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
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Glossary

Atrial fibrillation (AF)  an abnormal heart beat which can result in the formation of blood clots

Cognitive Screening  A test to assess a patient’s mental processes such as memory and concentration.

Continence Plan  A plan to help a patient increase their control over bowel and bladder function.

Malnourishment  A condition which is caused by not having enough of or the right nutrients.

Occupational Therapy  Therapy to help patients relearn activities of everyday life.

Physiotherapy  Therapy to restore movement and function.

Speech and Language Therapy  Therapy to help patients recover from communication or swallowing difficulties.

Thrombolysis  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 Sentinel Stroke National Audit Programme (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
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.

<table>
<thead>
<tr>
<th>Shape</th>
<th>Level</th>
<th>Each area of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>Hospital meets highest standards for almost all patients</td>
</tr>
<tr>
<td>B</td>
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<td>C</td>
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<tr>
<td>D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td></td>
<td>Hospital does not meet highest standards for many patients</td>
</tr>
</tbody>
</table>

**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.
1. Brain Scanning

**What** should be done?

All patients with stroke symptoms should have a brain scan.

**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.

**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 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.
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.

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

Clot Busting Treatment (Thrombolysis)

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

**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

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.
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 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.
**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 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

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.
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 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 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

- 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

- 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
For more detailed SSNAP reports go to:

www.strokeaudit.org/results

1) Public Report

- This report contains national level results across the stroke pathway.
- It compares national stroke results over time.
- The report has commentary from the doctor who leads SSNAP
- The report gives recommendations for improving stroke care
- The report has colour coded tables showing the results for each hospital

2) Summary Results

- 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.

3) Full Results

- This is a very detailed report
- It contains national and hospital level results for every stroke measure collected by SSNAP
- It allows readers to look further into specific aspects of stroke care
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
info@stroke.org.uk

**Chest Heart & Stroke Scotland**
Advice Line: 0808 801 0899
www.chss.org.uk
adviceLine@chss.org.uk

**Disabled Living Foundation**
Helpline: 0300 999 0004 (Mon-Fri, 10am-4pm)
helpline@dlf.org.uk
www.dlf.org.uk

**Mind / Mind Cymru** (England and Wales)
Infoline: 0300 123 3393
Text: 86463
info@mind.org.uk
www.mind.org.uk

**Northern Ireland Chest Heart & Stroke**
Helpline: 028 9032 0184
www.nichs.org.uk
mail@nichs.org.uk

**Niamh Mental Wellbeing (Northern Ireland Association for Mental Health)**
Enquiries: 028 9032 8474
info@niamhwellbeing.org
www.niamhwellbeing.org

**Different Strokes** (run by and for younger stroke survivors)
Helpline: 0845 130 7172
www.differentstrokes.co.uk
info@differentstrokes.co.uk

**NHS Choices** (Medical advice and information on health services)
NHS non-emergency number: 111
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
helpline@headway.org.uk

**Royal National Institute of Blind People (RNIB)**
Helpline: 0303 123 9999
helpline@rnib.org.uk
www.rnib.org.uk

**Brain and Spine Foundation**
Helpline: 0808 808 1000
www.brainandspine.org.uk
helpline@brainandspine.org.uk

**Scottish Association of Mental Health (SAMH)**
0141 530 1000
enquire@samh.org.uk
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

**Alzheimer’s Society** (Information and support on all types of dementia)
Helpline: 0300 222 1122
enquiries@alzheimers.org.uk
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

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

We want to know......

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

Please email ssnap@rcplondon.ac.uk and let us know.