



# **Stroke care in England, Wales and Northern Ireland**

This report is for stroke survivors  
and their families

Based on patients treated between  
April - July 2017

**Easy access version**



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## **Glossary**

<b>Atrial fibrillation (AF)</b>	an abnormal heart beat which can result in the formation of blood clots
<b>Cognitive Screening</b>	A test to assess a patient's mental processes such as memory and concentration.
<b>Continence Plan</b>	A plan to help a patient increase their control over bowel and bladder function
<b>Malnourishment</b>	A condition which is caused by not having enough of or the right nutrients.
<b>Occupational Therapy</b>	Therapy to help patients relearn activities of everyday life.
<b>Physiotherapy</b>	Therapy to restore movement and function
<b>Speech and Language Therapy</b>	Therapy to help patients recover from communication or swallowing difficulties.
<b>Thrombolysis</b>	The use of medicine to break down a blood clot.

## Introduction to the SSNAP Easy Access Version Report

This is a **report** about a project called the

**S**entinel **S**troke **N**ational **A**udit **P**rogramme. (SSNAP)

This information is written in a way that is **easy** to understand.

You may want someone to **help** you when you read this report.

### What is SSNAP?

**SSNAP** measures stroke care. It does this to improve the quality of stroke care.

**SSNAP** collects information from hospitals about the care provided to stroke patients from the time they **arrive at hospital** up until **6 months after their stroke**.

This means that SSNAP can report on **both** the early stages of stroke care in **hospital** and later stages of care in the **community**.

The aim is that the information and results from the audit are used to **improve care** for stroke patients.

The report shows how well hospitals treated stroke patients.

The information is about the care given between **April - July 2017**.

This report can help people to talk about their **stroke care** with local hospitals.

We will write this report every 4 months.

The **Royal College of Physicians (RCP)** runs SSNAP.

NHS England and NHS Wales pay for SSNAP.

The **Stroke Working Party** guides SSNAP.

This includes

- people who work in stroke
- charities such as the Stroke Association
- stroke survivors

Thank you to

- **Speakeasy**, a charity based in Bury, which supports people with aphasia
- The **South London Stroke Research Patient and Family Group**
- The **stroke survivors** on the stroke working party

They helped to make this report **easy to read**.

For **regional easy access version reports**

<https://www.strokeaudit.org/results/Clinical/Regional-Results>

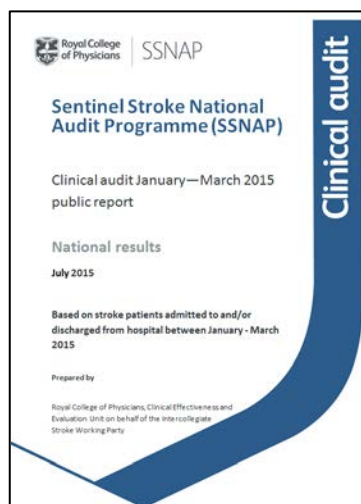
For more **detailed reports**

<https://www.strokeaudit.org/results>

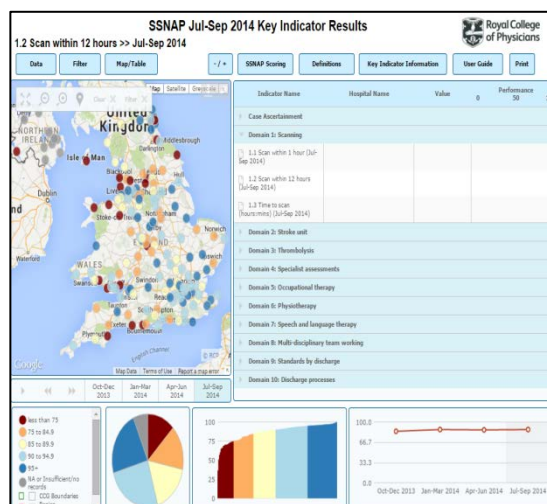
For **interactive maps**

<https://www.strokeaudit.org/results/Clinical-audit/Maps>

## Reports



## Maps



## How to read this report

This report gives information about **10 aspects of stroke care**.

There are **standards** within each aspect of care.

Each hospital must do well in **all standards**.

In this report we explain:



**What** should be done?



**How** quickly it should be done?



**Why** it should be done?

### National Summary

These boxes give a summary of national performance for each aspect of stroke care.

This box will highlight the **aspects of care** that are **performing well**.

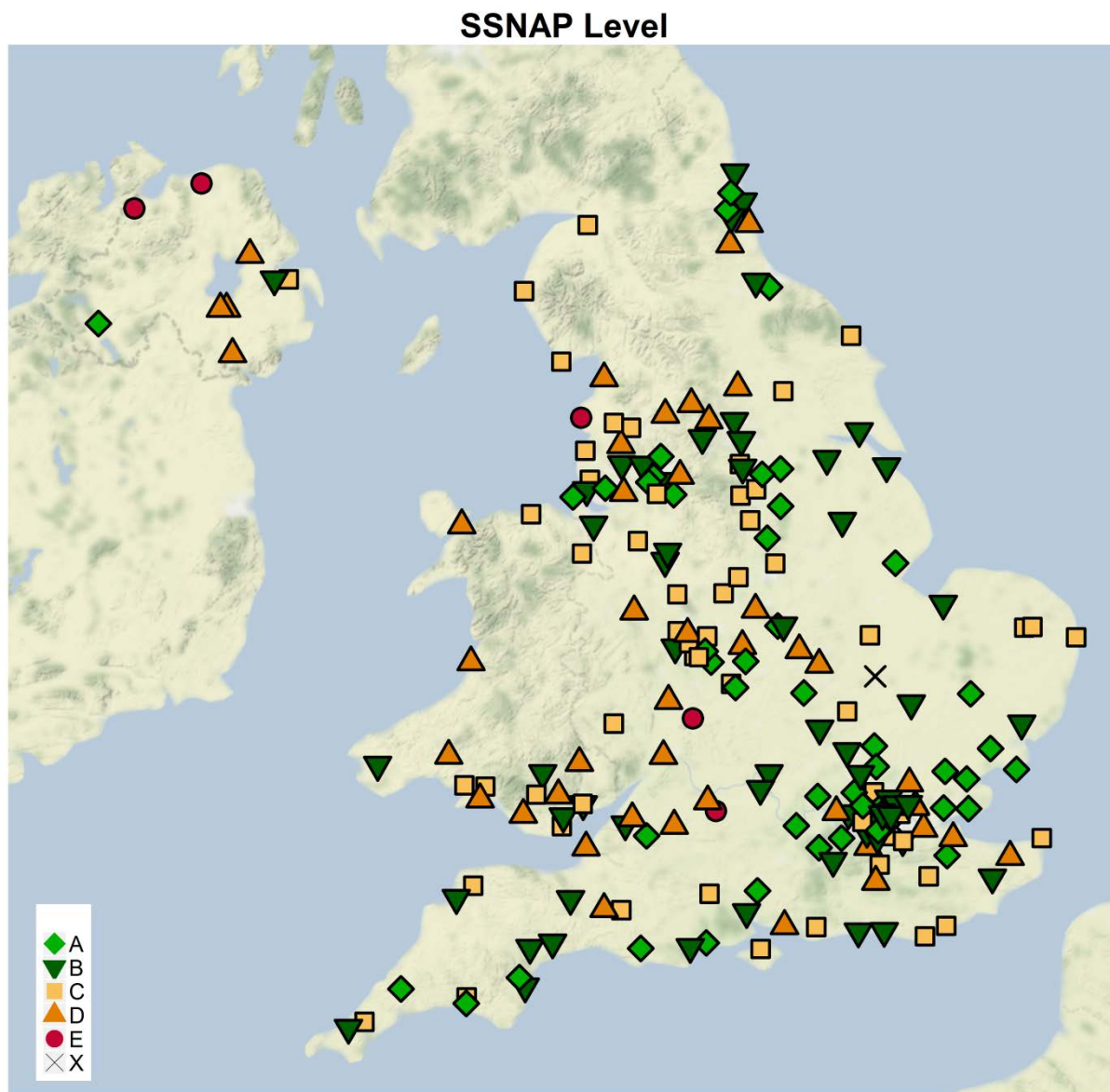
This box will highlight the **aspects of care** where **improvements are needed**.



## Understanding the results

### National maps

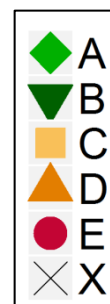
These show how well hospitals have performed in England, Wales, and Northern Ireland.









There is a **box** beside each map.

It shows which **shapes** are for each **level** from A – E.

**A** is the **best** level and **E** is the **worst**.



The black **✗** cross shows which hospitals **did not submit information about enough of their patients to be included** in the results for this period.

Shape	Level	Each area of care
 A	A	Hospital <b>meets highest standards</b> for almost all patients
 B	B	
 C	C	
 D	D	
 E	E	Hospital <b>does not meet highest standards</b> for many patients

## Hospitals included in this report

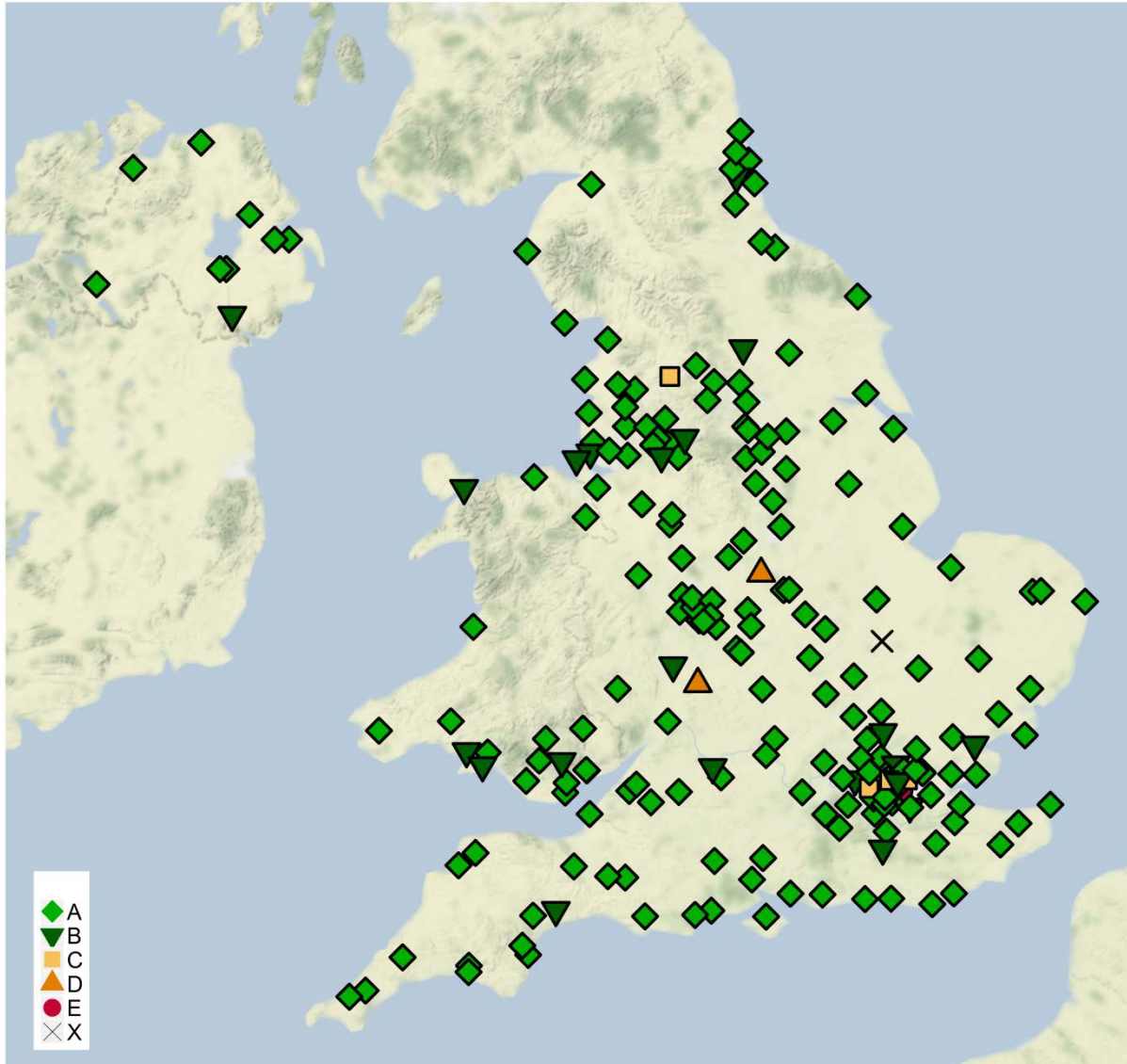
This report includes **28,156 stroke patients** admitted to hospital between **April - July 2017**.

**227 hospitals** in England, Wales and Northern Ireland are included in this report.

Most of these teams submitted more than **90% of their stroke patients to SSNAP**.

We want **all** hospitals to send in their information so that they can use the results to **improve care** for patients.

## SSNAP Participation



Source: SSNAP Apr-Jul 2017

## 1. Brain Scanning



**What** should be done?

All patients with stroke symptoms should have a **brain scan**



Within 1 hour



Within 12 hours

**How quickly** should this be done?

Patients who are **very sick** should have a scan **within 1 hour** of arriving at hospital.

**All patients** should have a brain scan **within 12 hours**

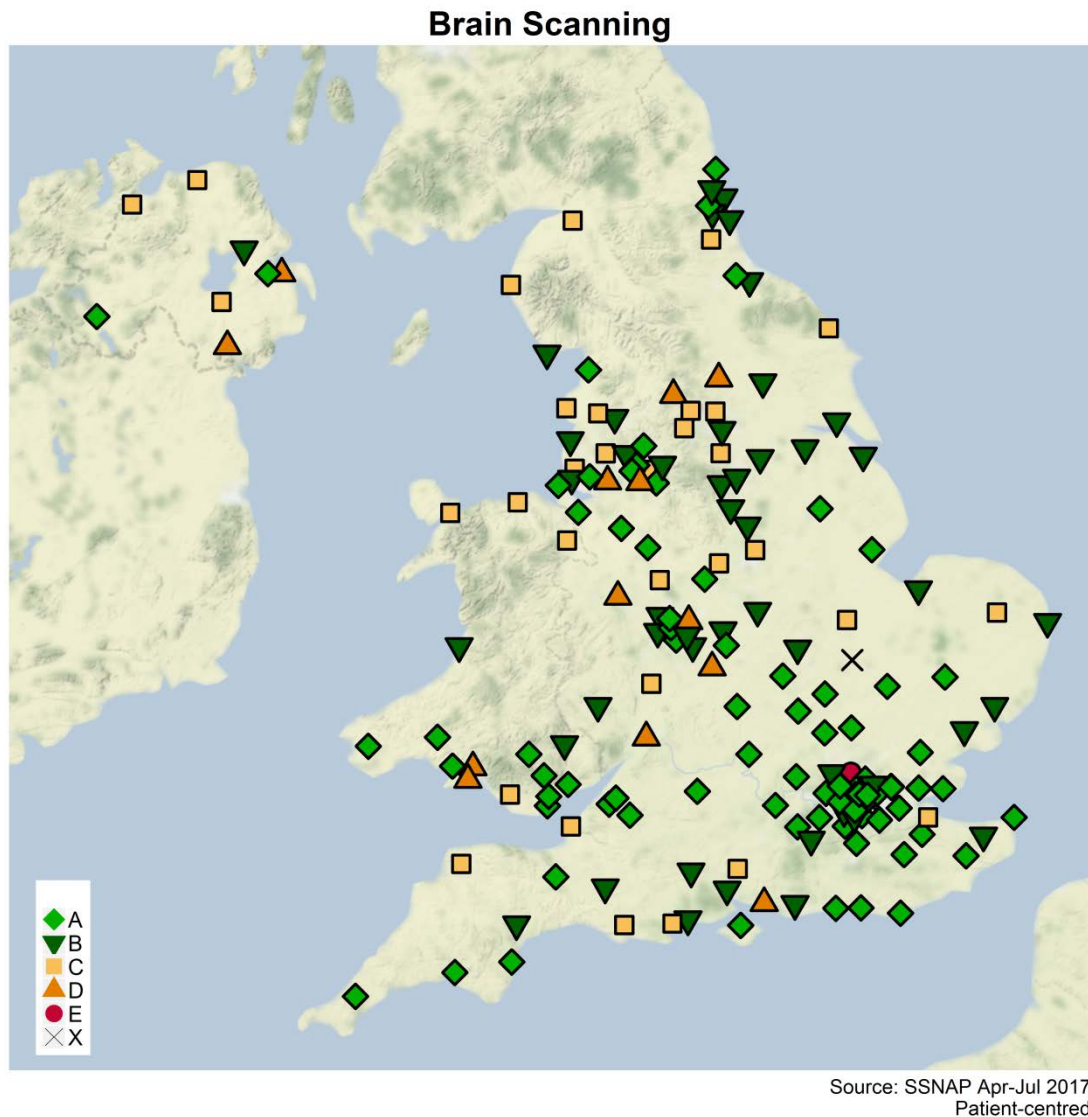


**Why** should this be done?

To show the doctor what **treatment** the patient **needs**.

Fast treatment can **reduce** the **damage** caused by stroke.

## National Results



## National Summary

Stroke patients have **better access to scanning** than ever before.

Over 9/10 stroke patients are **scanned within 12 hours**.

**Fewer** stroke patients are scanned at **weekends** and at **night time** than during the week.

## 2. Stroke unit



**What** should be done?

Patients should get to a **stroke unit** very quickly.

Patients should spend at least **90% of their time** in hospital on a **stroke unit**.



Within 4 Hours

**How quickly** should this be done?

Patients should get to a stroke unit **within 4 hours** of arriving at hospital.



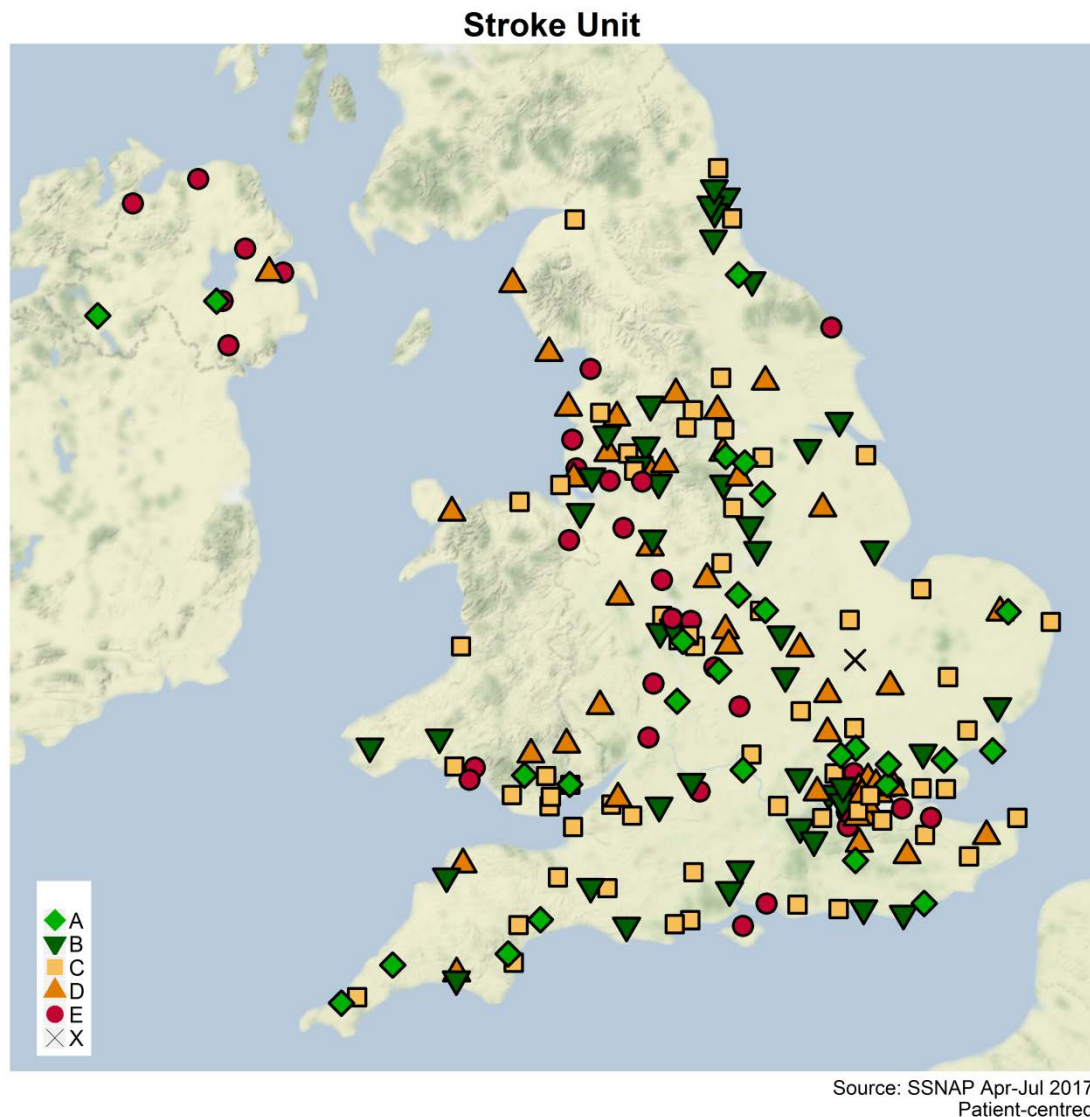
**Why** should this be done?

**Stroke units** give the **best care** to stroke patients.

This can save lives and reduce disability.



## National Results



## National Summary

**Direct admission** to a stroke unit is **very important**.

Almost **all** patients spend **some** of their **time** in hospital on a **stroke unit**.

Almost **2 out of 5** patients are **not taken** to a stroke unit **immediately**.

This needs to be **improved** urgently.

### 3. Clot Busting Treatment (Thrombolysis)



**What** should be done?

**Between 15-20% of patients** should receive a **clot-busting drug**.

Patients who have a stroke caused by a **clot** and who **get to hospital quickly** can be given this drug.

These patients should receive clot busting treatment **at the earliest possible time** after arriving at hospital.



Within 4.5 hours

**How quickly** should this be done?

It should be given up to **4 and a half hours** after a stroke.

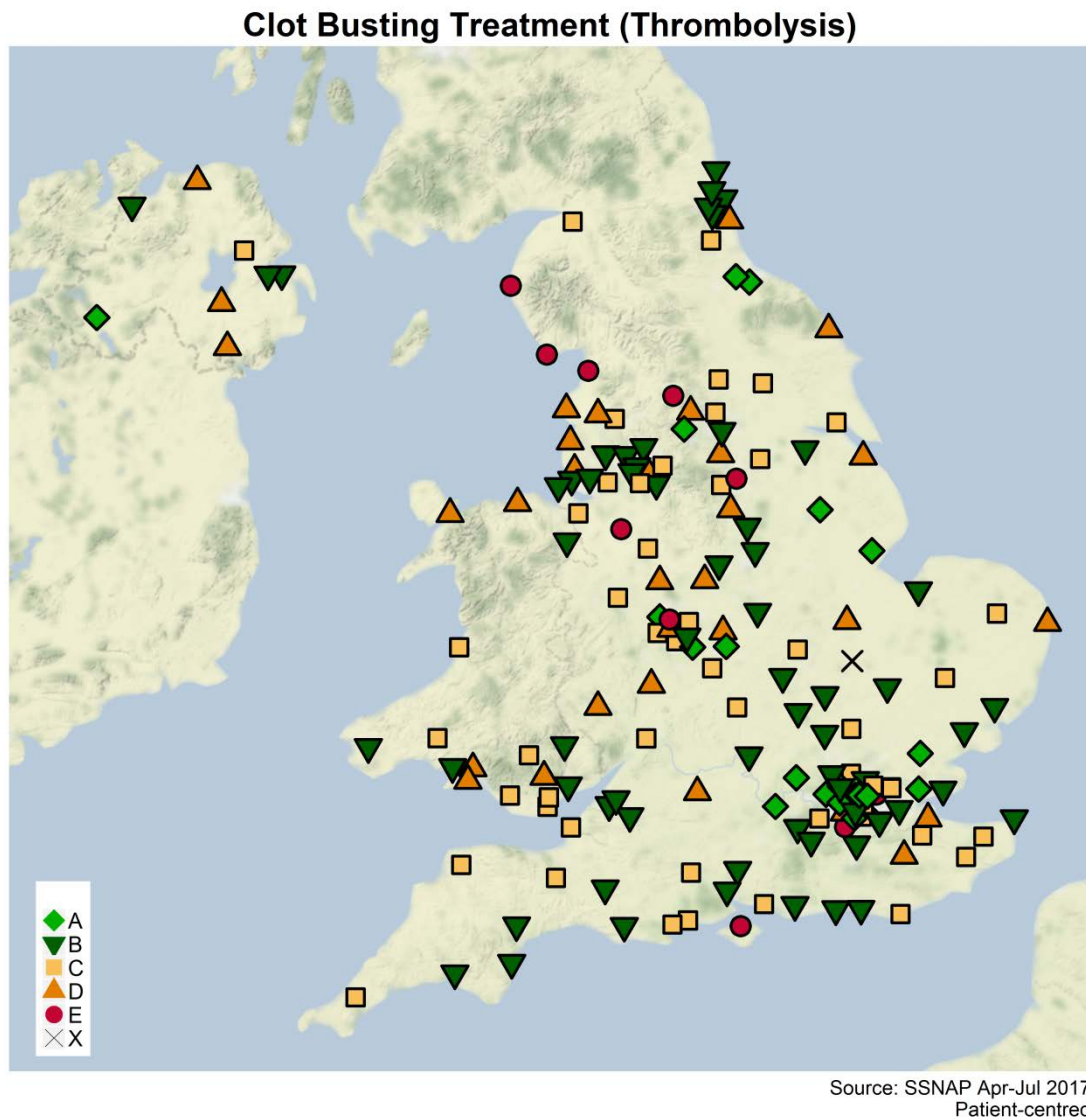


**Why** should this be done?

**Clot-busting drug** treatment can **reduce disability**.



## National Results



## National Summary

**4 out of 5** stroke patients who **should** be given **clot busting drugs** are given them.

This is **higher** than nearly **every other country**.

Some hospitals **do not** provide this treatment **at all times**.

It often **takes too long** for patients to get to hospital and so it is too late for this treatment to be effective.

## 4. Specialist Assessments



**What** should be done?

**Patients should**

- see a **stroke consultant**
- see a **stroke nurse**
- be **screened** for swallow safety
- have a **swallow assessment** if needed



Within 4 Hours



Within  
1 day

Within  
3 days

**How quickly** should this be done?

Within **4 hours**: swallow screen

Within **1 day**: stroke nurse and stroke consultant

Within **3 days**: swallow assessment

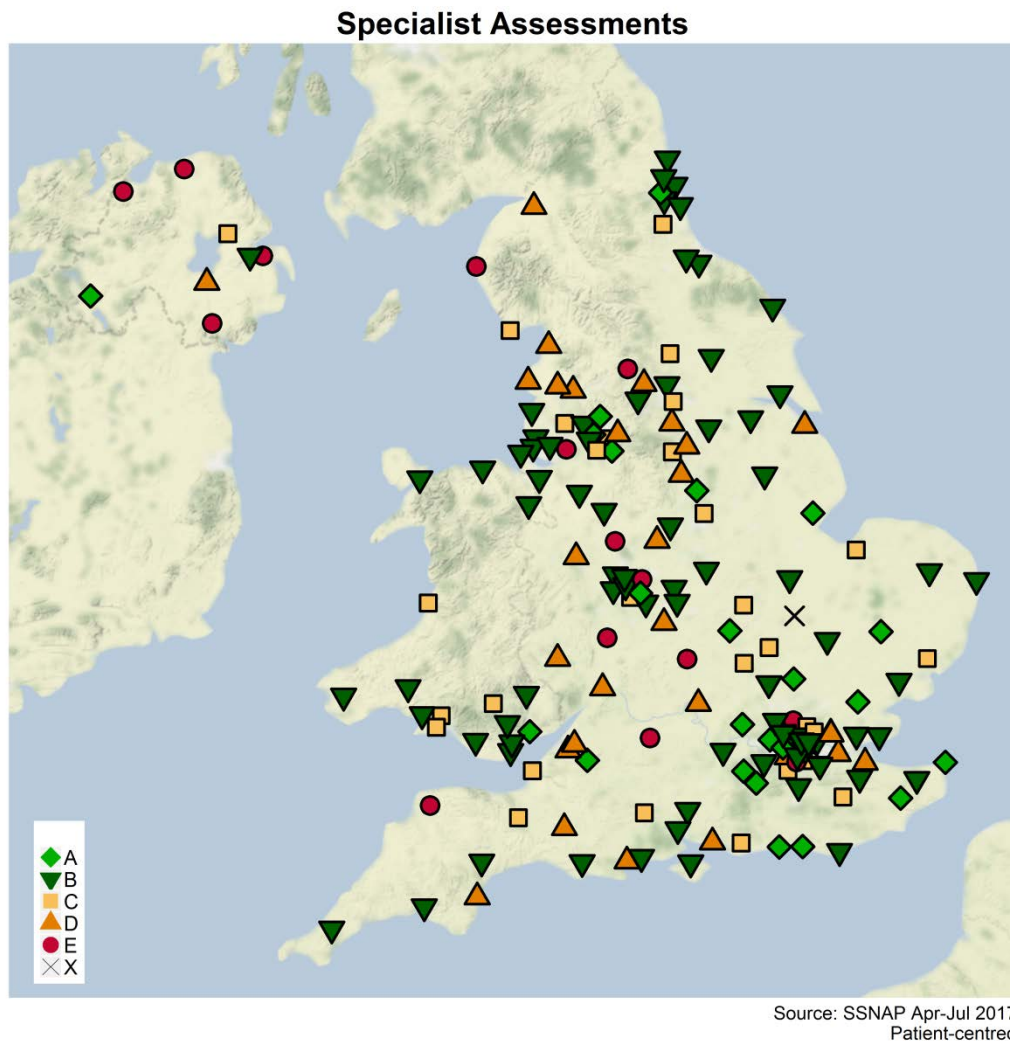


**Why** should this be done?

**Stroke specialist professionals** give patients the care they need.  
This will **improve their recovery**.

Swallow screening checks if **the patient can swallow food and drink safely** and therefore reduce the risk of choking.

## National Results



## National Summary

Hospitals are **performing well** in providing **swallow assessments** to patients who need them.

**More patients** are being provided with **swallow screenings** and **assessments** in recent months.

There are **too many** patients who are not being assessed to find out what kind of **swallowing** difficulties they have rapidly.

**1 out of 5** patients are **not seen** by a **stroke consultant** within **24 hours** of admission.

## 5. Occupational Therapy (OT)



**What** should be done?

All **patients** (who are well enough and need it) should get

- at least **45 minutes** of occupational therapy
- on at least **5 days a week**
- for the duration of their stroke care.

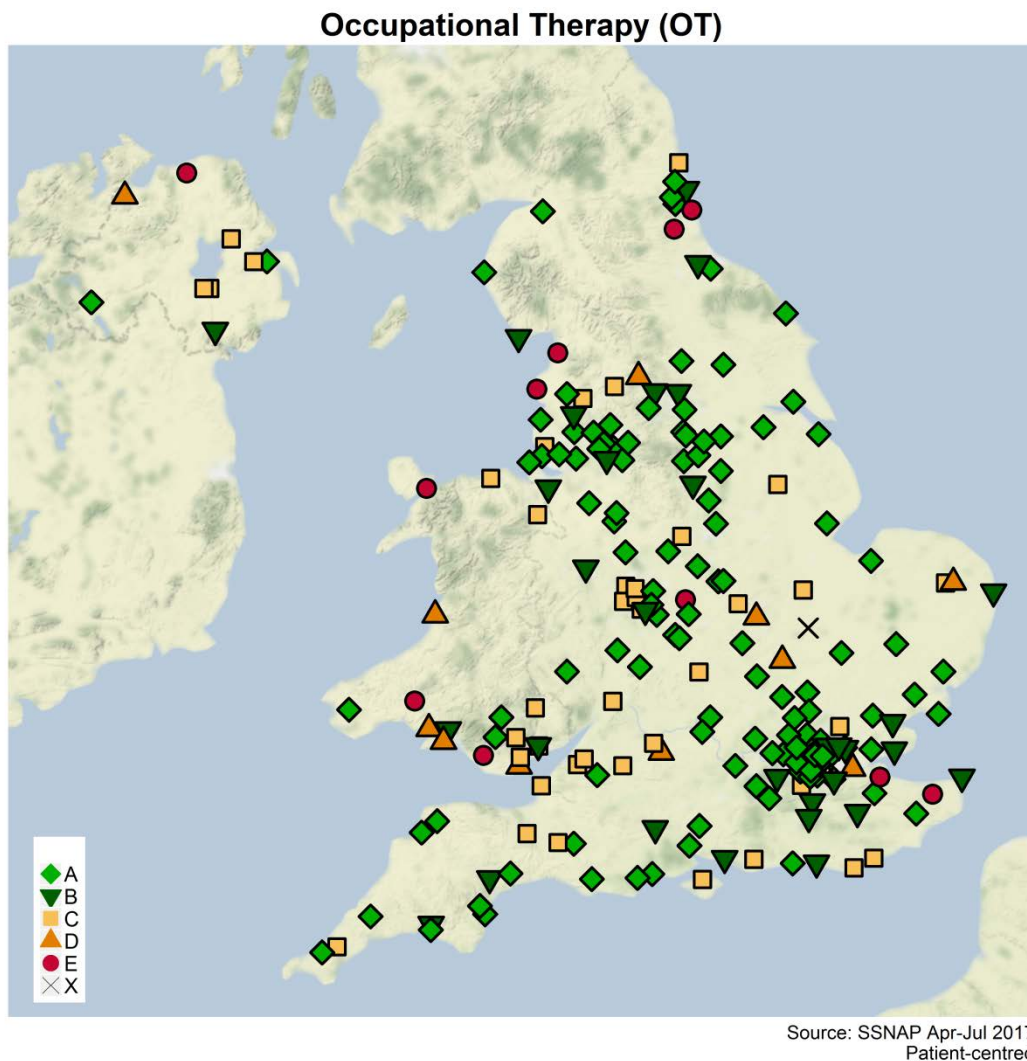


**Why** should this be done?

Occupational therapy helps people to **re-learn everyday activities and skills** following a stroke.

This may include **tasks** such as getting dressed or **hobbies** such as painting.

## National Results



## National Summary

This aspect of care is being **performed well**.

Almost **all** stroke patients who **need** it are **assessed** by an **occupational therapist** during their hospital stay.

It is **encouraging** that so many patients are assessed at **weekends**.

Many patients **needing** an assessment **do not** receive one **within 3 days**.

More **minutes** of **therapy** should be given on more **days** to patients who **need** it.

## 6. Physiotherapy



**What** should be done?

All **patients** (who are well enough and need it) should get

- at least **45 minutes** of physiotherapy
- on at least **5 days a week**
- for the duration of their stroke care.



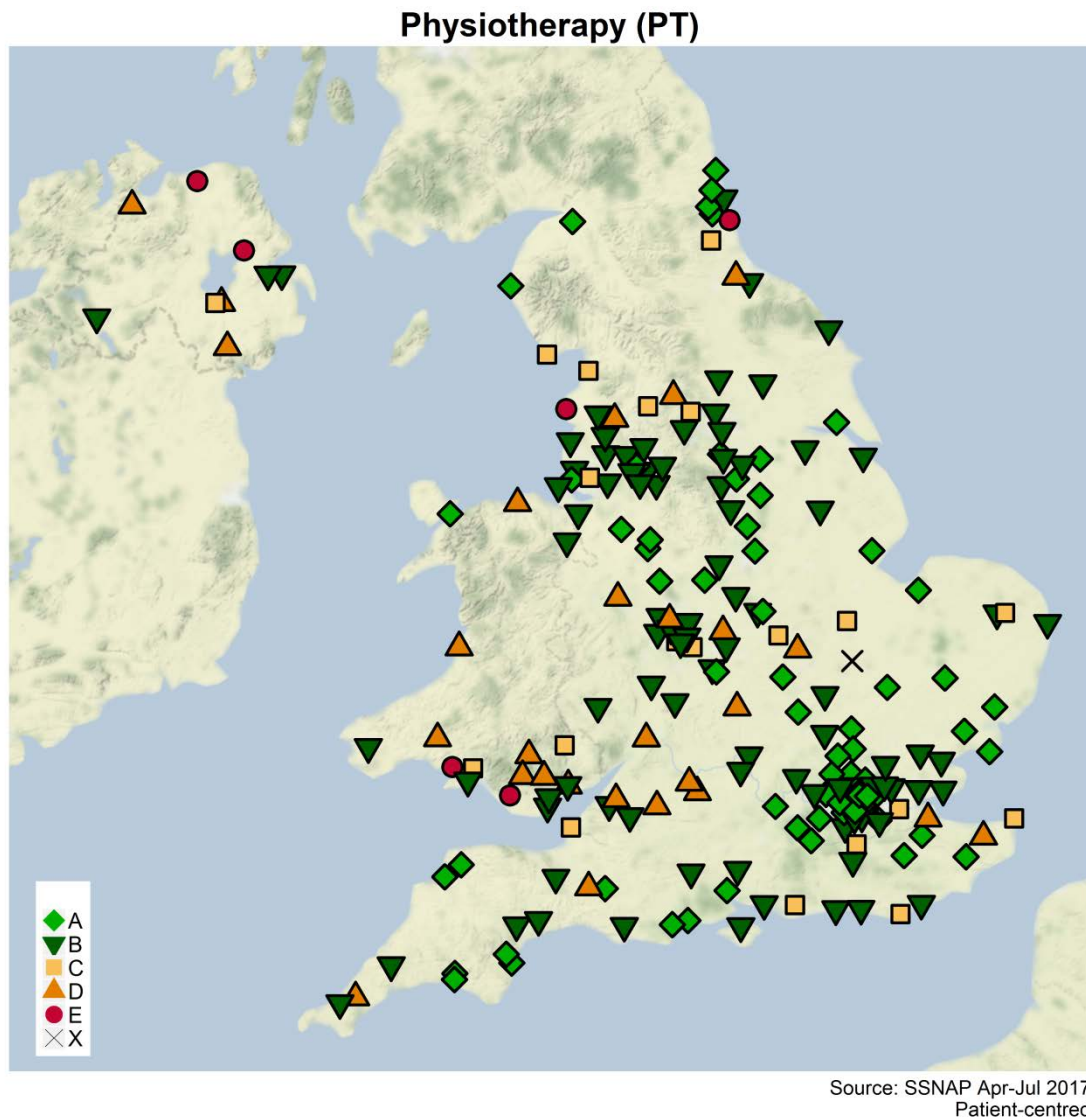
**Why** should this be done?

Physiotherapy helps people to **overcome or adapt to weakness** on one side of the body.

It also helps people to **improve** their **balance** and **movement**.



## National Results for Physiotherapy



### National Summary

This aspect of care is being **performed well**.

It is **encouraging** that so many patients are assessed at **weekends**.

More **minutes** of **therapy** should be given on more **days** to patients who **need** it.

## 7. Speech and Language Therapy



**What** should be done?

All **patients** (who are well enough and need it) should get

- at least **45 minutes** of speech and language therapy
- on at least **5 days a week**
- for the duration of their stroke care.

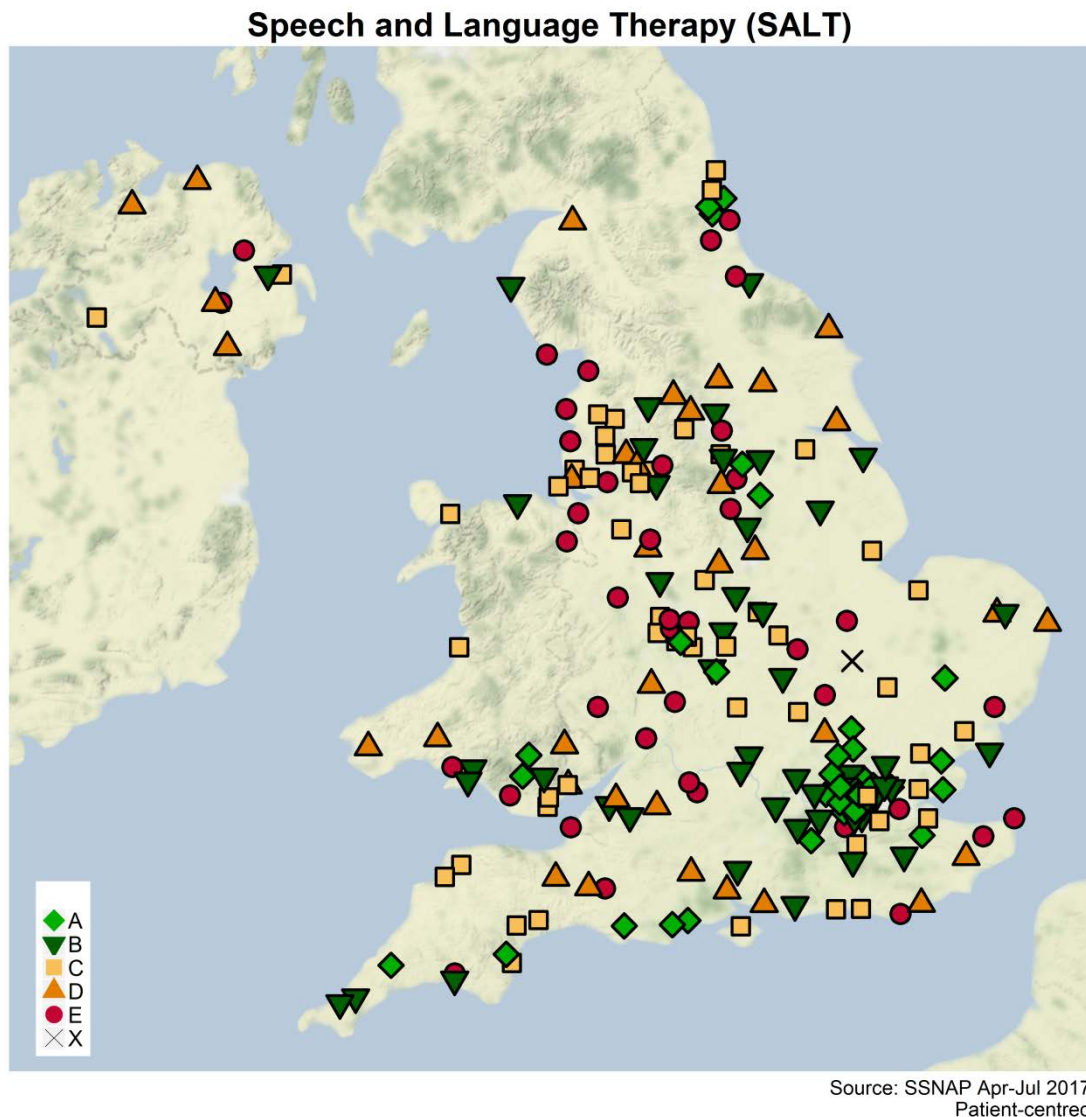


**Why** should this be done?

Speech and language therapy helps people to recover from communication problems following a stroke.



## National Results for Speech and Language Therapy



### National Summary

Most patients who **require** an **assessment** for **communication difficulties** receive one during their hospital stay.

**Fewer patients** are being **assessed** at **weekends** by **speech therapists** than the other therapies.

More **minutes** of **therapy** should be given on more **days** to patients who **need** it.

## 8. Team Working



**What** should be done?

Patients should

- see a **stroke nurse**
- be **assessed** if needed by all relevant therapists (for example a speech and language therapist)
- agree **rehabilitation goals** with the staff



**How quickly** should this be done?

Within **1 day**: **stroke nurse** and at least **1 therapist**

Within **3 days**: **all relevant therapists**.

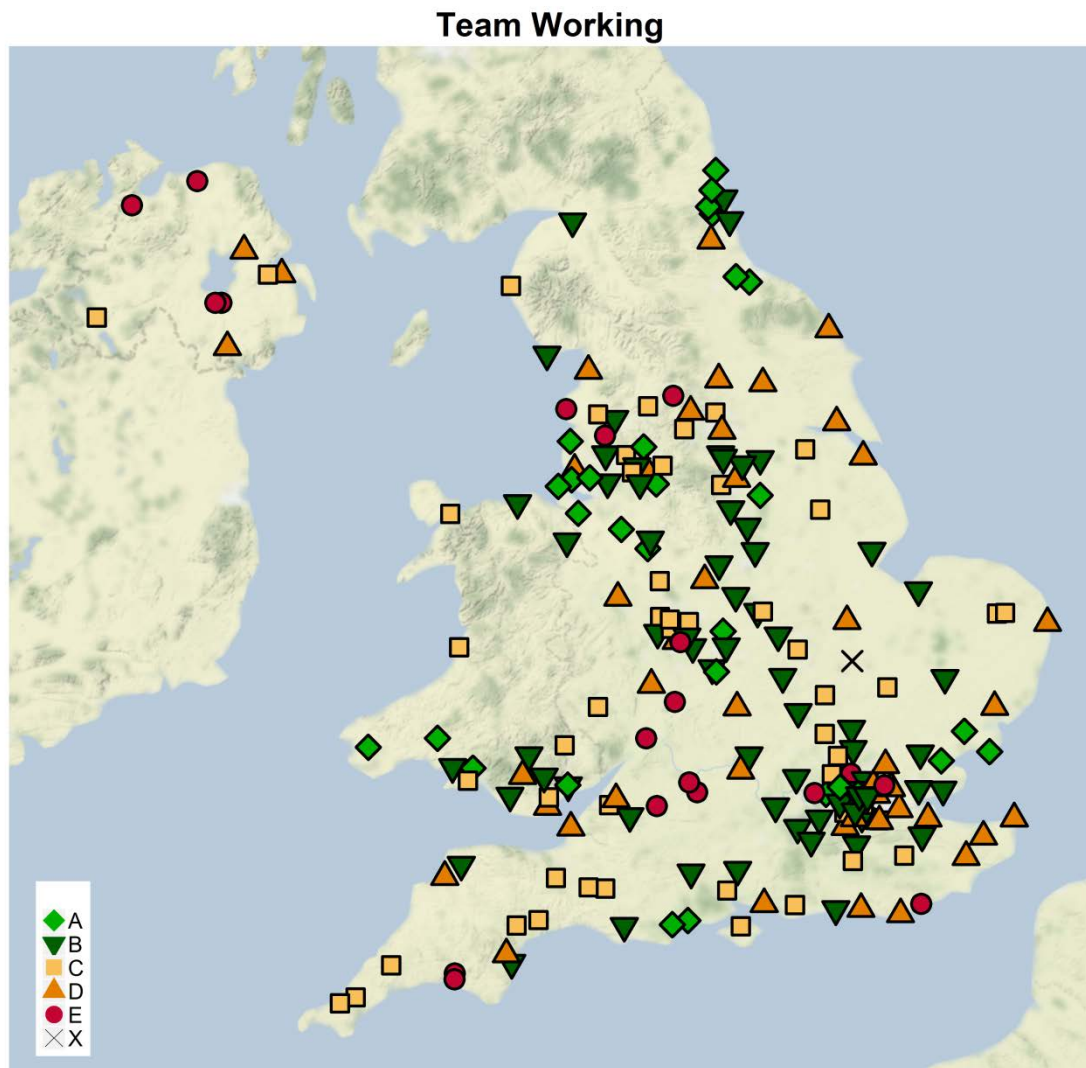
Within **5 days**: **all rehabilitation goals agreed**



**Why** should this be done?

Each member of the **stroke team** can give patients the care that they need to **improve** their **recovery**.

## National Results



Source: SSNAP Apr-Jul 2017  
Patient-centred

## National Summary

**Nearly all** patients who need it are **assessed** by a **physiotherapist** and **occupational therapist** within **3 days** of admission to hospital.

More patients are agreeing **rehabilitation goals** within **5 days** than 1- 2 years ago.

**1 out of 10** patients are **not assessed** by a **speech therapist** within **3 days**.

## 9. Standards met by Discharge



**What** should be done?

If needed, before leaving hospital a patient should

- be **screened for nutrition** and seen by a dietitian
- have a **continence plan** drawn up. This should be done **within 3 weeks** of arriving at hospital
- be **screened for mood and cognition**



**How quickly** should this be done?

**By discharge:** nutrition screening

**Within 3 weeks:** continence plan

**By discharge:** mood screening



**Why** should this be done?

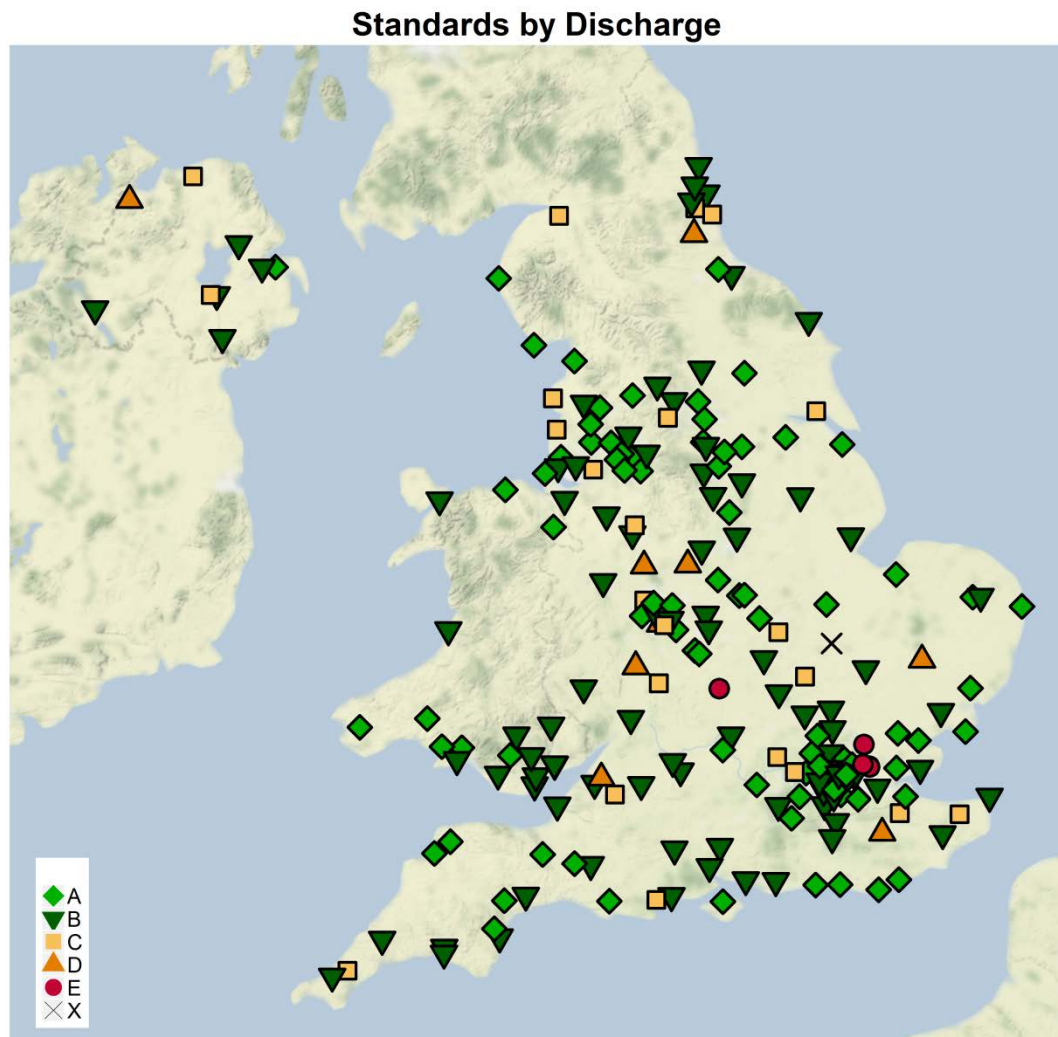
Nutrition screening checks if the patient is at **risk of malnourishment**.

Patients say **continence management** is one of the **most important** areas of care.

**Mood screening** identifies feeling of **distress** or **lack of confidence**.

**Cognitive screening** identifies difficulties **thinking, concentrating** or **remembering** after a stroke.

## National Results



Source: SSNAP Apr-Jul 2017  
Patient-centred

## National Summary

There have been **consistent improvements** in these aspects of care as reported on SSNAP:

- **continence planning**
- **mood and cognition screening**
- **assessments by dietitians**

**Too many hospitals are still failing** to meet these standards for all patients.

There is **no excuse for not treating patients** in these important aspects of care.

## 10. Discharge Processes



**What** should be done?

When leaving hospital, patients should

- have received a **joint health and social care plan**
- be given the name of a **person they can contact**

Some patients may be well enough to leave hospital early.

These patients should be **provided with further rehabilitation** at home if they need it.

An **Early Supported Discharge (ESD)** team can provide this rehabilitation.

About **40% of patients** could benefit from ESD.

Patients with an **irregular heartbeat** should be given **medication to prevent blood from clotting**.



**Why** should this be done?

Health and social care services should work together in a way that **best suits the needs of patients**.

Rehabilitation in the community means getting **treatment** including **rehabilitation** in a **home environment**.

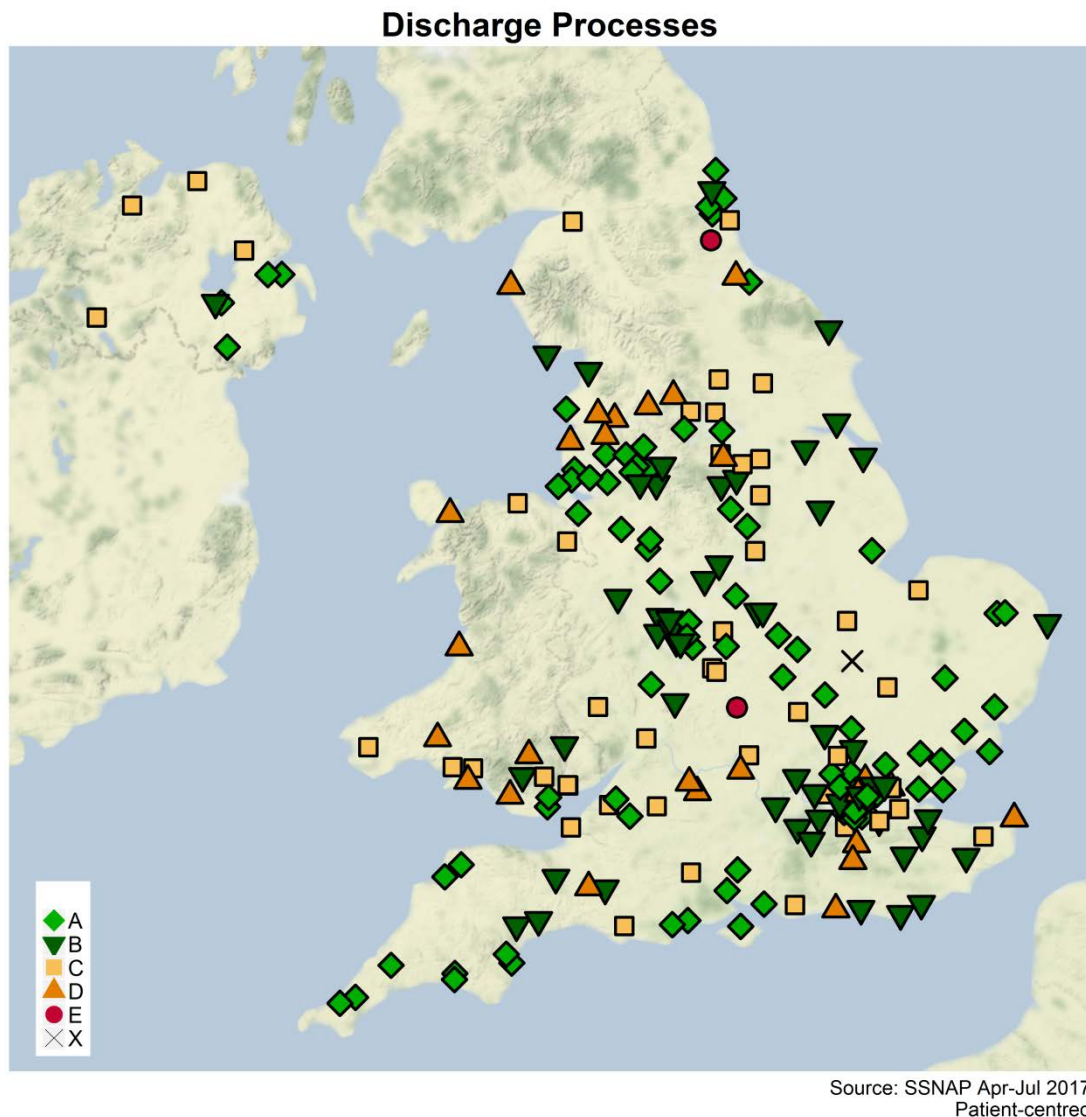
It can **improve recovery**.

Blood clotting medication **improves blood** flow.

It **reduces the chance of another stroke occurring**.



## National Results



## National Summary

There have been **improvements** in these aspects of care:

- joint health and social care planning
- giving patients and carers a named person to contact when leaving hospital

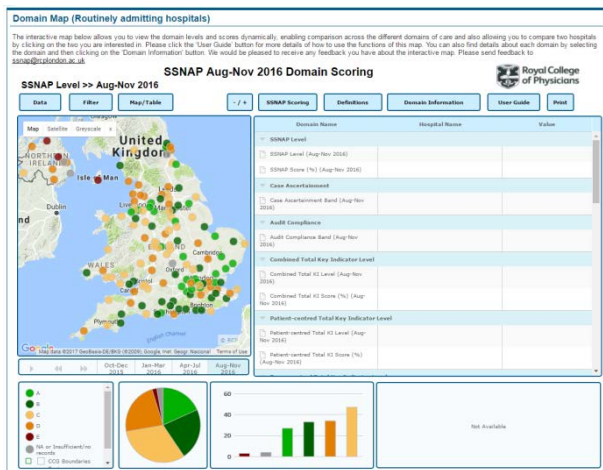
**Almost all** patients with an **irregular heartbeat** are given suitable **medication**.

## Interactive Maps

You can view the information in this report using interactive maps on the internet.

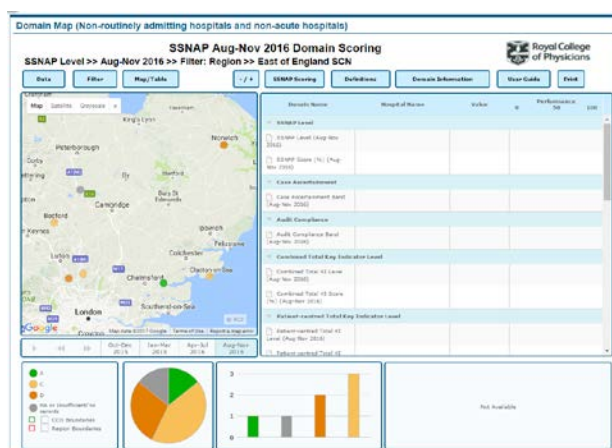
To see the maps go to:

[www.strokeaudit.org/results/Clinical-audit/maps](http://www.strokeaudit.org/results/Clinical-audit/maps)



- These maps are **easy to read**
- They include **all hospitals** treating stroke patients in England, Wales, and Northern Ireland
- Results are also presented using **graphs and pie charts**
- The maps will be **updated every 4 months** with up to date results

These maps **enable patients and carers to:**



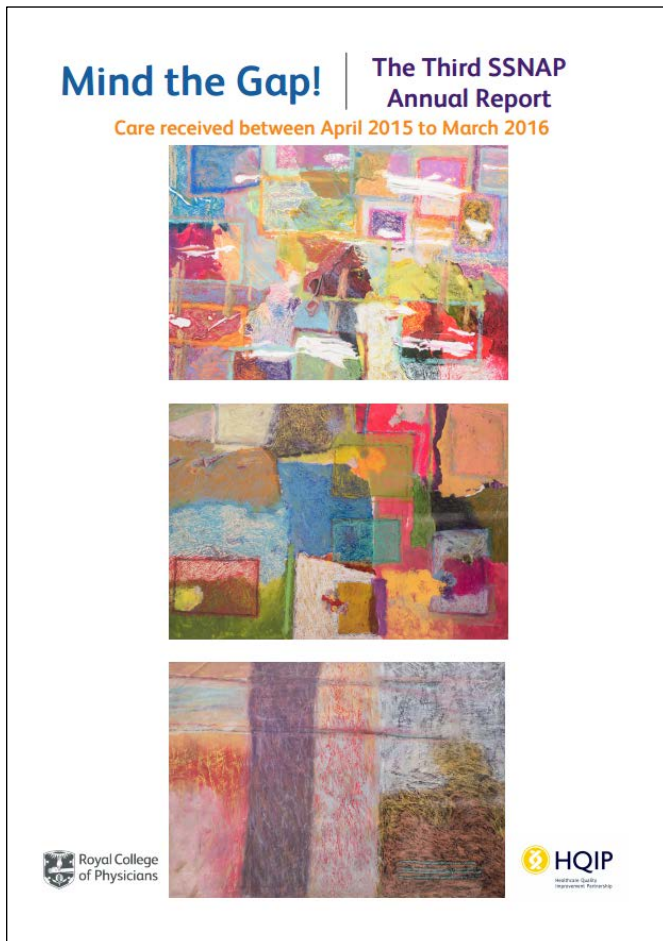
- **Identify** areas where care is good and where improvements are needed
- **Compare** aspects of **stroke care** within and across hospitals
- **Compare** hospitals' performance **over time**
- **Search** for **specific information** you are most interested in
- **Save and print** the information



# Mind the Gap! SSNAP's Third Annual Report

You can view the SSNAP Annual Report on our website:

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



- This report is written by doctors
- It gives an overview of **how good stroke care** is across **England, Wales and Northern Ireland**.
- The information in this report is from **2015 and 2016**
- This report is **patient friendly**
- It uses **patient experiences** of stroke care
- The report uses **maps and graphs** to show information
- Visit the website to listen to an **Audio Version** of the report

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

The image shows the front cover of a report. At the top left is the Royal College of Physicians logo, which includes a shield with a caduceus and the text 'Royal College of Physicians' below it. To the right of the logo is the acronym 'SSNAP' in a large, bold, sans-serif font. The main title, 'Sentinel Stroke National Audit Programme (SSNAP)', is centered in a large, bold, blue sans-serif font. Below the title, the text 'Clinical audit January—March 2015' is centered in a smaller, black sans-serif font. Further down, 'National results' is centered in a medium-sized, black sans-serif font, followed by 'July 2015' in a smaller, black sans-serif font. A large, dark blue curved shape on the right side of the cover contains the text 'Clinical audit' written vertically in a white, bold, sans-serif font. At the bottom, a smaller line of text reads 'Based on stroke patients admitted to and/or discharged from hospital between January - March 2015'. Below that, in a very small font, is 'Prepared by' followed by 'Royal College of Physicians, Clinical Effectiveness and Evaluation Unit on behalf of the Intercollegiate Stroke Working Party'.

Royal College of Physicians

SSNAP

**Sentinel Stroke National Audit Programme (SSNAP)**

Clinical audit January—March 2015

National results

July 2015

Based on stroke patients admitted to and/or discharged from hospital between January - March 2015

Prepared by

Royal College of Physicians, Clinical Effectiveness and Evaluation Unit on behalf of the Intercollegiate Stroke Working Party

Clinical audit

- ## 2) Summary Results

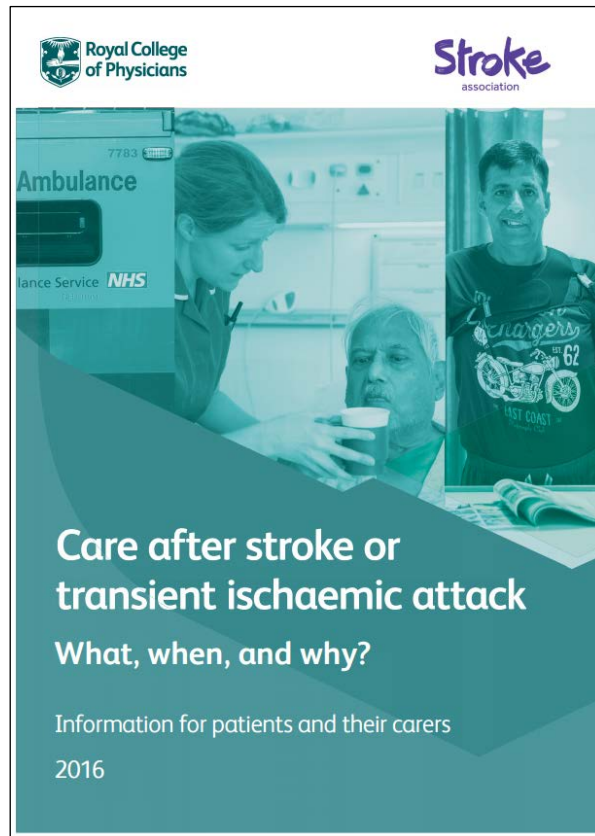
[illegible]

- This report gives a **summary of performance** for individual hospitals.
- It is a **starting point** for understanding how good a hospital is at treating stroke patients.
- Each **aspect of stroke care** is covered.
- Hospitals are given a **level from A-E** for each aspect of stroke care.

[illegible]

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## Further information on stroke care for patients and carers



- This booklet is a **shorter version** of the 'National Clinical **Guideline** for Stroke' (2016).
- It is written for **stroke survivors and their carers** but is also useful for anyone who has an interest in stroke care and management.
- It gives **information and advice** on the **care and treatment** of adults **after a stroke** or TIA (mini stroke).
- It also has listings of **organisations and support groups** who can help stroke patients and their families or carers.
- The patient version of the **Guideline** is available here:

<https://www.strokeaudit.org/Guideline/Patient-Guideline.aspx>

## Useful contacts and websites

### Stroke Association

Helpline: 0303 3033 100  
Textphone: 18001 0303 3033 100  
[stroke.org.uk](http://stroke.org.uk)  
[info@stroke.org.uk](mailto:info@stroke.org.uk)

### Chest Heart & Stroke Scotland

Advice Line: 0808 801 0899  
[www.chss.org.uk](http://www.chss.org.uk)  
[advice@chss.org.uk](mailto:advice@chss.org.uk)

### Northern Ireland Chest Heart & Stroke

Helpline: 028 9032 0184  
[www.nichs.org.uk](http://www.nichs.org.uk)  
[mail@nichs.org.uk](mailto:mail@nichs.org.uk)

### Different Strokes (run by and for younger stroke survivors)

Helpline: 0845 130 7172  
[www.differentstrokes.co.uk](http://www.differentstrokes.co.uk)  
[info@differentstrokes.co.uk](mailto:info@differentstrokes.co.uk)

### NHS Choices (Medical advice and information on health services)

NHS non-emergency number: 111  
[www.nhs.uk](http://www.nhs.uk)

### Headway (Charity for people who have had a brain injury)

Helpline: 0808 800 2244 (Mon–Fri, 9am–5pm)  
[www.headway.org.uk](http://www.headway.org.uk)  
[helpline@headway.org.uk](mailto:helpline@headway.org.uk)

### Brain and Spine Foundation

Helpline: 0808 808 1000  
[www.brainandspine.org.uk](http://www.brainandspine.org.uk)  
[helpline@brainandspine.org.uk](mailto:helpline@brainandspine.org.uk)

### Disabled Living Foundation

Helpline: 0300 999 0004 (Mon–Fri, 10am–4pm)  
[helpline@dlf.org.uk](mailto:helpline@dlf.org.uk)  
[www.dlf.org.uk](http://www.dlf.org.uk)

### Mind / Mind Cymru (England and Wales)

Infoline: 0300 123 3393  
Text: 86463  
[info@mind.org.uk](mailto:info@mind.org.uk)  
[www.mind.org.uk](http://www.mind.org.uk)

### Niamh Mental Wellbeing (Northern Ireland Association for Mental Health)

Enquiries: 028 9032 8474  
[info@niamhwellbeing.org](mailto:info@niamhwellbeing.org)  
[www.niamhwellbeing.org](http://www.niamhwellbeing.org)

### Scottish Association of Mental Health (SAMH)

0141 530 1000  
[enquire@samh.org.uk](mailto:enquire@samh.org.uk)  
[www.samh.org.uk](http://www.samh.org.uk)

### Age UK

England: 0800 169 2081  
Northern Ireland: 0808 808 7575  
Scotland: 0800 4 70 80 90  
Wales: 08000 223 444  
[www.ageuk.org.uk](http://www.ageuk.org.uk)

### Royal National Institute of Blind People (RNIB)

Helpline: 0303 123 9999  
[helpline@rnib.org.uk](mailto:helpline@rnib.org.uk)  
[www.rnib.org.uk](http://www.rnib.org.uk)

### Alzheimer's Society (Information and support on all types of dementia)

Helpline: 0300 222 1122  
[enquiries@alzheimers.org.uk](mailto:enquiries@alzheimers.org.uk)  
[www.alzheimers.org.uk](http://www.alzheimers.org.uk)

## **We hope you found this report helpful and useful**

There is more information about SSNAP on the Royal College of Physicians website.

[www.rcplondon.ac.uk/ssnap](http://www.rcplondon.ac.uk/ssnap)

If you have any questions about this report please contact the Stroke

Programme at the Royal College of Physicians:

Tel: **020 3075 1318** or **020 3075 1383**

Email: [ssnap@rcplondon.ac.uk](mailto:ssnap@rcplondon.ac.uk)

### **We want to know.....**

What do you think of this report? Have you found it useful?

Please email [ssnap@rcplondon.ac.uk](mailto:ssnap@rcplondon.ac.uk) and let us know.