Sentinel Stroke National Audit Programme (SSNAP)

Audit of longer term (post-acute) stroke services

Phase 2: Organisational audit of post-acute stroke service providers

This report is for stroke survivors and their families

December 2015
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Introduction to SSNAP Easy Access report

This is a report about a project called the **Sentinel Stroke National Audit Programme (SSNAP)**.

This is the first report telling stroke survivors and their families about **longer term stroke services** in England, Wales and Northern Ireland. **These services treat and help stroke survivors when they leave acute care.**

The information is written in a way that is **easy to understand** but you may want someone to **help** you when you **read** this report.

What is SSNAP?

SSNAP **measures** stroke services in **hospitals** and of services which provide **longer term care**. It does this to improve the quality of stroke services.

SSNAP produces a **guideline book** which **tells hospitals and longer term services** how to organise a **good quality** stroke service.

The guideline book **‘National clinical guideline for stroke’**, is available to all stroke services in England, Wales, Northern Ireland, the Isle of Man and the Channel Islands.

SSNAP also collects information from hospitals about the care given to stroke patients from the time they **arrive at hospital** to **6 months after stroke**. These results are available in an Easy Access Version **every 3 months**.

SSNAP aims to **improve stroke services and care** for stroke patients.
The Royal College of Physicians (RCP) runs SSNAP.

NHS England and NHS Wales (Welsh Government) pay for SSNAP.

The Stroke Working Party guides SSNAP.

This includes

- people who work in stroke
- charities such as the Stroke Association
- people who have had a stroke.

Thank you to the following, who made this report easy to read

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

Audit of longer term stroke services

In 2015 SSNAP carried out the first audit of 756 services that provide longer term stroke care. A list of what types of services we asked can be found on page 6.

The audit looked at how these services are organised and this report will tell you:

1. where the services are
2. how long a stroke patient waits to be treated by services
3. what members of staff services have
4. how long services can treat stroke patients for
5. how many days a week services work
6. if they carry out 6 month reviews
7. if services can give stroke patients self-management advice and other useful information

We compared the results in England, Wales and Northern Ireland.
How to read the results

This report gives information about **key types of longer term services**.

There is a list of **useful words** and their meanings on **page 37**.

This report will show information in different ways:

✓ This symbol means:
  - Yes

✗ This symbol means:
  - No

These symbols will be used like this:

We will also use pictures like this to show how many different things are available within a service.

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local and national patient organisations (e.g. Stroke Association)</td>
<td>97%</td>
</tr>
<tr>
<td>Preventing another stroke</td>
<td>97%</td>
</tr>
<tr>
<td>Information on stroke</td>
<td>98%</td>
</tr>
<tr>
<td>Department of Work and Pensions</td>
<td>89%</td>
</tr>
<tr>
<td>Social Service Community Care arrangements</td>
<td>90%</td>
</tr>
<tr>
<td>Patient versions of local and national guidelines</td>
<td>88%</td>
</tr>
</tbody>
</table>
When we compare the differences between countries the chart will look like this:

Maps

We will use lots of maps in this report.

Inpatient rehabilitation teams

Each map has a small box next to it which will show what each colour or symbol means:
Types of longer term stroke services

There are **12 types** of longer term stroke service. These can be put into the **6 groups** below.

This report will concentrate on telling you about the services **highlighted in red**. These are the **biggest services** which **care for the most** stroke survivors.

**Hospital based**
- **In-patient rehabilitation**
- Outpatient clinics

**Services that treat stroke survivors at home**
- **Early Supported Discharge (ESD)**
- **Community rehabilitation team (CRT)**
- Home visits (Domiciliary) only

**Single service teams (they provide one type of therapy only)**
- Psychological support
- Physiotherapy
- Occupational therapy
- Speech and language therapy

**Services that review stroke survivors’ recovery**
- 6 month review teams

**Services that support stroke survivors and their family**
- **Family and carer support**

**Services that help stroke survivors go back to work or to volunteer**
- Vocational rehabilitation teams

At the end of this report there will be maps showing you **where the other types of services are** (those not in red) so you can see if any are available in your area.
We knew about 756 longer term stroke services. **604 (80%)** of these sent us information.

Out of the 604 services that sent us information, **91% (549)** were from **England**, **1% (9)** were from **Northern Ireland** and **8% (46)** were from **Wales**.
**Inpatient rehabilitation**

**What is this?**
A service

- where **stroke survivors can stay if they still need extra help before they go home** but they do not need to be in an acute hospital

**Location**

We were told about **116** inpatient rehabilitation services. This map shows **where they are** and if they are a specialist stroke team (**they treat stroke only**). Inpatient rehabilitation teams

This picture shows **how many** of the 116 inpatient rehabilitation services are in England, Northern Ireland and Wales.
**Staffing**

Stroke survivors should have access to a ‘core’ group of staff to make sure they have can have different types of therapy and support if they need it.

This ‘core’ group includes an **Occupational therapist, Physiotherapist** and a **Rehabilitation assistant**. **98%** of inpatient rehabilitation services have this group.

This map shows which inpatient rehabilitation services had the ‘core’ group.

This picture shows you **how many** inpatient rehabilitation services can offer stroke survivors access to the ‘core’ staff group PLUS (●) other types of staff.

- **Occupational therapist, Physiotherapist and Rehabilitation assistant**
- **Psychologist** 51%
- **Stroke doctor** 59%
- **Othotics, Orthoptics or Podiatry** 68%
- **Social worker** 70%
- **Dietician** 84%
- **Speech and language therapist** 91%
Access to self-management advice and useful information

Being given advice on self-management can help stroke survivors manage their own health and make them feel more independent.

59% of inpatient rehabilitation provided advice on self-management to stroke survivors. This map shows where they are.

This picture shows how many inpatient rehabilitation services can also offer stroke survivors other types of information that can help them.

Local and national patient organisations (e.g. Stroke Association) 95%

Preventing another stroke 88%

Information on stroke 95%

Department for Work and Pensions 54%

Social Service Community Care arrangements 80%

Patient versions of local and national guidelines 57%
Early Supported Discharge (ESD)

**What** is this?

A service which

- treats stroke survivors **in their own home**
- provides the **same level of care** as **hospital** so patients can go home quicker

**Location**

We were told about **142** Early Supported Discharge teams. This map shows **where they are** and if they are a specialist stroke team (**they treat stroke only**).

Early Supported Discharge teams

This picture shows **how many** of the 142 Early Supported Discharge teams are in England, Northern Ireland and Wales.
Waiting times until stroke patients get treatment

Early Supported Discharge (ESD) teams should:

**review and treat** stroke patients the **next day or within 24 hours** of discharge from hospital.

Early Supported Discharge teams provide the **same level of care to stroke patients as hospital**, by giving stroke survivors **45 minutes of therapy on 5 days a week**.

This means they must see patients **as quickly as possible** when they leave hospital.

This map shows **which** Early Supported Discharge (ESD) teams are **meeting** the waiting time standard for treating stroke survivors.
Staffing

Stroke survivors should have access to a ‘core’ group of staff to make sure they can have different types of therapy and support if they need it.

This ‘core’ group includes an Occupational therapist, Physiotherapist and a Rehabilitation assistant. 93% of Early Supported Discharge teams have this group.

This map shows which Early Supported Discharge teams had the ‘core’ group.

This picture shows you how many Early Supported Discharge teams can offer stroke survivors access to this ‘core’ group PLUS (➕) other types of staff.

- Social worker: 11%
- Doctor: 18%
- Othotics, Orthoptics or Podiatry: 18%
- Dietitian: 30%
- Psychologist: 42%
- Speech and language therapists: 91%
7-day working

Because Early Supported Discharge teams provide the same level of care as hospital, they should be open 7 days a week like hospitals.

This makes sure that stroke survivors can see someone everyday if they need to.

This map shows which Early Supported Discharge teams are available to stroke survivors 5 days a week or less, 6 days a week or 7 days a week.

How many days a week Early Supported Discharge teams are available

- 5 days or less
- 6 days
- 7 days
**Access to self-management advice and useful information**

Being given advice on self-management can help stroke survivors **manage their own health** and make them feel **more independent**.

77% of Early Supported Discharge teams **provide advice** on self-management to stroke survivors. This map shows **where** they are.

Early Supported Discharge teams
self-management advice

This picture shows **how many** Early Supported Discharge teams can also offer stroke survivors **other types of information** that can help them.

- **Local and national patient organisations (e.g. Stroke Association)**: 99%
- **Preventing another stroke**: 98%
- **Information on stroke**: 100%
- **Department for Work and Pensions**: 59%
- **Social Service Community Care arrangements**: 71%
- **Patient versions of local and national guidelines**: 45%
Will services only see stroke survivors for a certain amount of time?

Sometimes services can only see patients for a certain amount of time – we call this a time limit.

Services should always tell stroke survivors how long they can see them for and if you can be re-referred to them if you need more help.

This map shows which Early Supported Discharge teams have a time limit and how this is measured. It can be in months or by number of appointments.
Community Rehabilitation Team (CRT)

**What is this?**

A service which

- gives **long term rehabilitation** and treats stroke survivors in their own homes
- helps stroke patients after hospital discharge or after Early Supported Discharge

**Location**

We were told about 166 Community Rehabilitation Teams. This map shows where they are and if they are a specialist stroke team (they treat stroke only).

This picture shows **how many** of the 166 Community Rehabilitation Teams are in England, Northern Ireland and Wales.
Waiting times until stroke patients get treatment

Community Rehabilitation Teams (CRT) should:

1. review stroke patients within 14 days
2. start treatment within 90 days of referral depending on the individual patient need.

Community Rehabilitation Teams can either work to help stroke patients straight from hospital or following Early Supported Discharge.

Because the stroke survivors will still need regular therapy, they must start treating them within 90 days (3 months) of referral.

This map shows which Community Rehabilitation Teams are meeting the waiting time standard.
Stroke survivors should have access to a ‘core’ group of staff to make sure they have access to different types of therapy and support if they need it.

This ‘core’ group includes an **Occupational therapist, Physiotherapist** and a **Rehabilitation assistant**. 95% of Community Rehabilitation Teams (CRT) has these.

This map shows which Community Rehabilitation Teams had the ‘core’ group.

Community Rehabilitation Teams staffing

This picture shows you how many Community Rehabilitation Teams can offer stroke survivors access to this ‘core’ group PLUS ( bson) other types of staff.

- **Occupational therapist, Physiotherapist and Rehabilitation assistant**
  - Have core staffing group
  - Do not have core staffing group

<table>
<thead>
<tr>
<th>Staff Position</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>8%</td>
</tr>
<tr>
<td>Social worker</td>
<td>14%</td>
</tr>
<tr>
<td>Orthotics, Orthoptics or Podiatry</td>
<td>15%</td>
</tr>
<tr>
<td>Dietitian</td>
<td>33%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>44%</td>
</tr>
<tr>
<td>Speech and language therapists</td>
<td>71%</td>
</tr>
</tbody>
</table>
7-day working

More healthcare services now need to be open 7 days a week to make sure patients can get help and support whenever they need it.

This includes Community Rehabilitation Teams.

This map shows which Community Rehabilitation Teams (CRT) are available to stroke survivors 5 days a week or less, 6 days a week or 7 days a week.

How many days a week Community Rehabilitation Teams are available

- 5 days or less
- 6 days
- 7 days
Access to self-management advice and useful information

Being given advice on self-management can help stroke survivors manage their own health and make them feel more independent.

69% of Community Rehabilitation Teams provide advice on self-management to stroke survivors. This map shows where they are.

Community Rehabilitation Teams self-management advice

Provides
• self-management advice

Does not provide
• self-management advice

This picture shows how many Community Rehabilitation Teams services can also offer stroke survivors other types of information that can help them.

| Local and national patient organisations (e.g. Stroke Association) | 93% |
| Secondary prevention                                              | 85% |
| Information on stroke                                             | 92% |
| Department for Work and Pensions                                  | 57% |
| Social Service Community Care arrangements                        | 67% |
| Patient versions of local and national guidelines                 | 42% |

0%  20%  40%  60%  80%  100%
Will services only see stroke survivors for a certain amount of time?

Sometimes services can only see patients for a certain amount of time – we call this a time limit.

Services should always tell stroke survivors how long they can see them for and if you can be re-referred to them if you need more help.

This map shows which Community Rehabilitation Teams have a time limit and how this is measured. It can be in months or by number of appointments.

Community Rehabilitation Teams time limits

- No time limit
- Limit by time (months)
- Limit by number of treatments
Teams that support stroke survivors and their families

What is this?

A service which:

- supports and advises stroke survivors and their family and carers
- this includes charities and locally funded groups.

Location

We were told about 166 services that support stroke survivors and their families. This map shows where they are and if they are a specialist stroke team (they support stroke only).

Family and carer teams

This picture show how many of the 166 Family and carer support services are in England, Northern Ireland and Wales.
Waiting times until stroke patients get treatment

All other types of post-acute stroke service should:

1. review stroke patients within 14 days
2. start support within 90 days of referral depending on the individual patient need.

Family and carer support services offer a source of support and advice for stroke survivors and their carers when they return home from hospital.

This can help stroke survivors get back to as normal a life as possible, as soon possible.

This map shows which Family and carer support services are meeting the waiting time standard.

Family and carer waiting times to treatment

- Meeting standard
- Not meeting standard
7-day working

More healthcare and support services are now being encouraged to be open 7 days a week to make sure patients can get help and support whenever they need it.

This may be harder for Family and carer support services because they often rely on volunteers.

This map shows which Family and carer support services are available to stroke survivors 5 days a week or less, 6 days a week or 7 days a week.

How many days a week Family and carer teams are available

- 5 days or less
Access to self-management advice and useful information

Being given advice on self-management can help stroke survivors manage their own health and make them feel more independent.

80% of Family and carer support services provide advice on self-management to stroke survivors. This map shows where they are.

Family and carer teams
self-management advice

This picture shows how many Family and carer support services can also offer stroke survivors other types of information that can help them.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local and national patient organisations (e.g. Stroke Association)</td>
<td>98%</td>
</tr>
<tr>
<td>Preventing another stroke</td>
<td>98%</td>
</tr>
<tr>
<td>Information on stroke</td>
<td>99%</td>
</tr>
<tr>
<td>Department for Work and Pensions</td>
<td>88%</td>
</tr>
<tr>
<td>Social Service Community Care arrangements</td>
<td>89%</td>
</tr>
<tr>
<td>Patient versions of local and national guidelines</td>
<td>86%</td>
</tr>
</tbody>
</table>
Will services only see stroke survivors for a certain amount of time?

Sometimes services can only see patients for a certain amount of time – we call this a time limit.

Services should always tell stroke survivors how long they can see them for and if you can be re-referred to them if you need more help.

This map shows which Family and carer support services have a time limit and how this is measured. It can be in months or by number of appointments.

Family and carer teams time limits

- No time limit
- Limit by time (months)
6 month reviews

6 month reviews are meetings to look at a stroke patients’ recovery 6 months after their stroke.

If more care and support is appropriate the person holding this meeting will make sure the stroke patient gets this.

A document called the ‘National Stroke Strategy’ says that all stroke survivors should have a 6 month review.

The next four maps show which Inpatient rehabilitation, Early Supported Discharge (ESD), Community Rehabilitation Teams (CRT) and Family and carer support services are carrying out 6 month reviews.

Inpatient rehabilitation – 23% of these services carry out 6 month reviews.

Inpatient rehabilitation teams 6 month reviews
Early Supported Discharge teams – 46% of these teams carry out 6 month reviews.

Community Rehabilitation Teams – 39% of these teams carry out 6 month reviews.
Family and carer support services – 17% of these services carry out 6 month reviews.

Family and carer teams 6 month reviews
There are other types of longer term stroke services which we told you about on page 6 (the ones not highlighted in red). The next 5 maps show where these services are.

This map shows the location of services which provide 6 month reviews only.

Six month providers

This map shows the location of services which provide Occupational Therapy only.

Occupational Therapy

Stroke/neurology only  All patient types
No information
This map shows the location of services which provide **Physiotherapy only**.

- Stroke/neurology only
- No information
- All patient types

This map shows the location of services which provide **Speech and Language Therapy only**.

- Stroke/neurology only
- No information
- All patient types
This map shows the location of services which provide a Psychological Support service.

Psychology

- Stroke/neurology only
- All patient types
- No information

This map shows the location of services which provide an Outpatient (clinical based) service.

Outpatient

- Stroke/neurology only
- All patient types
- No information
Of the 604 services which sent SSNAP information on the types of services they carry out for stroke patients, only 15% were funded to provide Vocational Rehabilitation as well.
# Recommendations

This section tells you what post-acute services should do to improve stroke services.

<table>
<thead>
<tr>
<th>Key words</th>
<th>What happens now</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 month reviews</td>
<td>Some areas of England, Wales and Northern Ireland do not appear to have 6 month reviews taking place.</td>
<td>All organisations that fund longer term stroke services should make sure a 6 month review service is funded and 6 month review data is sent to SSNAP.</td>
</tr>
<tr>
<td>Early Supported Discharge (ESD) team 7-day working</td>
<td>Some ESD services are not working 7 days week even though they should replace the care given in hospital.</td>
<td>ESD services should make themselves available to stroke patients 7 days a week in the same way that hospitals do.</td>
</tr>
<tr>
<td>Early Supported Discharged (ESD) team waiting times</td>
<td>Many ESD teams are reviewing and treating patients within 1 day (or 24 hours) of discharge from hospital.</td>
<td>All ESD teams should be reviewing and treating stroke patients within 1 day (or 24 hours) of hospital discharge.</td>
</tr>
<tr>
<td>Information for stroke survivors and their carers</td>
<td>Some services have lots of information available for stroke survivors and their carers while some have no or not much information.</td>
<td>Information that will help stroke survivors deal with the effects of stroke should be freely available at all longer term stroke services.</td>
</tr>
<tr>
<td>Psychological Support Services</td>
<td>Waiting times to see a Psychological Support Service is on average over 10 weeks.</td>
<td>Waiting times to treatment by Psychological Support services should be the same as other longer term stroke services and be within 90 days of referral.</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
<td>Notes</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>SSNAP</td>
<td>Many longer term stroke services are already sending SSNAP information on their patient care.</td>
<td>Any services which are currently not sending their patient care data to SSNAP should do so.</td>
</tr>
<tr>
<td>Staffing levels</td>
<td>There are some services which can offer stroke patients access to doctors, nurses and social workers, but there are also some that cannot.</td>
<td>All longer term stroke services should provide access to doctors, nurses and a named social worker.</td>
</tr>
<tr>
<td>Stroke training</td>
<td>Some non-stroke specialist longer term services are treating large numbers of stroke patients.</td>
<td>Non-stroke specialist services which are treating stroke patients should make sure that their staff, including rehabilitation assistants, receive regular training on how to care for stroke survivors.</td>
</tr>
<tr>
<td>Swallow screening</td>
<td>Some inpatient rehabilitation services do not have nurses trained in swallow screening. Swallow screening ensures stroke survivors can swallow food and drink properly.</td>
<td>Inpatient rehabilitation services should make sure that nurses who treat stroke patients are trained in swallow screening.</td>
</tr>
<tr>
<td>Time limits and re-referral to services</td>
<td>Many longer term services have time limits on how long they can see stroke patients.</td>
<td>All longer term services should have clear policies on time limits and re-referral.</td>
</tr>
<tr>
<td>Vocational rehabilitation</td>
<td>Only a small number of services are funded to carry out vocational rehabilitation.</td>
<td>All stroke patients should have access to vocational rehabilitation if they need it.</td>
</tr>
</tbody>
</table>
## Useful words

<table>
<thead>
<tr>
<th><strong>7-day working</strong></th>
<th>Services that can work every day of the week.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audit</strong></td>
<td>A process to compare and improve services. This audit does this by comparing how stroke care is organised against national guidelines in England, Wales and Northern Ireland.</td>
</tr>
<tr>
<td><strong>Carer</strong></td>
<td>Someone who is not paid but provides support and personal care at home, includes relatives and friends.</td>
</tr>
<tr>
<td><strong>Community Rehabilitation Team (CRT)</strong></td>
<td>Services which offer longer term rehabilitation at a patient’s home.</td>
</tr>
<tr>
<td><strong>‘Core’ staffing group</strong></td>
<td>Includes an Occupational therapist, Physiotherapy and Rehabilitation assistant. Having this core group of staff makes sure that many types of therapy and support can be offered by a service. Teams should try and have even more types of staff.</td>
</tr>
<tr>
<td><strong>Early Supported Discharge (ESD)</strong></td>
<td>Services which treat stroke patients at their home, giving the same level of therapy as a patient would have at hospital.</td>
</tr>
<tr>
<td><strong>Family and Carer Support Services</strong></td>
<td>Organisations, often charities, which help and support stroke survivors and their carers.</td>
</tr>
<tr>
<td><strong>Inpatient rehabilitation</strong></td>
<td>Bed-based services where stroke patients can stay if they need extra help before going home but they no longer need acute care.</td>
</tr>
<tr>
<td><strong>National Stroke Strategy (2007)</strong></td>
<td>The Department of Health’s plan for improving services for people who have had a stroke.</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Helps stroke survivors re-learn every day activities and skills.</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>Can help stroke survivors recover from weakness in the body, often experienced on one side of the body.</td>
</tr>
<tr>
<td>Rehabilitation assistant</td>
<td>A member of staff who have help with providing therapy to stroke survivors.</td>
</tr>
<tr>
<td>Psychological Support</td>
<td>Services which support stroke survivors with conditions such as depression and difficulty understanding things.</td>
</tr>
<tr>
<td>Self-management advice (tools)</td>
<td>Focuses on a person’s belief in their own ability (self-efficacy) to help stroke survivors feel more empowered, in control and independent. It involves personally relevant goals and guidance on how to overcome physical, economic and psychological barriers.</td>
</tr>
<tr>
<td>Six month reviews</td>
<td>These are meetings stroke survivors have six months after their stroke. They are used to find out if a patient needs more treatment or help and make sure they see the right people if they do.</td>
</tr>
<tr>
<td>Speech and Language Therapy</td>
<td>Therapy to help with aphasia and other communication difficulties.</td>
</tr>
<tr>
<td>SSNAP (Sentinel Stroke National Audit Programme)</td>
<td>A clinical audit project to measure patient care and the organisation of care against guidelines on how to deliver the best care.</td>
</tr>
<tr>
<td>Vocational Rehabilitation</td>
<td>This is teaching patients the skills they need to return to work or to volunteering.</td>
</tr>
</tbody>
</table>
## Useful Contacts and Websites

<table>
<thead>
<tr>
<th><strong>Disability Living Allowance Helpline</strong> (to get information on financial help or if you are seeking to start a claim)</th>
<th><strong>Relatives and Residents Association</strong> (provides information, advice and support for residents of care homes and their relatives)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone: 08457 712 3456</td>
<td>Advice Line: 020 7359 8136</td>
</tr>
<tr>
<td>Textphone: 08457 722 4433</td>
<td>Website: <a href="http://www.relres.org">www.relres.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Carers UK</strong> (useful advice and information for carers)</th>
<th><strong>Shaw Trust</strong> (a charity which specialises in helping disabled people to return to work)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carers Line: 0808 808 7777</td>
<td>Tel: 01225 716300</td>
</tr>
<tr>
<td>Website: <a href="http://www.carersuk.org">www.carersuk.org</a></td>
<td>Website: <a href="http://www.shaw-trust.org.uk">www.shaw-trust.org.uk</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Connect – the communication disability network</strong> (works with people living with stroke and aphasia)</th>
<th><strong>Different Strokes</strong> (is run by and for younger people who have had strokes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone: 020 7367 0840</td>
<td>Tel: 0845 130 7172 or 01908 317618</td>
</tr>
<tr>
<td>Website: <a href="http://www.ukconnect.org">www.ukconnect.org</a></td>
<td>Website: <a href="http://www.differentstrokes.co.uk">www.differentstrokes.co.uk</a></td>
</tr>
</tbody>
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<thead>
<tr>
<th><strong>NHS 111/ NHS Choices</strong></th>
<th><strong>Speakability</strong> (Speakability supports people living with aphasia and their carers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone (for non-emergency medical advice): 111</td>
<td>Helpline: 0808 808 9572</td>
</tr>
<tr>
<td>Website: <a href="http://www.nhs.uk">www.nhs.uk</a></td>
<td>Website: <a href="http://www.speakability.org.uk">www.speakability.org.uk</a></td>
</tr>
</tbody>
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<tr>
<th><strong>The Stroke Association</strong> (provides practical support, including telephone helplines, publications and welfare grants, to people who have had strokes, their families and carers)</th>
<th><strong>Aphasia Alliance</strong> (A coalition of key organisations from all over the UK that work in the field of aphasia. They can help people identify which organisations might be most appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpline: 0303 303 3100</td>
<td>Telephone: 01525 290 002</td>
</tr>
<tr>
<td>Website: <a href="http://www.stroke.org.uk">www.stroke.org.uk</a></td>
<td>Website: <a href="http://www.aphasiaalliance.org">www.aphasiaalliance.org</a></td>
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</table>
Further information on stroke for patients and carers

This booklet is a shorter version of the ‘National Clinical Guideline for Stroke’. 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.

Please go to http://bookshop.rcplondon.ac.uk if you would like to order this patient version of the ‘Guideline’. You can also download the booklet from here: https://www.rcplondon.ac.uk/resources/stroke-guidelines
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.