42 | 43 | 44 | 37 | 37 | 34 | 7 (21%) | 24 (71%) | 37 | 2 (5%) | 26 (70%) | 35 | 0 (0%) | 19 (54%) |
| County Durham and Darlington NHS Foundation Trust | 62 | 61 | 71 | 58 | 58 | 52 | 11 (21%) | 40 (77%) | 58 | 0 (0%) | 30 (52%) | 53 | 1 (2%) | 17 (32%) |
| Gateshead Health NHS Foundation Trust | 19 | 20 | 19 | 19 | 19 | 17 | 3 (18%) | 10 (59%) | 19 | 0 (0%) | 16 (84%) | 18 | 0 (0%) | 6 (33%) |
| Newcastle upon Tyne Hospitals NHS Foundation Trust | 76 | 81 | 90 | 65 | 64 | 52 | 12 (23%) | 32 (62%) | 65 | 4 (6%) | 45 (69%) | 55 | 0 (0%) | 19 (35%) |
| South Tees Hospitals NHS Foundation Trust | 61 | 63 | 59 | 60 | 60 | 55 | 21 (38%) | 53 (96%) | 60 | 5 (8%) | 55 (92%) | 55 | 3 (5%) | 45 (82%) |
| NORTH WEST | | | | | | | | | | | | | | |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic patients | | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | |
|---|------------------------|-------------------|-------------------|----------------------|---|--|--|---|--|--|---|---|---|--|
| | | | | Symptomatic cases | Patients referred because of stroke or TIA or amaurosis fugax | Patients with exact symptom and referral dates | Patients referred within 2 days of symptom | Patients referred within 14 days of symptom | Patients with exact referral and operation dates | Patients receiving surgery within 2 days of referral | Patients receiving surgery within 14 days of referral | Patients with exact symptom and operation dates | Patients receiving surgery within 2 days of symptom that triggered referral | Patients receiving surgery within 14 days of symptom that triggered referral |
| | N | N | N | N | N | N | N (%) | N (%) | N | N (%) | N (%) | N | N (%) | N (%) |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4756 35 | 4112 28 | 1341 (33%) | 3149 (77%) | 4817 36 | 720 (15%) | 3149 (65%) | 4194 29 | 162 (4%) | 2047 (49%) |
| Aintree University Hospitals NHS Foundation Trust | 39 | 39 | 61 | 35 | 35 | 29 | 17 (59%) | 26 (90%) | 35 | 11 (31%) | 32 (91%) | 29 | 8 (28%) | 23 (79%) |
| Blackpool Teaching Hospitals NHS Foundation Trust | 0 | 0 | 42 | No data | | | | | | | | | | |
| Bolton NHS Foundation Trust | 40 | 38 | 37 | 36 | 36 | 32 | 5 (16%) | 11 (34%) | 36 | 2 (6%) | 15 (42%) | 32 | 0 (0%) | 9 (28%) |
| Central Manchester University Hospitals NHS Foundation Trust | 77 | 76 | 82 | 70 | 69 | 50 | 27 (54%) | 39 (78%) | 70 | 3 (4%) | 34 (49%) | 50 | 2 (4%) | 20 (40%) |
| Countess of Chester Hospital NHS Foundation Trust | 52 | 52 | 56 | 45 | 42 | 31 | 13 (42%) | 22 (71%) | 45 | 6 (13%) | 32 (71%) | 34 | 2 (6%) | 17 (50%) |
| East Lancashire Hospitals NHS Trust | 87 | 90 | 90 | 61 | 61 | 55 | 36 (65%) | 49 (89%) | 61 | 7 (11%) | 32 (52%) | 58 | 4 (7%) | 31 (53%) |
| Lancashire Teaching Hospitals NHS Foundation Trust | 46 | 46 | 48 | 42 | 41 | 40 | 7 (18%) | 27 (68%) | 42 | 2 (5%) | 28 (67%) | 41 | 1 (2%) | 15 (37%) |
| Mid Cheshire Hospitals NHS Foundation Trust | 18 | 18 | 21 | 16 | 16 | 15 | 1 (7%) | 9 (60%) | 16 | 4 (25%) | 10 (63%) | 16 | 0 (0%) | 8 (50%) |
| North Cumbria University Hospitals NHS Trust | 20 | 20 | 28 | 20 | 20 | 20 | 3 (15%) | 15 (75%) | 20 | 3 (15%) | 16 (80%) | 20 | 1 (5%) | 10 (50%) |
| Pennine Acute Hospitals NHS Trust | 150 | 152 | 165 | 124 | 118 | 88 | 34 (39%) | 63 (72%) | 124 | 10 (8%) | 60 (48%) | 93 | 3 (3%) | 39 (42%) |
| Royal Liverpool and Broadgreen University Hospitals NHS Trust | 40 | 40 | 46 | 36 | 35 | 35 | 11 (31%) | 30 (86%) | 36 | 12 (33%) | 35 (97%) | 35 | 1 (3%) | 28 (80%) |
| Southport and Ormskirk Hospital NHS Trust | 22 | 22 | 21 | 22 | 22 | 21 | 4 (19%) | 15 (71%) | 22 | 1 (5%) | 15 (68%) | 21 | 0 (0%) | 9 (43%) |
| Tameside Hospital NHS Foundation Trust | 21 | 21 | 39 | 16 | 16 | 6 | 3 (50%) | 6 (100%) | 16 | 1 (6%) | 8 (50%) | 6 | 0 (0%) | 1 (17%) |
| The Walton Centre NHS Foundation Trust | 9 | 9 | 10 | 7 | 7 | 2 | 0 (0%) | 0 (0%) | 7 | 3 (43%) | 3 (43%) | 2 | 0 (0%) | 0 (0%) |
| University Hospital of South Manchester NHS Foundation Trust | 114 | 117 | 126 | 89 | 85 | 44 | 20 (45%) | 36 (82%) | 89 | 19 (21%) | 59 (66%) | 44 | 4 (9%) | 24 (55%) |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic patients | | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | |
|--|------------------------|-------------------|-------------------|----------------------|---|--|--|---|--|--|---|---|---|--|
| | | | | Symptomatic cases | Patients referred because of stroke or TIA or amaurosis fugax | Patients with exact symptom and referral dates | Patients referred within 2 days of symptom | Patients referred within 14 days of symptom | Patients with exact referral and operation dates | Patients receiving surgery within 2 days of referral | Patients receiving surgery within 14 days of referral | Patients with exact symptom and operation dates | Patients receiving surgery within 2 days of symptom that triggered referral | Patients receiving surgery within 14 days of symptom that triggered referral |
| | N | N | N | N | N | N | N (%) | N (%) | N | N (%) | N (%) | N | N (%) | N (%) |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4756 35 | 4112 28 | 1341 (33%) | 3149 (77%) | 4817 36 | 720 (15%) | 3149 (65%) | 4194 29 | 162 (4%) | 2047 (49%) |
| University Hospitals Of Morecambe Bay NHS Foundation Trust | 44 | 44 | 50 | 42 | 42 | 28 | 18 (64%) | 24 (86%) | 42 | 8 (19%) | 20 (48%) | 28 | 5 (18%) | 18 (64%) |
| Warrington and Halton Hospitals NHS Foundation Trust | 46 | 46 | 51 | 44 | 44 | 28 | 7 (25%) | 23 (82%) | 44 | 2 (5%) | 31 (70%) | 29 | 2 (7%) | 9 (31%) |
| Wirral University Teaching Hospital NHS Foundation Trust | 52 | 52 | 52 | 49 | 49 | 48 | 21 (44%) | 41 (85%) | 49 | 7 (14%) | 34 (69%) | 48 | 2 (4%) | 26 (54%) |
| Wrightington, Wigan And Leigh NHS Foundation Trust | 41 | 40 | 50 | 35 | 34 | 24 | 4 (17%) | 14 (58%) | 35 | 0 (0%) | 6 (17%) | 25 | 0 (0%) | 3 (12%) |
| SOUTH CENTRAL | | | | | | | | | | | | | | |
| Basingstoke and North Hampshire NHS Foundation Trust | 6 | 6 | 5 | 2 | 2 | 1 | 0 (0%) | 0 (0%) | 2 | 0 (0%) | 0 (0%) | 1 | 0 (0%) | 0 (0%) |
| Buckinghamshire Hospitals NHS Trust | 81 | 83 | 74 | 56 | 55 | 45 | 18 (40%) | 38 (84%) | 56 | 5 (9%) | 35 (63%) | 45 | 1 (2%) | 21 (47%) |
| Milton Keynes Hospital NHS Foundation Trust | 3 | 3 | 4 | 3 | 2 | 2 | 1 (50%) | 1 (50%) | 3 | 0 (0%) | 2 (67%) | 2 | 0 (0%) | 1 (50%) |
| Oxford University Hospitals NHS Trust | 82 | 82 | 99 | 75 | 75 | 73 | 23 (32%) | 62 (85%) | 75 | 8 (11%) | 56 (75%) | 74 | 0 (0%) | 36 (49%) |
| Portsmouth Hospitals NHS Trust | 87 | 89 | 92 | 77 | 76 | 62 | 29 (47%) | 51 (82%) | 77 | 6 (8%) | 23 (30%) | 64 | 1 (2%) | 18 (28%) |
| Royal Berkshire NHS Foundation Trust | 14 | 14 | 14 | 14 | 13 | 9 | 1 (11%) | 6 (67%) | 14 | 0 (0%) | 9 (64%) | 9 | 0 (0%) | 4 (44%) |
| University Hospital Southampton NHS Foundation Trust | 103 | 102 | 104 | 84 | 84 | 79 | 18 (23%) | 71 (90%) | 84 | 9 (11%) | 62 (74%) | 79 | 0 (0%) | 46 (58%) |
| SOUTH EAST COAST | | | | | | | | | | | | | | |
| Ashford And St Peter's Hospitals NHS Foundation Trust | 38 | 36 | 39 | 32 | 32 | 22 | 7 (32%) | 14 (64%) | 32 | 4 (13%) | 13 (41%) | 24 | 1 (4%) | 9 (38%) |
| Brighton and Sussex University Hospitals NHS | 39 | 39 | 39 | 38 | 37 | 26 | 11 (42%) | 24 (92%) | 38 | 5 (13%) | 30 (79%) | 28 | 1 (4%) | 21 |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic patients | | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | |
|---|------------------------|-------------------|-------------------|----------------------|---|--|--|---|--|--|---|---|---|--|
| | | | | Symptomatic cases | Patients referred because of stroke or TIA or amaurosis fugax | Patients with exact symptom and referral dates | Patients referred within 2 days of symptom | Patients referred within 14 days of symptom | Patients with exact referral and operation dates | Patients receiving surgery within 2 days of referral | Patients receiving surgery within 14 days of referral | Patients with exact symptom and operation dates | Patients receiving surgery within 2 days of symptom that triggered referral | Patients receiving surgery within 14 days of symptom that triggered referral |
| | N | N | N | N | N | N | N (%) | N (%) | N | N (%) | N (%) | N | N (%) | N (%) |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4756 35 | 4112 28 | 1341 (33%) | 3149 (77%) | 4817 36 | 720 (15%) | 3149 (65%) | 4194 29 | 162 (4%) | 2047 (49%) |
| Trust | | | | | | | | | | | | | | (75%) |
| Dartford and Gravesham NHS Trust | 8 | 8 | 11 | 5 | 5 | 5 | 0 (0%) | 3 (60%) | 5 | 0 (0%) | 1 (20%) | 5 | 0 (0%) | 0 (0%) |
| East Kent Hospitals University NHS Foundation Trust | 71 | 72 | 89 | 58 | 58 | 53 | 22 (42%) | 40 (75%) | 58 | 36 (62%) | 52 (90%) | 53 | 9 (17%) | 38 (72%) |
| East Sussex Healthcare NHS Trust | 9 | 9 | 23 | 9 | 9 | 8 | 0 (0%) | 3 (38%) | 9 | 0 (0%) | 5 (56%) | 8 | 0 (0%) | 0 (0%) |
| Frimley Park Hospital NHS Foundation Trust | 57 | 57 | 66 | 49 | 49 | 44 | 14 (32%) | 30 (68%) | 49 | 15 (31%) | 35 (71%) | 46 | 5 (11%) | 25 (54%) |
| Maidstone and Tunbridge Wells NHS Trust | 11 | 11 | 7 | 11 | 10 | 8 | 3 (38%) | 7 (88%) | 11 | 2 (18%) | 9 (82%) | 8 | 0 (0%) | 7 (88%) |
| Medway NHS Foundation Trust | 25 | 25 | 25 | 21 | 21 | 19 | 5 (26%) | 14 (74%) | 21 | 3 (14%) | 9 (43%) | 19 | 0 (0%) | 5 (26%) |
| Surrey and Sussex Healthcare NHS Trust | 27 | 28 | 25 | 26 | 26 | 23 | 9 (39%) | 21 (91%) | 26 | 4 (15%) | 20 (77%) | 24 | 1 (4%) | 13 (54%) |
| Western Sussex Hospitals NHS Trust | 27 | 28 | 34 | 26 | 26 | 23 | 2 (9%) | 13 (57%) | 26 | 1 (4%) | 18 (69%) | 23 | 0 (0%) | 5 (22%) |
| SOUTH WEST | | | | | | | | | | | | | | |
| Dorset County Hospital NHS Foundation Trust | 25 | 24 | 26 | 25 | 24 | 20 | 4 (20%) | 13 (65%) | 25 | 4 (16%) | 15 (60%) | 21 | 1 (5%) | 10 (48%) |
| Gloucestershire Hospitals NHS Foundation Trust | 62 | 63 | 60 | 61 | 61 | 56 | 20 (36%) | 50 (89%) | 61 | 7 (11%) | 49 (80%) | 56 | 1 (2%) | 38 (68%) |
| Great Western Hospitals NHS Foundation Trust | 23 | 22 | 22 | 16 | 16 | 15 | 3 (20%) | 14 (93%) | 16 | 1 (6%) | 13 (81%) | 15 | 0 (0%) | 10 (67%) |
| North Bristol NHS Trust | 27 | 29 | 29 | 26 | 26 | 25 | 4 (16%) | 20 (80%) | 26 | 3 (12%) | 23 (88%) | 26 | 0 (0%) | 18 (69%) |
| Northern Devon Healthcare NHS Trust | 23 | 23 | 23 | 21 | 21 | 18 | 3 (17%) | 12 (67%) | 21 | 3 (14%) | 19 (90%) | 18 | 0 (0%) | 9 (50%) |
| Plymouth Hospitals NHS Trust | 47 | 49 | 49 | 38 | 38 | 33 | 15 (45%) | 29 (88%) | 38 | 5 (13%) | 27 (71%) | 35 | 3 (9%) | 18 (51%) |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic patients | | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | |
|---|------------------------|-------------------|-------------------|----------------------|---|--|--|---|--|--|---|---|---|--|
| | | | | Symptomatic cases | Patients referred because of stroke or TIA or amaurosis fugax | Patients with exact symptom and referral dates | Patients referred within 2 days of symptom | Patients referred within 14 days of symptom | Patients with exact referral and operation dates | Patients receiving surgery within 2 days of referral | Patients receiving surgery within 14 days of referral | Patients with exact symptom and operation dates | Patients receiving surgery within 2 days of symptom that triggered referral | Patients receiving surgery within 14 days of symptom that triggered referral |
| | N | N | N | N | N | N | N (%) | N (%) | N | N (%) | N (%) | N | N (%) | N (%) |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4756 35 | 4112 28 | 1341 (33%) | 3149 (77%) | 4817 36 | 720 (15%) | 3149 (65%) | 4194 29 | 162 (4%) | 2047 (49%) |
| Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust | 78 | 77 | 83 | 74 | 74 | 44 | 22 (50%) | 40 (91%) | 74 | 5 (7%) | 28 (38%) | 44 | 1 (2%) | 17 (39%) |
| Royal Cornwall Hospitals NHS Trust | 43 | 42 | 41 | 42 | 41 | 38 | 14 (37%) | 33 (87%) | 42 | 7 (17%) | 38 (90%) | 39 | 0 (0%) | 28 (72%) |
| Royal Devon and Exeter NHS Foundation Trust | 44 | 43 | 46 | 37 | 37 | 37 | 18 (49%) | 33 (89%) | 37 | 6 (16%) | 24 (65%) | 37 | 0 (0%) | 22 (59%) |
| Royal United Hospital Bath NHS Trust | 36 | 36 | 41 | 26 | 26 | 21 | 5 (24%) | 14 (67%) | 26 | 5 (19%) | 20 (77%) | 21 | 0 (0%) | 11 (52%) |
| Salisbury NHS Foundation Trust | 25 | 25 | 29 | 22 | 22 | 17 | 4 (24%) | 11 (65%) | 21 | 3 (14%) | 14 (67%) | 17 | 0 (0%) | 8 (47%) |
| South Devon Healthcare NHS Foundation Trust | 31 | 32 | 31 | 30 | 30 | 28 | 7 (25%) | 18 (64%) | 30 | 7 (23%) | 20 (67%) | 28 | 1 (4%) | 13 (46%) |
| Taunton and Somerset NHS Foundation Trust | 54 | 55 | 54 | 52 | 52 | 46 | 11 (24%) | 41 (89%) | 52 | 4 (8%) | 36 (69%) | 46 | 0 (0%) | 23 (50%) |
| University Hospitals of Bristol NHS Foundation Trust | 43 | 43 | 43 | 37 | 37 | 30 | 12 (40%) | 26 (87%) | 37 | 4 (11%) | 20 (54%) | 30 | 1 (3%) | 16 (53%) |
| WEST MIDLANDS | | | | | | | | | | | | | | |
| Dudley Group of Hospitals NHS Trust | 84 | 86 | 85 | 63 | 63 | 61 | 20 (33%) | 40 (66%) | 63 | 1 (2%) | 28 (44%) | 62 | 1 (2%) | 21 (34%) |
| Heart of England NHS Foundation Trust | 81 | 82 | 85 | 66 | 66 | 55 | 35 (64%) | 42 (76%) | 66 | 9 (14%) | 35 (53%) | 55 | 7 (13%) | 26 (47%) |
| Mid Staffordshire NHS Foundation Trust | 10 | 11 | 12 | 7 | 7 | 7 | 0 (0%) | 4 (57%) | 7 | 0 (0%) | 3 (43%) | 7 | 0 (0%) | 0 (0%) |
| Royal Wolverhampton Hospitals NHS Trust | 38 | 39 | 38 | 33 | 33 | 31 | 10 (32%) | 29 (94%) | 33 | 11 (33%) | 31 (94%) | 31 | 2 (6%) | 28 (90%) |
| Sandwell and West Birmingham Hospitals NHS Trust | 30 | 32 | 30 | 27 | 27 | 26 | 4 (15%) | 22 (85%) | 27 | 0 (0%) | 19 (70%) | 27 | 0 (0%) | 7 (26%) |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic patients | | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | |
|--|------------------------|-------------------|-------------------|----------------------|---|--|--|---|--|--|---|---|---|--|
| | | | | Symptomatic cases | Patients referred because of stroke or TIA or amaurosis fugax | Patients with exact symptom and referral dates | Patients referred within 2 days of symptom | Patients referred within 14 days of symptom | Patients with exact referral and operation dates | Patients receiving surgery within 2 days of referral | Patients receiving surgery within 14 days of referral | Patients with exact symptom and operation dates | Patients receiving surgery within 2 days of symptom that triggered referral | Patients receiving surgery within 14 days of symptom that triggered referral |
| | N | N | N | N | N | N | N (%) | N (%) | N | N (%) | N (%) | N | N (%) | N (%) |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4756 35 | 4112 28 | 1341 (33%) | 3149 (77%) | 4817 36 | 720 (15%) | 3149 (65%) | 4194 29 | 162 (4%) | 2047 (49%) |
| Shrewsbury & Telford Hospital NHS Trust | 40 | 40 | 46 | 38 | 36 | 31 | 6 (19%) | 25 (81%) | 38 | 4 (11%) | 21 (55%) | 32 | 0 (0%) | 14 (44%) |
| University Hospital Of North Staffordshire NHS Trust | 48 | 53 | 62 | 44 | 44 | 32 | 17 (53%) | 23 (72%) | 44 | 1 (2%) | 16 (36%) | 35 | 1 (3%) | 10 (29%) |
| University Hospitals Birmingham NHS Foundation Trust | 45 | 44 | 57 | 33 | 32 | 17 | 6 (35%) | 11 (65%) | 33 | 0 (0%) | 8 (24%) | 17 | 0 (0%) | 3 (18%) |
| University Hospitals Coventry and Warwickshire NHS Trust | 69 | 69 | 77 | 60 | 57 | 54 | 23 (43%) | 45 (83%) | 60 | 8 (13%) | 35 (58%) | 56 | 3 (5%) | 27 (48%) |
| Walsall Hospitals NHS Trust | 28 | 27 | 38 | 27 | 24 | 23 | 10 (43%) | 16 (70%) | 27 | 3 (11%) | 4 (15%) | 26 | 3 (12%) | 4 (15%) |
| Worcestershire Acute Hospitals NHS Trust | 49 | 49 | 72 | 47 | 46 | 43 | 8 (19%) | 29 (67%) | 47 | 7 (15%) | 37 (79%) | 43 | 1 (2%) | 19 (44%) |
| YORKSHIRE AND THE HUMBER | | | | | | | | | | | | | | |
| Bradford Teaching Hospitals NHS Foundation Trust | 48 | 51 | 57 | 45 | 45 | 41 | 10 (24%) | 29 (71%) | 45 | 4 (9%) | 37 (82%) | 43 | 1 (2%) | 22 (51%) |
| Calderdale and Huddersfield NHS Foundation Trust | 47 | 51 | 48 | 46 | 45 | 43 | 20 (47%) | 37 (86%) | 46 | 6 (13%) | 32 (70%) | 44 | 3 (7%) | 23 (52%) |
| Doncaster and Bassetlaw Hospitals NHS Foundation Trust | 53 | 53 | 53 | 47 | 46 | 42 | 16 (38%) | 32 (76%) | 47 | 1 (2%) | 37 (79%) | 43 | 0 (0%) | 23 (53%) |
| Hull and East Yorkshire Hospitals NHS Trust | 64 | 64 | 63 | 60 | 60 | 60 | 4 (7%) | 31 (52%) | 60 | 9 (15%) | 31 (52%) | 60 | 0 (0%) | 12 (20%) |
| Leeds Teaching Hospitals NHS Trust | 38 | 39 | 63 | 37 | 37 | 35 | 16 (46%) | 28 (80%) | 37 | 18 (49%) | 34 (92%) | 36 | 5 (14%) | 28 (78%) |
| Mid Yorkshire Hospitals NHS Trust | 29 | 29 | 32 | 29 | 29 | 28 | 8 (29%) | 25 (89%) | 29 | 1 (3%) | 16 (55%) | 29 | 0 (0%) | 10 (34%) |
| Northern Lincolnshire and Goole Hospitals NHS | 10 | 10 | 10 | 10 | 9 | 8 | 3 (38%) | 6 (75%) | 10 | 1 (10%) | 6 (60%) | 8 | 0 (0%) | 3 (38%) |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic patients | | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | |
|---|------------------------|-------------------|-------------------|----------------------|---|--|--|---|--|--|---|---|---|--|
| | | | | Symptomatic cases | Patients referred because of stroke or TIA or amaurosis fugax | Patients with exact symptom and referral dates | Patients referred within 2 days of symptom | Patients referred within 14 days of symptom | Patients with exact referral and operation dates | Patients receiving surgery within 2 days of referral | Patients receiving surgery within 14 days of referral | Patients with exact symptom and operation dates | Patients receiving surgery within 2 days of symptom that triggered referral | Patients receiving surgery within 14 days of symptom that triggered referral |
| | N | N | N | N | N | N | N (%) | N (%) | N | N (%) | N (%) | N | N (%) | N (%) |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4756 35 | 4112 28 | 1341 (33%) | 3149 (77%) | 4817 36 | 720 (15%) | 3149 (65%) | 4194 29 | 162 (4%) | 2047 (49%) |
| Foundation Trust | | | | | | | | | | | | | | |
| Scarborough and North East Yorkshire Healthcare NHS Trust | 21 | 21 | 28 | 13 | 13 | 13 | 4 (31%) | 11 (85%) | 13 | 2 (15%) | 9 (69%) | 13 | 0 (0%) | 6 (46%) |
| Sheffield Teaching Hospitals NHS Foundation Trust | 64 | 64 | 73 | 60 | 60 | 51 | 5 (10%) | 33 (65%) | 60 | 5 (8%) | 38 (63%) | 52 | 0 (0%) | 17 (33%) |
| York Teaching Hospital NHS Foundation Trust | 94 | 91 | 92 | 78 | 76 | 72 | 22 (31%) | 62 (86%) | 78 | 38 (49%) | 71 (91%) | 72 | 7 (10%) | 55 (76%) |
| NORTHERN IRELAND | | | | | | | | | | | | | | |
| Belfast Health and Social Care Trust | 122 | 124 | 121 | 100 | 100 | 90 | 16 (18%) | 48 (53%) | 100 | 13 (13%) | 65 (65%) | 90 | 1 (1%) | 27 (30%) |
| Southern Health and Social Care Trust | 10 | 10 | 17 | 8 | 8 | 7 | 1 (14%) | 7 (100%) | 8 | 1 (13%) | 6 (75%) | 7 | 0 (0%) | 4 (57%) |
| Western Health and Social Care Trust | 19 | 19 | 16 | 18 | 18 | 17 | 3 (18%) | 12 (71%) | 18 | 1 (6%) | 14 (78%) | 17 | 0 (0%) | 6 (35%) |
| WALES | | | | | | | | | | | | | | |
| Abertawe Bro Morgannwg University Health Board | 91 | 90 | 133 | 81 | 81 | 71 | 25 (35%) | 56 (79%) | 81 | 19 (23%) | 55 (68%) | 71 | 5 (7%) | 38 (54%) |
| Aneurin Bevan Health Board | 52 | 54 | 64 | 47 | 47 | 36 | 3 (8%) | 18 (50%) | 47 | 3 (6%) | 22 (47%) | 38 | 0 (0%) | 9 (24%) |
| Betsi Cadwaladr University Health Board | 53 | 55 | 58 | 45 | 45 | 41 | 11 (27%) | 33 (80%) | 45 | 1 (2%) | 13 (29%) | 44 | 0 (0%) | 9 (20%) |
| Cardiff and Vale University Health Board | 6 | 6 | 52 | 5 | 5 | 5 | 2 (40%) | 3 (60%) | 5 | 1 (20%) | 3 (60%) | 5 | 1 (20%) | 2 (40%) |
| Cwm Taf University Health Board | 51 | 49 | 55 | 49 | 49 | 39 | 21 (54%) | 35 (90%) | 49 | 8 (16%) | 42 (86%) | 39 | 0 (0%) | 30 (77%) |
| SCOTLAND | | | | | | | | | | | | | | |
| NHS Ayrshire & Arran | 21 | 21 | 24* | 20 | 19 | 18 | 4 (22%) | 16 (89%) | 20 | 5 (25%) | 16 (80%) | 18 | 0 (0%) | 11 (61%) |
| NHS Dumfries and Galloway | 30 | 30 | 22* | 29 | 28 | 23 | 2 (9%) | 14 (61%) | 29 | 2 (7%) | 15 (52%) | 23 | 0 (0%) | 5 (22%) |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic patients | | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | |
|--|------------------------|-------------------|-------------------|----------------------|---|--|--|---|--|--|---|---|---|--|
| | | | | Symptomatic cases | Patients referred because of stroke or TIA or amaurosis fugax | Patients with exact symptom and referral dates | Patients referred within 2 days of symptom | Patients referred within 14 days of symptom | Patients with exact referral and operation dates | Patients receiving surgery within 2 days of referral | Patients receiving surgery within 14 days of referral | Patients with exact symptom and operation dates | Patients receiving surgery within 2 days of symptom that triggered referral | Patients receiving surgery within 14 days of symptom that triggered referral |
| | N | N | N | N | N | N | N (%) | N (%) | N | N (%) | N (%) | N | N (%) | N (%) |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4756 35 | 4112 28 | 1341 (33%) | 3149 (77%) | 4817 36 | 720 (15%) | 3149 (65%) | 4194 29 | 162 (4%) | 2047 (49%) |
| NHS Fife | 10 | 10 | 11 | 10 | 10 | 9 | 0 (0%) | 8 (89%) | 10 | 0 (0%) | 3 (30%) | 9 | 0 (0%) | 1 (11%) |
| NHS Forth Valley | 32 | 31 | 34 | 27 | 26 | 25 | 4 (16%) | 20 (80%) | 27 | 3 (11%) | 16 (59%) | 25 | 2 (8%) | 8 (32%) |
| NHS Grampian | 17 | 17 | 11* | 13 | 13 | 10 | 4 (40%) | 6 (60%) | 13 | 2 (15%) | 11 (85%) | 11 | 1 (9%) | 5 (45%) |
| NHS Greater Glasgow and Clyde | 48 | 46 | 102* | 45 | 45 | 34 | 6 (18%) | 20 (59%) | 45 | 2 (4%) | 29 (64%) | 35 | 0 (0%) | 12 (34%) |
| NHS Highland | 55 | 54 | 54 | 48 | 47 | 42 | 9 (21%) | 24 (57%) | 48 | 0 (0%) | 25 (52%) | 42 | 0 (0%) | 9 (21%) |
| NHS Lanarkshire | 17 | 17 | 37* | 17 | 17 | 13 | 3 (23%) | 8 (62%) | 17 | 0 (0%) | 11 (65%) | 13 | 0 (0%) | 1 (8%) |
| NHS Lothian | 92 | 92 | 90 | 92 | 92 | 88 | 26 (30%) | 81 (92%) | 92 | 6 (7%) | 66 (72%) | 88 | 1 (1%) | 43 (49%) |
| NHS Tayside | 17 | 17 | 10* | 16 | 16 | 15 | 2 (13%) | 13 (87%) | 16 | 4 (25%) | 14 (88%) | 15 | 0 (0%) | 8 (53%) |

* Please see note regarding the accuracy of SMR01 data from these health boards on page 11.

SHA-level indicators

| SHA | All cases in the audit | | Symptomatic cases | | | | | | | | | | | | | | |
|------------------|---|--|-------------------------|---|--|---|--|---|---|--|--|--|---|---|--|---|--|
| | | | Index symptom | | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | | 30-day outcomes | | | |
| | Total number of cases reported in Round 4 | Total cases complete to Phase 2 (required for 30-day outcome evaluation) | Total symptomatic cases | Total cases referred with stroke or TIA or amaurosis fugax as the index symptom | Total cases with exact symptom and referral dates | Total cases referred within 2 days of symptom | Total cases referred within 14 days of symptom | Total cases with exact referral and operation dates | Total cases receiving surgery within 2 days of referral | Total cases receiving surgery within 14 days of referral | Total cases with exact symptom and operation dates | Total cases receiving surgery within 2 days of symptom that triggered referral | Total cases receiving surgery within 14 days of symptom that triggered referral | Total cases, referred because of stroke, whose 30-day outcomes can be evaluated | Total cases, referred because of stroke, with stroke or death within 30 days | Total cases, referred because of TIA or amaurosis fugax, whose 30-day outcomes can be evaluated | Total cases, referred because of TIA or amaurosis fugax, with stroke or death within 30 days |
| | | | | | | | | | | | | | | | | | |
| National | 5543 | 5183 (94%) | 4818 | 4756 | 4112 | 1341 (33%) | 3149 (77%) | 4817 | 720 (15%) | 3149 (65%) | 4194 | 162 (4%) | 2047 (49%) | 1615 | 44 (3%) | 3075 | 59 (2%) |
| East Midlands | 380 | 373 (98%) | 341 | 335 | 299 | 108 (36%) | 228 (76%) | 341 | 72 (21%) | 247 (72%) | 303 | 7 (2%) | 169 (56%) | 118 | 5 (4%) | 216 | 6 (3%) |
| East of England | 514 | 472 (92%) | 414 | 408 | 377 | 106 (28%) | 280 (74%) | 414 | 54 (13%) | 239 (58%) | 384 | 9 (2%) | 166 (43%) | 139 | 1 (1%) | 264 | 6 (2%) |
| London | 489 | 484 (99%) | 402 | 397 | 344 | 148 (43%) | 278 (81%) | 402 | 120 (30%) | 322 (80%) | 354 | 35 (10%) | 240 (68%) | 149 | 7 (5%) | 247 | 7 (3%) |
| North East | 260 | 253 (97%) | 239 | 238 | 210 | 54 (26%) | 159 (76%) | 239 | 11 (5%) | 172 (72%) | 216 | 4 (2%) | 106 (49%) | 91 | 1 (1%) | 147 | 2 (1%) |
| North West | 918 | 879 (96%) | 789 | 772 | 596 | 231 (39%) | 450 (76%) | 789 | 101 (13%) | 470 (60%) | 611 | 35 (6%) | 290 (47%) | 253 | 6 (2%) | 518 | 8 (2%) |
| South Central | 376 | 368 (98%) | 311 | 307 | 271 | 90 (33%) | 229 (85%) | 311 | 28 (9%) | 187 (60%) | 274 | 2 (1%) | 126 (46%) | 129 | 3 (2%) | 174 | 3 (2%) |
| South East Coast | 312 | 295 (95%) | 275 | 273 | 231 | 73 (32%) | 169 (73%) | 275 | 70 (25%) | 192 (70%) | 238 | 17 (7%) | 123 (52%) | 84 | 3 (4%) | 184 | 3 (2%) |
| South West | 561 | 493 (88%) | 507 | 505 | 428 | 142 (33%) | 354 (83%) | 506 | 64 (13%) | 346 (68%) | 433 | 8 (2%) | 241 (56%) | 162 | 7 (4%) | 316 | 8 (3%) |
| West Midlands | 522 | 504 (97%) | 445 | 435 | 380 | 139 (37%) | 286 (75%) | 445 | 44 (10%) | 237 (53%) | 391 | 18 (5%) | 159 (41%) | 137 | 2 (1%) | 293 | 4 (1%) |

| SHA | All cases in the audit | | Symptomatic cases | | | | | | | | | | | | | | |
|--------------------------|---|--|-------------------------|---|--|---|--|---|---|--|--|--|---|---|--|---|--|
| | | | Index symptom | | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | | 30-day outcomes | | | |
| | Total number of cases reported in Round 4 | Total cases complete to Phase 2 (required for 30-day outcome evaluation) | Total symptomatic cases | Total cases referred with stroke or TIA or amaurosis fugax as the index symptom | Total cases with exact symptom and referral dates | Total cases referred within 2 days of symptom | Total cases referred within 14 days of symptom | Total cases with exact referral and operation dates | Total cases receiving surgery within 2 days of referral | Total cases receiving surgery within 14 days of referral | Total cases with exact symptom and operation dates | Total cases receiving surgery within 2 days of symptom that triggered referral | Total cases receiving surgery within 14 days of symptom that triggered referral | Total cases, referred because of stroke, whose 30-day outcomes can be evaluated | Total cases, referred because of stroke, with stroke or death within 30 days | Total cases, referred because of TIA or amaurosis fugax, whose 30-day outcomes can be evaluated | Total cases, referred because of TIA or amaurosis fugax, with stroke or death within 30 days |
| | | | | | | | | | | | | | | | | | |
| National | 5543 | 5183 (94%) | 4818 | 4756 | 4112 | 1341 (33%) | 3149 (77%) | 4817 | 720 (15%) | 3149 (65%) | 4194 | 162 (4%) | 2047 (49%) | 1615 | 44 (3%) | 3075 | 59 (2%) |
| Yorkshire and The Humber | 468 | 361 (77%) | 425 | 420 | 393 | 108 (27%) | 294 (75%) | 425 | 85 (20%) | 311 (73%) | 400 | 16 (4%) | 199 (50%) | 156 | 3 (2%) | 261 | 6 (2%) |
| ENGLAND | 4800 | 4482 (93%) | 4148 | 4090 | 3529 | 1199 (34%) | 2727 (77%) | 4147 | 649 (16%) | 2723 (66%) | 3604 | 151 (4%) | 1819 (50%) | 1418 | 38 (3%) | 2620 | 53 (2%) |
| NORTHERN IRELAND | 151 | 133 (88%) | 126 | 126 | 114 | 20 (18%) | 67 (59%) | 126 | 15 (12%) | 85 (67%) | 114 | 1 (1%) | 37 (32%) | 20 | 0 (0%) | 103 | 5 (5%) |
| SCOTLAND | 339 | 321 (95%) | 317 | 313 | 277 | 60 (22%) | 210 (76%) | 317 | 24 (8%) | 206 (65%) | 279 | 4 (1%) | 103 (37%) | 117 | 2 (2%) | 186 | 1 (1%) |
| WALES | 253 | 247 (98%) | 227 | 227 | 192 | 62 (32%) | 145 (76%) | 227 | 32 (14%) | 135 (59%) | 197 | 6 (3%) | 88 (45%) | 60 | 4 (7%) | 166 | 0 (0%) |

5.1 Trust variation in the delays from symptom to procedure

The report authors have included trust level information to illustrate the overall speed of symptom to surgery as shown by median values. The variation of delays for the group of patients within a single trust varies widely. By showing the inter quartile range for each trust, the extent to which performance across the trust is consistent can therefore be shown.

The plot on the following page shows the median symptom to procedure time and the inter-quartile range for all trusts within Round 4 that had 10 or more symptomatic cases with exact symptom and procedure dates. The median delay for each trust is represented by a black dot. The vertical red line in the graph represents the current NICE Guideline of 14 days from symptom to procedure. The inter-quartile ranges (IQRs) are shown by horizontal green lines. Any upper quartile line that is red indicates that the upper quartile value is above 110 days. This probably means that the number of patients with exact symptom and procedure dates for this trust is relatively small.

Please note that the graph needs to be studied in conjunction with the Key Indicators table on page 47, which includes how many patients this median and IQR is based upon, and how many cases were identified in HES within Round 4 for each trust. The trust numbers can be found in the table on page 47.

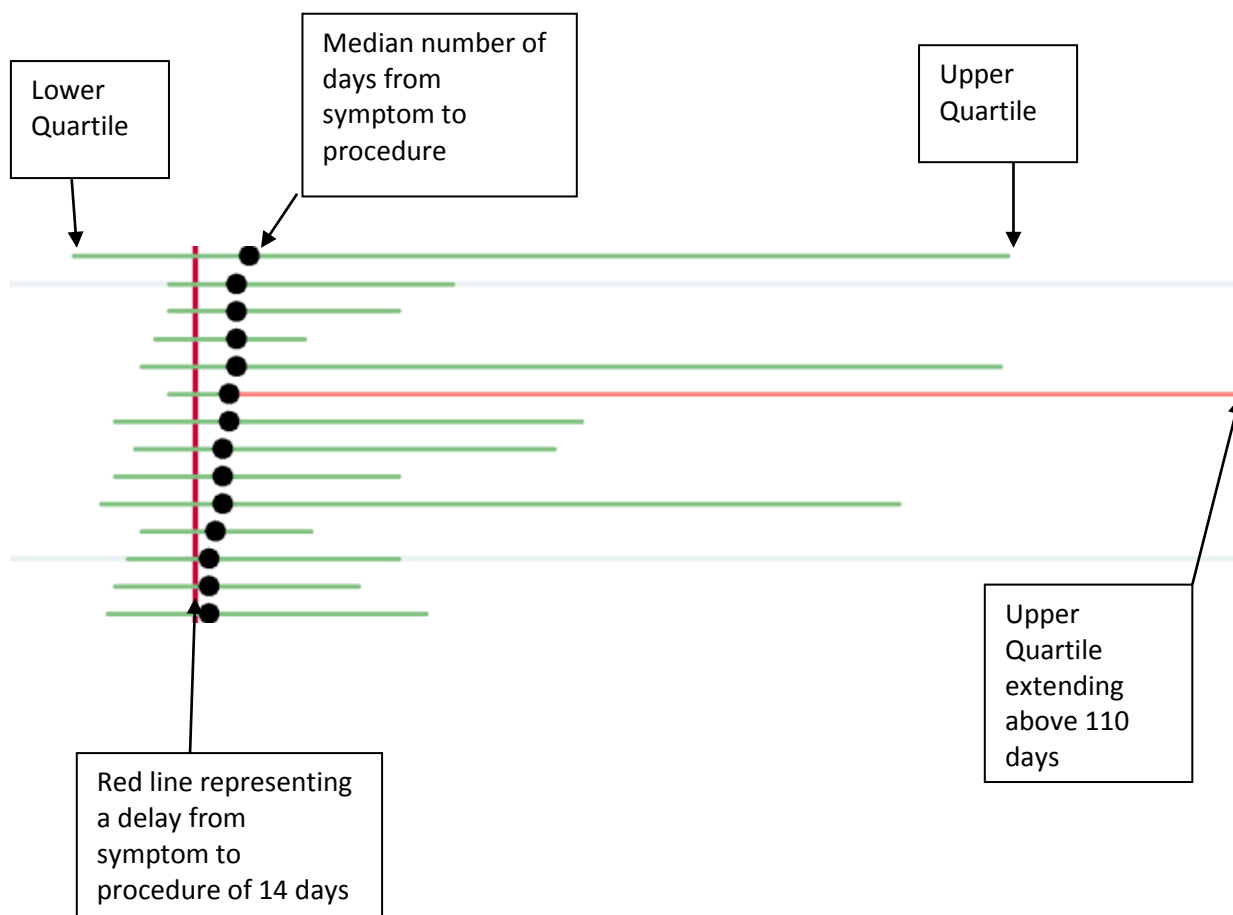
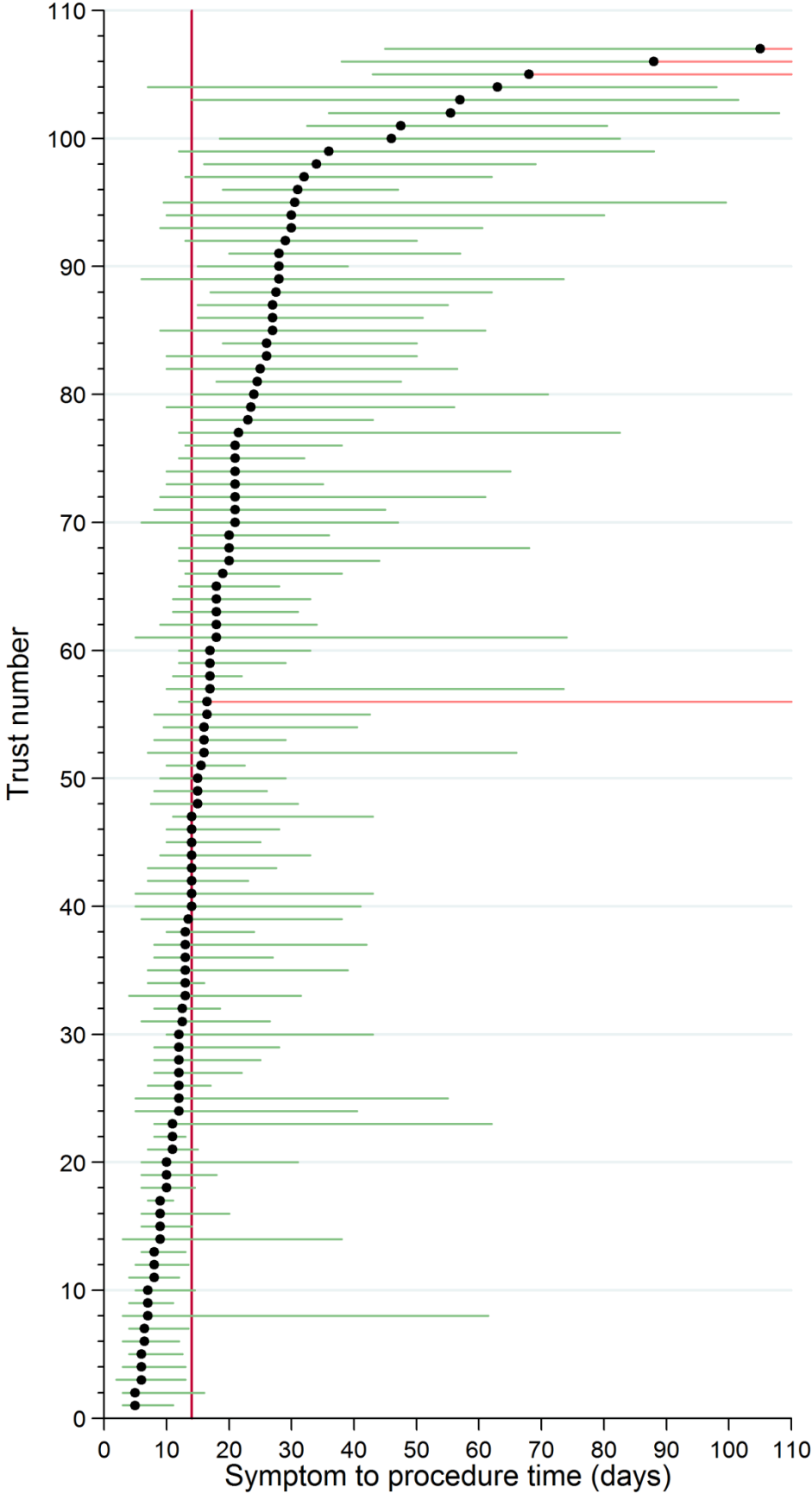


Fig 13: Median delay from symptom to procedure and IQR of every trust within Round 4 with 10 or more cases with exact symptom and procedure dates.



Trust level key indicators

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic cases | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | | Number in symptom to procedure plot on page 45 |
|--|------------------------|-------------------|-------------------|-------------------|---|--|---|---|--|---|--|--|--|---|
| | | | | | Patients with exact symptom and referral dates | Patients referred within 7 days of symptom | Median delay and IQR from symptom to referral | Patients with exact referral and operation dates | Patients receiving surgery within 7 days of referral | Median delay and IQR from referral to surgery | Patients with exact symptom and operation dates | Patients receiving surgery within 14 days of symptom that triggered referral | Median delay and IQR from index symptom to surgery | |
| | | | | | N | N (%) | Med (IQR) | N | N (%) | Med (IQR) | N | N (%) | Med (IQR) | |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4112 28 | 2639 (64%) | 5 (2-14) | 4817 36 | 2157 (45%) | 9 (4-23) | 4194 29 | 2047 (49%) | 15 (8-40) | |
| EAST MIDLANDS | | | | | | | | | | | | | | |
| Derby Hospitals NHS Foundation Trust | 29 | 31 | 30 | 29 | 23 | 15 (65%) | 4 (1-11) | 29 | 14 (48%) | 8 (2-29) | 24 | 13 (54%) | 13 (4-32) | 33 |
| Kettering General Hospital NHS Foundation Trust | 35 | 35 | 35 | 29 | 22 | 5 (23%) | 23 (8-49) | 29 | 6 (21%) | 27 (11-64) | 23 | 2 (9%) | 68 (43-119) | 105 |
| Northampton General Hospital NHS Trust | 44 | 43 | 42 | 39 | 36 | 26 (72%) | 3 (2-10) | 39 | 20 (51%) | 7 (4-20) | 36 | 17 (47%) | 15 (8-31) | 48 |
| Nottingham University Hospitals NHS Trust | 84 | 85 | 92 | 78 | 68 | 52 (76%) | 3 (1-7) | 78 | 62 (79%) | 3 (2-7) | 68 | 51 (75%) | 7 (5-15) | 10 |
| Sherwood Forest Hospitals NHS Foundation Trust | 37 | 38 | 40 | 26 | 23 | 11 (48%) | 9 (3-55) | 26 | 4 (15%) | 13 (9-22) | 24 | 8 (33%) | 22 (12-83) | 77 |
| United Lincolnshire Hospitals NHS Trust | 28 | 28 | 45 | 26 | 19 | 7 (37%) | 21 (2-80) | 26 | 10 (38%) | 13 (3-37) | 19 | 5 (26%) | 63 (7-98) | 104 |
| University Hospitals of Leicester NHS Trust | 123 | 121 | 121 | 114 | 108 | 75 (69%) | 3 (2-11) | 114 | 81 (71%) | 5 (3-10) | 109 | 73 (67%) | 9 (6-20) | 16 |
| EAST OF ENGLAND | | | | | | | | | | | | | | |
| Basildon and Thurrock University Hospital NHS Foundation Trust | 14 | 14 | 24 | 14 | 14 | 8 (57%) | 6 (1-56) | 14 | 2 (14%) | 13 (10-57) | 14 | 6 (43%) | 17 (12-139) | 56 |
| Bedford Hospital NHS Trust | 50 | 51 | 48 | 42 | 40 | 17 (43%) | 9 (3-34) | 42 | 8 (19%) | 16 (8-28) | 41 | 12 (29%) | 32 (13-62) | 97 |
| Cambridge University Hospitals NHS Foundation Trust | 94 | 94 | 102 | 78 | 74 | 42 (57%) | 7 (2-27) | 78 | 19 (24%) | 19 (8-39) | 77 | 16 (21%) | 34 (16-69) | 98 |
| Colchester Hospital University NHS Foundation Trust | 42 | 41 | 41 | 38 | 34 | 26 (76%) | 2 (1-7) | 38 | 19 (50%) | 8 (4-37) | 35 | 18 (51%) | 14 (5-41) | 40 |
| East and North Hertfordshire NHS Trust | 23 | 23 | 23 | 21 | 18 | 12 (67%) | 5 (3-15) | 21 | 13 (62%) | 6 (3-17) | 19 | 11 (58%) | 11 (8-62) | 23 |
| Ipswich Hospital NHS Trust | 19 | 19 | 20 | 13 | 10 | 7 (70%) | 6 (2-12) | 13 | 0 (0%) | 26 (13-35) | 10 | 2 (20%) | 27 (15-51) | 86 |
| Mid Essex Hospital Services NHS Trust | 34 | 34 | 38 | 22 | 20 | 14 (70%) | 6 (4-9) | 22 | 1 (5%) | 43 (20-82) | 20 | 1 (5%) | 48 (33-81) | 101 |
| Norfolk and Norwich University Hospitals NHS | 93 | 94 | 99 | 74 | 64 | 45 (70%) | 5 (2-9) | 74 | 41 (55%) | 7 (3-15) | 64 | 38 (59%) | 12 (8-28) | 29 |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic cases | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | | Number in symptom to procedure plot on page 45 |
|---|------------------------|-------------------|-------------------|-------------------|---|---|--|---|---|--|--|--|---|---|
| | | | | | Patients with exact symptom and referral dates | Patients referred within 7 days of symptom | Median delay and IQR from symptom to referral | Patients with exact referral and operation dates | Patients receiving surgery within 7 days of referral | Median delay and IQR from referral to surgery | Patients with exact symptom and operation dates | Patients receiving surgery within 14 days of symptom that triggered referral | Median delay and IQR from index symptom to surgery | |
| | | | | | | | | | | | | | | |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4112 28 | 2639 (64%) | 5 (2-14) | 4817 36 | 2157 (45%) | 9 (4-23) | 4194 29 | 2047 (49%) | 15 (8-40) | |
| Foundation Trust | | | | | | | | | | | | | | |
| Peterborough and Stamford Hospitals NHS Foundation Trust | 15 | 15 | 16 | 15 | 13 | 2 (15%) | 35 (17-43) | 15 | 1 (7%) | 52 (22-113) | 13 | 1 (8%) | 88 (38-152) | 106 |
| Princess Alexandra Hospital NHS Trust | 37 | 36 | 36 | 24 | 21 | 10 (48%) | 8 (4-14) | 24 | 18 (75%) | 4 (2-8) | 21 | 11 (52%) | 13 (8-27) | 36 |
| Southend University Hospital NHS Foundation Trust | 57 | 59 | 57 | 49 | 49 | 42 (86%) | 4 (2-7) | 49 | 46 (94%) | 4 (3-6) | 49 | 43 (88%) | 9 (7-11) | 17 |
| West Hertfordshire Hospitals NHS Trust | 36 | 36 | 52 | 24 | 20 | 11 (55%) | 5 (3-30) | 24 | 9 (38%) | 32 (6-58) | 21 | 7 (33%) | 24 (14-71) | 80 |
| LONDON | | | | | | | | | | | | | | |
| Barking, Havering And Redbridge University Hospitals NHS Foundation Trust | 41 | 40 | 54 | 40 | 39 | 20 (51%) | 7 (5-18) | 40 | 22 (55%) | 7 (5-12) | 39 | 17 (44%) | 18 (11-33) | 64 |
| Barnet and Chase Farm Hospitals NHS Trust | 17 | 17 | 27 | 12 | 8 | 6 (75%) | 6 (2-8) | 12 | 6 (50%) | 8 (3-26) | 8 | 5 (63%) | 9 (7-24) | ** |
| Barts and The London NHS Trust | 48 | 50 | 53 | 33 | 26 | 21 (81%) | 2 (1-3) | 33 | 27 (82%) | 4 (2-7) | 26 | 24 (92%) | 5 (3-11) | 1 |
| Croydon Health Services NHS Trust | 0 | 0 | 3 | | No data | | | | | | | | | |
| Epsom and St Helier University Hospitals NHS Trust | 0 | 0 | 7 | | No data | | | | | | | | | |
| Guy's and St Thomas' Hospital NHS Foundation Trust | 31 | 32 | 31 | 25 | 24 | 16 (67%) | 3 (1-10) | 25 | 19 (76%) | 3 (1-5) | 25 | 19 (76%) | 6 (3-13) | 4 |
| Hillingdon Hospitals NHS Foundation Trust | 2 | 2 | 10 | 1 | 1 | 0 (0%) | 18 (18-18) | 1 | 0 (0%) | 16 (16-16) | 1 | 0 (0%) | 34 (34-34) | ** |
| Imperial College Healthcare NHS Trust | 103 | 107 | 119 | 79 | 65 | 46 (71%) | 3 (0-13) | 79 | 40 (51%) | 7 (3-32) | 68 | 38 (56%) | 12 (5-41) | 24 |
| King's College Hospital NHS Foundation Trust | 64 | 67 | 90 | 47 | 39 | 24 (62%) | 4 (1-26) | 47 | 29 (62%) | 4 (1-17) | 41 | 25 (61%) | 9 (3-38) | 14 |
| Lewisham Healthcare NHS Trust | 3 | 4 | 11 | 2 | 0 | 0 (NA%) | NA | 2 | 0 (0%) | 30 (23-37) | 1 | 1 (100%) | 10 (10-10) | ** |
| North West London Hospitals NHS Trust | 39 | 39 | 40 | 27 | 24 | 21 (88%) | 2 (1-3) | 27 | 20 (74%) | 3 (3-8) | 24 | 21 (88%) | 6 (4-13) | 5 |
| Royal Free Hampstead NHS Trust | 12 | 12 | 13 | 11 | 9 | 6 (67%) | 6 (4-10) | 11 | 7 (64%) | 7 (6-28) | 9 | 5 (56%) | 14 (11-32) | ** |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic cases | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | | Number in symptom to procedure plot on page 45 |
|--|------------------------|-------------------|-------------------|-------------------|---|---|--|---|---|--|--|--|---|---|
| | | | | | Patients with exact symptom and referral dates | Patients referred within 7 days of symptom | Median delay and IQR from symptom to referral | Patients with exact referral and operation dates | Patients receiving surgery within 7 days of referral | Median delay and IQR from referral to surgery | Patients with exact symptom and operation dates | Patients receiving surgery within 14 days of symptom that triggered referral | Median delay and IQR from index symptom to surgery | |
| | | | | | | | | | | | | | | |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4112 28 | 2639 (64%) | 5 (2-14) | 4817 36 | 2157 (45%) | 9 (4-23) | 4194 29 | 2047 (49%) | 15 (8-40) | |
| St George's Healthcare NHS Trust | 70 | 70 | 70 | 67 | 62 | 43 (69%) | 4 (1-10) | 67 | 55 (82%) | 4 (2-7) | 64 | 50 (78%) | 8 (5-14) | 12 |
| University College London Hospitals NHS Foundation Trust | 57 | 60 | 62 | 56 | 45 | 38 (84%) | 2 (1-5) | 56 | 46 (82%) | 4 (2-7) | 46 | 35 (76%) | 7 (4-11) | 9 |
| Whipps Cross University Hospital NHS Trust | 2 | 2 | 3 | 2 | 2 | 0 (0%) | 48 (42-54) | 2 | 1 (50%) | 20 (6-33) | 2 | 0 (0%) | 68 (48-87) | ** |
| NORTH EAST | | | | | | | | | | | | | | |
| City Hospitals Sunderland NHS Foundation Trust | 42 | 43 | 44 | 37 | 34 | 19 (56%) | 6 (3-26) | 37 | 10 (27%) | 9 (6-16) | 35 | 19 (54%) | 14 (11-43) | 47 |
| County Durham and Darlington NHS Foundation Trust | 62 | 61 | 71 | 58 | 52 | 35 (67%) | 6 (3-12) | 58 | 12 (21%) | 14 (8-33) | 53 | 17 (32%) | 23 (14-43) | 78 |
| Gateshead Health NHS Foundation Trust | 19 | 20 | 19 | 19 | 17 | 6 (35%) | 8 (4-21) | 19 | 2 (11%) | 11 (9-14) | 18 | 6 (33%) | 19 (13-38) | 66 |
| Newcastle upon Tyne Hospitals NHS Foundation Trust | 76 | 81 | 90 | 65 | 52 | 28 (54%) | 7 (3-29) | 65 | 26 (40%) | 9 (5-21) | 55 | 19 (35%) | 26 (10-50) | 83 |
| South Tees Hospitals NHS Foundation Trust | 61 | 63 | 59 | 60 | 55 | 47 (85%) | 3 (1-5) | 60 | 39 (65%) | 6 (5-9) | 55 | 45 (82%) | 11 (8-13) | 22 |
| NORTH WEST | | | | | | | | | | | | | | |
| Aintree University Hospitals NHS Foundation Trust | 39 | 39 | 61 | 35 | 29 | 22 (76%) | 2 (1-6) | 35 | 26 (74%) | 4 (1-8) | 29 | 23 (79%) | 6 (2-13) | 3 |
| Blackpool Teaching Hospitals NHS Foundation Trust | 0 | 0 | 42 | | No data | | | | | | | | | |
| Bolton NHS Foundation Trust | 40 | 38 | 37 | 36 | 32 | 9 (28%) | 28 (7-63) | 36 | 12 (33%) | 21 (6-36) | 32 | 9 (28%) | 57 (14-102) | 103 |
| Central Manchester University Hospitals NHS Foundation Trust | 77 | 76 | 82 | 70 | 50 | 35 (70%) | 2 (0-14) | 70 | 17 (24%) | 16 (8-42) | 50 | 20 (40%) | 21 (9-61) | 72 |
| Countess of Chester Hospital NHS Foundation Trust | 52 | 52 | 56 | 45 | 31 | 20 (65%) | 3 (0-21) | 45 | 19 (42%) | 9 (5-17) | 34 | 17 (50%) | 14 (9-33) | 44 |
| East Lancashire Hospitals NHS Trust | 87 | 90 | 90 | 61 | 55 | 46 (84%) | 1 (0-3) | 61 | 20 (33%) | 14 (6-33) | 58 | 31 (53%) | 14 (6-38) | 39 |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic cases | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | | Number in symptom to procedure plot on page 45 |
|---|------------------------|-------------------|-------------------|-------------------|---|---|--|---|---|--|--|--|---|---|
| | | | | | Patients with exact symptom and referral dates | Patients referred within 7 days of symptom | Median delay and IQR from symptom to referral | Patients with exact referral and operation dates | Patients receiving surgery within 7 days of referral | Median delay and IQR from referral to surgery | Patients with exact symptom and operation dates | Patients receiving surgery within 14 days of symptom that triggered referral | Median delay and IQR from index symptom to surgery | |
| | | | | | N | N (%) | Med (IQR) | N | N (%) | Med (IQR) | N | N (%) | Med (IQR) | |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4112 28 | 2639 (64%) | 5 (2-14) | 4817 36 | 2157 (45%) | 9 (4-23) | 4194 29 | 2047 (49%) | 15 (8-40) | |
| Lancashire Teaching Hospitals NHS Foundation Trust | 46 | 46 | 48 | 42 | 40 | 22 (55%) | 7 (3-23) | 42 | 11 (26%) | 12 (7-24) | 41 | 15 (37%) | 21 (13-38) | 76 |
| Mid Cheshire Hospitals NHS Foundation Trust | 18 | 18 | 21 | 16 | 15 | 9 (60%) | 4 (3-33) | 16 | 8 (50%) | 9 (3-57) | 16 | 8 (50%) | 28 (6-74) | 89 |
| North Cumbria University Hospitals NHS Trust | 20 | 20 | 28 | 20 | 20 | 12 (60%) | 7 (5-19) | 20 | 10 (50%) | 8 (4-14) | 20 | 10 (50%) | 16 (10-41) | 54 |
| Pennine Acute Hospitals NHS Trust | 150 | 152 | 165 | 124 | 88 | 55 (63%) | 4 (1-20) | 124 | 36 (29%) | 16 (7-55) | 93 | 39 (42%) | 21 (10-65) | 74 |
| Royal Liverpool and Broadgreen University Hospitals NHS Trust | 40 | 40 | 46 | 36 | 35 | 28 (80%) | 5 (2-7) | 36 | 27 (75%) | 4 (2-7) | 35 | 28 (80%) | 8 (6-13) | 13 |
| Southport and Ormskirk Hospital NHS Trust | 22 | 22 | 21 | 22 | 21 | 13 (62%) | 5 (4-15) | 22 | 12 (55%) | 7 (5-20) | 21 | 9 (43%) | 18 (11-31) | 63 |
| Tameside Hospital NHS Foundation Trust | 21 | 21 | 39 | 16 | 6 | 4 (67%) | 5 (1-9) | 16 | 3 (19%) | 21 (8-45) | 6 | 1 (17%) | 19 (15-47) | ** |
| The Walton Centre NHS Foundation Trust | 9 | 9 | 10 | 7 | 2 | 0 (0%) | 175 (25-324) | 7 | 3 (43%) | 20 (1-35) | 2 | 0 (0%) | 207 (60-353) | ** |
| University Hospital of South Manchester NHS Foundation Trust | 114 | 117 | 126 | 89 | 44 | 30 (68%) | 3 (1-12) | 89 | 41 (46%) | 8 (3-20) | 44 | 24 (55%) | 13 (6-27) | 31 |
| University Hospitals Of Morecambe Bay NHS Foundation Trust | 44 | 44 | 50 | 42 | 28 | 24 (86%) | 1 (0-6) | 42 | 19 (45%) | 17 (3-56) | 28 | 18 (64%) | 7 (3-62) | 8 |
| Warrington and Halton Hospitals NHS Foundation Trust | 46 | 46 | 51 | 44 | 28 | 14 (50%) | 8 (3-11) | 44 | 17 (39%) | 10 (6-16) | 29 | 9 (31%) | 17 (12-29) | 59 |
| Wirral University Teaching Hospital NHS Foundation Trust | 52 | 52 | 52 | 49 | 48 | 36 (75%) | 3 (1-8) | 49 | 22 (45%) | 9 (6-19) | 48 | 29 (54%) | 14 (7-28) | 43 |
| Wrightington, Wigan And Leigh NHS Foundation Trust | 41 | 40 | 50 | 35 | 24 | 11 (46%) | 8 (4-53) | 35 | 3 (9%) | 90 (23-187) | 25 | 3 (12%) | 105 (45-220) | 107 |
| SOUTH CENTRAL | | | | | | | | | | | | | | |
| Basingstoke and North Hampshire NHS Foundation Trust | 6 | 6 | 5 | 2 | 1 | 0 (0%) | 112 (112-112) | 2 | 0 (0%) | 117 (103-131) | 1 | 0 (0%) | 215 (215-215) | ** |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic cases | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | | Number in symptom to procedure plot on page 45 |
|---|------------------------|-------------------|-------------------|-------------------|---|---|--|---|---|--|--|--|---|---|
| | | | | | Patients with exact symptom and referral dates | Patients referred within 7 days of symptom | Median delay and IQR from symptom to referral | Patients with exact referral and operation dates | Patients receiving surgery within 7 days of referral | Median delay and IQR from referral to surgery | Patients with exact symptom and operation dates | Patients receiving surgery within 14 days of symptom that triggered referral | Median delay and IQR from index symptom to surgery | |
| | | | | | N | N (%) | Med (IQR) | N | N (%) | Med (IQR) | N | N (%) | Med (IQR) | |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4112 28 | 2639 (64%) | 5 (2-14) | 4817 36 | 2157 (45%) | 9 (4-23) | 4194 29 | 2047 (49%) | 15 (8-40) | |
| Buckinghamshire Hospitals NHS Trust | 81 | 83 | 74 | 56 | 45 | 32 (71%) | 4 (2-10) | 56 | 25 (45%) | 11 (6-20) | 45 | 21 (47%) | 16 (8-29) | 53 |
| Milton Keynes Hospital NHS Foundation Trust | 3 | 3 | 4 | 3 | 2 | 1 (50%) | 37 (2-72) | 3 | 1 (33%) | 13 (7-161) | 2 | 1 (50%) | 47 (9-85) | ** |
| Oxford University Hospitals NHS Trust | 82 | 82 | 99 | 75 | 73 | 43 (59%) | 5 (2-11) | 75 | 35 (47%) | 8 (6-15) | 74 | 36 (49%) | 15 (8-26) | 49 |
| Portsmouth Hospitals NHS Trust | 87 | 89 | 92 | 77 | 62 | 41 (66%) | 3 (1-12) | 77 | 18 (23%) | 25 (8-51) | 64 | 18 (28%) | 25 (10-57) | 82 |
| Royal Berkshire NHS Foundation Trust | 14 | 14 | 14 | 14 | 9 | 6 (67%) | 7 (3-21) | 14 | 4 (29%) | 9 (7-20) | 9 | 4 (44%) | 17 (12-27) | ** |
| University Hospital Southampton NHS Foundation Trust | 103 | 102 | 104 | 84 | 79 | 62 (78%) | 4 (3-7) | 84 | 34 (40%) | 9 (6-17) | 79 | 46 (58%) | 13 (10-24) | 38 |
| SOUTH EAST COAST | | | | | | | | | | | | | | |
| Ashford And St Peter's Hospitals NHS Foundation Trust | 38 | 36 | 39 | 32 | 22 | 13 (59%) | 6 (2-26) | 32 | 9 (28%) | 32 (6-89) | 24 | 9 (38%) | 31 (10-100) | 95 |
| Brighton and Sussex University Hospitals NHS Trust | 39 | 39 | 39 | 38 | 26 | 22 (85%) | 4 (1-6) | 38 | 18 (47%) | 8 (5-13) | 28 | 21 (75%) | 10 (6-15) | 18 |
| Dartford and Gravesham NHS Trust | 8 | 8 | 11 | 5 | 5 | 1 (20%) | 14 (12-17) | 5 | 0 (0%) | 20 (20-23) | 5 | 0 (0%) | 37 (35-52) | ** |
| East Kent Hospitals University NHS Foundation Trust | 71 | 72 | 89 | 58 | 53 | 37 (70%) | 3 (1-12) | 58 | 49 (84%) | 2 (1-4) | 53 | 38 (72%) | 5 (3-16) | 2 |
| East Sussex Healthcare NHS Trust | 9 | 9 | 23 | 9 | 8 | 1 (13%) | 25 (12-51) | 9 | 2 (22%) | 13 (8-30) | 8 | 0 (0%) | 48 (37-61) | ** |
| Frimley Park Hospital NHS Foundation Trust | 57 | 57 | 66 | 49 | 44 | 28 (64%) | 4 (2-33) | 49 | 26 (53%) | 6 (2-16) | 46 | 28 (54%) | 12 (5-55) | 25 |
| Maidstone and Tunbridge Wells NHS Trust | 11 | 11 | 7 | 11 | 8 | 7 (88%) | 4 (2-6) | 11 | 7 (64%) | 6 (3-13) | 8 | 7 (88%) | 8 (6-11) | ** |
| Medway NHS Foundation Trust | 25 | 25 | 25 | 21 | 19 | 11 (58%) | 5 (2-33) | 21 | 6 (29%) | 15 (7-28) | 19 | 5 (26%) | 27 (9-61) | 85 |
| Surrey and Sussex Healthcare NHS Trust | 27 | 28 | 25 | 26 | 23 | 19 (83%) | 3 (2-7) | 26 | 13 (50%) | 8 (5-13) | 24 | 13 (54%) | 13 (8-19) | 32 |
| Western Sussex Hospitals NHS Trust | 27 | 28 | 34 | 26 | 23 | 10 (43%) | 12 (5-26) | 26 | 9 (35%) | 9 (6-16) | 23 | 5 (23%) | 27 (15-55) | 87 |
| SOUTH WEST | | | | | | | | | | | | | | |
| Dorset County Hospital NHS Foundation Trust | 25 | 24 | 26 | 25 | 20 | 12 (60%) | 6 (3-30) | 25 | 13 (52%) | 7 (4-28) | 21 | 10 (48%) | 21 (6-47) | 70 |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic cases | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | | Number in symptom to procedure plot on page 45 |
|---|------------------------|-------------------|-------------------|-------------------|---|---|--|---|---|--|--|--|---|---|
| | | | | | Patients with exact symptom and referral dates | Patients referred within 7 days of symptom | Median delay and IQR from symptom to referral | Patients with exact referral and operation dates | Patients receiving surgery within 7 days of referral | Median delay and IQR from referral to surgery | Patients with exact symptom and operation dates | Patients receiving surgery within 14 days of symptom that triggered referral | Median delay and IQR from index symptom to surgery | |
| | | | | | | | | | | | | | | |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4112 28 | 2639 (64%) | 5 (2-14) | 4817 36 | 2157 (45%) | 9 (4-23) | 4194 29 | 2047 (49%) | 15 (8-40) | |
| Gloucestershire Hospitals NHS Foundation Trust | 62 | 63 | 60 | 61 | 56 | 47 (84%) | 3 (2-6) | 61 | 28 (46%) | 8 (4-13) | 56 | 38 (68%) | 12 (7-17) | 26 |
| Great Western Hospitals NHS Foundation Trust | 23 | 22 | 22 | 16 | 15 | 12 (80%) | 4 (3-7) | 16 | 7 (44%) | 9 (4-13) | 15 | 10 (67%) | 13 (7-16) | 34 |
| North Bristol NHS Trust | 27 | 29 | 29 | 26 | 25 | 18 (72%) | 5 (4-8) | 26 | 20 (77%) | 6 (3-7) | 26 | 18 (69%) | 10 (6-18) | 19 |
| Northern Devon Healthcare NHS Trust | 23 | 23 | 23 | 21 | 18 | 8 (44%) | 12 (4-23) | 21 | 14 (67%) | 6 (3-9) | 18 | 9 (50%) | 18 (12-28) | 65 |
| Plymouth Hospitals NHS Trust | 47 | 49 | 49 | 38 | 33 | 24 (73%) | 3 (2-8) | 38 | 15 (39%) | 10 (5-21) | 35 | 18 (51%) | 14 (7-23) | 42 |
| Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust | 78 | 77 | 83 | 74 | 44 | 32 (73%) | 3 (1-8) | 74 | 18 (24%) | 35 (8-60) | 44 | 17 (39%) | 30 (9-61) | 93 |
| Royal Cornwall Hospitals NHS Trust | 43 | 42 | 41 | 42 | 38 | 31 (82%) | 3 (2-5) | 42 | 27 (64%) | 6 (4-8) | 39 | 28 (72%) | 11 (7-15) | 21 |
| Royal Devon and Exeter NHS Foundation Trust | 44 | 43 | 46 | 37 | 37 | 30 (81%) | 3 (1-5) | 37 | 19 (51%) | 7 (3-17) | 37 | 22 (59%) | 10 (6-31) | 20 |
| Royal United Hospital Bath NHS Trust | 36 | 36 | 41 | 26 | 21 | 10 (48%) | 8 (3-26) | 26 | 14 (54%) | 7 (4-14) | 21 | 11 (52%) | 13 (7-39) | 35 |
| Salisbury NHS Foundation Trust | 25 | 25 | 29 | 22 | 17 | 8 (47%) | 8 (3-16) | 21 | 10 (48%) | 9 (6-15) | 17 | 8 (47%) | 21 (12-32) | 75 |
| South Devon Healthcare NHS Foundation Trust | 31 | 32 | 31 | 30 | 28 | 14 (50%) | 8 (3-23) | 30 | 11 (37%) | 13 (5-17) | 28 | 13 (46%) | 21 (8-45) | 71 |
| Taunton and Somerset NHS Foundation Trust | 54 | 55 | 54 | 52 | 46 | 35 (76%) | 5 (3-7) | 52 | 22 (42%) | 8 (6-19) | 46 | 23 (50%) | 15 (9-29) | 50 |
| University Hospitals of Bristol NHS Foundation Trust | 43 | 43 | 43 | 37 | 30 | 23 (77%) | 3 (2-7) | 37 | 13 (35%) | 13 (4-33) | 30 | 16 (53%) | 14 (5-43) | 41 |
| WEST MIDLANDS | | | | | | | | | | | | | | |
| Dudley Group of Hospitals NHS Trust | 84 | 86 | 85 | 63 | 61 | 39 (64%) | 4 (2-27) | 63 | 19 (30%) | 16 (7-39) | 62 | 21 (34%) | 30 (10-80) | 94 |
| Heart of England NHS Foundation Trust | 81 | 82 | 85 | 66 | 55 | 39 (71%) | 0 (0-14) | 66 | 27 (41%) | 13 (5-52) | 55 | 26 (47%) | 18 (5-74) | 61 |
| Mid Staffordshire NHS Foundation Trust | 10 | 11 | 12 | 7 | 7 | 2 (29%) | 14 (6-34) | 7 | 0 (0%) | 16 (13-16) | 7 | 0 (0%) | 30 (18-47) | ** |
| Royal Wolverhampton Hospitals NHS Trust | 38 | 39 | 38 | 33 | 31 | 27 (87%) | 3 (2-5) | 33 | 29 (88%) | 5 (2-7) | 31 | 28 (90%) | 8 (4-12) | 11 |
| Sandwell and West Birmingham Hospitals NHS Trust | 30 | 32 | 30 | 27 | 26 | 13 (50%) | 8 (4-12) | 27 | 4 (15%) | 12 (9-16) | 27 | 7 (26%) | 20 (14-36) | 69 |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic cases | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | | Number in symptom to procedure plot on page 45 |
|--|------------------------|-------------------|-------------------|-------------------|---|--|--|---|--|--|--|---|---|---|
| | | | | | Patients with exact symptom and referral dates | Patients referred within 7 days of symptom | Median delay and IQR from symptom to referral | Patients with exact referral and operation dates | Patients receiving surgery within 7 days of referral | Median delay and IQR from referral to surgery | Patients with exact symptom and operation dates | Patients receiving surgery within 14 days of symptom that triggered referral | Median delay and IQR from index symptom to surgery | |
| | | | | | | | | | | | | | | |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4112 28 | 2639 (64%) | 5 (2-14) | 4817 36 | 2157 (45%) | 9 (4-23) | 4194 29 | 2047 (49%) | 15 (8-40) | |
| Shrewsbury & Telford Hospital NHS Trust | 40 | 40 | 46 | 38 | 31 | 18 (58%) | 5 (3-14) | 38 | 18 (47%) | 10 (4-43) | 32 | 14 (44%) | 17 (10-74) | 57 |
| University Hospital Of North Staffordshire NHS Trust | 48 | 53 | 62 | 44 | 32 | 22 (69%) | 2 (0-22) | 44 | 9 (20%) | 29 (10-72) | 35 | 10 (29%) | 36 (12-88) | 99 |
| University Hospitals Birmingham NHS Foundation Trust | 45 | 44 | 57 | 33 | 17 | 9 (53%) | 6 (1-25) | 33 | 3 (9%) | 31 (17-52) | 17 | 3 (18%) | 28 (20-57) | 91 |
| University Hospitals Coventry and Warwickshire NHS Trust | 69 | 69 | 77 | 60 | 54 | 36 (67%) | 5 (1-11) | 60 | 25 (42%) | 11 (5-43) | 56 | 27 (48%) | 17 (8-43) | 55 |
| Walsall Hospitals NHS Trust | 28 | 27 | 38 | 27 | 23 | 14 (61%) | 3 (0-20) | 27 | 3 (11%) | 38 (28-93) | 26 | 4 (15%) | 56 (36-108) | 102 |
| Worcestershire Acute Hospitals NHS Trust | 49 | 49 | 72 | 47 | 43 | 21 (49%) | 8 (3-19) | 47 | 28 (60%) | 7 (3-14) | 43 | 19 (44%) | 18 (9-34) | 62 |
| YORKSHIRE AND THE HUMBER | | | | | | | | | | | | | | |
| Bradford Teaching Hospitals NHS Foundation Trust | 48 | 51 | 57 | 45 | 41 | 21 (51%) | 6 (3-24) | 45 | 21 (47%) | 8 (6-14) | 43 | 22 (51%) | 12 (10-43) | 30 |
| Calderdale and Huddersfield NHS Foundation Trust | 47 | 51 | 48 | 46 | 43 | 33 (77%) | 3 (2-6) | 46 | 21 (46%) | 8 (6-15) | 44 | 23 (52%) | 12 (8-22) | 27 |
| Doncaster and Bassetlaw Hospitals NHS Foundation Trust | 53 | 53 | 53 | 47 | 42 | 27 (64%) | 4 (2-14) | 47 | 15 (32%) | 9 (7-14) | 43 | 23 (53%) | 14 (10-28) | 46 |
| Hull and East Yorkshire Hospitals NHS Trust | 64 | 64 | 63 | 60 | 60 | 22 (37%) | 14 (6-48) | 60 | 28 (47%) | 14 (6-42) | 60 | 12 (20%) | 46 (19-83) | 100 |
| Leeds Teaching Hospitals NHS Trust | 38 | 39 | 63 | 37 | 35 | 25 (71%) | 3 (1-11) | 37 | 32 (86%) | 3 (2-5) | 36 | 28 (78%) | 7 (3-12) | 6 |
| Mid Yorkshire Hospitals NHS Trust | 29 | 29 | 32 | 29 | 28 | 21 (75%) | 5 (2-9) | 29 | 8 (28%) | 14 (7-30) | 29 | 10 (34%) | 20 (12-68) | 68 |
| Northern Lincolnshire and Goole Hospitals NHS Foundation Trust | 10 | 10 | 10 | 10 | 8 | 6 (75%) | 5 (2-18) | 10 | 3 (30%) | 11 (6-40) | 8 | 3 (38%) | 21 (9-40) | ** |
| Scarborough and North East Yorkshire Health Care NHS Trust | 21 | 21 | 28 | 13 | 13 | 8 (62%) | 7 (2-10) | 13 | 5 (38%) | 9 (5-15) | 13 | 6 (46%) | 17 (11-22) | 58 |
| Sheffield Teaching Hospitals NHS Foundation | 64 | 64 | 73 | 60 | 51 | 24 (47%) | 11 (4-28) | 60 | 22 (37%) | 9 (7-31) | 52 | 17 (33%) | 29 (13-50) | 92 |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic cases | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | | Number in symptom to procedure plot on page 45 | |
|--|------------------------|-------------------|-------------------|-------------------|---|--|---|---|--|---|--|--|--|---|---|
| | | | | | Patients with exact symptom and referral dates | Patients referred within 7 days of symptom | Median delay and IQR from symptom to referral | Patients with exact referral and operation dates | Patients receiving surgery within 7 days of referral | Median delay and IQR from referral to surgery | Patients with exact symptom and operation dates | Patients receiving surgery within 14 days of symptom that triggered referral | Median delay and IQR from index symptom to surgery | | |
| | | | | | | | | | | | | | | | N |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4112 28 | 2639 (64%) | 5 (2-14) | 4817 36 | 2157 (45%) | 9 (4-23) | 4194 29 | 2047 (49%) | 15 (8-40) | | |
| Trust | | | | | | | | | | | | | | | |
| York Teaching Hospital NHS Foundation Trust | 94 | 91 | 92 | 78 | 72 | 56 (78%) | 4 (2-7) | 78 | 64 (82%) | 3 (1-4) | 72 | 55 (76%) | 7 (4-14) | 7 | |
| NORTHERN IRELAND | | | | | | | | | | | | | | | |
| Belfast Health and Social Care Trust | 122 | 124 | 121 | 100 | 90 | 37 (41%) | 11 (4-35) | 100 | 46 (46%) | 8 (4-20) | 90 | 27 (30%) | 24 (10-56) | 79 | |
| Southern Health and Social Care Trust | 10 | 10 | 17 | 8 | 7 | 5 (71%) | 6 (3-12) | 8 | 4 (50%) | 8 (4-18) | 7 | 4 (57%) | 11 (11-17) | ** | |
| Western Health and Social Care Trust | 19 | 19 | 16 | 18 | 17 | 8 (47%) | 8 (4-20) | 18 | 7 (39%) | 9 (7-14) | 17 | 6 (35%) | 17 (12-33) | 60 | |
| WALES | | | | | | | | | | | | | | | |
| Abertawe Bro Morgannwg University Health Board | 91 | 90 | 133 | 81 | 71 | 51 (72%) | 4 (2-12) | 81 | 37 (46%) | 8 (3-19) | 71 | 38 (54%) | 13 (8-42) | 37 | |
| Aneurin Bevan Health Board | 52 | 54 | 64 | 47 | 36 | 10 (28%) | 15 (7-29) | 47 | 14 (30%) | 15 (7-30) | 38 | 9 (24%) | 31 (19-47) | 81 | |
| Betsi Cadwaladr University Health Board | 53 | 55 | 58 | 45 | 41 | 28 (68%) | 5 (2-10) | 45 | 8 (18%) | 19 (13-42) | 44 | 9 (20%) | 25 (18-48) | 96 | |
| Cardiff and Vale University Health Board | 6 | 6 | 52 | 5 | 5 | 3 (60%) | 3 (1-35) | 5 | 2 (40%) | 12 (4-35) | 5 | 2 (40%) | 15 (5-70) | ** | |
| Cwm Taf University Health Board | 51 | 49 | 55 | 49 | 39 | 33 (85%) | 2 (1-5) | 49 | 27 (55%) | 7 (4-10) | 39 | 30 (77%) | 9 (6-14) | 15 | |
| SCOTLAND | | | | | | | | | | | | | | | |
| NHS Ayrshire & Arran | 21 | 21 | 24* | 20 | 18 | 12 (67%) | 5 (3-10) | 20 | 10 (50%) | 8 (4-12) | 18 | 11 (61%) | 12 (8-25) | 28 | |
| NHS Dumfries and Galloway | 30 | 30 | 22* | 29 | 23 | 11 (48%) | 9 (5-22) | 29 | 7 (24%) | 14 (8-24) | 23 | 5 (22%) | 28 (15-39) | 90 | |
| NHS Fife | 10 | 10 | 11 | 10 | 9 | 3 (33%) | 10 (7-13) | 10 | 1 (10%) | 25 (14-31) | 9 | 1 (11%) | 38 (19-44) | ** | |
| NHS Forth Valley | 32 | 31 | 34 | 27 | 25 | 16 (64%) | 5 (3-11) | 27 | 7 (26%) | 11 (6-34) | 25 | 8 (32%) | 21 (10-35) | 73 | |
| NHS Grampian | 17 | 17 | 11* | 13 | 10 | 5 (50%) | 7 (2-37) | 13 | 7 (54%) | 7 (5-13) | 11 | 5 (45%) | 16 (7-66) | 52 | |
| NHS Greater Glasgow and Clyde | 48 | 46 | 102* | 45 | 34 | 12 (35%) | 11 (5-38) | 45 | 17 (38%) | 10 (6-17) | 35 | 12 (34%) | 20 (12-44) | 67 | |
| NHS Highland | 55 | 54 | 54 | 48 | 42 | 13 (31%) | 13 (6-31) | 48 | 4 (8%) | 14 (10-24) | 42 | 9 (21%) | 28 (17-62) | 88 | |
| NHS Lanarkshire | 17 | 17 | 37* | 17 | 13 | 4 (31%) | 12 (7-38) | 17 | 4 (24%) | 12 (10-18) | 13 | 1 (8%) | 26 (19-50) | 84 | |

| Trust name | All cases in the audit | HES comparator | Cases in HES | Symptomatic cases | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | | Number in symptom to procedure plot on page 45 |
|--|------------------------|-------------------|-------------------|-------------------|---|--|---|---|--|---|--|--|--|---|
| | | | | | Patients with exact symptom and referral dates | Patients referred within 7 days of symptom | Median delay and IQR from symptom to referral | Patients with exact referral and operation dates | Patients receiving surgery within 7 days of referral | Median delay and IQR from referral to surgery | Patients with exact symptom and operation dates | Patients receiving surgery within 14 days of symptom that triggered referral | Median delay and IQR from index symptom to surgery | |
| | | | | | N | N (%) | Med (IQR) | N | N (%) | Med (IQR) | N | N (%) | Med (IQR) | |
| National <i>Median per trust</i> | 5543 40 | 5591 40 | 6277 45 | 4818 36 | 4112 28 | 2639 (64%) | 5 (2-14) | 4817 36 | 2157 (45%) | 9 (4-23) | 4194 29 | 2047 (49%) | 15 (8-40) | |
| NHS Lothian | 92 | 92 | 90 | 92 | 88 | 66 (75%) | 5 (2-8) | 92 | 35 (38%) | 10 (7-17) | 88 | 43 (49%) | 16 (10-23) | 51 |
| NHS Tayside | 17 | 17 | 10* | 16 | 15 | 8 (53%) | 7 (5-9) | 16 | 8 (50%) | 7 (3-13) | 15 | 8 (53%) | 14 (10-25) | 45 |

* Please see the note regarding the accuracy of SMR01 data from these health boards on page 11.

**These 18 trusts are not included in the plot on page 25 as they had fewer than 10 symptomatic patients in Round 4 with exact symptom and surgery dates.

SHA level Indicators

| Region | Total number of cases reported in Round 4 | HES Comparator | Cases in HES | Symptomatic cases | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | |
|------------------|---|----------------|--------------|-------------------|--|---|---|---|---|---|--|---|--|
| | | | | | Total cases with exact symptom and referral dates | Total cases referred within 7 days of symptom | Median delay and IQR from symptom to referral | Total cases with exact referral and operation dates | Total cases receiving surgery within 7 days of referral | Median delay and IQR from referral to surgery | Total cases with exact symptom and operation dates | Total cases receiving surgery within 14 days of symptom that triggered referral | Median delay and IQR from index symptom to surgery |
| | N | N | N | N | N | N (%) | Med (IQR) | N | N (%) | Med (IQR) | N | N (%) | Med (IQR) |
| National | 5543 | 5591 | 6277 | 4818 | 4112 | 2639 (64%) | 5 (2-14) | 4817 | 2157 (45%) | 9 (4-23) | 4194 | 2047 (49%) | 15 (8-40) |
| East Midlands | 380 | 381 | 405 | 341 | 299 | 191 (64%) | 4 (2-14) | 341 | 197 (58%) | 6 (3-18) | 303 | 169 (56%) | 12 (6-35) |
| East of England | 514 | 516 | 556 | 414 | 377 | 236 (63%) | 5 (2-16) | 414 | 177 (43%) | 10 (4-35) | 384 | 166 (43%) | 17 (9-55) |
| London | 489 | 502 | 597 | 402 | 344 | 241 (70%) | 3 (1-10) | 402 | 272 (68%) | 5 (2-11) | 354 | 240 (68%) | 9 (5-25) |
| North East | 260 | 268 | 283 | 239 | 210 | 135 (64%) | 5 (2-14) | 239 | 89 (37%) | 9 (6-17) | 216 | 106 (49%) | 15 (10-36) |
| North West | 918 | 922 | 1077 | 789 | 596 | 390 (65%) | 4 (1-14) | 789 | 306 (39%) | 11 (5-32) | 611 | 290 (47%) | 16 (7-50) |
| South Central | 376 | 379 | 392 | 311 | 271 | 185 (68%) | 4 (2-10) | 311 | 117 (38%) | 10 (6-25) | 274 | 126 (46%) | 16 (9-34) |
| South East Coast | 312 | 313 | 358 | 275 | 231 | 149 (65%) | 5 (2-17) | 275 | 139 (51%) | 7 (2-20) | 238 | 123 (52%) | 14 (6-41) |
| South West | 561 | 563 | 577 | 507 | 428 | 304 (71%) | 4 (2-10) | 506 | 231 (46%) | 8 (4-21) | 433 | 241 (56%) | 13 (7-30) |
| West Midlands | 522 | 532 | 602 | 445 | 380 | 240 (63%) | 4 (1-14) | 445 | 165 (37%) | 13 (6-40) | 391 | 159 (41%) | 21 (9-56) |

| Region | Total number of cases reported in Round 4 | HES Comparator | Cases in HES | Symptomatic cases | Time from index symptom to referral (A to B on Figure 1) | | | Time from referral to surgery (B to C on Figure 1) | | | Time from symptom to surgery (A to C on Figure 1) | | |
|--------------------------|---|----------------|--------------|-------------------|--|---|---|---|---|---|--|---|--|
| | | | | | Total cases with exact symptom and referral dates | Total cases referred within 7 days of symptom | Median delay and IQR from symptom to referral | Total cases with exact referral and operation dates | Total cases receiving surgery within 7 days of referral | Median delay and IQR from referral to surgery | Total cases with exact symptom and operation dates | Total cases receiving surgery within 14 days of symptom that triggered referral | Median delay and IQR from index symptom to surgery |
| | N | N | N | N | N | N (%) | Med (IQR) | N | N (%) | Med (IQR) | N | N (%) | Med (IQR) |
| National | 5543 | 5591 | 6277 | 4818 | 4112 | 2639 (64%) | 5 (2-14) | 4817 | 2157 (45%) | 9 (4-23) | 4194 | 2047 (49%) | 15 (8-40) |
| Yorkshire and The Humber | 468 | 473 | 519 | 425 | 393 | 243 (62%) | 6 (2-15) | 425 | 219 (52%) | 7 (3-15) | 400 | 199 (50%) | 15 (8-43) |
| ENGLAND | 4800 | 4849 | 5366 | 4148 | 3529 | 2314 (66%) | 4 (2-13) | 4147 | 1912 (46%) | 8 (4-24) | 3604 | 1819 (50%) | 14 (7-40) |
| NORTHERN IRELAND | 151 | 153 | 154 | 126 | 114 | 50 (44%) | 10 (4-29) | 126 | 57 (45%) | 8 (5-19) | 114 | 37 (32%) | 22 (11-47) |
| SCOTLAND | 339 | 334 | 395* | 317 | 277 | 150 (54%) | 7 (3-14) | 317 | 100 (32%) | 11 (7-19) | 279 | 103 (37%) | 19 (11-36) |
| WALES | 253 | 254 | 362 | 227 | 192 | 125 (65%) | 5 (2-14) | 227 | 88 (39%) | 11 (5-24) | 197 | 88 (45%) | 19 (9-42) |

*Please see note on the accuracy of the SMR01 data on page 11.

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Appendices

Appendix 1: Glossary

| | |
|---|--|
| Amaurosis fugax | Transient loss of vision in one eye due to an interruption of blood flow to the retina. |
| Asymptomatic Patient | A patient who does not yet show any outward signs or symptoms of plaque. |
| Carotid Endarterectomy (CEA) | Carotid Endarterectomy is a surgical procedure in which build-up is removed from the carotid artery. |
| Carotid Stenosis | Abnormal narrowing of the neck artery to the brain. |
| Cranial Nerve Injury (CNI) | Damage to one of the 12 nerves supplying the head and neck. |
| Electrocardiogram (ECG) | An ECG records the electrical activity of the heart, and can be used to detect abnormal heart rhythms and is sometimes carried out before operations. |
| Hospital Episode Statistics (HES) | HES is the national statistical data warehouse for England regarding the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. There are equivalent agencies in Northern Ireland, Scotland and Wales but in this report, the term HES is used generically to describe data that are collected by any of these national agencies. |
| Inter-quartile range (IQR) | Once the data are arranged in ascending order, this is the central 50% of all values and is otherwise known as the 'middle fifty' or IQR. |
| Median | The median is the middle value in the data set; 50% of the values are below this point and 50% are above this point. |
| Myocardial Infarct (MI) | Otherwise known as a Heart Attack, MI involves the interruption of the blood supply to part of the heart muscle. |
| Occluded artery | An artery that has become blocked and stops blood flow. |
| Plaque | Scale in an artery made of fat, cholesterol and other substances. This hard material builds up on the artery wall and can cause narrowing or blockage of an artery or a piece may break off causing a blockage in another part of the arterial circulation. |
| Strategic Health Authority (SHA) | An organisation, accountable to government, that assesses the health needs of local people and ensures that local health services are commissioned and provided to meet those needs. |
| Stroke | A brain injury caused by a sudden interruption of blood flow with symptoms that last for more than 24 hours. |
| Symptomatic | A patient showing symptoms is known to be symptomatic. |
| Transient ischaemic attack (TIA) | A "mini-stroke" where the blood supply to the brain is briefly interrupted and recovers within 24 hours. |
| Trust or Health Board | A public sector corporation that contains a number of hospitals, clinics and health provisions. For example, there were 4 hospitals in the trust and 3 trusts in the SHA. |
| Vascular Society of Great Britain and Ireland (VSGBI) | The VSGBI is a registered charity founded to relieve sickness and to preserve, promote and protect the health of the public by advancing excellence and innovation in vascular health, through education, audit and research. The VSGBI represents and provides professional support for over 600 members and focuses on non-cardiac vascular disease. |

Appendix 2: Proforma

Phase 1 [Referral to hospital discharge]

Section 1: Demographics

- 1.1 Date procedure was undertaken: _____ [DD/MM/YYYY]
[Date entered should be from 1st Dec 2005 onwards]
- 1.1a Was this procedure successfully completed? Yes Abandoned [Tick 1 option only]
[If Yes, go to 1.2] [If Abandoned, 1.1b **must be completed**]
[NB This form still needs to be completed even if the procedure was abandoned]
- 1.1b If procedure was *Abandoned*, give reason: _____
- 1.2 RCP surgeon code: _____ [On the web tool, this field is filled automatically if an individual login was used to access the web tool. If a 'unit admin' login was used, the relevant code must be selected from a drop down menu] [3 digits]
- 1.2a GMC Number: _____ [On the web tool, this field is filled automatically once Q1.2 is filled] [7 digits]
- 1.3 Hospital name: _____ [On the web tool, this field is filled automatically if the surgeon or radiologists performs carotid procedures at 1 hospital only, otherwise the relevant hospital name must be selected manually from a drop down menu] [Describes hospital where the procedure was performed]
- 1.4 RCP Hospital code: _____ [On the web tool, this field is filled automatically] once Q1.3 [3 digits]
- 1.5 Date of birth: _____ [DD/MM/YYYY]
- 1.6a Patient code: _____ [Describes a random number (up to 3 digits) that you give to the patient for anonymity]
- 1.6b Patient hospital number: _____ [On the web tool, this field is visible to hospital staff only] [Describes the identifier that is on the patient's local hospital records]
- 1.7 Gender: Male Female [Tick 1 option only]
- 1.9 Ethnicity: [Tick 1 option only]

| | | |
|-------------------------------|-----------------------|---|
| White | <input type="radio"/> | British, Irish, Any other white background |
| Mixed | <input type="radio"/> | White and Black Caribbean, White and Black African, White and Asian, Any other Mixed background |
| Asian or Asian British | <input type="radio"/> | Indian, Pakistani, Bangladeshi, Any other Asian background |
| Black or Black British | <input type="radio"/> | Caribbean, African, Any other Black background |
| Chinese or other ethnic group | <input type="radio"/> | Chinese, Any other |

- 1.10 Which of the following procedures was performed? [Tick 1 option only]
Surgical carotid endarterectomy Angioplasty/stent Combined CEA and angioplasty/stent
[If Surgical carotid endarterectomy is selected, ignore 13.1 to 13.1b and 13.10 to 13.12]
[If Angioplasty/stent is selected, ignore 12.3a and 13.4 to 13.9]
[If Combined CEA & angioplasty/stent is selected, ignore 13.1 to 13.2a]
- 1.11 Date patient was admitted to this Hospital in **this episode** of care: _____
[DD/MM/YYYY] [Date entered CANNOT be after date of procedure (1.1) but can be EQUAL to date of procedure (1.1)]

Section 2: Risk Factors

- 2.1 Diagnosed Diabetic: Yes No [Tick 1 option only]
- 2.2 Any current symptoms of or treatment for ischaemic heart disease or congestive heart failure?
Yes No [Tick 1 option only]
- 2.3 Known peripheral arterial vascular disease (symptoms or previous intervention) Yes No

2.4 Pre-operative blood pressure (e.g. taken on day or prior to surgery or in clinic):

Systolic BP (mmHg): [] *[Min= 20, Max=350]*
Diastolic BP (mmHg): [] *[Min= 20, Max=350]*

Section 3: Referral to surgeons

3.1 Date of referral to team under whose care surgery or angioplasty/stenting was undertaken: _____
[DD/MM/YYYY] [Date entered can be from 1st Dec 2003 onwards but CANNOT be after date of procedure (1.1)]

3.1a Date patient was first seen by team under whose care surgery or angioplasty/stenting was undertaken:
[DD/MM/YYYY] [Date entered can be from 1st Dec 2003 onwards but CANNOT be after date of procedure (1.1)]

3.2 Who referred the patient to the team under whose care surgery or angioplasty/stenting was undertaken?
[Tick 1 option only]

General Practitioner Neurologist Stroke Physician Radiologist
Care of the Elderly Consultant Vascular Surgeon Cardiologist/Cardiothoracic surgeon
Ophthalmology Self referral Other Surgeon Other
[If NOT Other, go to 3.3] [If Other, 3.2a must be completed]

3.2a If answered *Other* to 3.2, specify:

3.3 Was the patient referred from another Trust? Yes No *[Tick 1 option only]*

Section 4: Indications that triggered referral

4.1 Was the patient symptomatic for carotid disease? Yes No *[Tick 1 option only]*
[If 'No', ignore 4.1a to 4.1d and 7.1.]
[If 'Yes', ignore 4.1e and 4.1a or 4.1b and 4.1c must be completed]

4.1a If 'Yes', give the **date** the patient experienced the symptom that triggered referral for surgery or angioplasty/stent:

[DD/MM/YYYY] [If date is given, go to 4.1c]
[Date entered can be from 1st Dec 2000 onwards but CANNOT be after date of procedure (1.1)]

Date not known *[If this option is selected 4.1b must be completed]*

4.1b If *Date Not known*, estimate the time between the date the patient experienced the symptom and the date that the initial referral for surgery or angioplasty/stent was made: *[Tick 1 option only]*

1-2 days 3-7 days 8-14 days 15-21 days 22-28 days >28 days

4.1c What was the symptom that triggered referral for surgery or angioplasty/stent? *[Tick 1 option only]*
[NB only the INDEX symptom is required even if the patient had other symptoms]

Amaurosis fugax Transient ischaemic attack Stroke
Chronic cerebral hypoperfusion Other
[If Other is selected, 4.1d must be completed]

4.1d If answered *Other* to 4.1c, specify: _____

4.1e If 'No' to 4.1, is CEA or angioplasty/stent being undertaken prior to major surgery (e.g. CABG) or as part of randomised trial? *[Tick 1 option only]*

Major surgery (e.g. CABG) Randomised trial Neither of these

Section 5: DIAGNOSTIC carotid imaging [i.e. Imaging that identified ICA stenosis requiring treatment]

- 5.1 Date of the initial DIAGNOSTIC carotid imaging that identified ICA stenosis requiring treatment:
_____ [DD/MM/YYYY]
[Date entered can be from 1st Dec 2003 onwards but CANNOT be after date of procedure (1.1)]
- 5.2 Specify imaging modalities used on date given in 5.1: [Select at least 1 option]
Duplex MR angiogram Catheter angiogram CT angiogram Other or Not documented
- 5.2a Grade of ipsilateral carotid stenosis (based on **NASCET** criteria): [Tick 1 option only]
[Describes measurement used to identify suitability for intervention]
<50% 50%-69% 70%-89% 90%-99% Occluded
- 5.2b Grade of contralateral carotid stenosis (based on **NASCET** criteria): [Tick 1 option only]
Not done <50% 50%-69% 70%-89% 90%-99% Occluded
- 5.3 Has the patient had further pre-operative carotid imaging after initial scan, to confirm diagnosis? [Tick 1 option only]
Yes No [If No, go to 6.1] [If Yes, 5.3a **must be completed**]
- 5.3a Date patient had further pre-operative carotid imaging after initial scan, to confirm diagnosis:
_____ [DD/MM/YYYY] [Date entered **MUST** be BEFORE date of procedure (1.1)]
- 5.3b Specify imaging modalities used on date given in 5.3a: [Select at least 1 option]
Duplex MR angiogram Catheter angiogram CT angiogram Other or Not documented
- 5.3c If answered Yes to 5.3, specify grade of ipsilateral carotid stenosis (based on **NASCET** criteria):
<50% 50%-69% 70%-89% 90%-99% Occluded
- 5.3d If answered Yes to 5.3, did the patient have a string sign (with a collapsed ICA)? Yes No
- 5.3e If answered Yes to 5.3, specify grade of contralateral carotid stenosis (based on **NASCET** criteria):
[Tick 1 option only]
Not done <50% 50%-69% 70%-89% 90%-99% Occluded

Section 6: Most recent carotid imaging prior to undergoing this surgery or angioplasty/stent

- 6.1 Has the patient had further pre-operative carotid imaging to confirm patency immediately prior to surgery or angioplasty/stent?
Yes No [If No, go to 7.1] [If Yes, 6.1a **must be completed**]
- 6.1a If answered Yes to 6.1, give date of pre-operative imaging to confirm patency prior to surgery or angioplasty/stent:
_____ [DD/MM/YYYY] [Date entered **MUST** be ON or BEFORE date of procedure (1.1)]

Section 7: Function prior to undergoing this surgery or angioplasty/stent

- 7.1 Give date of the most recent ISCHAEMIC event prior to surgery or angioplasty/stent: _____
[DD/MM/YYYY]
[Date entered can be from 1st Dec 2003]
- 7.2 Rankin score immediately pre-operatively or prior to angioplasty/stent: [Tick 1 option only]
- 0 Asymptomatic
 - 1 Non-disabling symptoms no interference with lifestyle
 - 2 Minor disability some restriction in lifestyle but does not interfere with patient's capacity to look after self
 - 3 Moderate disability symptoms significantly interfere with lifestyle or prevent totally independent existence
 - 4 Moderately severe symptoms prevent independent existence but patient does not need attention 24hrs
 - 5 Severely disabled totally dependent day and night

Section 8: Previous carotid interventional procedures

- 8.1 Previous ipsilateral carotid surgery: Yes No [Tick 1 option only]
- 8.2 Previous ipsilateral carotid angioplasty or stent: Yes No [Tick 1 option only]

Section 9: Tests prior to undergoing this surgery or angioplasty/stent

- 9.1 Creatinine: [] (mmol/L) [Min=5 Max=1000]

Section 10: Drug therapy prior to undergoing this surgery or angioplasty/stent

- 10.1 Was the patient on anti-platelet/thrombotic treatment prior to surgery or angioplasty/stent? Yes No

[If No, go to 10.3] [If Yes, 10.2 **must be completed**]

- 10.2 Which of the following drugs was the patient taking prior to surgery or angioplasty/stent: [Select at least 1 option]

Aspirin Clopidogrel Dipyridamole Warfarin Other

[If Aspirin is NOT selected, ignore 10.2a & 10.2b] [If Clopidogrel is NOT selected, ignore 10.2c & 10.2d]

[If Dipyridamole is NOT selected, ignore 10.2e & 10.2f] [If Warfarin is NOT selected, ignore 10.2g & 10.2h]

- 10.2a Was ASPIRIN stopped prior to surgery or angioplasty/stent? Yes No [If No, ignore 10.2b]

- 10.2b If ASPIRIN was stopped, specify the number of days it was stopped prior to surgery or angioplasty/stent:

[] [Days]

- 10.2c Was CLOPIDOGREL stopped prior to surgery or angioplasty/stent? Yes No [If No, ignore 10.2d]

- 10.2d If CLOPIDOGREL was stopped, specify the number of days it was stopped prior to surgery or angioplasty/stent:

[] [Days]

- 10.2e Was DIPYRIDAMOLE stopped prior to surgery or angioplasty/stent? Yes No [If No, ignore 10.2f]

- 10.2f If DIPYRIDAMOLE was stopped, specify the number of days it was stopped prior to surgery or angioplasty/stent:

[] [Days]

- 10.2g Was WARFARIN stopped prior to surgery/angioplasty/stent? Yes No [If No, ignore 10.2h]

- 10.2h If WARFARIN was stopped, specify the number of days it was stopped prior to surgery or angioplasty/stent:

[] [Days]

- 10.3 Was the patient on statin therapy prior to surgery or angioplasty/stent? Yes No [Tick 1 option only]

- 10.4 Was the patient on beta-blockers therapy prior to surgery or angioplasty/stent? Yes No [Tick 1 option only]

Section 11: Delay to surgery or angioplasty/stent

- 11.1 If elapsed time between the symptom that triggered referral and surgery or angioplasty/stent is **greater than 2 weeks**, specify reason(s):

[Select at least 1 option] [If Other is NOT selected, ignore 11.1a]

| | | | | | |
|---|--------------------------|--------------------------------------|--------------------------|-------|--------------------------|
| Delay in presentation | <input type="checkbox"/> | Limited availability of surgeon | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Delay in referral | <input type="checkbox"/> | Limited availability of anaesthetist | <input type="checkbox"/> | | |
| Delay in carotid imaging | <input type="checkbox"/> | Limited availability of radiologist | <input type="checkbox"/> | | |
| Patient cancellation/delay - unfit | <input type="checkbox"/> | Lack of operating time | <input type="checkbox"/> | | |
| Patient cancellation/delay – patient choice | <input type="checkbox"/> | Other case took priority | <input type="checkbox"/> | | |

11.1a If answered *Other* in 11.1, specify:

Section 12: Procedure details

- 12.1 Which carotid artery was treated? Left Right [Tick 1 option only]
- 12.2 Start time: [:] [Hours:Minutes]
- 12.3 Finish time: [:] [Hours:Minutes]
- 12.3a If length of procedure is <1hour or >3hours, give reason: _____
- 12.4 Grade of most senior surgeon in theatre: [Tick 1 option only] [If NOT Specialist registrar, go to 12.5]
Consultant Non consultant career grade Specialist registrar
- 12.4a If most senior surgeon in theatre was *Specialist registrar*, specify year of training: [Tick 1 option only]
Year 1 Year 2 Year 3 Year 4 Year 5
- 12.5 Was this a joint consultant operation with two consultant surgeons operating together? Yes No
- 12.6 Type of surgery: Elective Unplanned/Emergency [Tick 1 option only]
- 12.7 Type of anaesthetic used during surgery? General Local/Blocks
Started with LA, switched to GA
- 12.8 Grade of most senior anaesthetist in theatre: [Tick 1 option only] [If NOT Specialist registrar, go to 13.1]
Consultant Non consultant career grade Specialist registrar
- 12.8a If most senior anaesthetist in theatre was *Specialist registrar*, specify year of training: [Tick 1 option only]
Year 1 Year 2 Year 3 Year 4 Year 5

Section 13: Specific procedure data [Complete Q13.1 to Q13.1b and 13.10 to 13.12 ONLY if the patient had angioplasty/stent]

13.1 If angioplasty/stent only performed was conventional was surgery an option? Yes No
[Tick 1 option only]

13.1a Whose care was the patient under when they underwent angioplasty/stent? [If NOT Other, go to 13.2]
Vascular surgeon Neurosurgeon Radiologist Stroke Physician Other

13.1b If answered *Other* to 13.1a, specify:

13.2 Was this patient in a stenting versus surgery clinical trial? Yes No

13.2 If the patient was in a stenting versus surgery trial were they in ICSS or ACST-2? ICSS ACST-2

13.3 Pathology: [Select at least 1 option] [If NOT Other, ignore 13.3a]

Atherosclerosis Post endarterectomy restenosis Post radiotherapy Other

13.3a If answered *Other* to 13.3, specify: _____

13.4 Was a carotid shunt used? Yes No Attempted and abandoned [Tick 1 option only]

13.5 Type of endarterectomy: Standard Eversion [Tick 1 option only]

13.6 Was a carotid patch used? Yes No [Tick 1 option only]

13.7 Were distal tacking sutures used? Yes No [Tick 1 option only]

13.8 Was heart surgery undertaken synchronously? Yes No [Tick 1 option only]

13.9 Which of the following completion assessment techniques were used? [Select at least 1 option]
[If 'None', go to 14.1] [If NOT 'None', select at least 1 option]

None Angiography Duplex scan Angioscopy Hand-held Doppler

13.10 Site of angioplasty/stenting: [Select at least 1 option]

Carotid bifurcation (including proximal ICA) Distal ICA (below base of skull)

Common Carotid artery External Carotid artery

13.11 Procedure details: Angioplasty alone Stent Cerebral protection device
[Select at least 1 option] [If Stent is NOT selected, ignore 13.11a & 13.11b]
[If Cerebral protection device is NOT selected, ignore 13.11c & 13.11d]

13.11a If answered *Stent* to 13.11, specify type: [Select at least 1 option] [If NOT Other, ignore 13.11b]

Abbott XAct Abbott Acculink Bard Vivax Boston Scientific Wallstent

Boston Scientific NEX stent Cordis Precise Invatec Cristallo Medtronic Exponent

Other

13.11b If answered *Other* to 13.11a, specify:

13.11c If answered *Cerebral protection device* to 13.11, specify type: [Tick 1 option only] [If NO Other, ignore 13.11d]

Filter Flow reversal Proximal occlusion (MoMa) Distal occlusion (PercuSurge) Other

13.11d If answered *Other* to 13.11c, specify:

13.12 Grade of most senior radiologist performing intervention: [Tick 1 option only]
Consultant Non consultant career grade Specialist registrar

Section 14: Destination post-operatively or post angioplasty/stent

- 14.1 Time spent in recovery area: *[Tick 1 option only]*
 None <4 hours >4 ≤ 12 hours >12 hours
- 14.2 Where was the patient admitted post-operatively or post angioplasty/stent (after any period in recovery)?
 Intensive care unit High dependency unit Ward PACU
[Tick 1 option only]

Section 15: Complications during inpatient stay

- 15.1 Did the patient suffer any complications during inpatient stay? Yes No *[If No, go to 15.6]*

- 15.1a If answered 'Yes to 15.1', which of the following complications did the patient experience?
[Select at least 1 option]

| | | | | | |
|--------------------|--------------------------|---|--------------------------|---|--------------------------|
| Myocardial Infarct | <input type="checkbox"/> | Cranial nerve injury (includes neuropraxia) | <input type="checkbox"/> | Occlusion of treated carotid artery | <input type="checkbox"/> |
| Stroke | <input type="checkbox"/> | Heart Failure (includes cardiac arrhythmia) | <input type="checkbox"/> | Respiratory | <input type="checkbox"/> |
| TIA | <input type="checkbox"/> | Urinary | <input type="checkbox"/> | Thromboembolism related to the treated carotid artery | <input type="checkbox"/> |
| Amaurosis fugax | <input type="checkbox"/> | Cardiac arrest | <input type="checkbox"/> | Post-intervention hypertension | <input type="checkbox"/> |
| Bleeding | <input type="checkbox"/> | Fit | <input type="checkbox"/> | Other | <input type="checkbox"/> |

*[If Myocardial infarct is NOT selected, ignore 15.2]
 [If TIA is NOT selected, ignore 15.4]
 [If Other is NOT selected, ignore 15.1b]*

*[If Stroke is NOT selected, ignore 15.3, 15.3a, 15.3b, 15.3c & 15.3d]
 [If Cranial nerve injury is NOT selected, ignore 15.5 & 15.5a]*

- 15.1b If answered 'Other' to 15.1a, specify:
-

- 15.2 If the patient experienced a *myocardial infarct*, specify timing: *[Tick 1 option only]*
 ≤24hrs of undergoing procedure
 >24hrs after undergoing procedure and prior to discharge

- 15.3 If the patient experienced a *stroke*, specify timing: *[Tick 1 option only]*
 During procedure (woke up with a stroke)
 ≤24hrs of undergoing procedure
 >24hrs after undergoing procedure and prior to discharge

*[If During procedure (woke up with stroke) OR ≤24hrs of undergoing procedure ignore 15.3a]
 [If >24hrs of undergoing procedure and prior to discharge 15.3a **must be completed**]*

- 15.3a If patient experienced a stroke >24hrs after undergoing procedure and prior to discharge, give date patient of stroke: _____ *[DD/MM/YYYY]* *[Date entered MUST be AFTER date of procedure (1.1)]*

- 15.3b Side of stroke: Side on which this procedure was done Contralateral side *[Tick 1 option only]*

- 15.3c Severity of stroke: *[Tick 1 option only]*

- 0 Asymptomatic
 1 Non-disabling symptoms no interference with lifestyle
 2 Minor disability some restriction in lifestyle but does not interfere with patient's capacity to look after self
 3 Moderate disability symptoms significantly interfere with lifestyle or prevent totally independent existence
 4 Moderately severe symptoms prevent independent existence but patient does not need attention 24hrs
 5 Severely disabled totally dependent day and night

- 15.3d Give date the assessment in 15.3c was made: _____
[DD/MM/YYYY] *[Date entered must be on or after date procedure was undertaken (1.1)]*

- 15.4 If patient experienced *TIA*, specify timing:
 ≤24hrs of undergoing procedure >24hrs after undergoing procedure and prior to discharge

- 15.5 If patient experienced *cranial nerve injury*, specify date injury was found: _____ [DD/MM/YYYY]
[Date entered must be on or after date procedure was undertaken (1.1)]
- 15.5a Affected cranial nerve (or branch): *[Select at least 1 option]*
 Hypoglossal Facial Glossopharyngeal Vagus Recurrent laryngeal
- 15.6 Did the patient return to theatre for ANY reason during hospital stay? Yes No *[If 'No', go to 15.7]*
- 15.6a If answered Yes to 15.6, specify reason patient returned to theatre: *[Select at least 1 option]* *[If NOT Other, go to 15.7]*
 Bleeding Stroke Thromboembolism related to the treated carotid artery Other
- 15.6b If answered *Other* to 15.6a, specify: _____
- 15.7 Did the patient die during inpatient stay? Yes No *[Tick 1 option only]* *[If No, go to 16.1]*
- 15.7a If answered Yes to 15.7, give the date that the patient died: _____ [DD/MM/YYYY]
[Date entered must be equal to or greater than 1.1 (date of procedure)]
- 15.7b Specify PRIMARY cause of death: Myocardial Infarct Bleeding Stroke Other
[If NOT Other, complete 17.1. Then 18.1 to 21.1a DO NOT need to be completed]
[If Other, 15.7c must be completed]
- 15.7c If answered *Other* to 15.7b, specify: _____

Section 16: Discharge data

- 16.1 Date patient was discharged by team under whose care surgery or angioplasty/stent was performed: _____ [DD/MM/YYYY] *[MUST be on or after date of procedure (1.1)]*
- 16.2 Date patient was discharged from hospital: _____ [DD/MM/YYYY]
[MUST be on or after date of procedure (1.1)]
- 16.3 Discharge Destination: Home Care Home Other Hospital Other
[If NOT 'Other' go to 16.4]
- 16.3a If answered *Other* to 16.3, specify: _____
- 16.4 What was the Rankin score at hospital discharge? *[Tick 1 option only]*
 0 Asymptomatic
 1 Non-disabling symptoms no interference with lifestyle
 2 Minor disability some restriction in lifestyle but does not interfere with patient's capacity to look after self
 3 Moderate disability symptoms significantly interfere with lifestyle or prevent totally independent existence
 4 Moderately severe symptoms prevent independent existence but patient does not need attention 24hrs
 5 Severely disabled totally dependent day and night

Section 17: Phase 1 Data entry

- 17.1 Who completed Phase 1? *[Tick 1 option only]*
 Surgeon Specialist Registrar (Surgical) Basic surgical trainee Nurse
 Audit personnel Radiologist Specialist Registrar (Radiological) Other
[If Other, 17.1a must be completed]
[If NOT Other, go to 18.1]
- 17.1a If answered *Other* to 17.1, specify: _____

Phase 2 [30-day survival/Follow-up assessment]

Section 18: Patient status at 30days after undergoing procedure

- 18.1 Did the patient die following discharge (up to 30 days after undergoing this procedure)? Yes No
[If No, go to 19.1]
- 18.1a If answered Yes to 18.1, give date patient died: _____ *[DD/MM/YYYY]*
[Date entered must be equal to or greater than 16.2 (date patient was discharged from hospital)]
- 18.1b Cause of death: Myocardial infarct Bleeding Stroke Other Unknown
[Tick 1 option only] [If NOT Other, go to 21.1]
- 18.1c If answered Other to 18.1b, specify: _____ *[Go to 21.1]*

Section 19: Follow-up attendance

- 19.1 Was the patient offered a post-discharge follow-up appointment? Yes No *[If No, go to 21.1]*
- 19.2 If answered Yes to 19.1, did the patient attend post-operative follow-up appointment?
Yes No *[Tick 1 option only] [If No, go to 21.1]*
- 19.2a If answered Yes to 19.2, give date of post-discharge follow-up assessment: _____
[DD/MM/YYYY]
[Date entered must be ON or AFTER date of procedure (1.1)]
- 19.2b Form of follow-up: *[Tick 1 option only]*
Patient seen in OPD (own Trust) Patient seen in OPD (other Trust) Telephone follow-up
Postal follow-up
- 19.3 Specify specialty of professional that assessed the patient: *[Select at least 1 option]*
Surgeon Neurologist Stroke Physician Care of the Elderly Consultant
Cardiologist/Cardiothoracic surgeon Other *[If NOT Other, go to 20.1]*
- 19.3a If answered Other to 19.3, specify specialty: *[e.g. Vascular SpR]*

Section 20: Post-operative follow-up data

20.1 Was the patient re-admitted for a complication <30days after operation and after hospital discharge?

Yes No *[If No, go to 20.2]*

20.1a If answered Yes to 20.1, give date patient was re-admitted: _____ *[DD/MM/YYYY]*
[Date entered must be equal to or greater than 16.2 (date patient was discharged from hospital)]

20.1b Specify reason for re-admission: Stroke Cardiac Respiratory Other *[Select at least 1 option]* *[If 'No', go to 20.2]*

20.1c If answered *Other* to 20.1b, specify: _____

20.2 Was evidence of cranial nerve injury found at follow-up (that was NOT identified prior to discharge)? Yes

No

[If 'No', go to 20.3]

20.2a If answered Yes to 20.2, which nerve (or branch) was affected? *[Select at least 1 option]*

Hypoglossal Facial Glossal pharyngeal Vagus Recurrent laryngeal

20.3 Has the patient had a stroke **since discharge**? Yes No *[If No, go to 20.4]*

20.3a If answered Yes to 20.3 give date patient experienced stroke (if exact date is not known, give best estimate):

[Date entered must be EQUAL to or GREATER than 16.2 (date patient was discharged from hospital)]

20.4 Rankin score at this visit (follow-up): *[Tick 1 option only]*

- 0 Asymptomatic
- 1 Non-disabling symptoms no interference with lifestyle
- 2 Minor disability some restriction in lifestyle but does not interfere with patient's capacity to look after self
- 3 Moderate disability symptoms significantly interfere with lifestyle or prevent totally independent existence
- 4 Moderately severe symptoms prevent independent existence but patient does not need attention 24hrs
- 5 Severely disabled totally dependent day and night

20.5 What drug therapy is the patient on post-operatively? *[Select at least 1 option]*

Anti-platelet/thrombotic Statin Beta-blockers *[If NOT Anti-platelet/thrombotic, go to 21.1]*

20.5a If answered *Anti-platelet/thrombotic* to 20.5, specify drug(s): *[Select at least 1 option]* *[If NOT Other, go to 21.1]*

Aspirin Clopidogrel Dipyridamole Warfarin Other

20.5b If answered *Other* to 20.5a, specify: _____

Section 21: Phase 2 Data entry

21.1 Who completed Phase 2? *[Tick 1 option only]*

Surgeon Specialist Registrar (surgical) Basic surgical trainee Nurse

Audit personnel Radiologist Specialist Registrar (radiological) Other

[If NOT Other, ignore 21.1a]

21.1a If answered *Other* to 21.1, please specify: _____

Appendix 3: CIA steering group

Mrs Sara Baker, Vascular Society Research Associate, Royal Bournemouth Hospital

Dr Geoffrey Cloud, Stroke Programme Associate Clinical Director, Royal College of Physicians of London

Dr Trevor Cleveland, Consultant Vascular Radiologist, Northern General Hospital

Professor Alison Halliday, Professor of Vascular Surgery, Oxford Radcliffe Hospital

Mr Tim Hartshorne, Chief Vascular Technician, Leicester Royal Infirmary

Professor Mike Horrocks, Professor of Vascular Surgery, Royal United Hospital

Ms Helen Laing, Healthcare Contracts and Commissioning Manager, Healthcare Quality Improvement Partnership (HQIP)

Mr David Mitchell, Chair of the Vascular Society of Great Britain and Ireland Audit and Quality Improvement Committee

Professor Ross Naylor, Professor of Vascular Surgery, Leicester Royal Infirmary

Mr William Nicklin, Patient Representative, Nuneaton

Professor John Potter, Professor of Ageing & Stroke Medicine, University of East Anglia

Professor Peter Rothwell, Professor of Neurology, Radcliffe Infirmary

Professor Anthony Rudd, Stroke Programme Clinical Director, Royal College of Physicians of London