Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Easy access version

Stroke care in

England, Wales and Northern Ireland

This report is for stroke survivors and their families

Based on patients treated between December 2016 – March 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 **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 **December 2016 - March 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

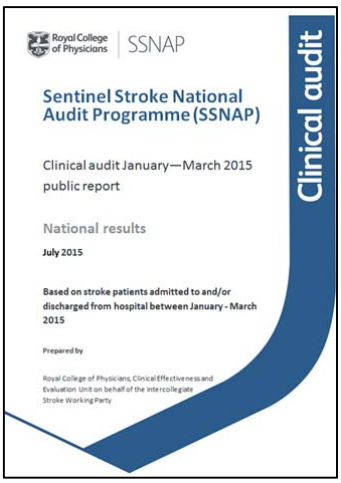
For more **detailed reports**

https://www.strokeaudit.org/results

For **interactive maps**

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

Reports


Royal College of Physicians | SSNAP

Sentinel Stroke National Audit Programme (SSNAP)

Clinical audit January—March 2015 public report

National results

July 2015

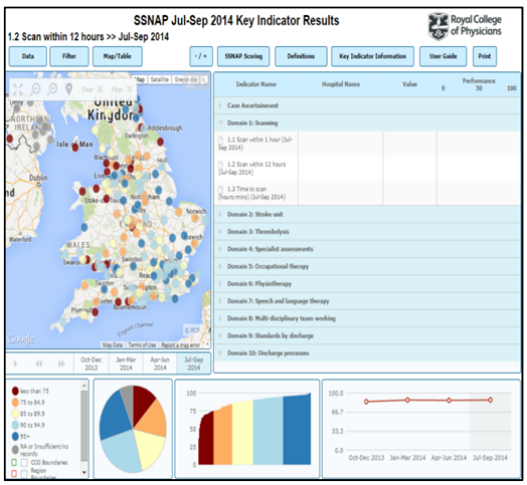
Based on stroke patients admitted to and/or discharged from hospital between January - March 2015

Prepared by

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

Clinical audit

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**.

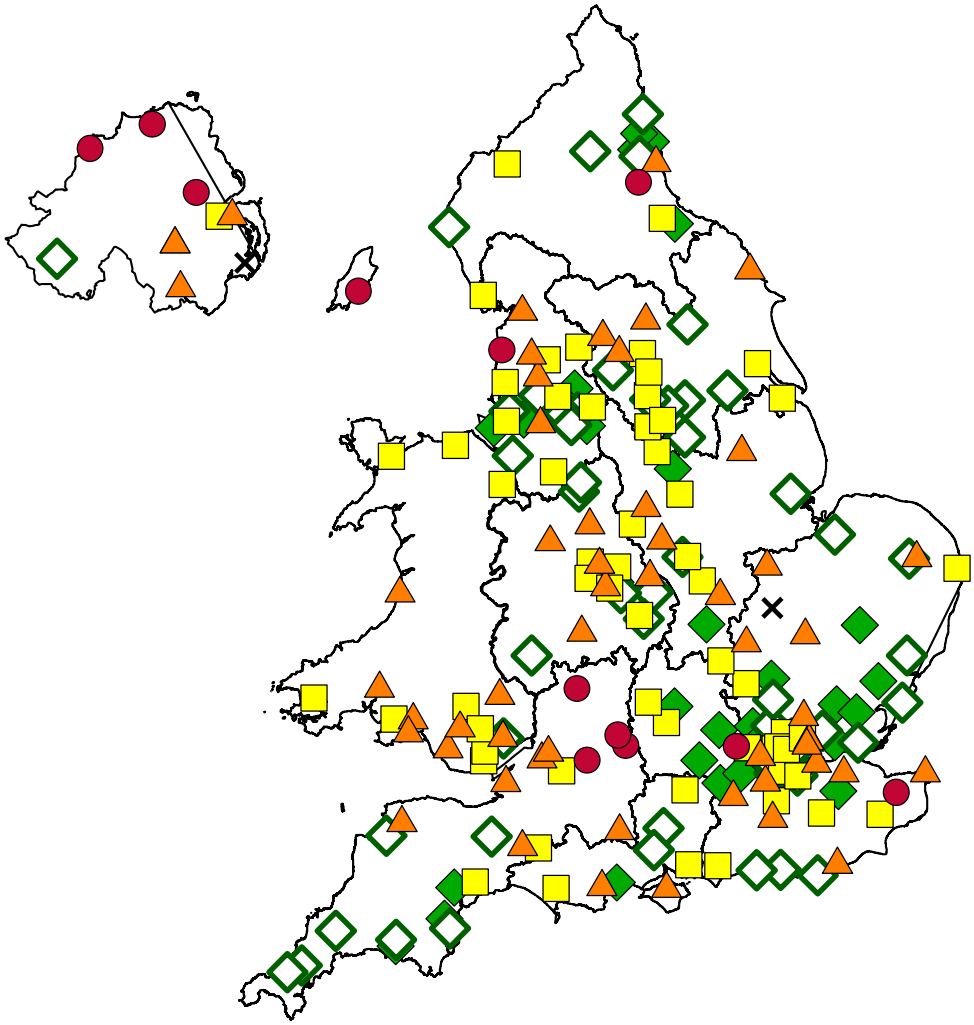
This box will highlight the **aspects of care** where **improvements are needed**.

Understanding the results

National maps

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

SSNAP Level



Source: SSNAP Dec 2016-Mar 2017

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**.

- A (90+)
- B (80-89)
- C (75-79)
- D (65-74)
- E (<65)
- Insufficient records

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**	Hospital **meets highest standards** for almost all patients
◇	**B**	↓
▢	**C**	
▲	**D**	
●	**E**	Hospital **does not meet highest standards** for many patients

Hospitals included in this report

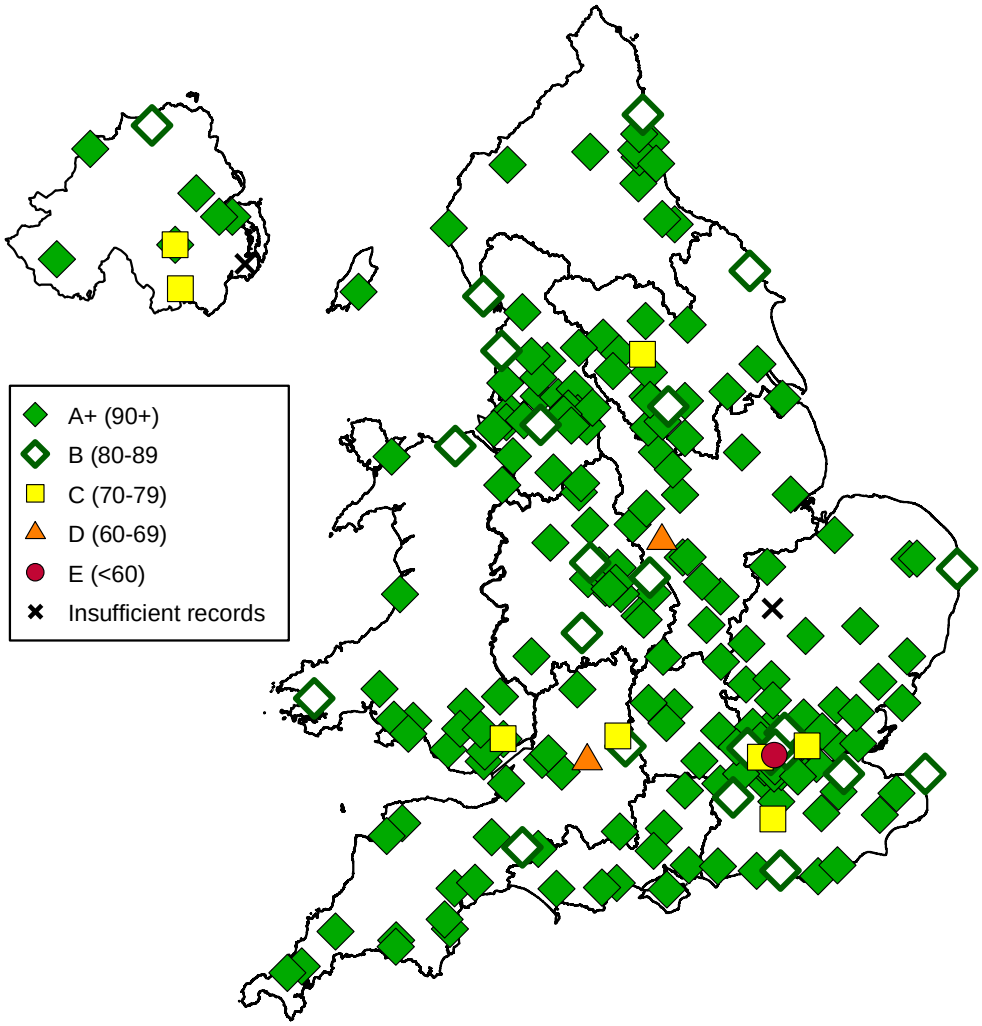
This report includes **28,575 Stroke patients** admitted to hospital between **December 2016 - March 2017.**

226 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 Dec 2016-Mar 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**

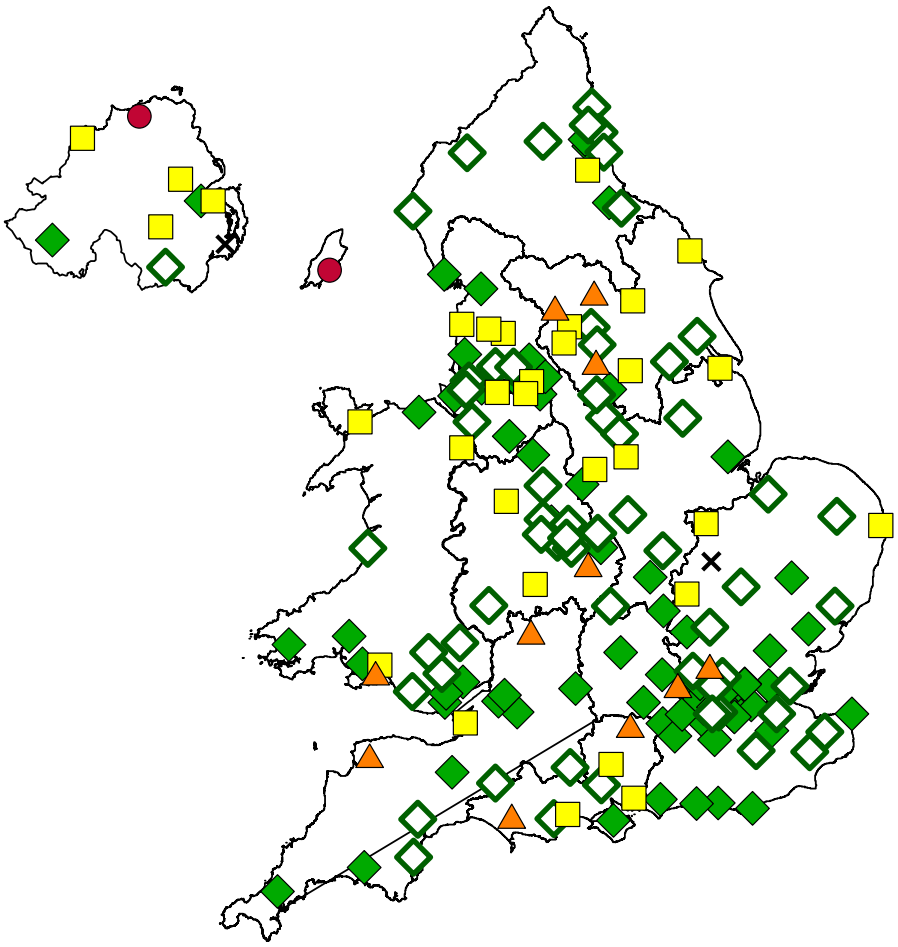
Why should this be done?

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

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

National Results

Brain Scanning



Source: SSNAP Dec 2016-Mar 2017 (Patient Centred)

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?

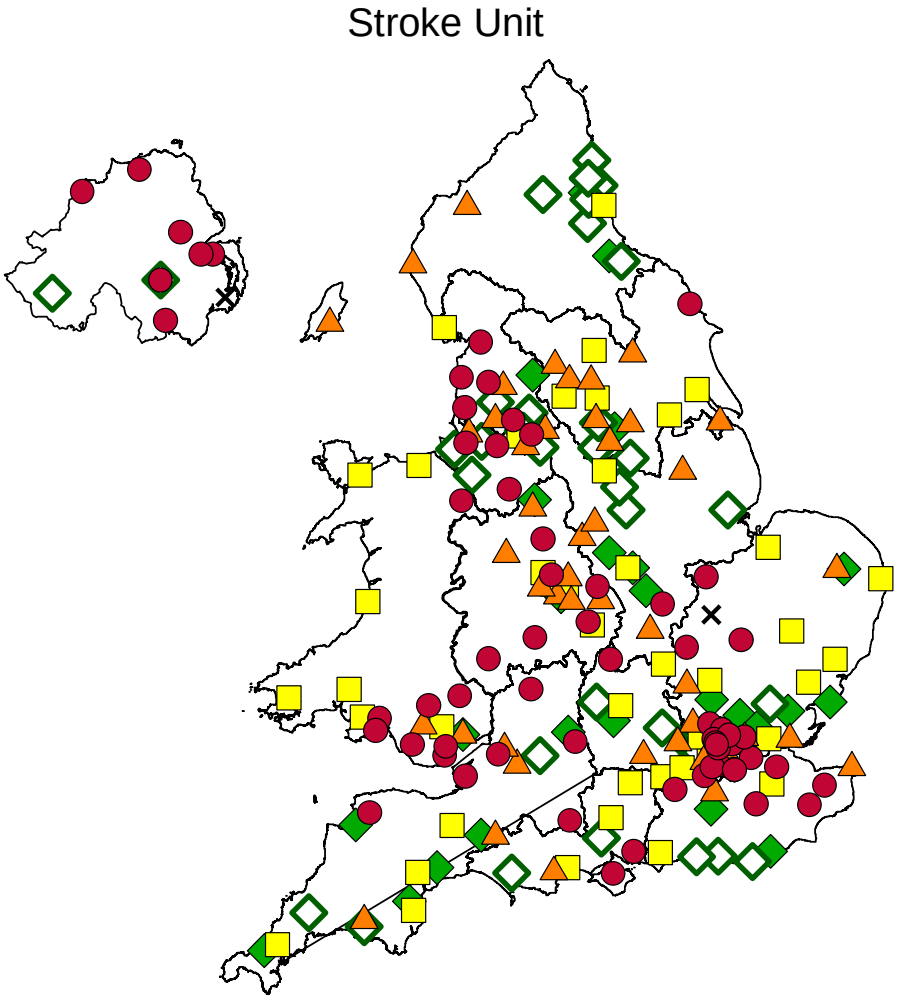
Patients should get to a stroke unit **within 4 hours** of arriving at hospital.

Why should this be done?

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

This can save lives and reduce disability.

National Results



Source: SSNAP Dec 2016-Mar 2017 (Patient Centred)

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?

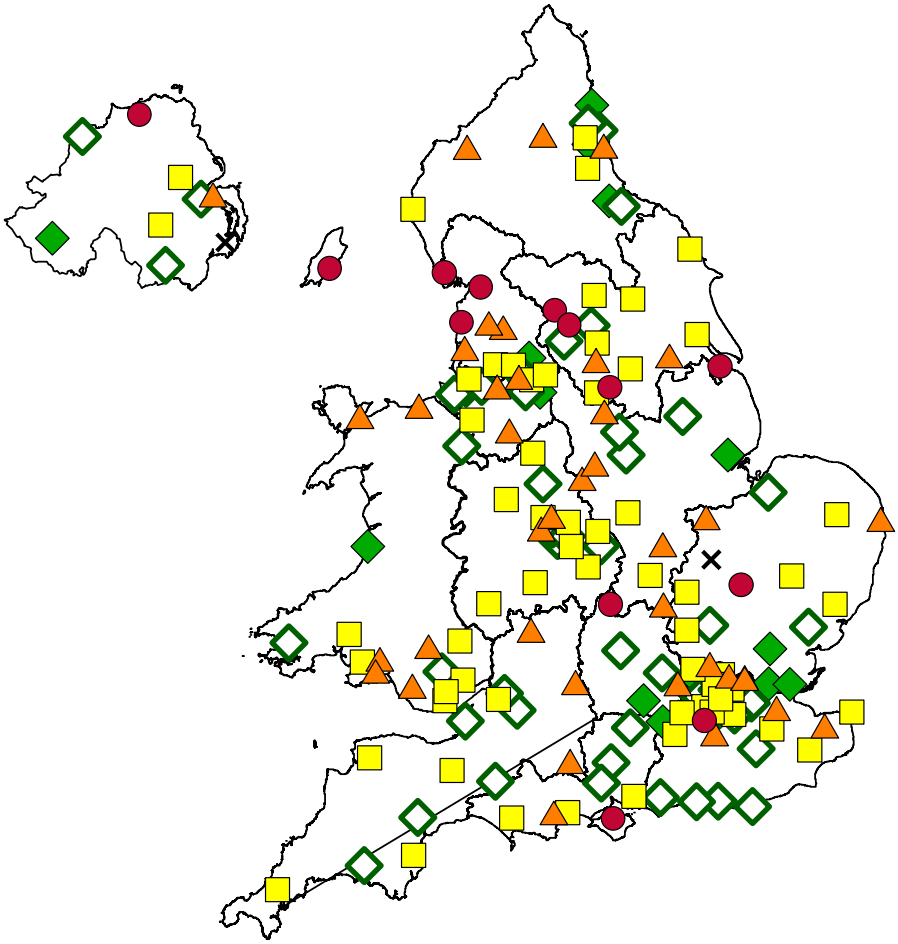
It should be given up to **4 and a half hours after a stroke.**

Why should this be done?

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

National Results

Clot Busting Treatment (Thrombolysis)



Source: SSNAP Dec 2016-Mar 2017 (Patient Centred)

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**

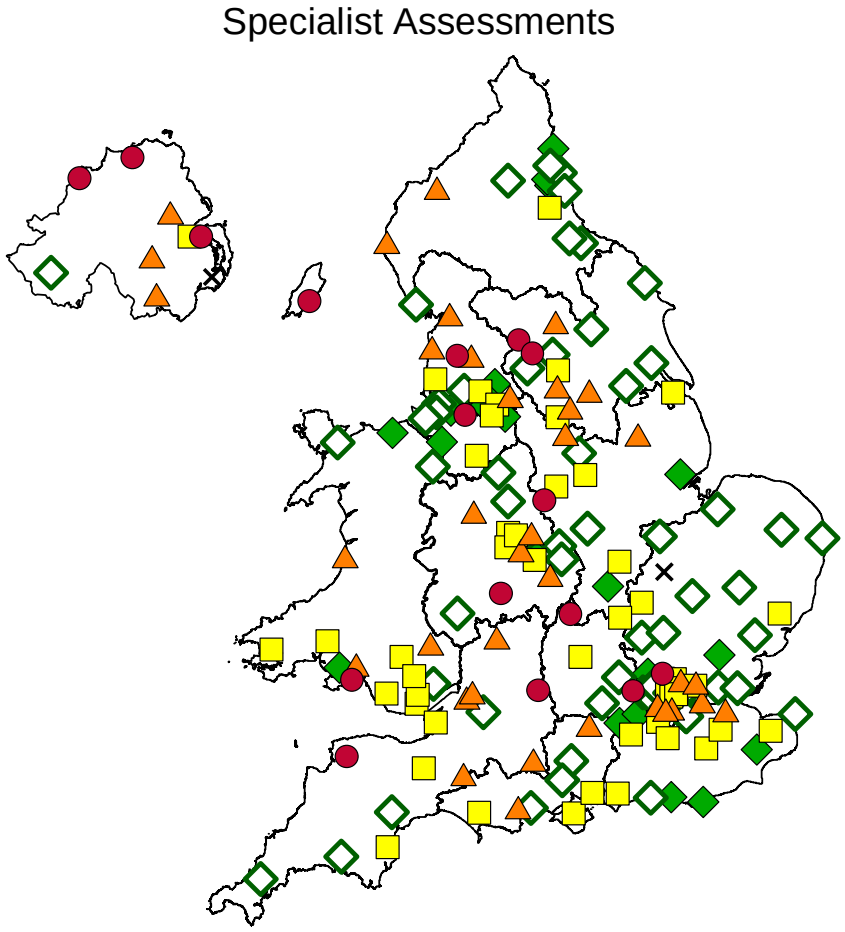
Within **3 days**: **swallow assessment**

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



Source: SSNAP Dec 2016-Mar 2017 (Patient Centred)

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.

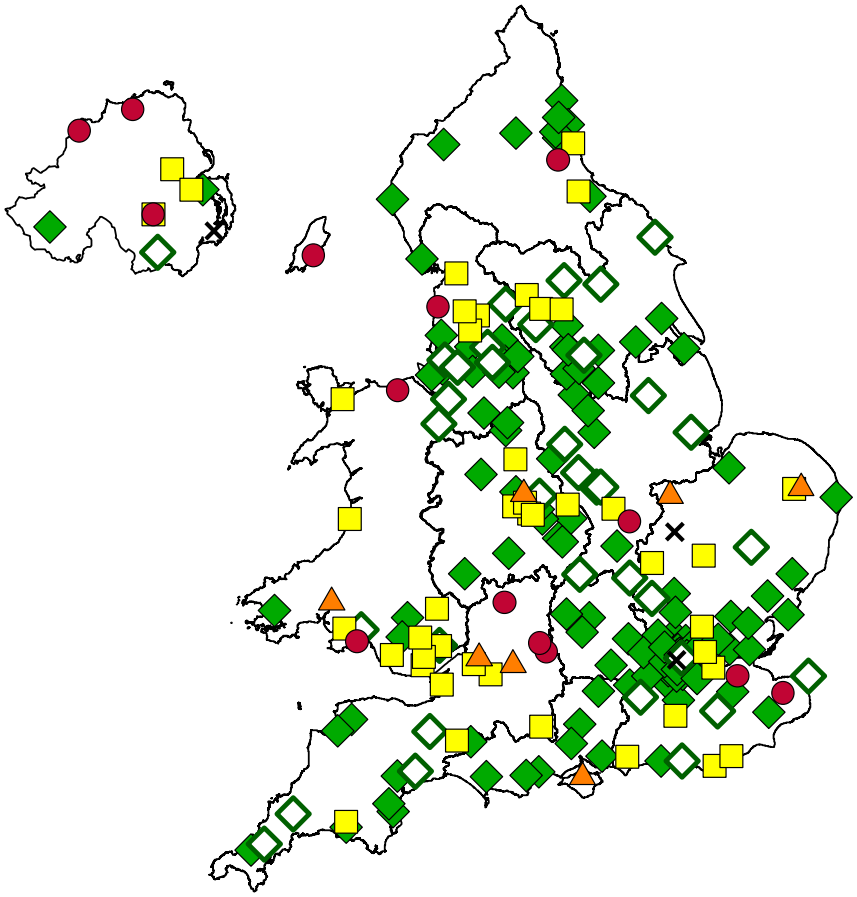
Why should this be done?

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

Occupational Therapy (OT)



Source: SSNAP Dec 2016-Mar 2017 (Patient Centred)

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

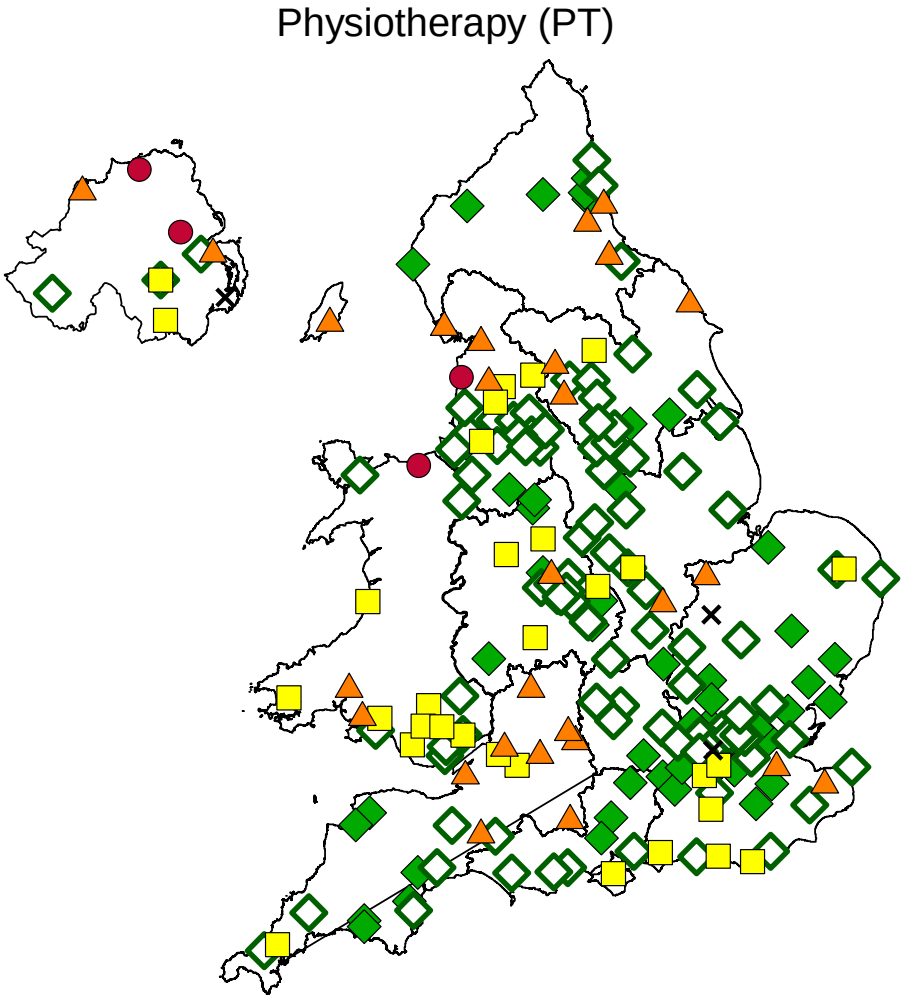
- at least **45 minutes** of physiotherapy
- on at least **5 days a week**
- for the duration of their stroke care.

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



Source: SSNAP Dec 2016-Mar 2017 (Patient Centred)

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

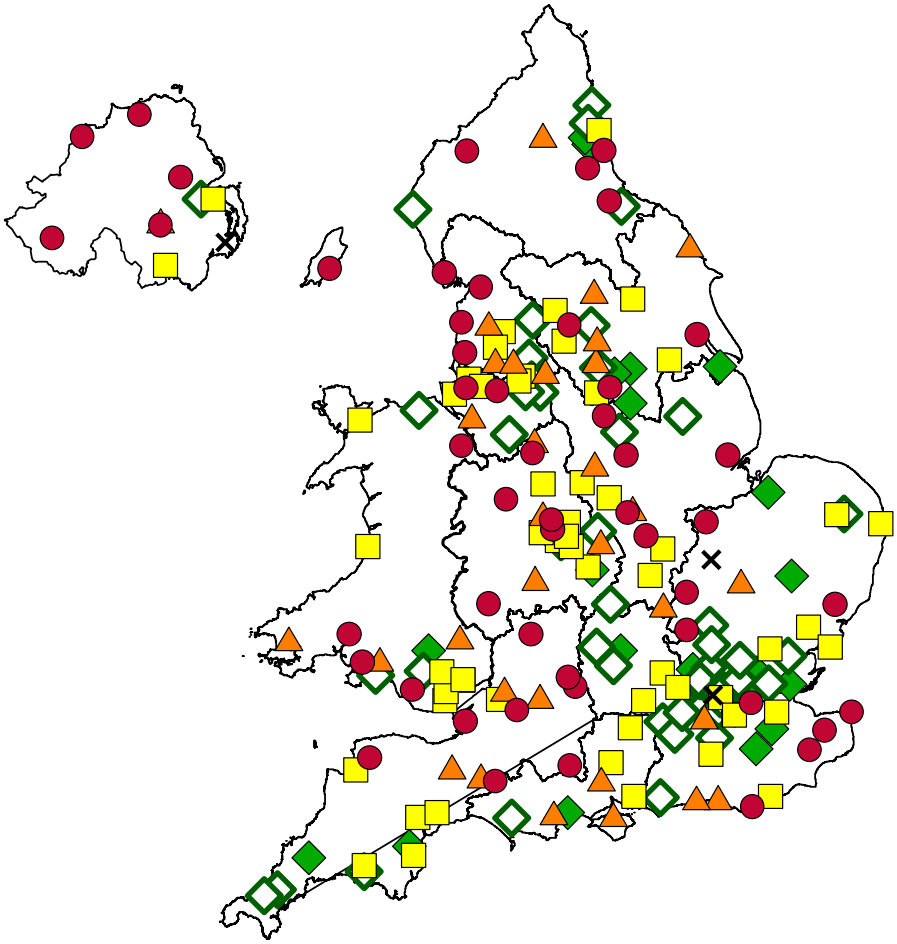
- at least **45 minutes** of speech and language therapy
- on at least **5 days a week**
- for the duration of their stroke care.

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

Speech and Language Therapy (SALT)



Source: SSNAP Dec 2016-Mar 2017 (Patient Centred)

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

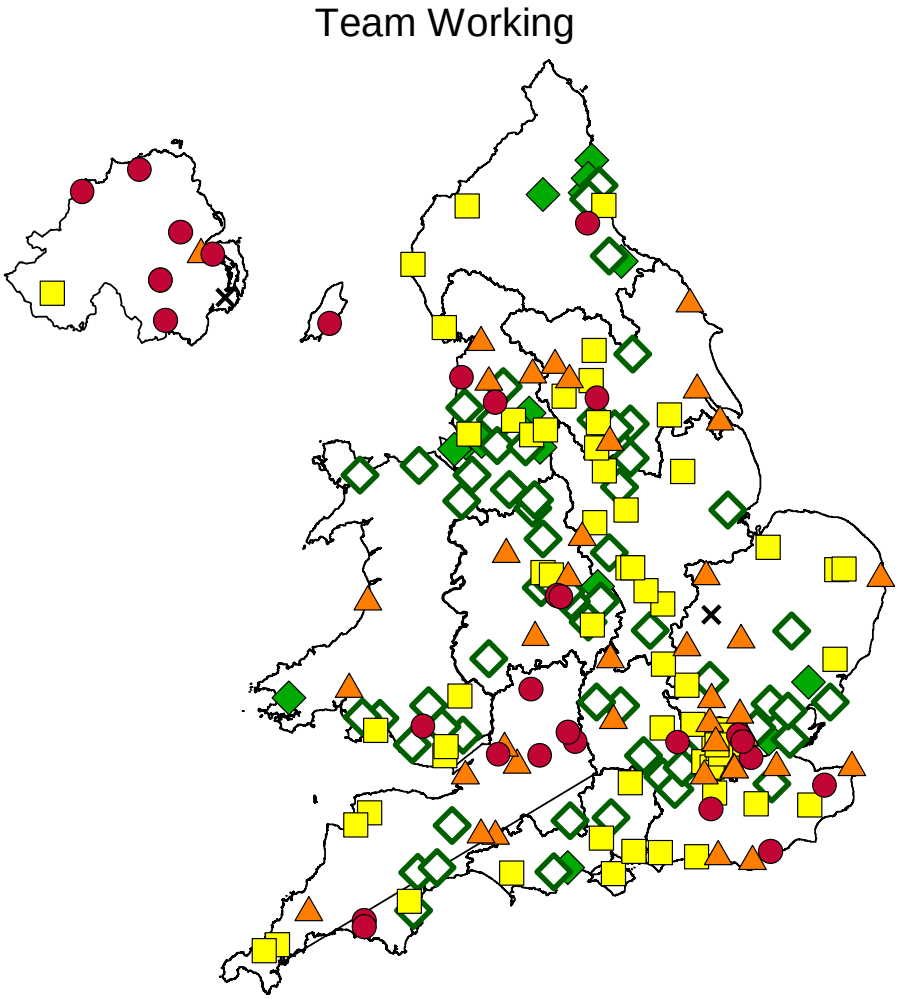
How quickly should this be done?

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 Dec 2016-Mar 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**.

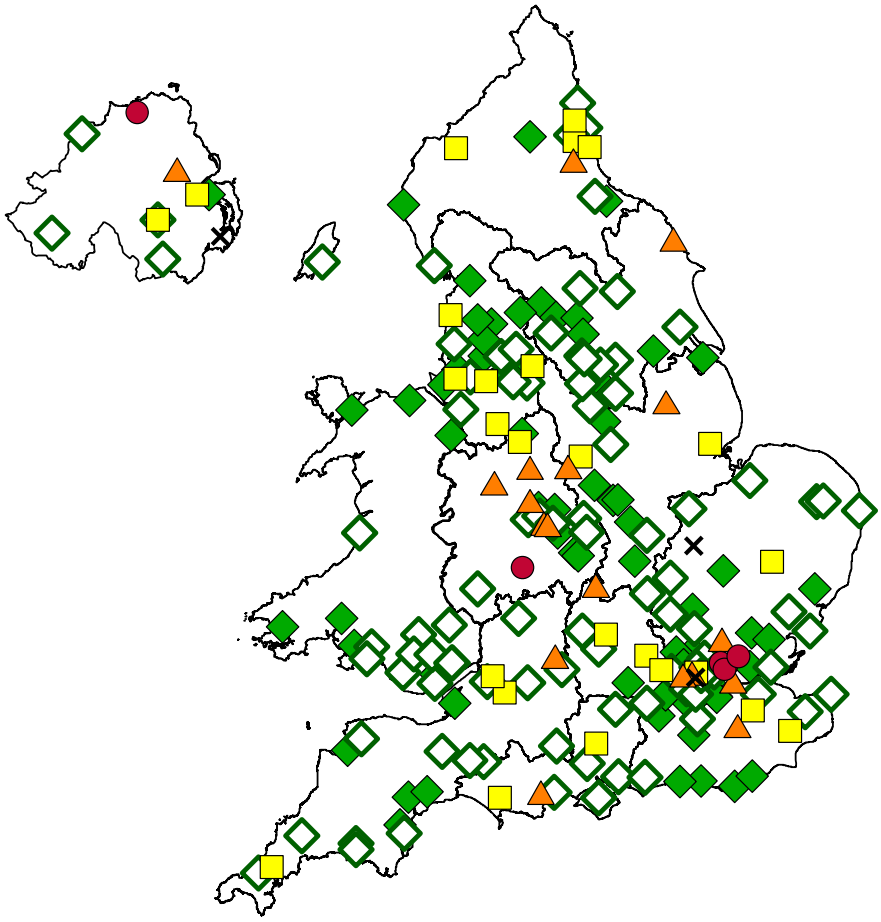
Patients say **continence management** is one of the **most important** areas of care.

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

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

National Results

Standards by Discharge



Source: SSNAP Dec 2016-Mar 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?

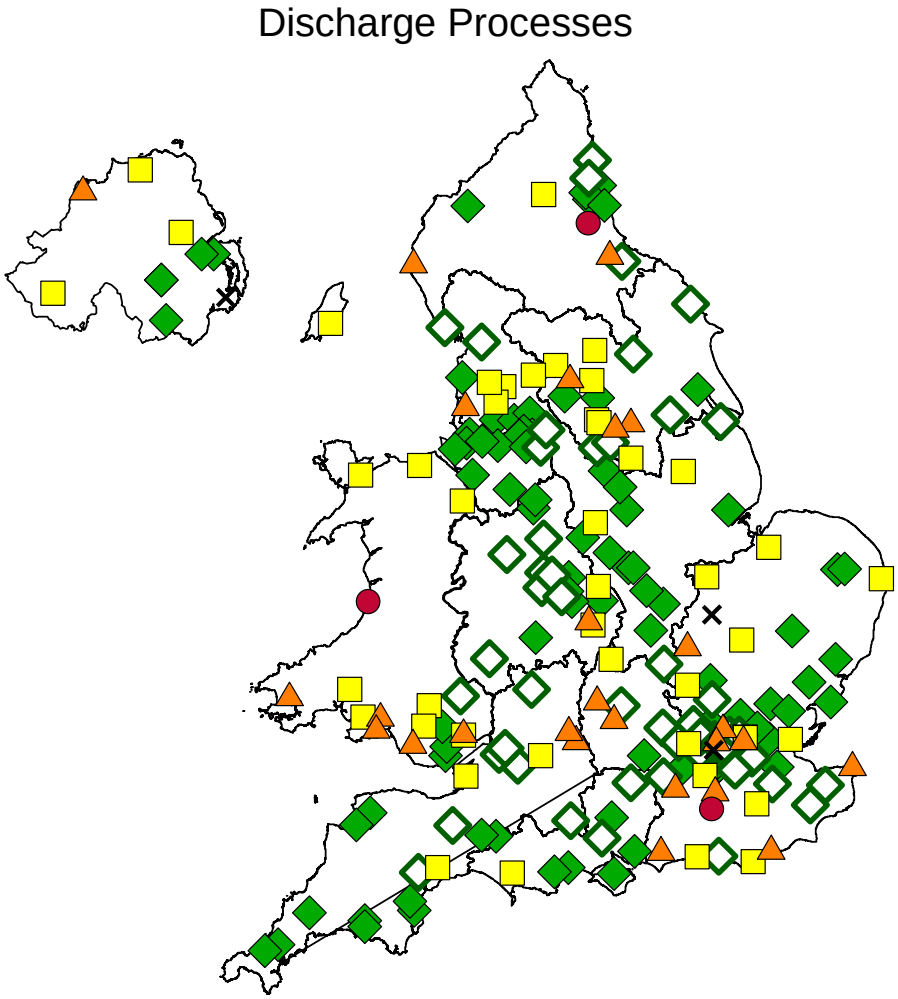
Health and social care services should work together in a way that **best suits the needs of patients**.

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



Source: SSNAP Dec 2016-Mar 2017 (Patient Centred)

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

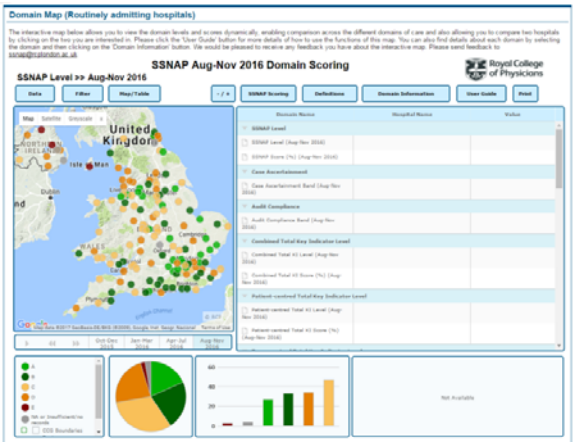
Almost all patients with an **irregular heartbeat** are given suitable **medication**.

Interactive Maps

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

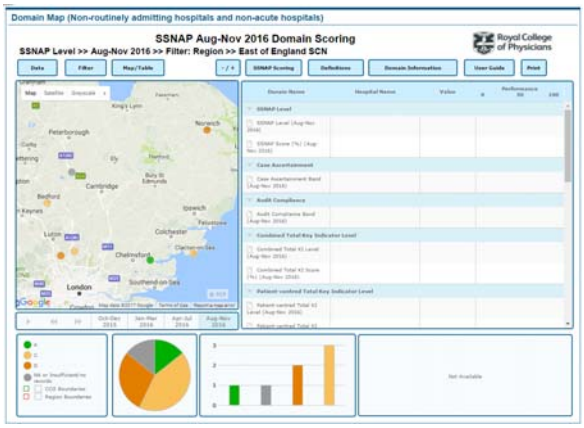
To see the maps go to:

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**:

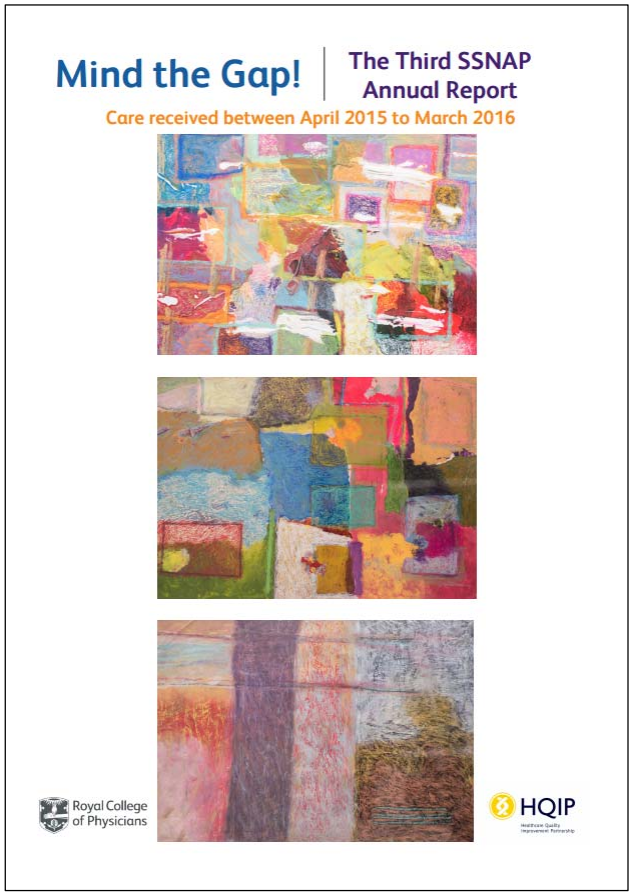


- **Identify** areas where care is good and where improvements are needed
- **Compare** aspects of **stroke care** within and across hospitals
- **Compare** hospitals' performance **over time**
- **Search** for **specific information** you are most interested in
- **Save and print** the information

Mind the Gap! SSNAP's Third Annual Report

You can view the SSNAP Annual Report on our website:

www.strokeaudit.org/AnnualReport

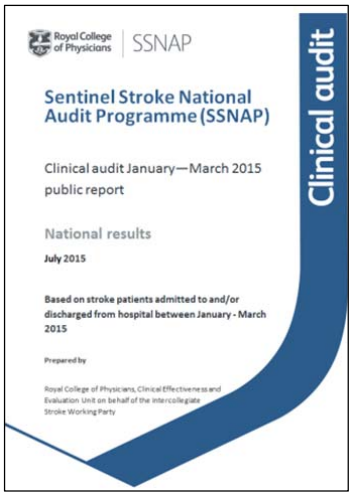


- This report is written by doctors
- It gives an overview of **how good stroke care is** across **England, Wales and Northern Ireland.**
- The information in this report is from **2015 and 2016**
- This report is **patient friendly**
- It uses **patient experiences** of stroke care
- The report uses **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](http.://www.strokeaudit.org/results)

1) Public Report


Royal College of Physicians | SSNAP

Sentinel Stroke National Audit Programme (SSNAP)

Clinical audit January—March 2015 public report

National results

July 2015

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

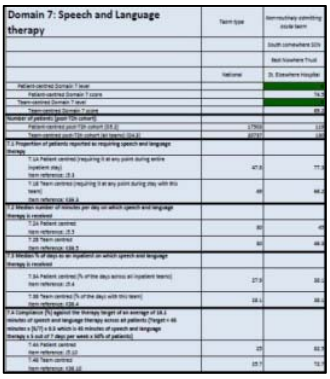
Prepared by

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

Clinical audit

- 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

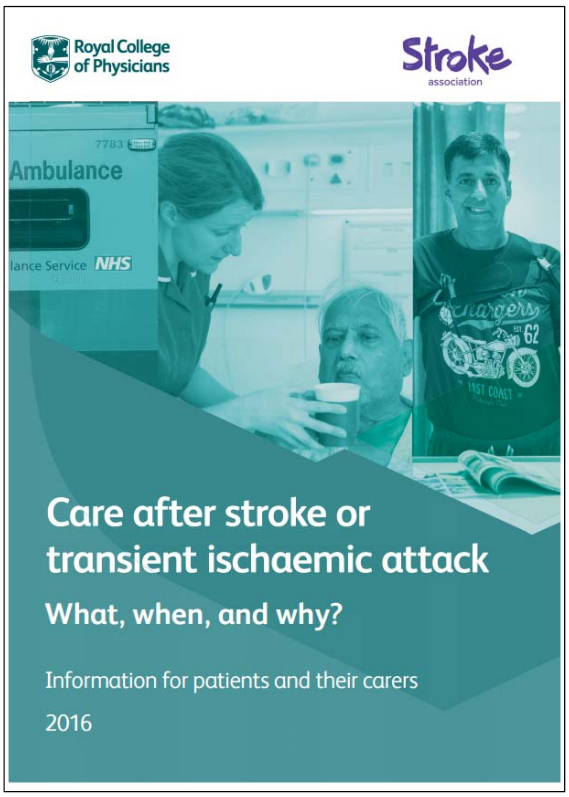

Domain 7: Speech and Language therapy

- 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

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

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

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

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

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

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