



Sentinel Stroke National  
Audit Programme (SSNAP)

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

This report is for stroke survivors  
and their families

Based on patients treated between  
January - March 2019

**Easy access version**



# Table of Contents

Glossary .....	5
Introduction to the SSNAP Easy Access Version Report .....	6
How to read this report.....	8
Understanding the results .....	9
1. Brain Scanning .....	12
2. Stroke unit.....	14
3. Clot Busting Treatment (Thrombolysis) .....	16
4. Specialist Assessments .....	18
5. Occupational Therapy (OT) .....	20
6. Physiotherapy .....	22
7. Speech and Language Therapy .....	24
8. Team Working .....	26
9. Standards met by Discharge.....	28
10. Discharge Processes .....	30
Further information on stroke care for patients and carers .....	34
Useful contacts and websites.....	35



## **Glossary**

<b>Atrial fibrillation (AF)</b>	An abnormal heartbeat 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 **January-March 2019**.

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

We will write this report every 3 months.

**King's College London (KCL)** 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

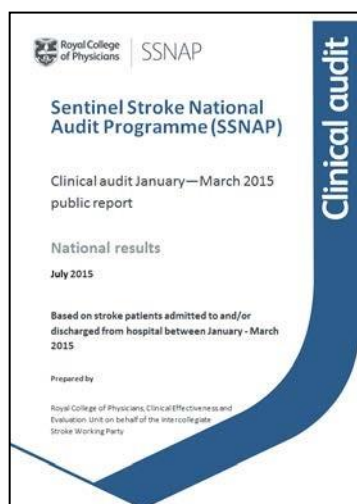
- **Speakeasy**, a charity based in Bury, which supports people with aphasia
- The **South London Stroke Research Patient and Family Group**
- The **stroke survivors** on the stroke working party

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

For more detailed reports

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

## Reports



## Performance tables

Number of patients		Overall Performance			Team Centred Data											
Admit	Disch	SSNAP Level	CA	AC	Combined K3 Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC K3 Level
219	244	A	A	A	A	A	C <sub>1</sub>	B <sub>1</sub>	B	A	A	A	B <sub>1</sub>	C <sub>1</sub>	B <sub>1</sub>	A
270	271	B	A	B <sub>1</sub>	A <sub>1</sub>	A	D	B	B	A	A	A	B	B <sub>1</sub>	C <sub>1</sub>	A <sub>1</sub>
259	272	A	A	A <sub>1</sub>	A	A	B <sub>1</sub>	A	A	A	A	C	A	C	C <sub>1</sub>	A
215	220	A <sub>1</sub>	A	A <sub>1</sub>	A	A	D <sub>1</sub>	C	A	A	A <sub>1</sub>	B <sub>1</sub>	B	A	A	A
225	233	B <sub>1</sub>	A	A	B <sub>1</sub>	A	D	C	C <sub>1</sub>	A	A	B <sub>1</sub>	B	A <sub>1</sub>	B <sub>1</sub>	B
316	320	A	A	A	A	A	B <sub>1</sub>	A	B	A	A	B <sub>1</sub>	B	A <sub>1</sub>	C <sub>1</sub>	A
328	342	A	A	A	A	A	D <sub>1</sub>	B	B <sub>1</sub>	A	A	A	B	A	A <sub>1</sub>	A
284	285	A	A	A	A	A	C	A	B	A	A	A	C	B	B	A
214	213	A	A <sub>1</sub>	A	A	A	D <sub>1</sub>	C <sub>1</sub>	A	A	A	D	B	A <sub>1</sub>	A	A
299	300	B	A <sub>1</sub>	A	B	C	C	B <sub>1</sub>	B <sub>1</sub>	A	A	E <sub>1</sub>	C	A	A	B
130	140	A	A	A	A	B <sub>1</sub>	B <sub>1</sub>	B	B	A	A	C	B	A	A	A
155	166	C	A	A	C	B	D	C	B	C	B	D <sub>1</sub>	C	B	B	C
119	129	B	A	A	B	B	D <sub>1</sub>	B	B	A	B	C	C	A <sub>1</sub>	A	B
240	254	C	A	A <sub>1</sub>	C <sub>1</sub>	C	D <sub>1</sub>	C	C <sub>1</sub>	A	B	E <sub>1</sub>	C <sub>1</sub>	C <sub>1</sub>	B	C <sub>1</sub>
316	325	B <sub>1</sub>	A	A	B <sub>1</sub>	B	D	C <sub>1</sub>	C	A	A	D	B <sub>1</sub>	B	B <sub>1</sub>	B <sub>1</sub>

## 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**.

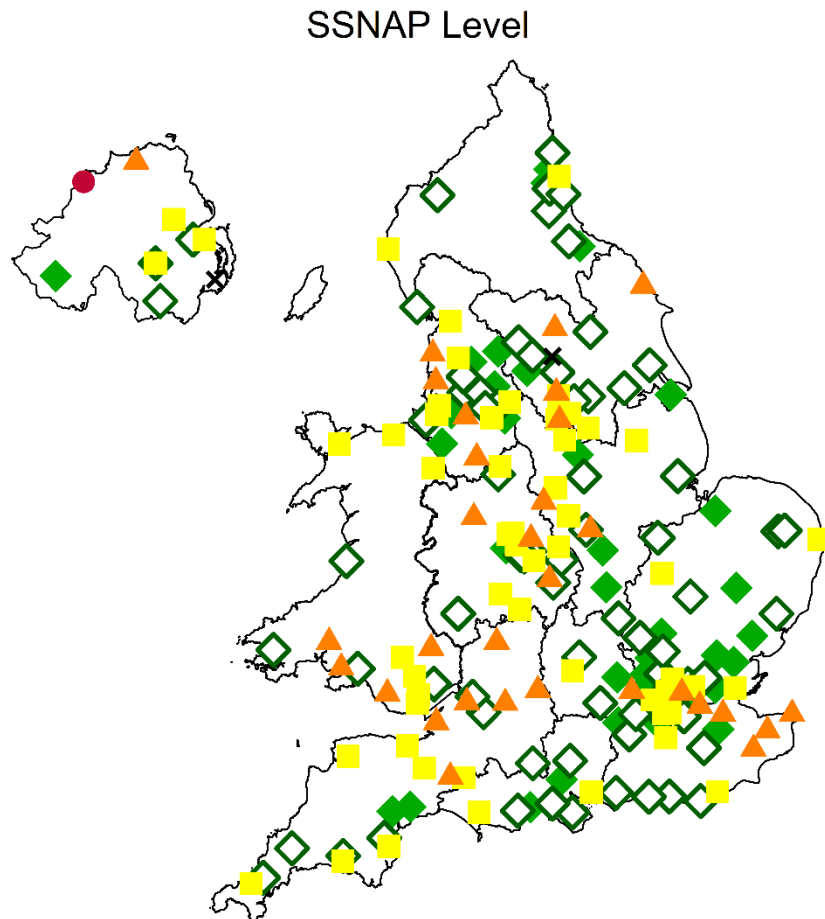
This box will highlight the **aspects of care** where **improvements are needed**.



## Understanding the results

### National maps

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



Source: SSNAP Jan-Mar 2019







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 <b>meets highest standards</b> for almost all patients  Hospital <b>does not meet highest standards</b> for many patients
	B	
	C	
	D	
	E	

## Hospitals included in this report

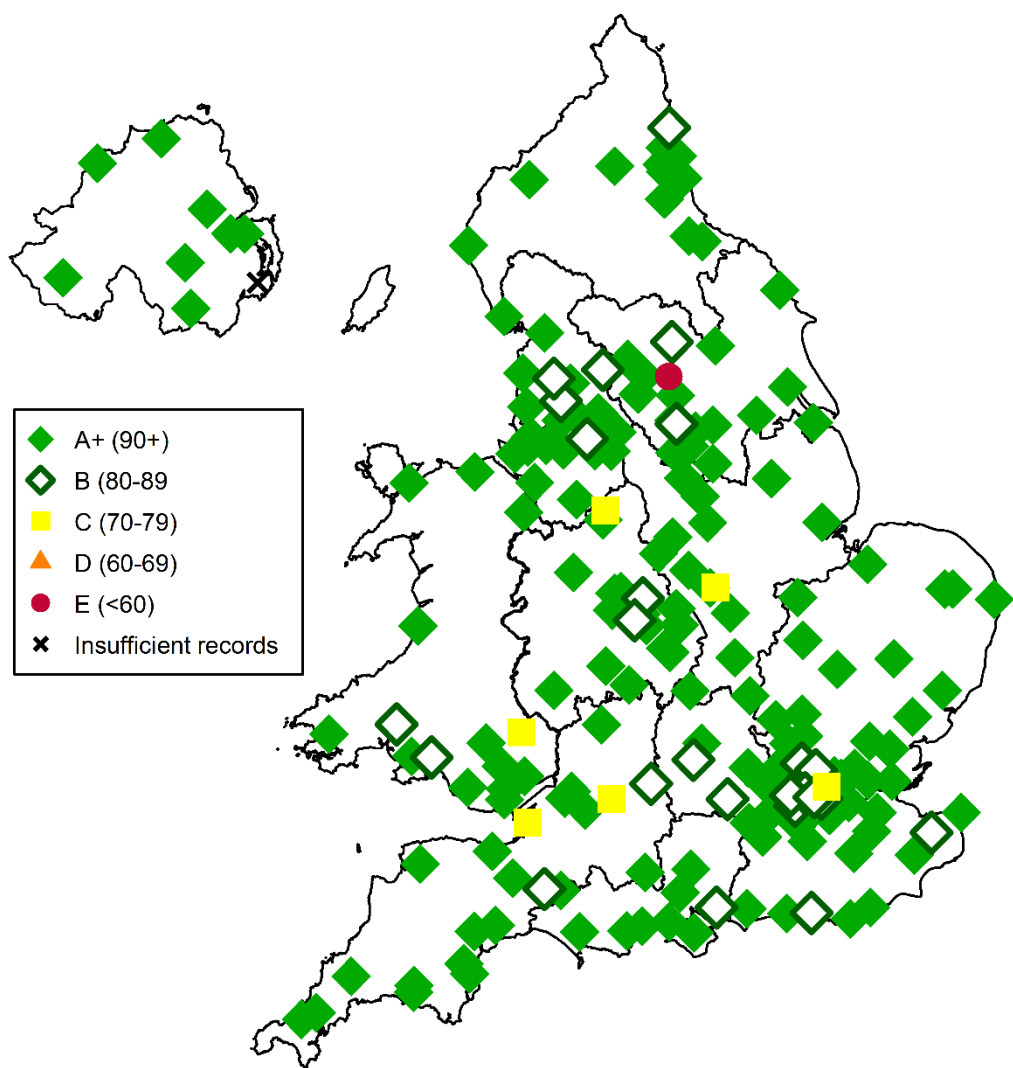
This report includes **21,784** stroke patients admitted to hospital between **January-March 2019**.

**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 Jan-Mar 2019

## 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**

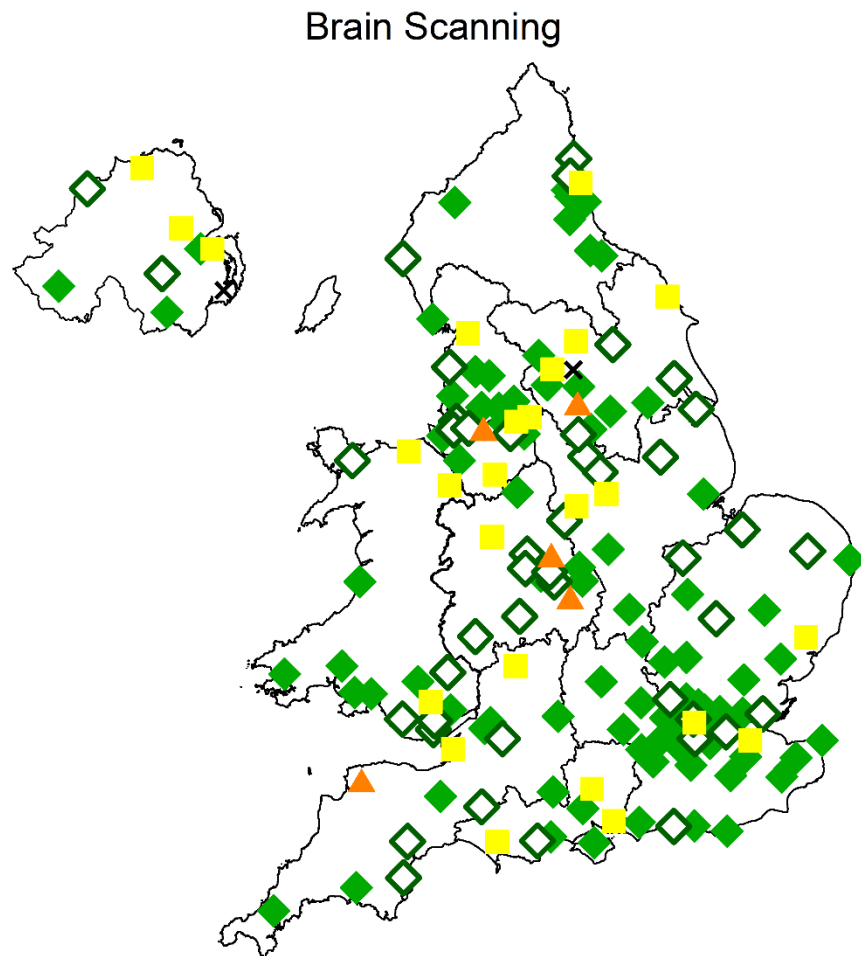


**Why** should this be done?

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

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

## National Results



Source: SSNAP Jan-Mar 2019 (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?

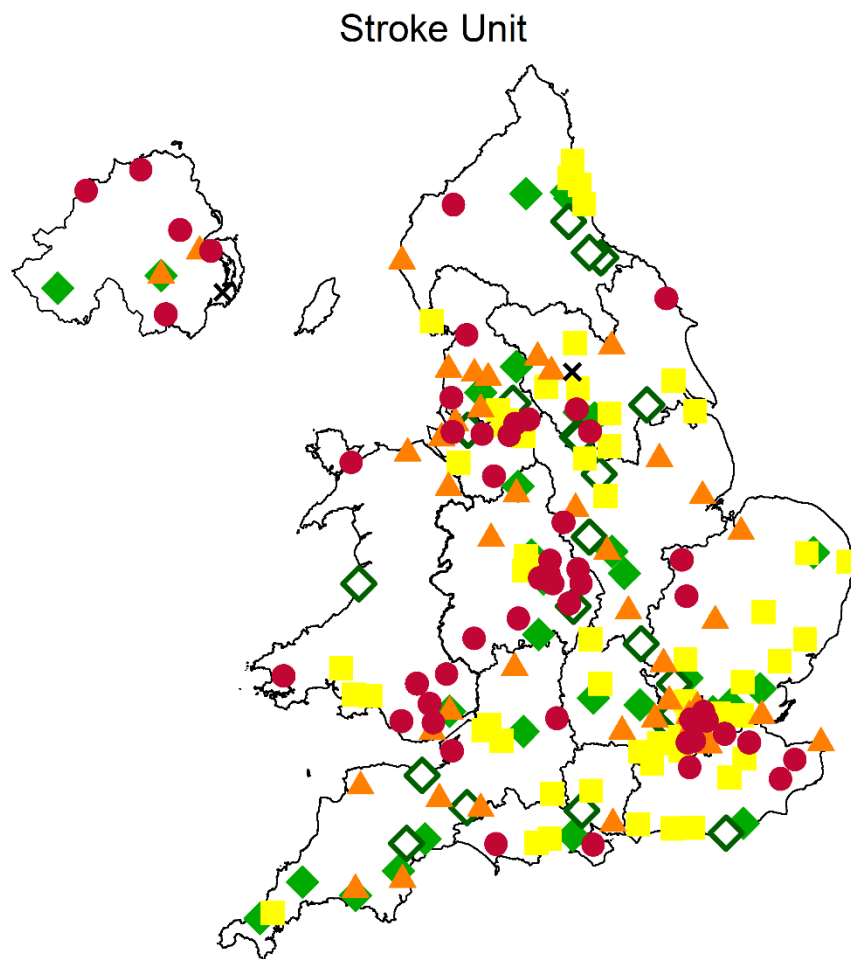
Patients should get to a stroke unit **within 4 hours** of arriving at hospital.



**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 Jan-Mar 2019 (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.



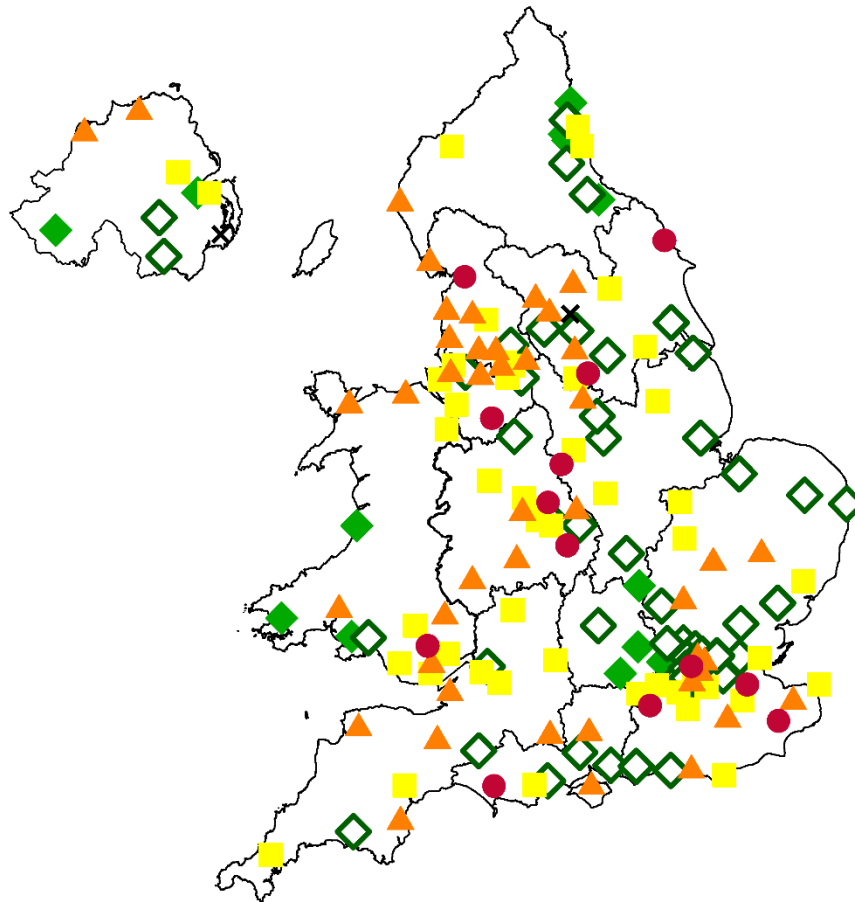
**Why** should this be done?

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



## National Results

### Clot Busting Treatment (Thrombolysis)



Source: SSNAP Jan-Mar 2019 (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



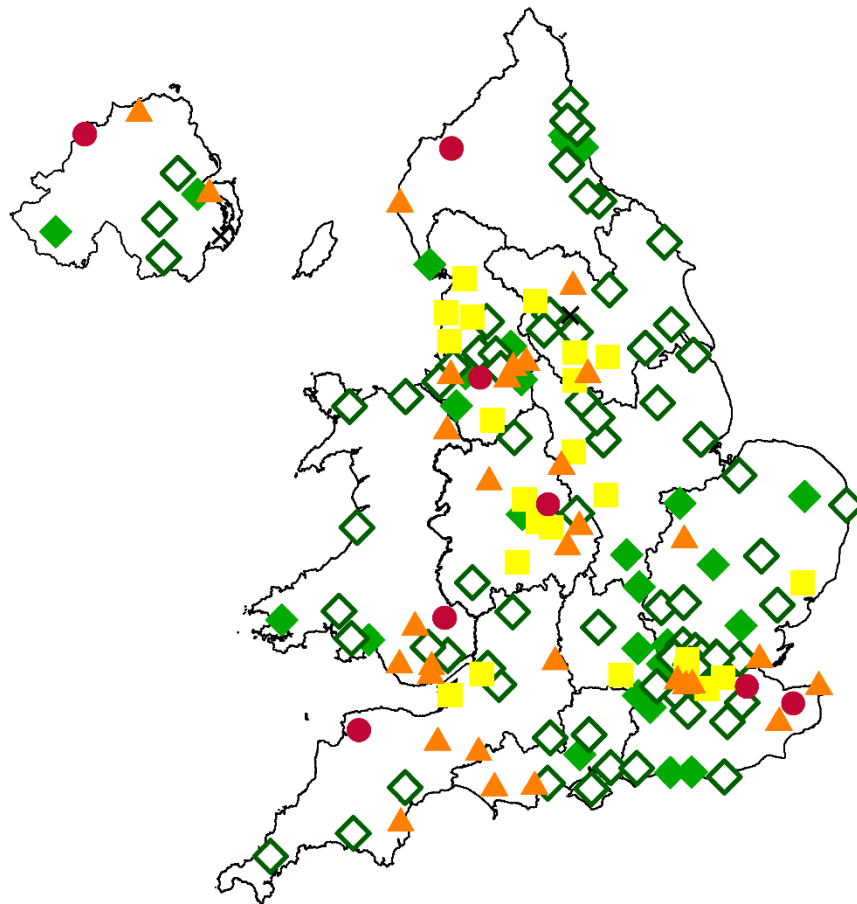
**Why** should this be done?

**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

### Specialist Assessments



Source: SSNAP Jan-Mar 2019 (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



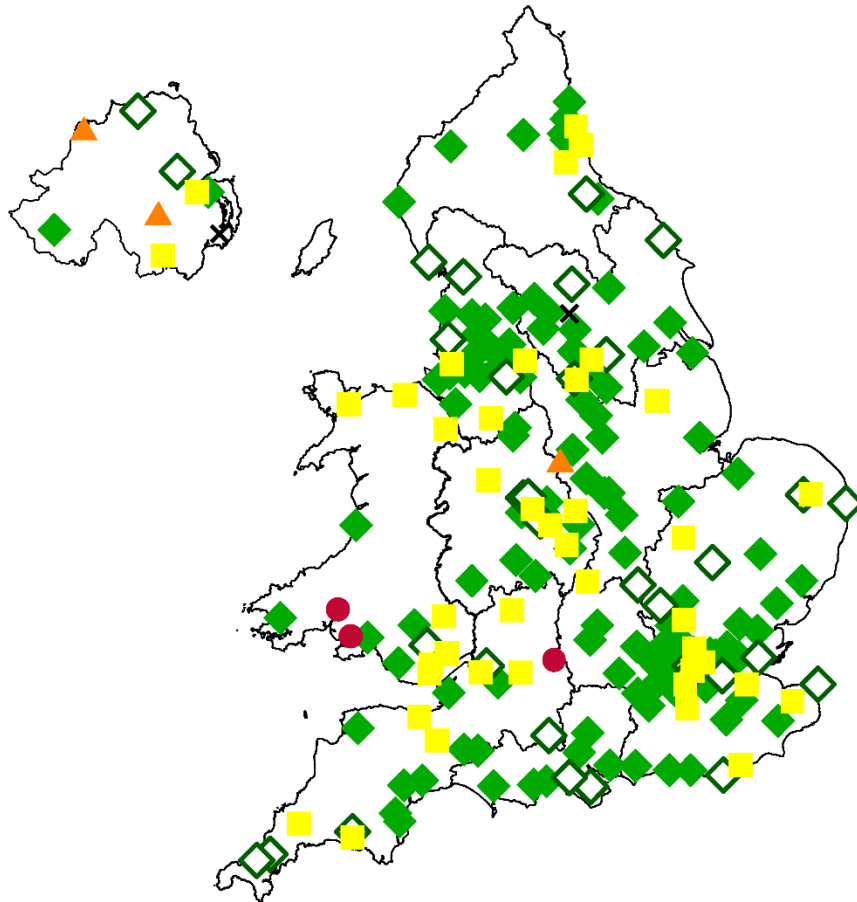
**Why** should this be done?

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 Jan-Mar 2019 (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 occupational therapy
- on at least **5 days a week**
- for the duration of their stroke care



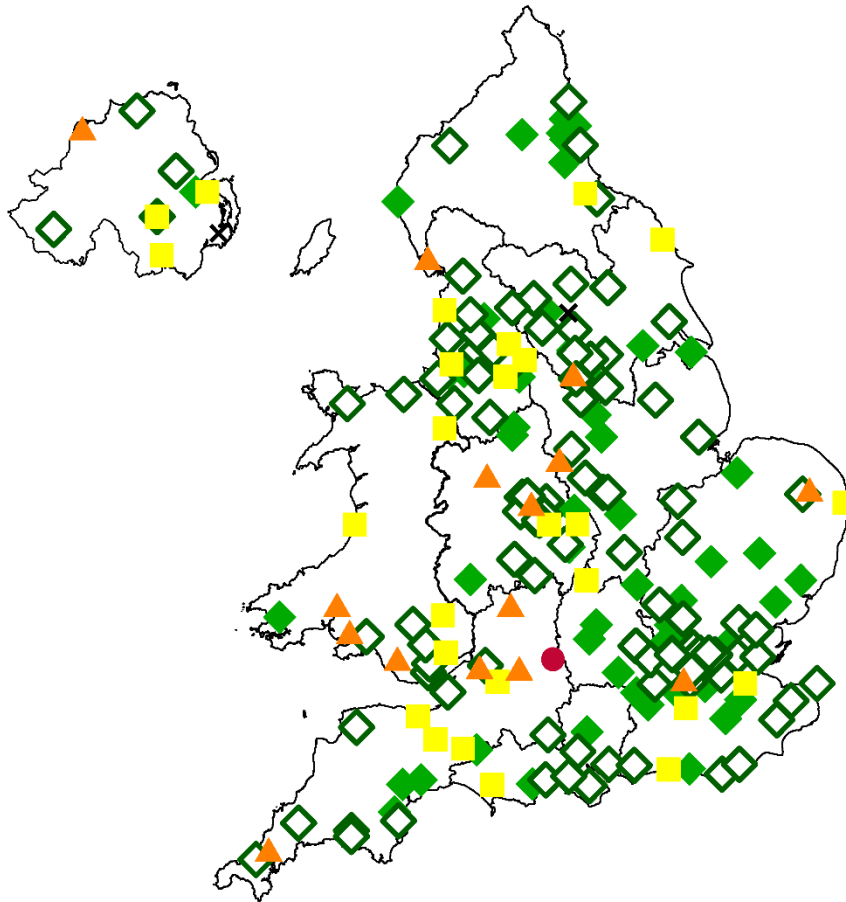
**Why** should this be done?

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

### Physiotherapy (PT)



Source: SSNAP Jan-Mar 2019 (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 occupational therapy
- on at least **5 days a week**
- for the duration of their stroke care



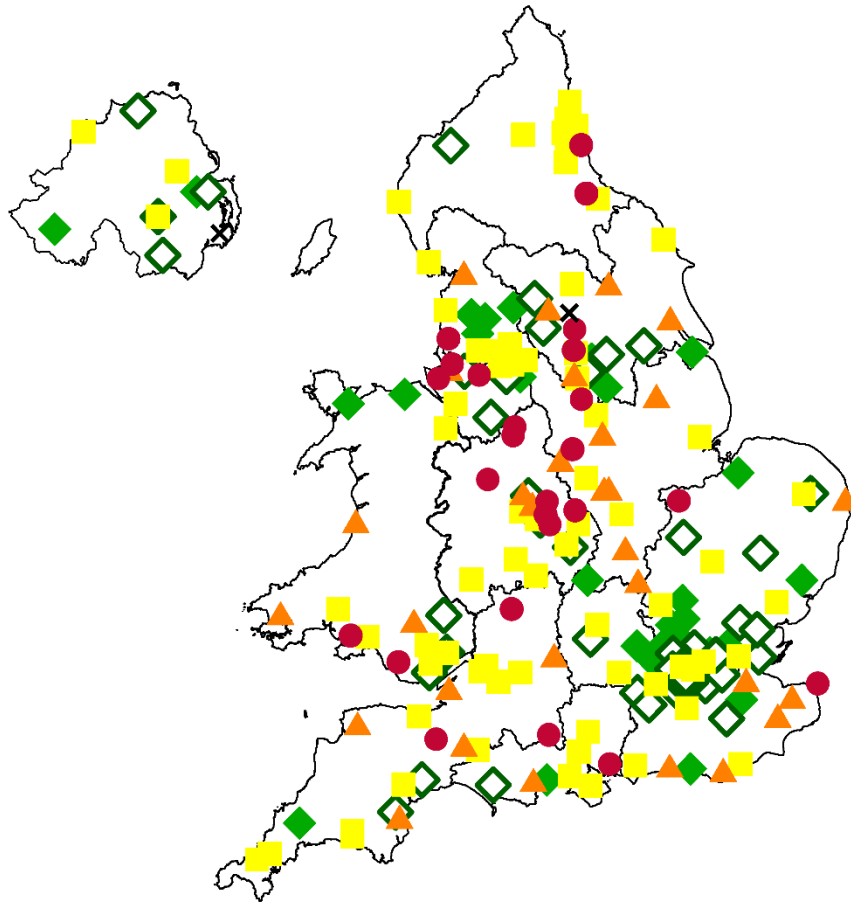
**Why** should this be done?

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



## National Results

### Speech and Language Therapy (SALT)



Source: SSNAP Jan-Mar 2019 (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**.

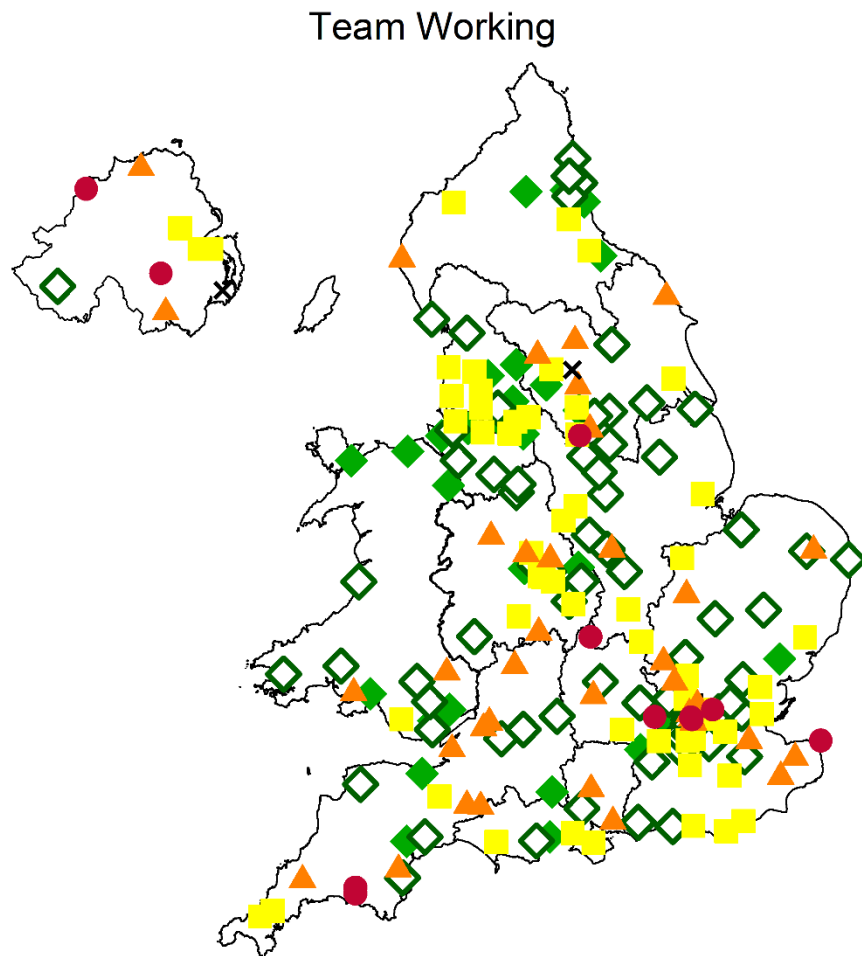
Within **5 days**: **all rehabilitation goals agreed**



### 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 Jan-Mar 2019 (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**.

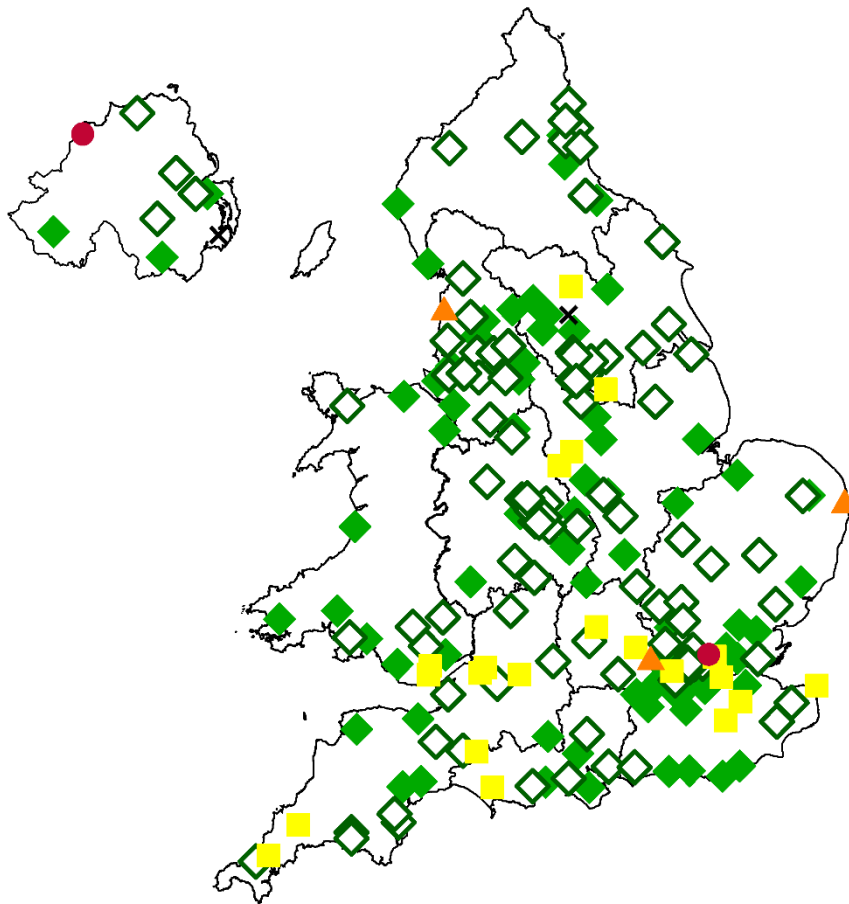
Patients say **continence management** is one of the **most important** areas of care.

**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 Jan-Mar 2019 (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**.

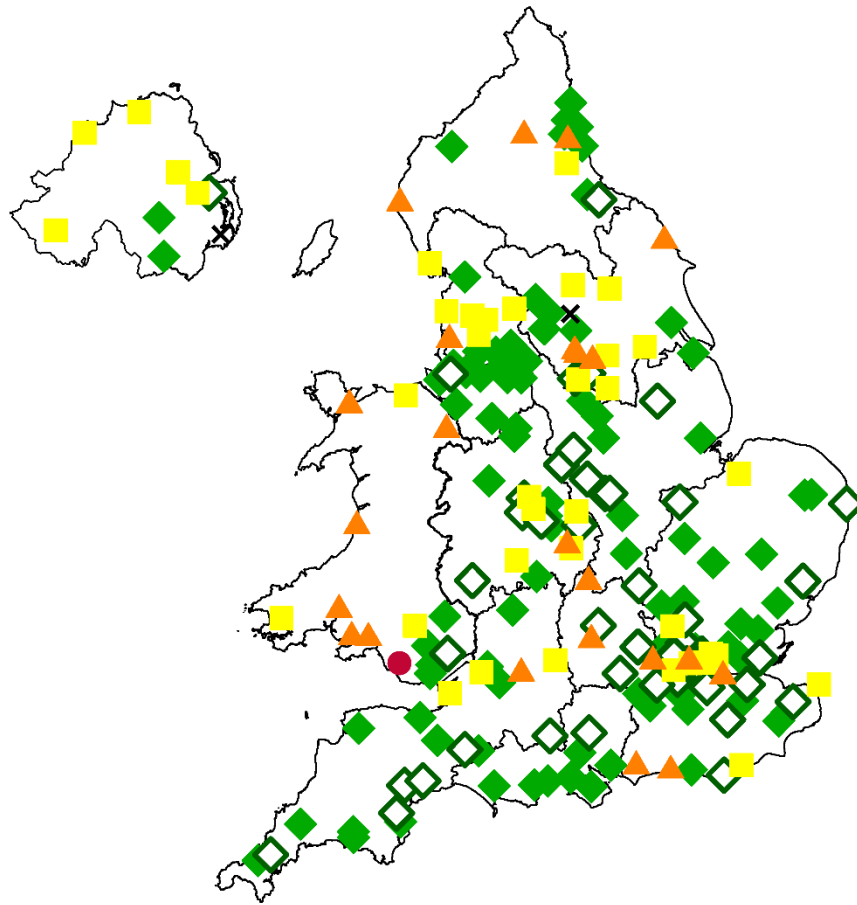
It can **improve recovery**.

Blood clotting medication **improves blood flow**.

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

## National Results

### Discharge Processes



Source: SSNAP Jan-Mar 2019 (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

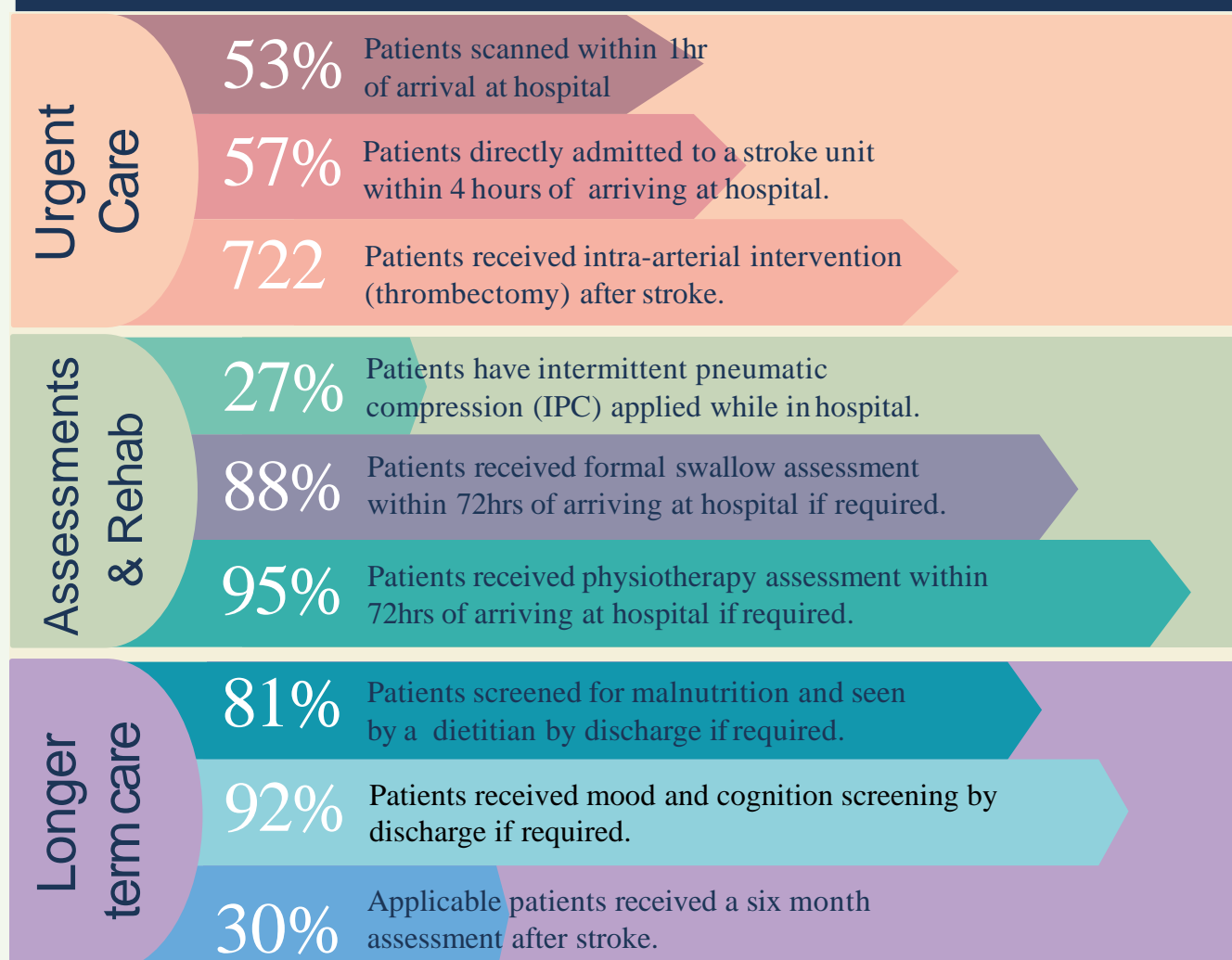
**Almost all** patients with an **irregular heartbeat** are given suitable **medication**.

## Section 1: Executive Summary

13/14	14/15	15/16	16/17	17/18
75305 records	81754 records	85025 records	85878 records	86651 records
<b>Jan13</b> Data collection	<b>May14</b> Population-level reporting	<b>Mar16</b> Data first collected on thrombectomy	<b>Nov16</b> Executive summary reports	<b>Dec17</b> Stroke health economics research published
<b>Dec13</b> DIY QI tool released Thrombolysis QI tool	<b>Dec14</b> First Annual Report Mortality results	<b>Jun15</b> Post-acute organisational audit	<b>Aug16</b> Online real-time indicators available	<b>Jan18</b> Dataset extended to pre-hospital
<b>Jul-Sep13</b> A 0 (0%) B 8 (4%) C 19 (11%) D 74 (42%) E 77 (43%)	<b>Apr-Jun14</b> A 6 (3%) B 17 (8%) C 38 (19%) D 97 (48%) E 46 (23%)	<b>Jul-Sep15</b> A 36 (17%) B 43 (21%) C 38 (18%) D 73 (35%) E 16 (8%)	<b>Apr-Jul16</b> A 42 (18%) B 59 (26%) C 53 (23%) D 62 (27%) E 12 (5%)	<b>Dec17-Mar18</b> A 36 (17%) B 81 (37%) C 54 (25%) D 40 (18%) E 7 (3%)

A: First class service B: Good or excellent in many aspects C: Reasonable overall – some areas require improvement D: Several areas require improvement E: Substantial improvement required

## Quality of stroke care in 2017/2018





For more detailed SSNAP reports go to:

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

## 1) Summary Results

SSNAP Scoring Summary:	Team type	Routinely admitting team
	SCN	London SCN
	Trust	Barking, Havering and Redbridge University Hospitals NHS Trust
	Team	Queens Hospital Romford HAGU
	10) Discharge processes	C
Patient-centred KI level	Patient-centred Total KI level	B
Patient-centred SSNAP level	Patient-centred SSNAP level (after adjustments)	B
	Patient-centred SSNAP score	76
<b>Team-centred KI levels:</b>		
Team-centred Domain levels:	1) Scanning	C
	2) Stroke unit	B
	3) Thrombolysis	B
	4) Specialist Assessments	B
	5) Occupational therapy	B
	6) Physiotherapy	B
	7) Speech and Language therapy	B
	8) MDT working	C
	9) Standards by discharge	B
Team-centred KI level	10) Discharge processes	B
Team-centred Total KI level	Team-centred Total KI score	84
Team-centred SSNAP level	Team-centred SSNAP level (after adjustments)	B
	Team-centred SSNAP score	84

Patients assessed at 6 months after admission

- 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

## 2) Full Results Portfolio

Team-centred T2H cohort (routinely admitting teams only)		Team type	Patients assessed
Measure	Score	Method	Score
10) Discharge processes	76	100	76
1) Scanning	76	100	76
2) Stroke unit	76	100	76
3) Thrombolysis	76	100	76
4) Specialist Assessments	76	100	76
5) Occupational therapy	76	100	76
6) Physiotherapy	76	100	76
7) Speech and Language therapy	76	100	76
8) MDT working	76	100	76
9) Standards by discharge	76	100	76
10) Discharge processes	76	100	76
Team-centred Total KI level	84	100	84
Team-centred SSNAP level	84	100	84
Team-centred SSNAP score	84	100	84

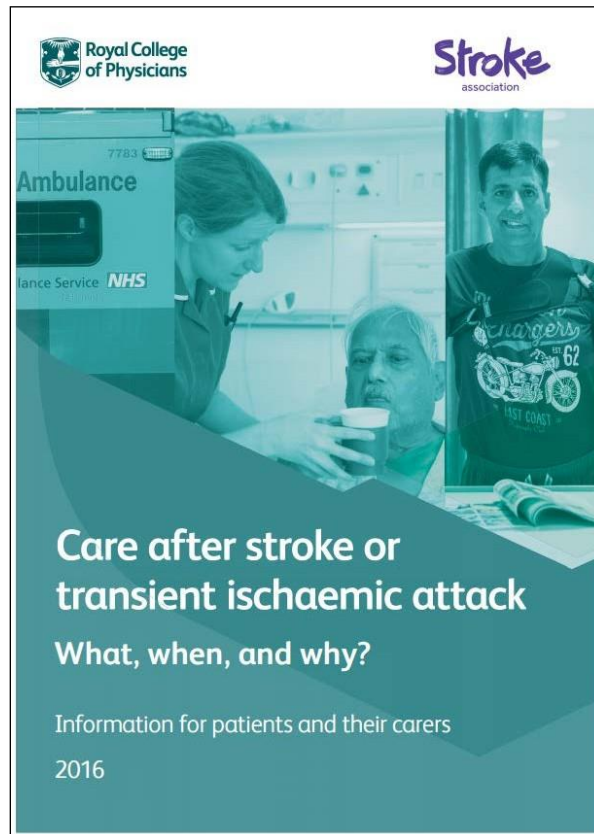
- This is a **very detailed** report
- It contains national and hospital level results for **every stroke measure** collected by SSNAP
- It allows readers to look further into **specific aspects** of stroke care

## 3) Regional slideshows



- This report is a **PowerPoint slideshow of key results** for each region participating in SSNAP
- You can see **how hospitals in your area compare against each other**
- Graphs and charts are provided to **show changes over time**

## 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 3033100  
Textphone: 1800103033033100  
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 1233393  
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**

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

Programme at the King's College London:

Tel: **0116 464 9901**

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

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

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

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