

Stroke care in England, Wales and Northern Ireland

This report is for stroke survivors
and their families

Based on patients treated between
July - September 2018

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

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 **July - September 2018**.

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 regional easy access version reports

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

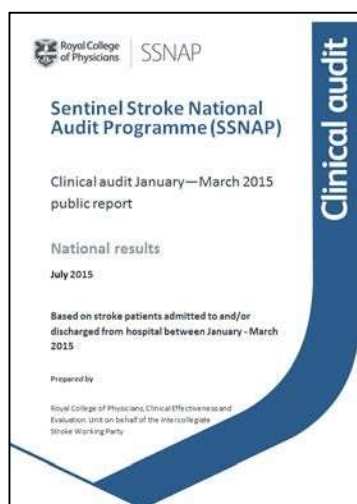
For more detailed reports

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

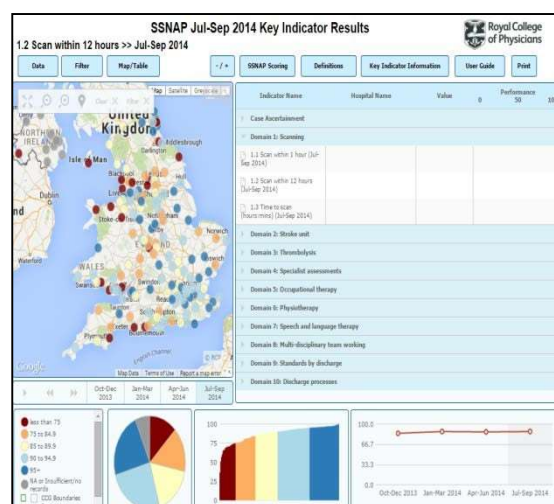
For interactive maps

<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.

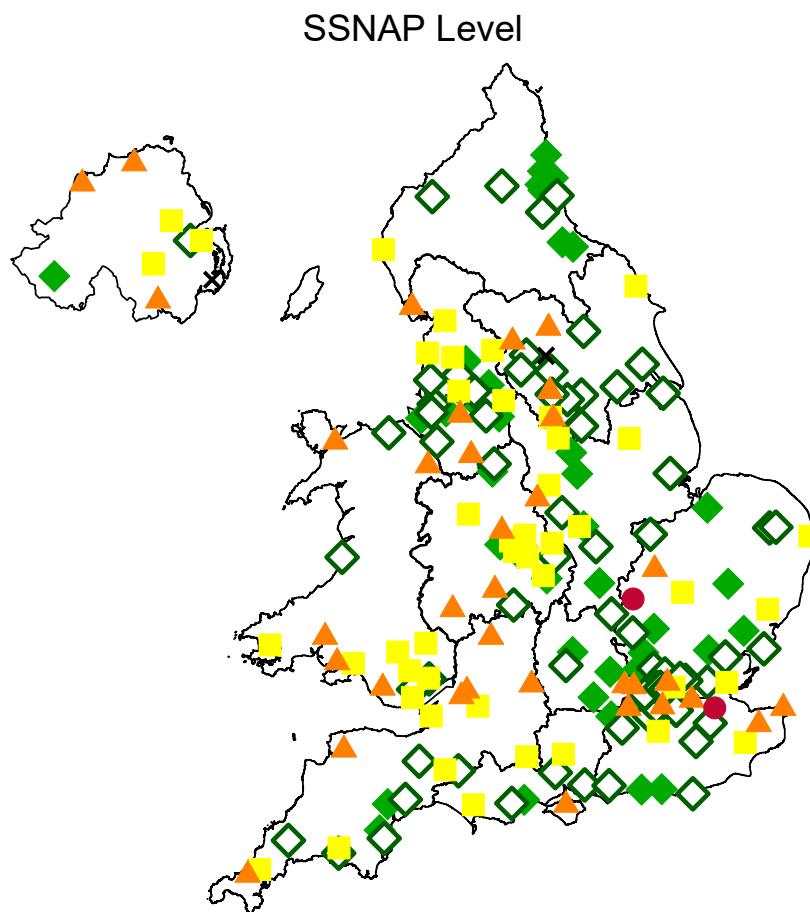
This box will highlight the **aspects of care** that are **performing well**.

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**.

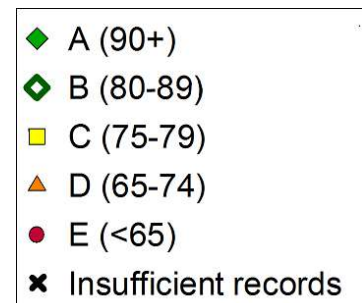


Source: SSNAP Jul-Sep 2018






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

Hospitals included in this report

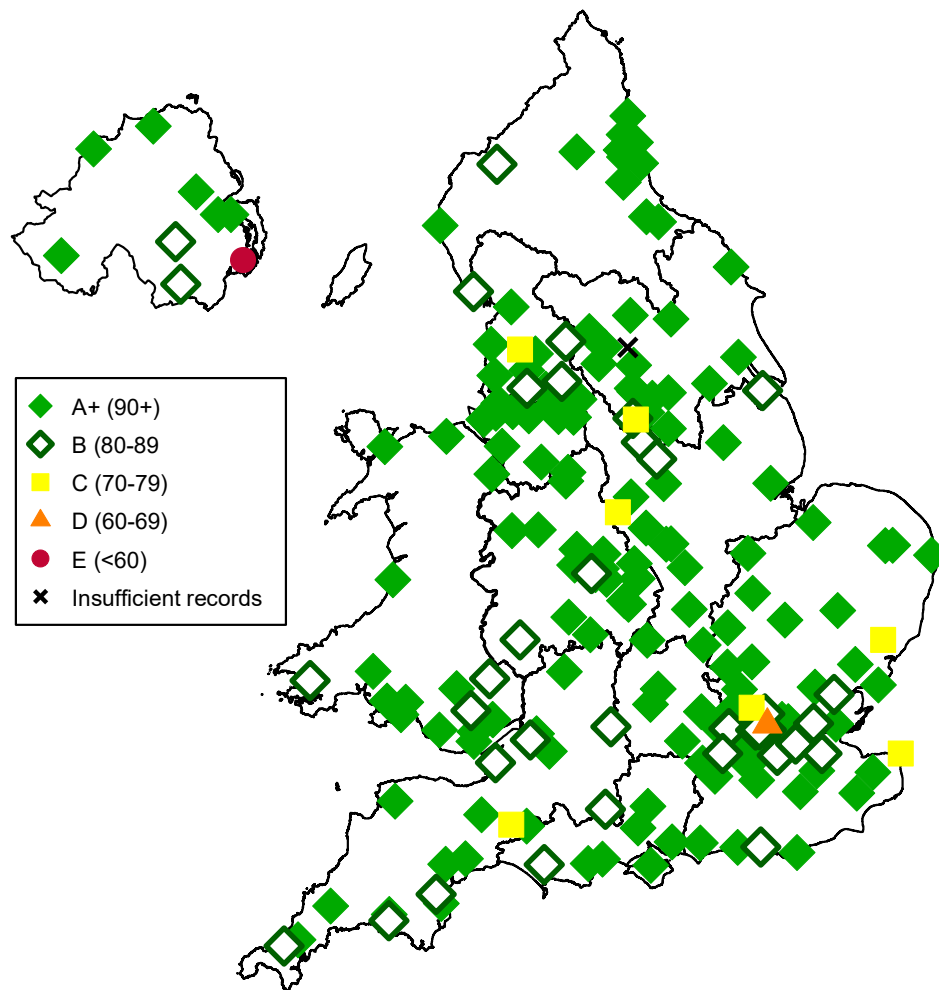
This report includes **21,125** stroke patients admitted to hospital between **July and September 2018**.

222 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 Jul-Sep 2018

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**

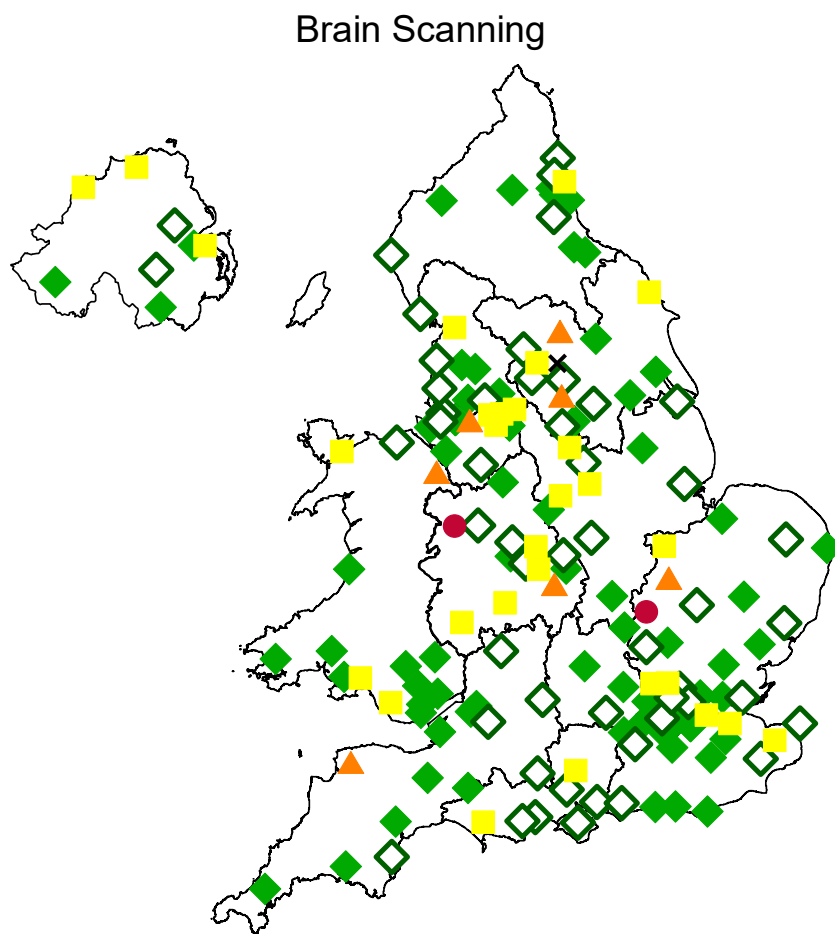


Why should this be done?

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

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

National Results



Source: SSNAP Jul-Sep 2018 (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**.



How quickly should this be done?

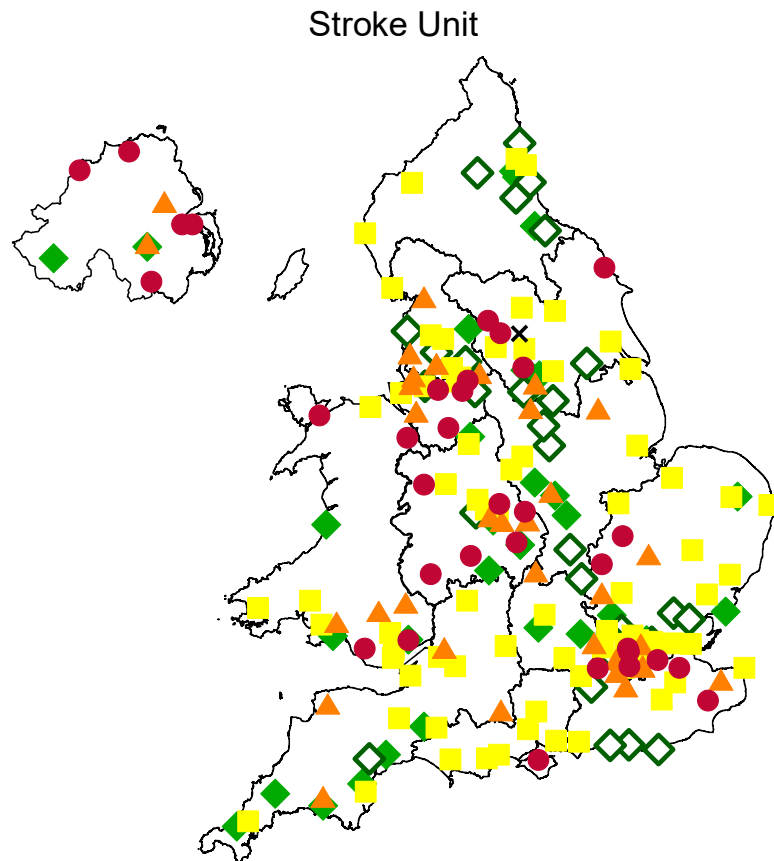
Patients should get to a stroke unit **within 4 hours** of arriving at hospital.



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 Jul-Sep 2018 (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.

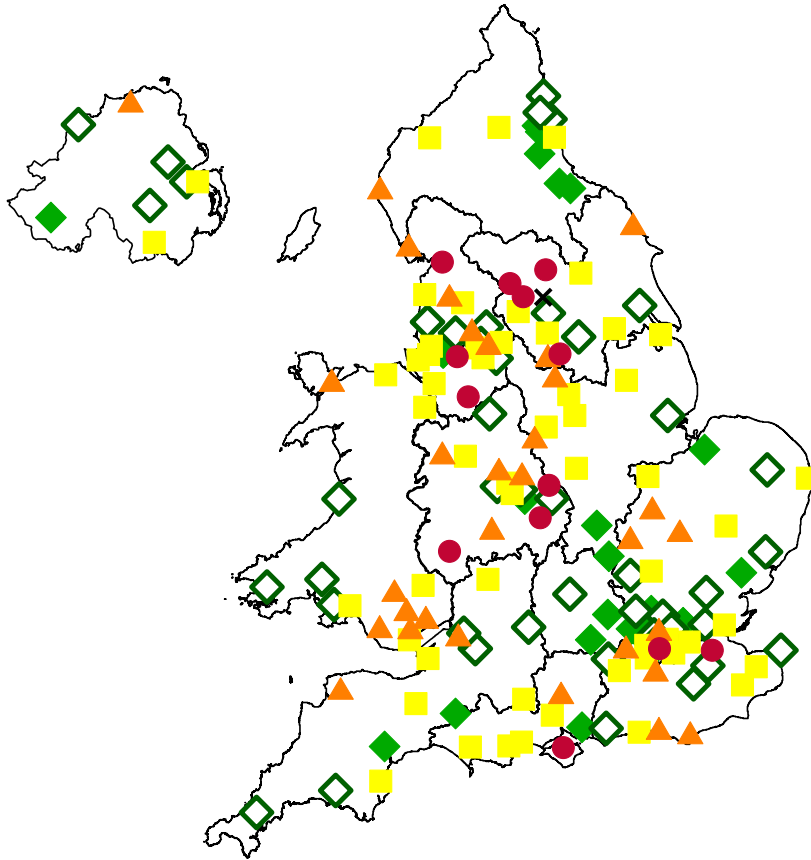


Why should this be done?

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

National Results

Clot Busting Treatment (Thrombolysis)



Source: SSNAP Jul-Sep 2018 (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?

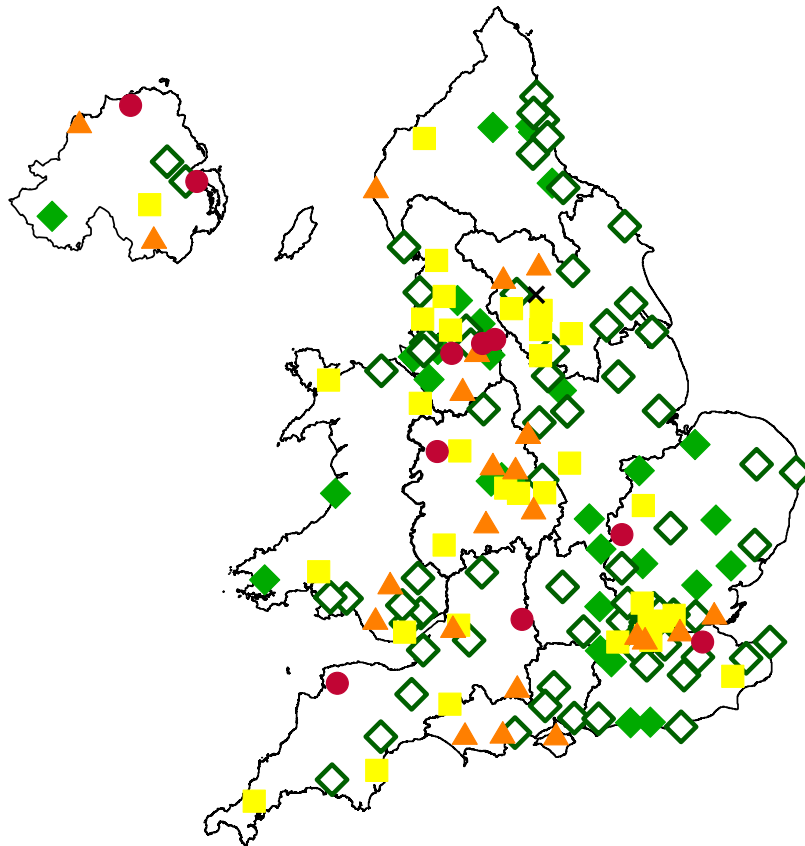
Stroke specialist professionals give patients the care they need.

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 Jul-Sep 2018 (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



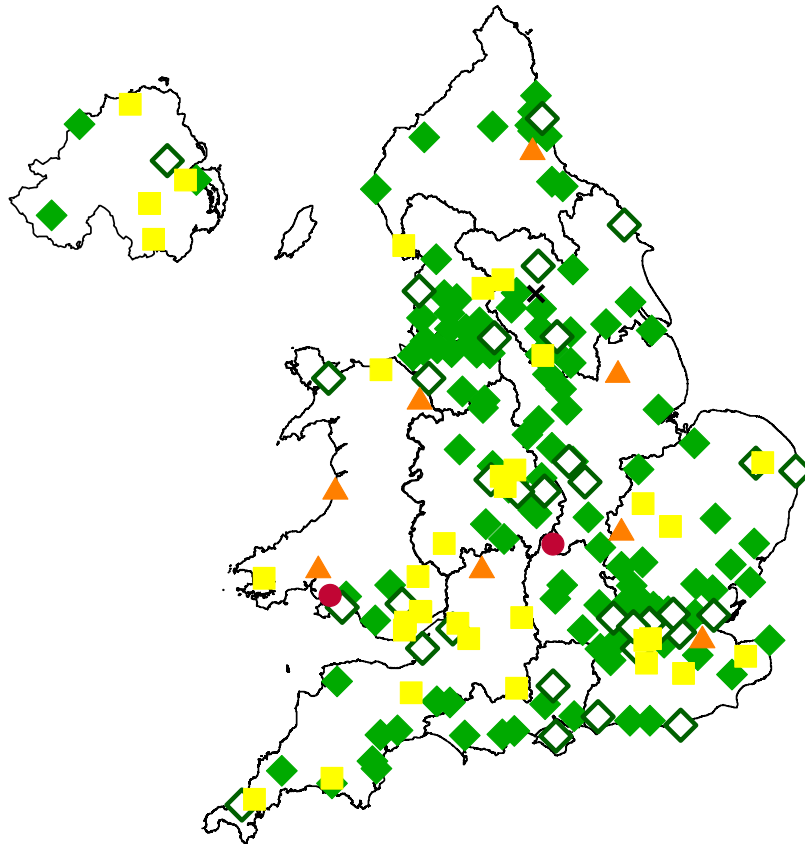
Why should this be done?

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 Jul-Sep 2018 (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

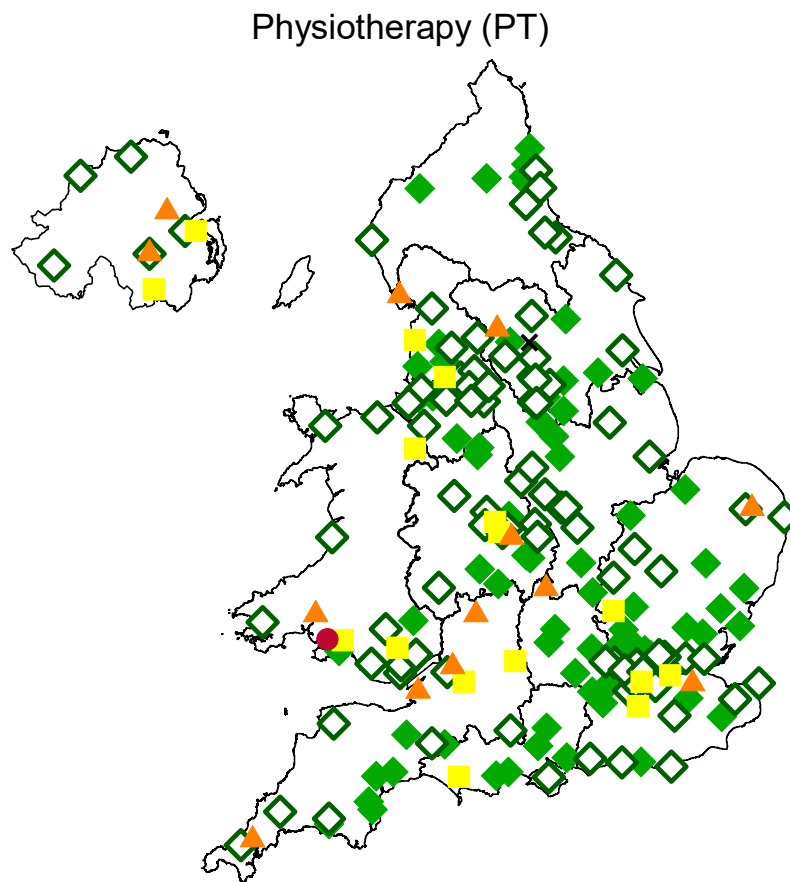


Why should this be done?

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



Source: SSNAP Jul-Sep 2018 (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

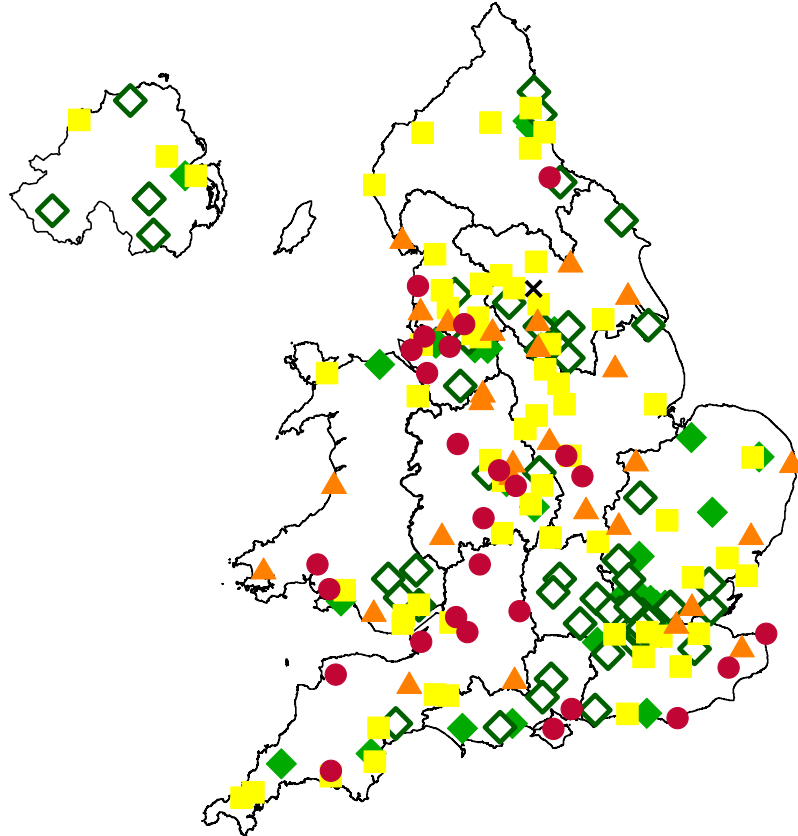


Why should this be done?

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

National Results

Speech and Language Therapy (SALT)



Source: SSNAP Jul-Sep 2018 (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.

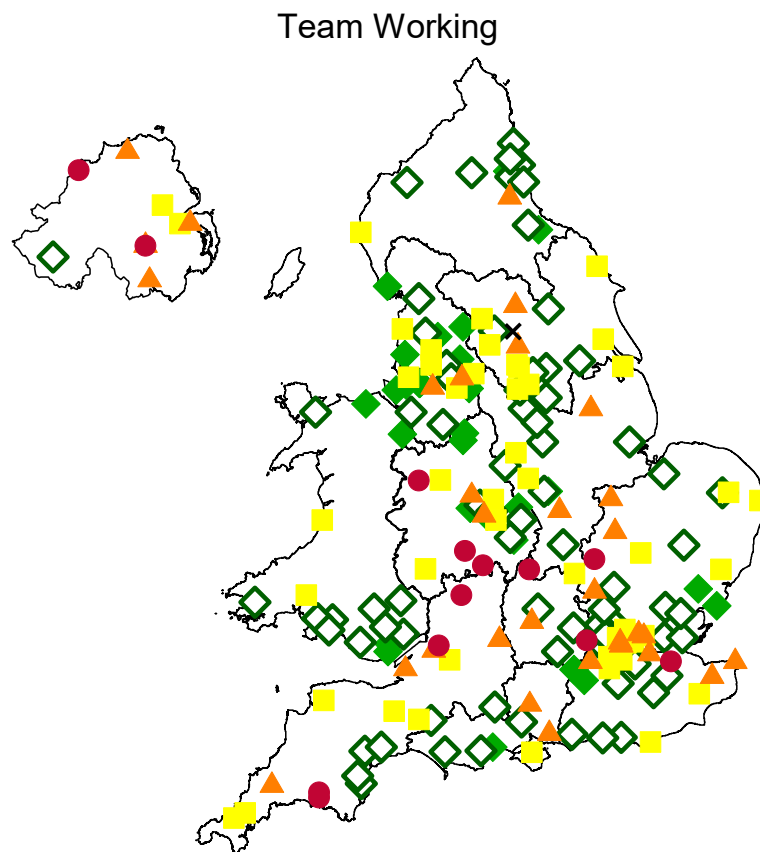
Within **5 days**: all rehabilitation goals agreed



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 Jul-Sep 2018 (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**.

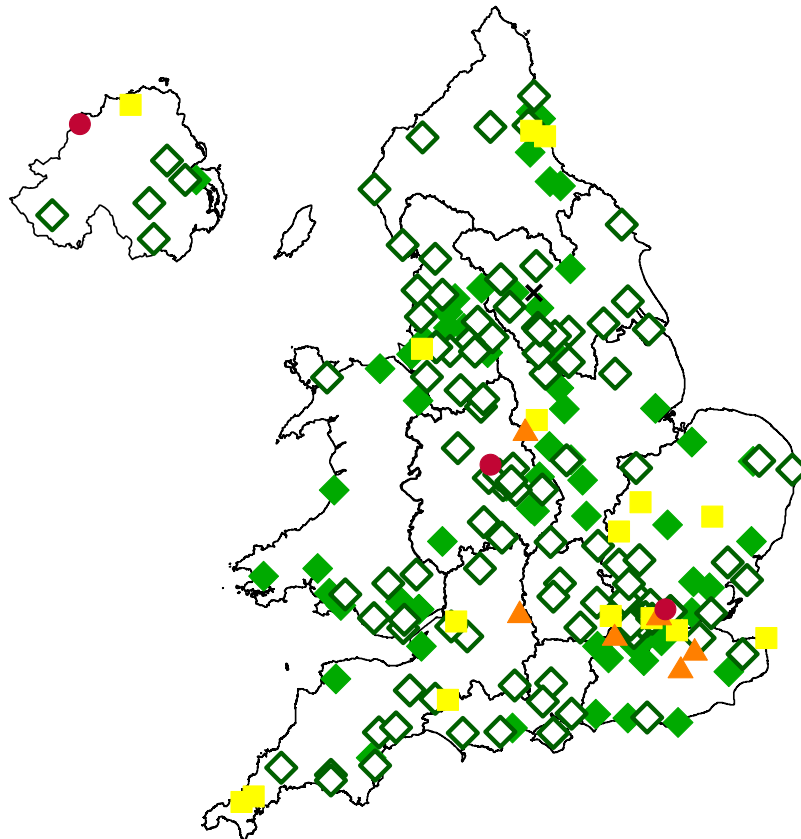
Patients say **continence management** is one of the **most important** areas of care.

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 Jul-Sep 2018 (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**.

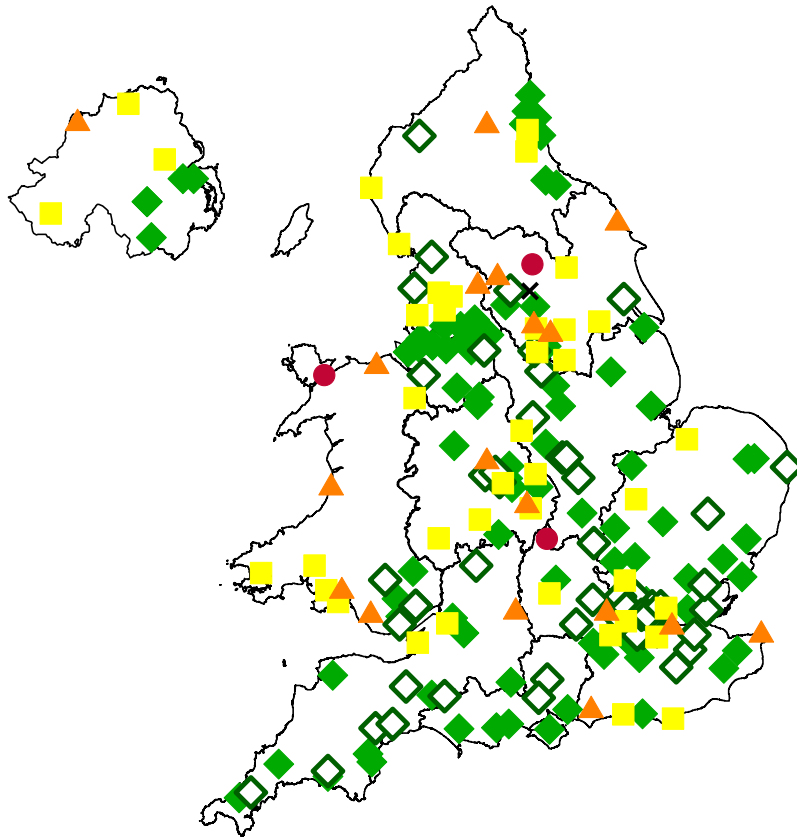
It can **improve recovery**.

Blood clotting medication **improves blood flow**.

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

National Results

Discharge Processes



Source: SSNAP Jul-Sep 2018 (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**.

Rising to the Challenge. SSNAP's Fourth Annual Report

You can view the SSNAP Annual Report on our website:

www.strokeaudit.org/AnnualReport

Rising to the Challenge | The Fourth SSNAP Annual Report

Stroke care received between April 2016 to March 2017



Sentinel Stroke National
Audit Programme (SSNAP)

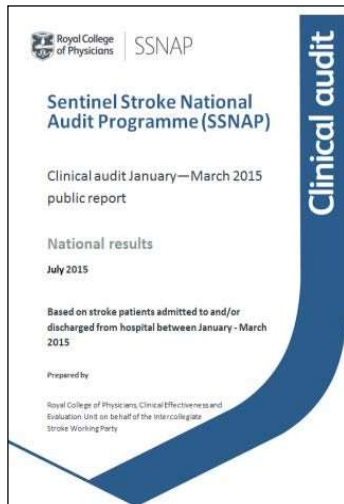


- This report is written by doctors
- It gives an overview of **how good stroke care** is across **England, Wales and Northern Ireland**.
- The information in this report is from **2016 and 2017**
- This report is **patient friendly**
- It uses patient experiences of stroke care
- The report uses **maps and graphs** to show information

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

[illegible]

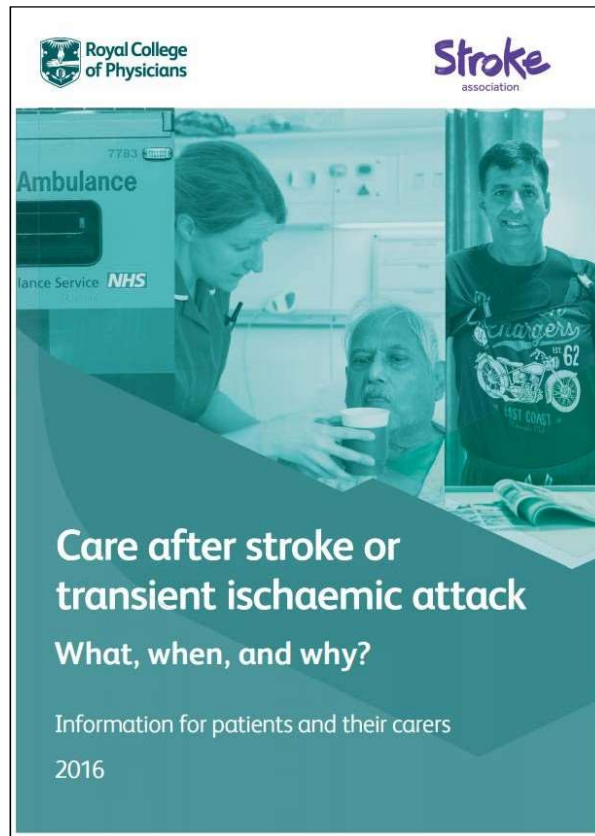
- This report gives a **summary of performance** for individual hospitals
- It is a **starting point** for understanding how good a hospital is at treating stroke patients
- Each **aspect of stroke** care is covered
- Hospitals are given a **level from A-E** for each aspect of stroke care

3) Full Results Portfolio

Team (containing 720-0007 (junior) admitting teams only)					Year team	Summed admission score (2007-2010)
Team	Year	Admission	Score	Summed	Year	Summed
Team 1						
1001	2007	1000	1000	1000	2007	1000
1002	2008	1000	1000	1000	2008	1000
1003	2009	1000	1000	1000	2009	1000
1004	2010	1000	1000	1000	2010	1000
1005	2011	1000	1000	1000	2011	1000
1006	2012	1000	1000	1000	2012	1000
1007	2013	1000	1000	1000	2013	1000
1008	2014	1000	1000	1000	2014	1000
1009	2015	1000	1000	1000	2015	1000
1010	2016	1000	1000	1000	2016	1000
1011	2017	1000	1000	1000	2017	1000
1012	2018	1000	1000	1000	2018	1000
1013	2019	1000	1000	1000	2019	1000
1014	2020	1000	1000	1000	2020	1000
1015	2021	1000	1000	1000	2021	1000
1016	2022	1000	1000	1000	2022	1000
1017	2023	1000	1000	1000	2023	1000
1018	2024	1000	1000	1000	2024	1000
1019	2025	1000	1000	1000	2025	1000
1020	2026	1000	1000	1000	2026	1000
1021	2027	1000	1000	1000	2027	1000
1022	2028	1000	1000	1000	2028	1000
1023	2029	1000	1000	1000	2029	1000
1024	2030	1000	1000	1000	2030	1000
1025	2031	1000	1000	1000	2031	1000
1026	2032	1000	1000	1000	2032	1000
1027	2033	1000	1000	1000	2033	1000
1028	2034	1000	1000	1000	2034	1000
1029	2035	1000	1000	1000	2035	1000
1030	2036	1000	1000	1000	2036	1000
1031	2037	1000	1000	1000	2037	1000
1032	2038	1000	1000	1000	2038	1000
1033	2039	1000	1000	1000	2039	1000
1034	2040	1000	1000	1000	2040	1000
1035	2041	1000	1000	1000	2041	1000
1036	2042	1000	1000	1000	2042	1000
1037	2043	1000	1000	1000	2043	1000
1038	2044	1000	1000	1000	2044	1000
1039	2045	1000	1000	1000	2045	1000
1040	2046	1000	1000	1000	2046	1000
1041	2047	1000	1000	1000	2047	1000
1042	2048	1000	1000	1000	2048	1000
1043	2049	1000	1000	1000	2049	1000
1044	2050	1000	1000	1000	2050	1000
1045	2051	1000	1000	1000	2051	1000
1046	2052	1000	1000	1000	2052	1000
1047	2053	1000	1000	1000	2053	1000
1048	2054	1000	1000	1000	2054	1000
1049	2055	1000	1000	1000	2055	1000
1050	2056	1000	1000	1000	2056	1000
1051	2057	1000	1000	1000	2057	1000
1052	2058	1000	1000	1000	2058	1000
1053	2059	1000	1000	1000	2059	1000
1054	2060	1000	1000	1000	2060	1000
1055	2061	1000	1000	1000	2061	1000
1056	2062	1000	1000	1000	2062	1000
1057	2063	1000	1000	1000	2063	1000
1058	2064	1000	1000	1000	2064	1000
1059	2065	1000	1000	1000	2065	1000
1060	2066	1000	1000	1000	2066	1000
1061	2067	1000	1000	1000	2067	1000
1062	2068	1000	1000	1000	2068	1000
1063	2069	1000	1000	1000	2069	1000
1064	2070	1000	1000	1000	2070	1000
1065	2071	1000	1000	1000	2071	1000
1066	2072	1000	1000	1000	2072	1000
1067	2073	1000	1000	1000	2073	1000
1068	2074	1000	1000	1000	2074	1000
1069	2075	1000	1000	1000	2075	1000
1070	2076	1000	1000	1000	2076	1000
1071	2077	1000	1000	1000	2077	1000
1072	2078	1000	1000	1000	2078	1000
1073	2079	1000	1000	1000	2079	1000
1074	2080	1000	1000	1000	2080	1000
1075	2081	1000	1000	1000	2081	1000
1076	2082	1000	1000	1000	2082	1000
1077	2083	1000	1000	1000	2083	1000
1078	2084	1000	1000	1000	2084	1000
1079	2085	1000	1000	1000	2085	1000
1080	2086	1000	1000	1000	2086	1000
1081	2087	1000	1000	1000	2087	1000
1082	2088	1000	1000	1000	2088	1000
1083	2089	1000	1000	1000	2089	1000
1084	2090	1000	1000	1000	2090	1000
1085	2091	1000	1000	1000	2091	1000
1086	2092	1000	1000	1000	2092	1000
1087	2093	1000	1000	1000	2093	1000
1088	2094	1000	1000	1000	2094	1000
1089	2095	1000	1000	1000	2095	1000
1090	2096	1000	1000	1000	2096	1000
1091	2097	1000	1000	1000	2097	1000
1092	2098	1000	1000	1000	2098	1000
1093	2099	1000	1000	1000	2099	1000
1094	2100	1000	1000	1000	2100	1000
1095	2101	1000	1000	1000	2101	1000
1096	2102	1000	1000	1000	2102	1000
1097	2103	1000	1000	1000	2103	1000
1098	2104	1000	1000	1000	2104	1000
1099	2105	1000	1000	1000	2105	1000
1100	2106	1000	1000	1000	2106	1000
1101	2107	1000	1000	1000	2107	1000
1102	2108	1000	1000	1000	2108	1000
1103	2109	1000	1000	1000	2109	1000
1104	2110	1000	1000	1000	2110	1000
1105	2111	1000	1000	1000	2111	1000
1106	2112	1000	1000	1000	2112	1000
1107	2113	1000	1000	1000	2113	1000
1108	2114	1000	1000	1000	2114	1000
1109	2115	1000	1000	1000	2115	1000
1110	2116	1000	1000	1000	2116	1000
1111	2117	1000	1000	1000	2117	1000
1112	2118	1000	1000	1000	2118	1000
1113	2119	1000	1000	1000	2119	1000
1114	2120	1000	1000	1000	2120	1000
1115	2121	1000	1000	1000	2121	1000
1116	2122	1000	1000	1000	2122	1000
1117	2123	1000	1000	1000	2123	1000
1118	2124	1000	1000	1000	2124	1000
1119	2125	1000	1000	1000	2125	1000
1120	2126	1000	1000	1000	2126	1000
1121	2127	1000	1000	1000	2127	1000
1122	2128	1000	1000	1000	2128	1000
1123	2129	1000	1000	1000	2129	1000
1124	2130	1000	1000	1000	2130	1000
1125	2131	1000	1000	1000	2131	1000
1126	2132	1000	1000	1000	2132	1000
1127	2133	1000	1000	1000	2133	1000
1128	2134	1000	1000	1000	2134	1000
1129	2135	1000	1000	1000	2135	1000
1130	2136	1000	1000	1000	2136	1000
1131	2137	1000	1000	1000	2137	1000
1132	2138	1000	1000	1000	2138	1000
1133	2139	1000	1000	1000	2139	1000
1134	2140	1000	1000	1000	2140	1000
1135	2141	1000	1000	1000	2141	1000
1136	2142	1000	1000	1000	2142	1000
1137	2143	1000	1000	1000	2143	1000
1138	2144	1000	1000	1000	2144	1000
1139	2145	1000	1000	1000	2145	1000
1140	2146	1000	1000	1000	2146	1000
1141	2147	1000	1000	1000	2147	1000
1142	2148	1000	1000	1000	2148	1000
1143	2149	1000	1000	1000	2149	1000
1144	2150	1000	1000	1000	2150	1000
1145	2151	1000	1000	1000	2151	1000
1146	2152	1000	1000	1000	2152	1000
1147	2153	1000	1000	1000	2153	1000
1148	2154	1000	1000	1000	2154	1000
1149	2155	1000	1000	1000	2155	1000
1150	2156	1000	1000	1000	2156	1000
1151	2157	1000	1000	1000	2157	1000
1152	2158	1000	1000	1000	2158	1000
1153	2159	1000	1000	1000	2159	1000
1154	2160	1000	1000	1000	2160	1000
1155	2161	1000	1000	1000	2161	1000
1156	2162	1000	1000	1000	2162	1000
1157	2163	1000	1000	1000	2163	1000
1158	2164	1000	1000	1000	2164	1000
1159	2165	1000	1000	1000	2165	1000
1160	2166	1000	1000	1000	2166	1000
1161	2167	1000	1000	1000	2167	1000
1162	2168	1000	1000	1000	2168	1000
1163	2169	1000	1000	1000	2169	1000
1164	2170	1000	1000	1000	2170	1000
1165	2171	1000	1000	1000	2171	1000
1166	2172	1000	1000	1000	2172	1000
1167	2173	1000	1000	1000	2173	1000
1168	2174	1000	1000	1000	2174	1000
1169	2175	1000	1000	1000	2175	1000
1170	2176	1000	1000	1000	2176	1000
1171	2177	1000	1000	1000	2177	1000
1172	2178	1000	1000	1000	2178	1000
1173	2179	1000	1000	1000	2179	1000
1174	2180	1000	1000	1000	2180	1000
1175	2181	1000	1000	1000	2181	1000
1176	2182	1000	1000	1000	2182	1000
1177	2183	1000	1000	1000	2183	1000
1178	2184	1000	1000	1000	2184	1000
1179	2185	1000	1000	1000	2185	1000
1180	2186	1000	1000	1000	2186	1000
1181	2187	1000	1000	1000	2187	1000
1182	2188	1000	1000	1000	2188	1000
1183	2189	1000	1000	1000	2189	1000

- 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 3033100
Textphone: 1800103033033100
stroke.org.uk
info@stroke.org.uk

Chest Heart & Stroke Scotland

Advice Line: 0808 801 0899
www.chss.org.uk
advice@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 1233393
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

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

We want to know.....

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

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