

Stroke care in England, Wales and Northern Ireland

This report is for stroke survivors
and their families

Based on patients treated between
October - December 2018

Easy access version

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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 **October - December 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>

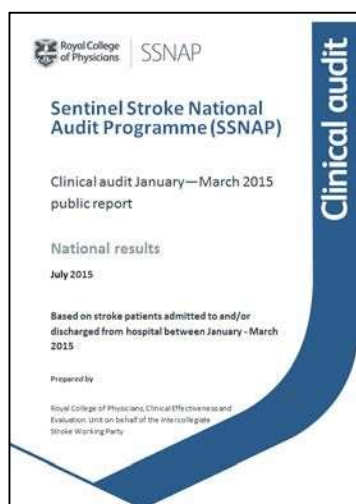
For more detailed reports

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

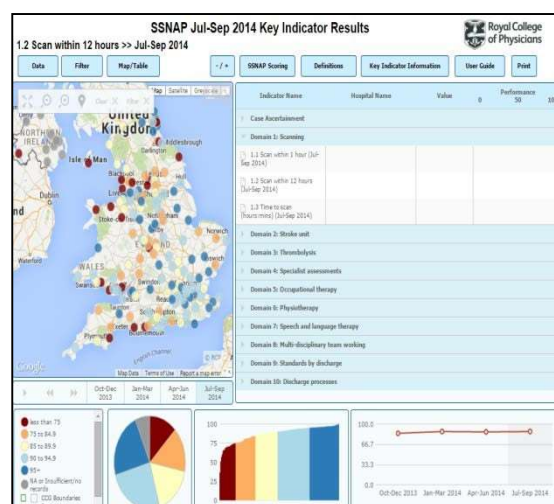
For interactive maps

<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.

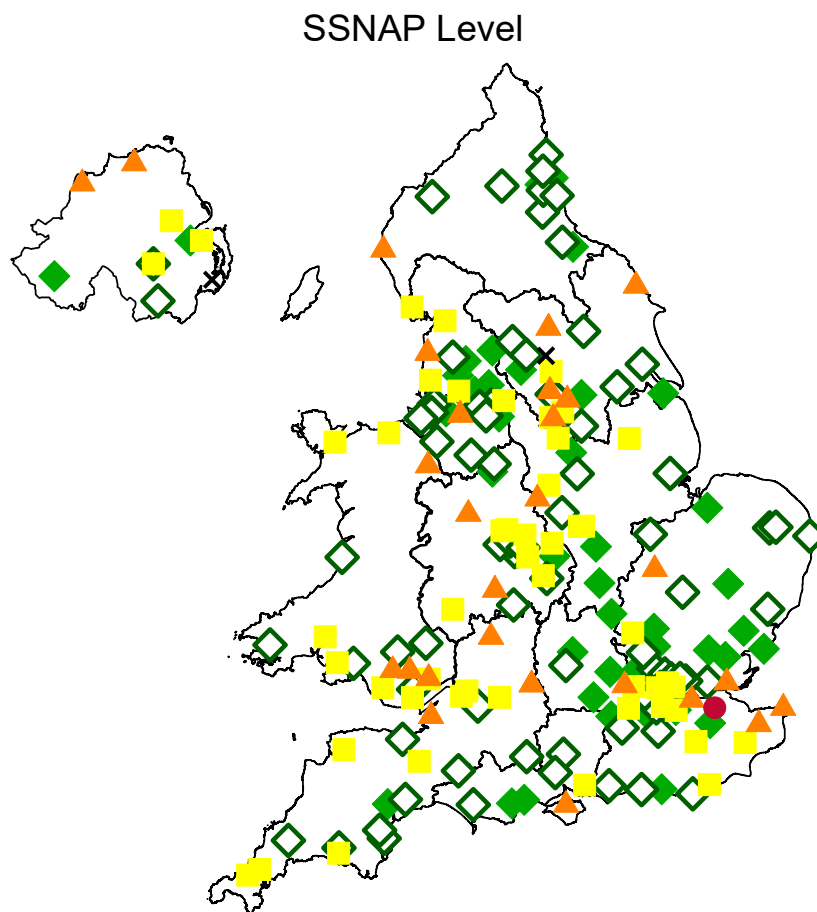
This box will highlight the **aspects of care** that are **performing well**.

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

Understanding the results

National maps

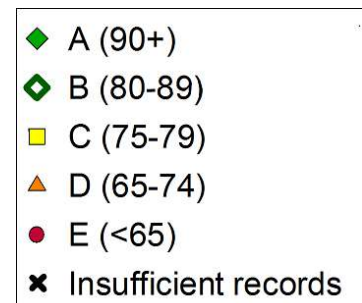
These show how well hospitals have **performed in England, Wales, and Northern Ireland.**








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

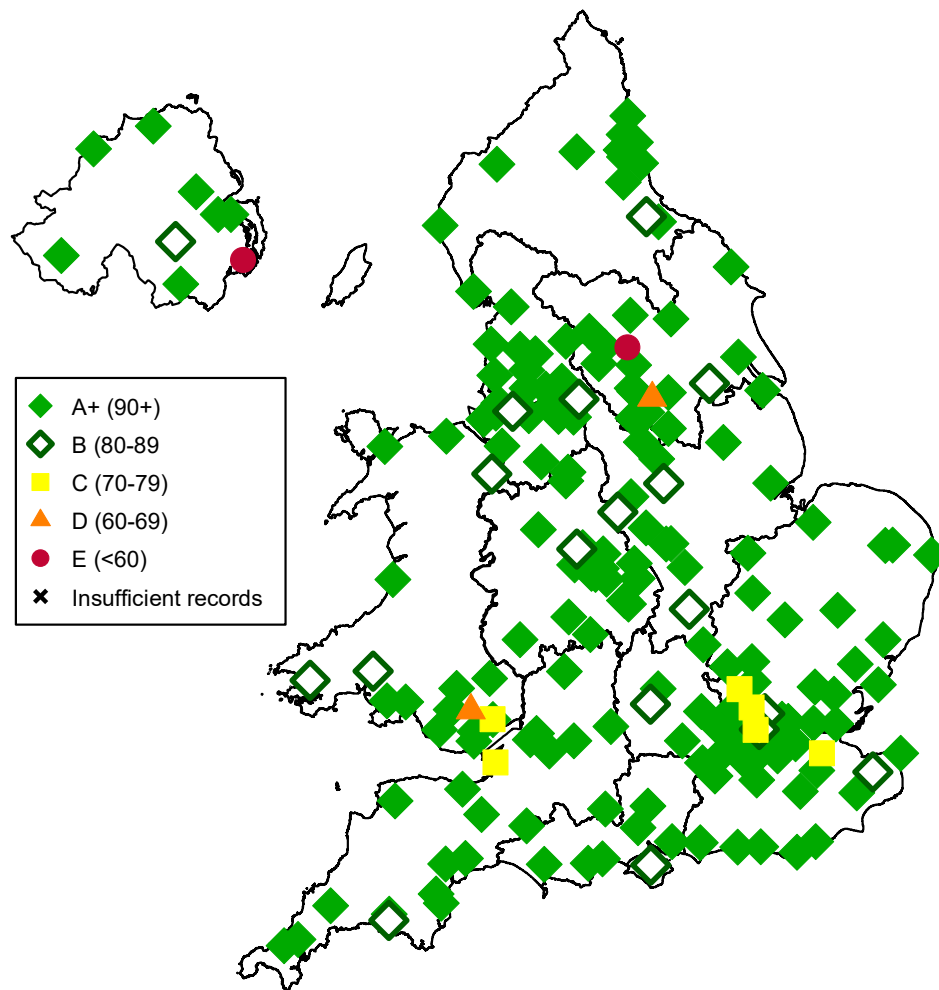
This report includes **22,086** stroke patients admitted to hospital between **October and December 2018**.

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 Oct-Dec 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**

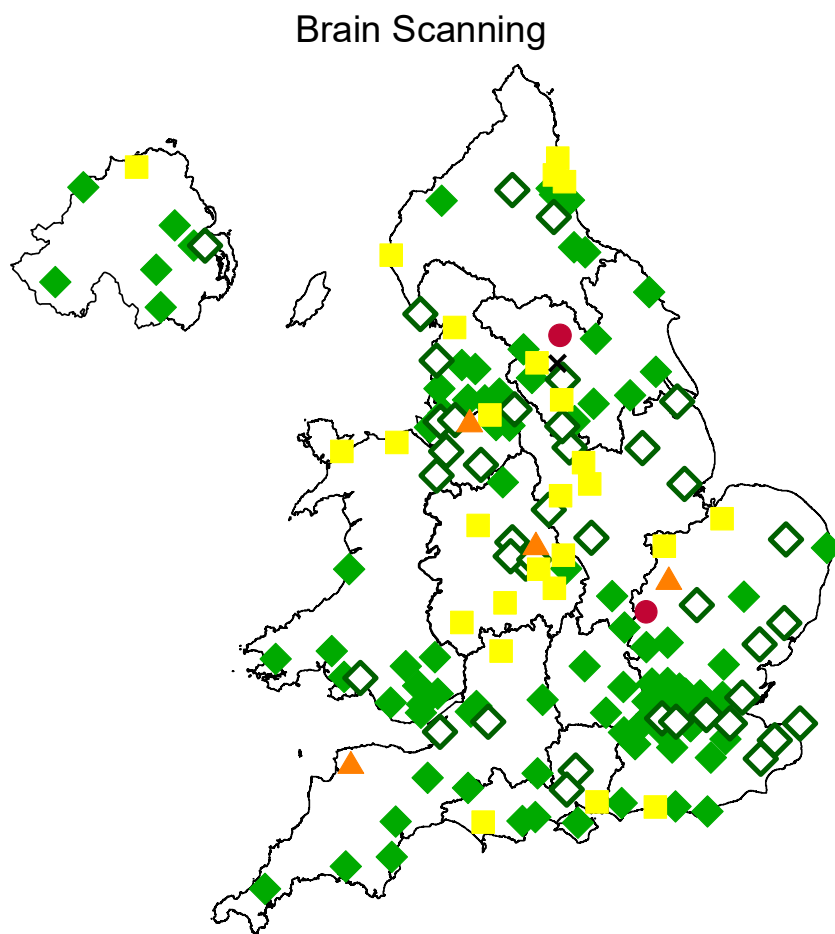


Why should this be done?

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

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

National Results



Source: SSNAP Oct-Dec 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**.



Within 4 Hours

How quickly should this be done?

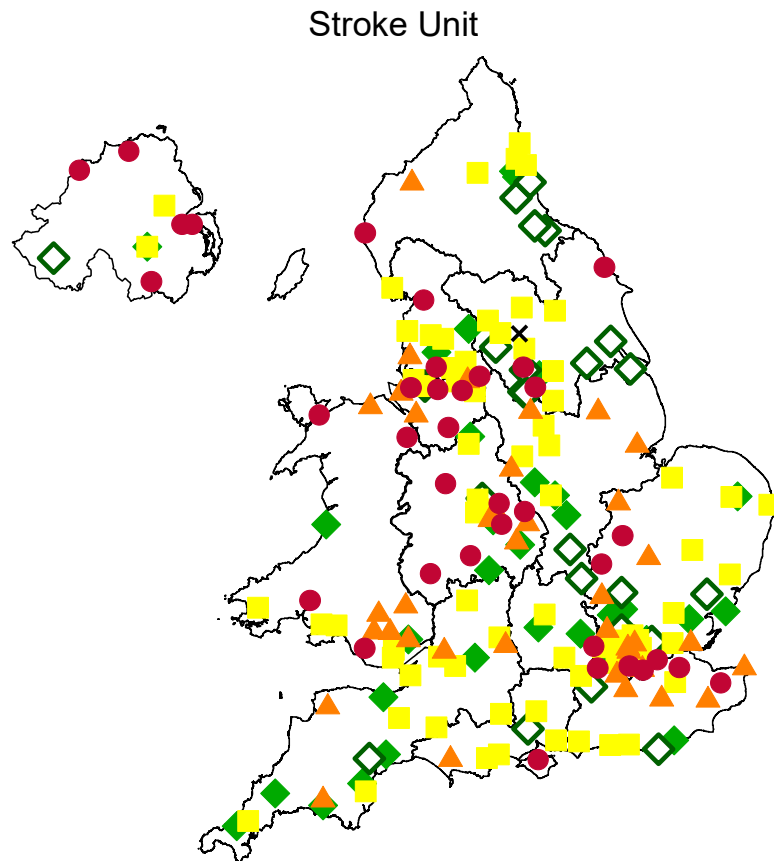
Patients should get to a stroke unit **within 4 hours** of arriving at hospital.



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 Oct-Dec 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.

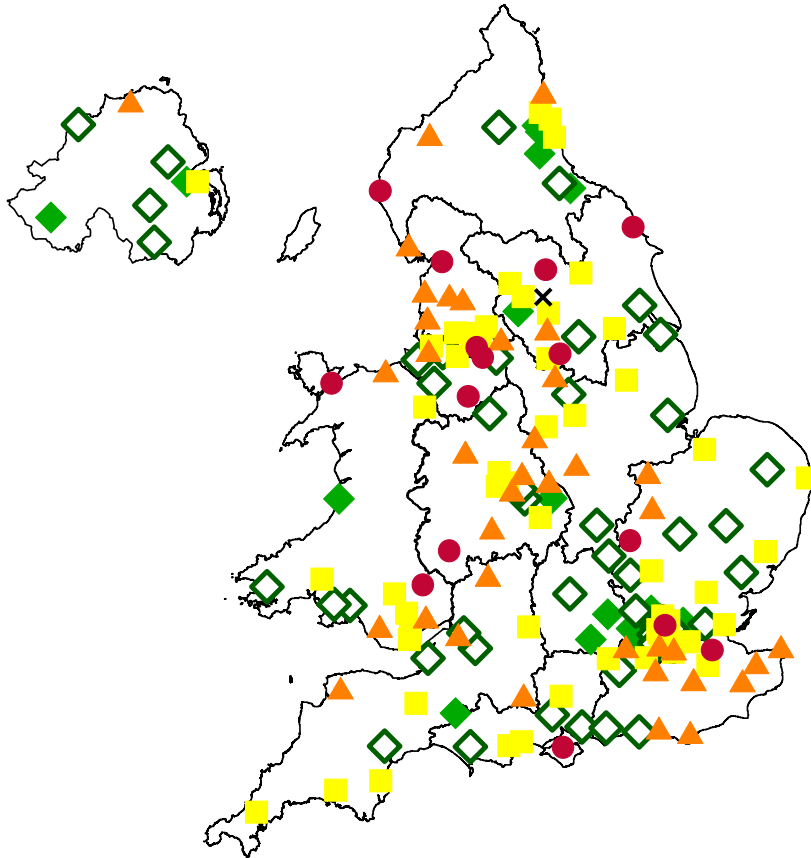


Why should this be done?

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

National Results

Clot Busting Treatment (Thrombolysis)



Source: SSNAP Oct-Dec 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?

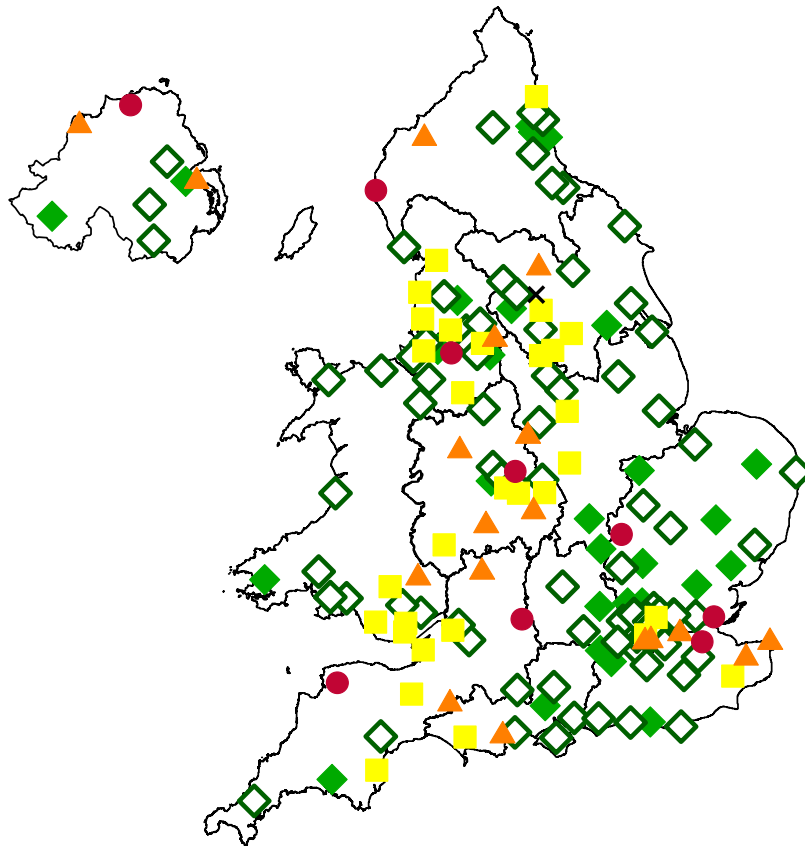
Stroke specialist professionals give patients the care they need.

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 Oct-Dec 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



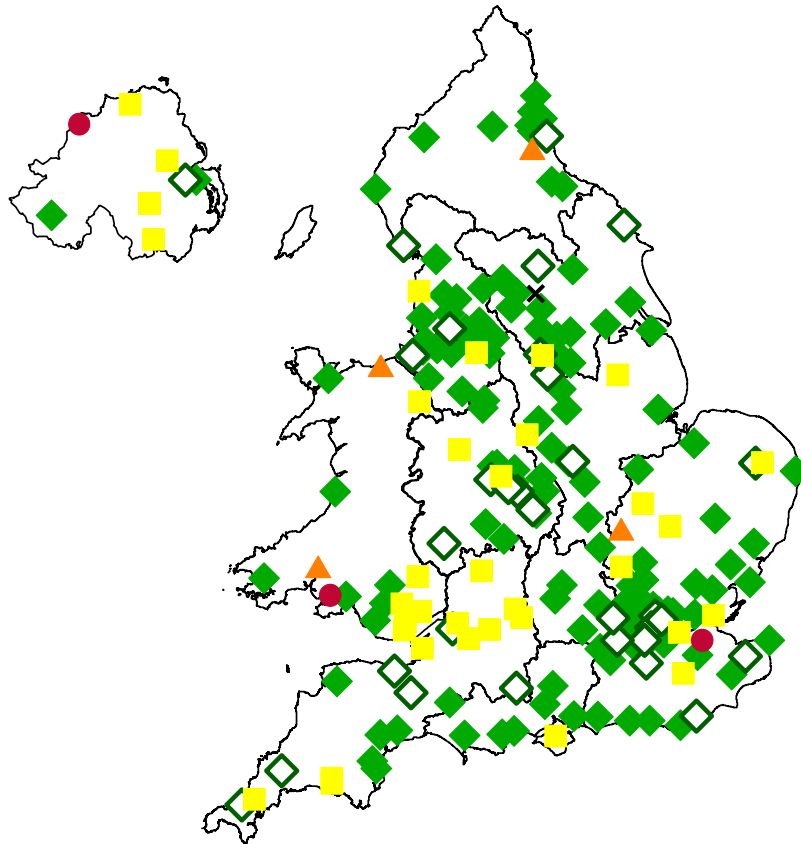
Why should this be done?

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 Oct-Dec 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

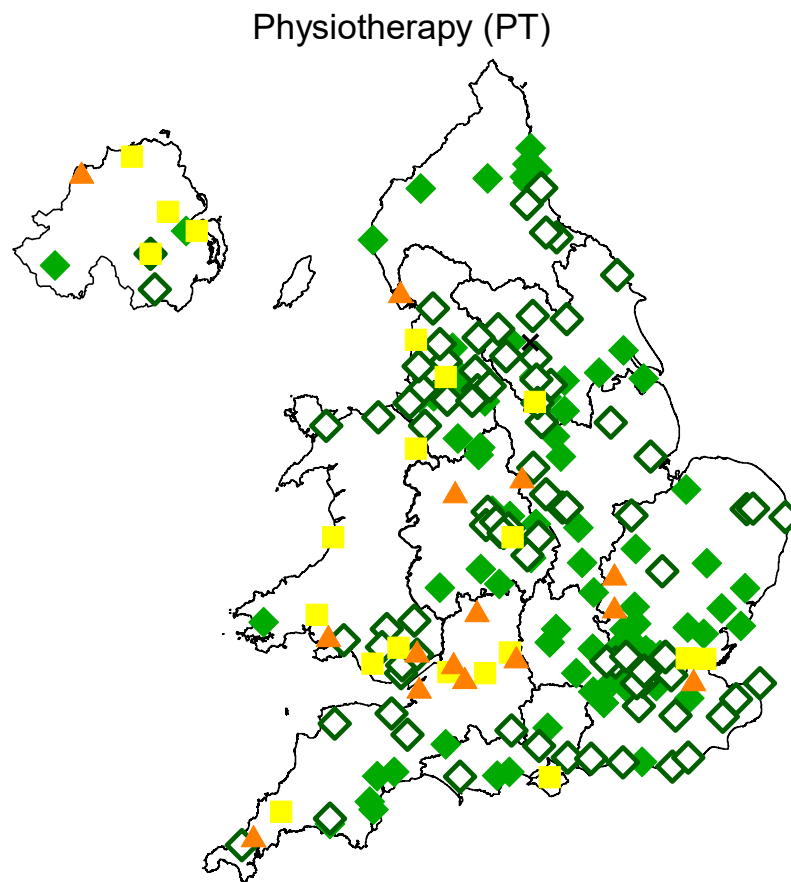


Why should this be done?

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 Oct-Dec 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

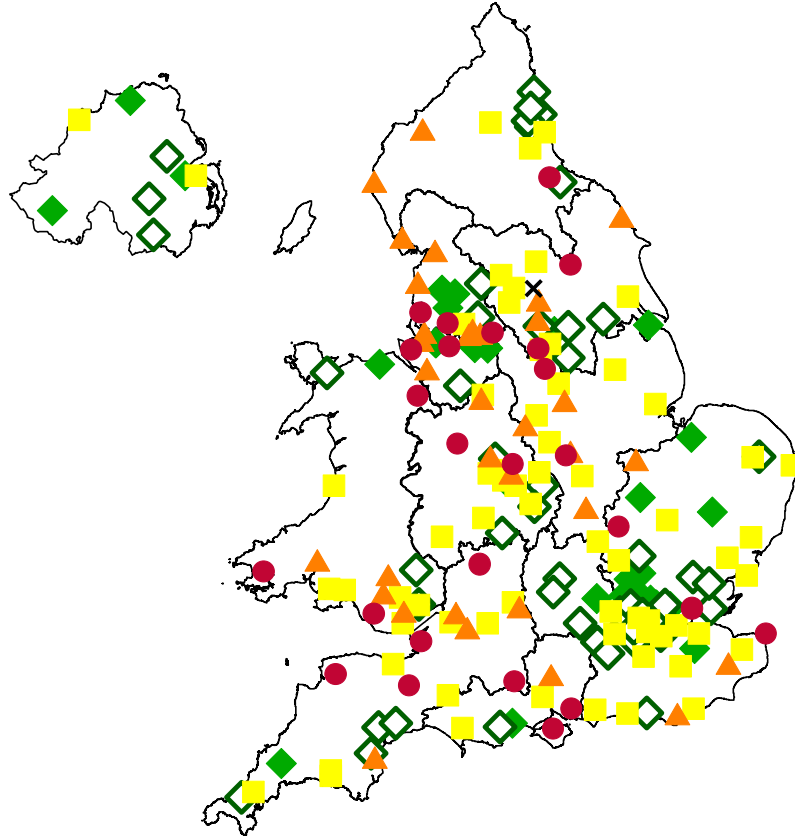


Why should this be done?

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

National Results

Speech and Language Therapy (SALT)



Source: SSNAP Oct-Dec 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.

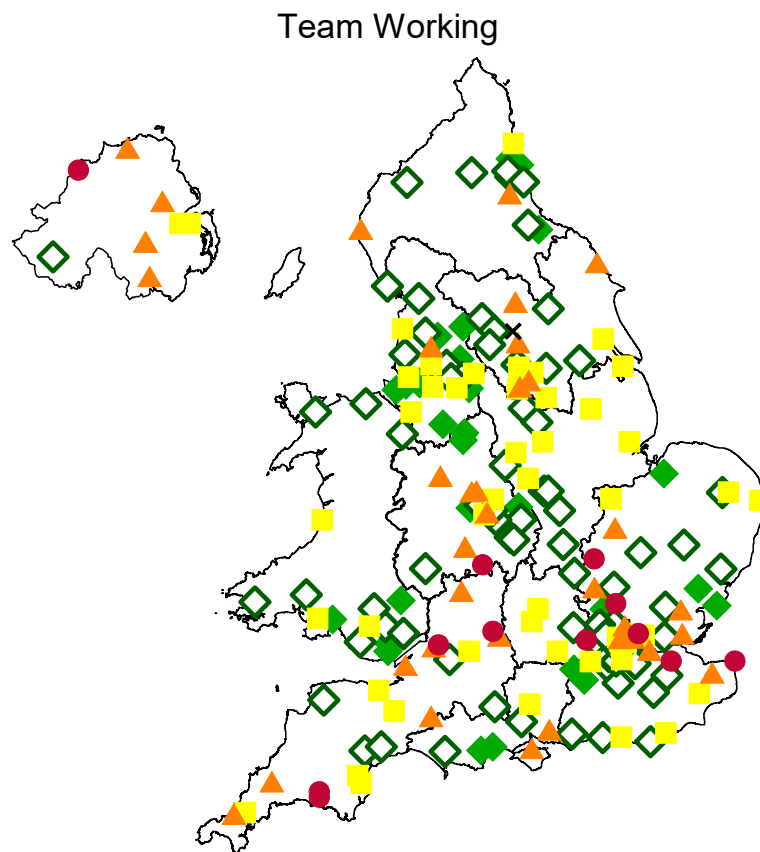
Within **5 days**: all rehabilitation goals agreed



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 Oct-Dec 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**.

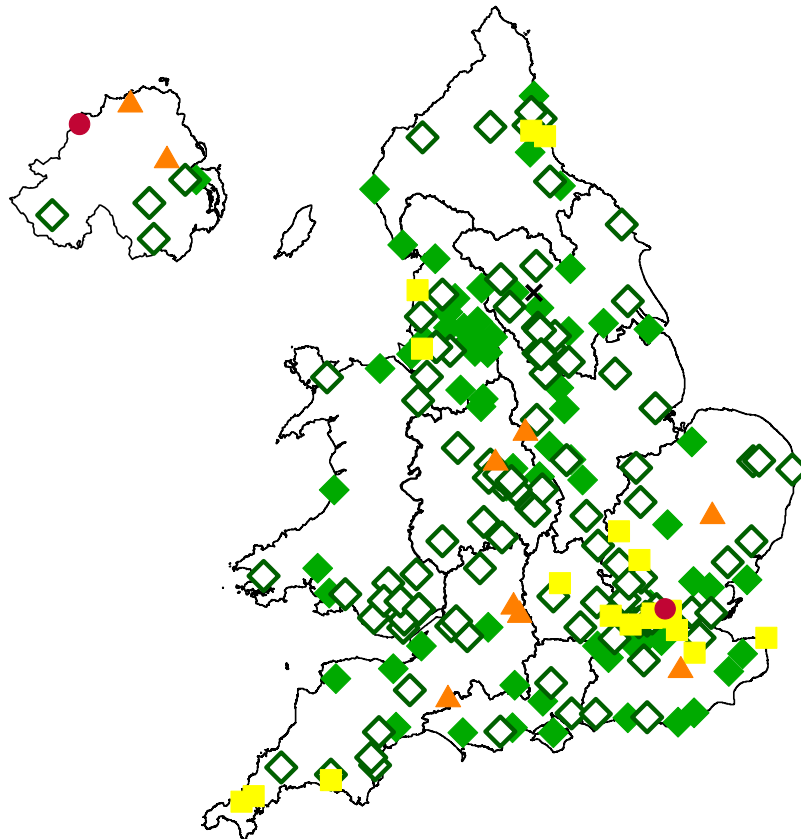
Patients say **continence management** is one of the **most important** areas of care.

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 Oct-Dec 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**.

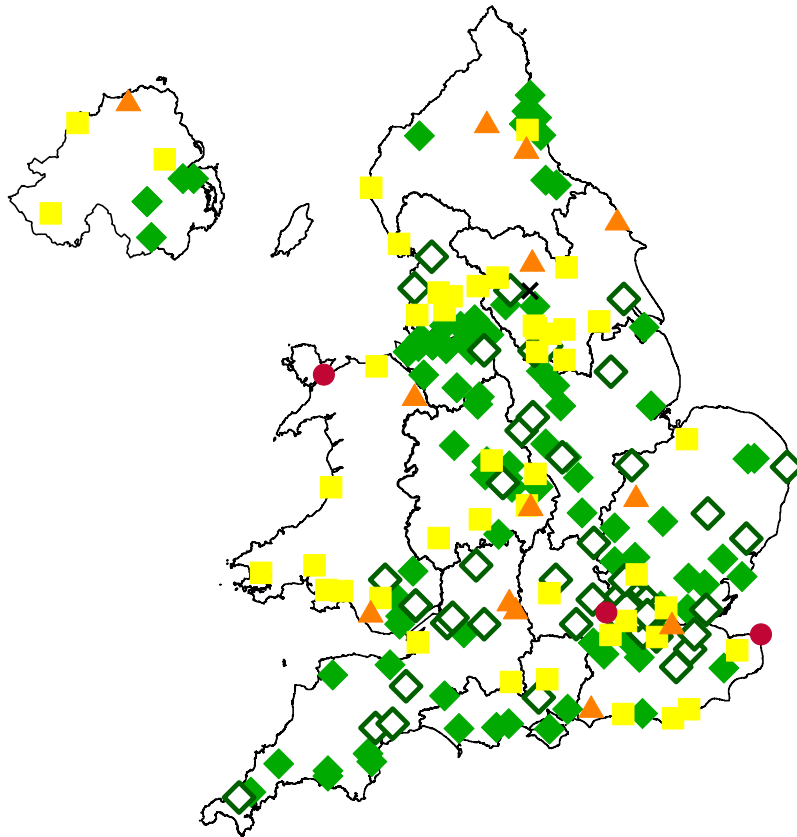
It can **improve recovery**.

Blood clotting medication **improves blood flow**.

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

National Results

Discharge Processes



Source: SSNAP Oct-Dec 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)

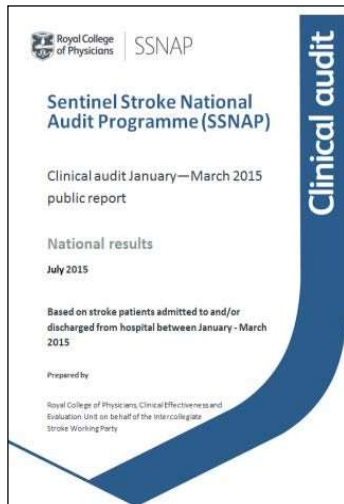


- This report is written by doctors
- It gives an overview of **how good stroke care** is across **England, Wales and Northern Ireland**.
- The information in this report is from **2016 and 2017**
- This report is **patient friendly**
- It uses patient experiences of stroke care
- The report uses **maps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

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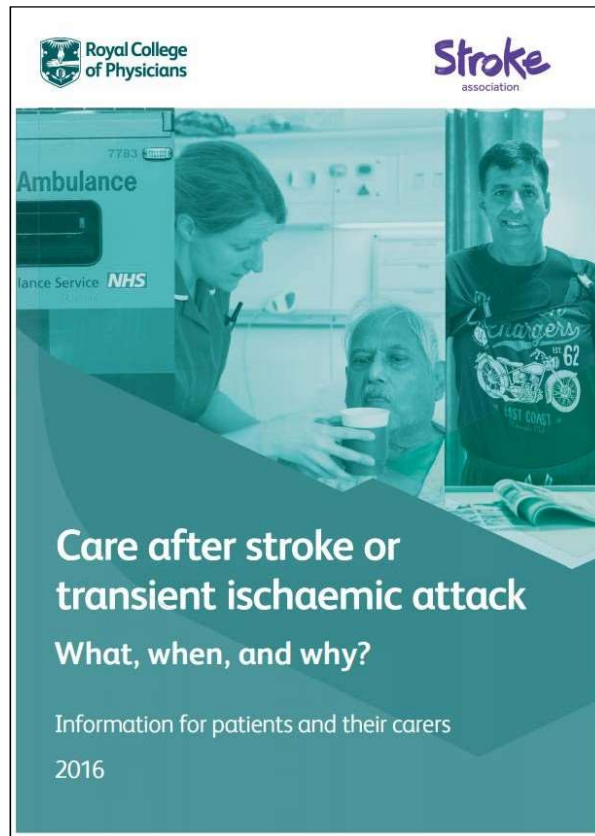
- This report gives a **summary of performance** for individual hospitals
- It is a **starting point** for understanding how good a hospital is at treating stroke patients
- Each **aspect of stroke** care is covered
- Hospitals are given a **level from A-E** for each aspect of stroke care

3) Full Results Portfolio

[illegible]

- 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.