



Stroke care in Wales

This report is for stroke survivors
and their families

Based on patients treated
between April - June 2014

Easy access version

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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 **April - June 2014**.

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

We will write this report every 3 months.

The **Royal College of Physicians (RCP)** runs SSNAP.

NHS England and NHS Wales pay for SSNAP

The **Stroke Working Party** guides SSNAP.

This includes

- people who work in stroke
- charities such as the Stroke Association
- stroke survivors

Thank you to

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

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

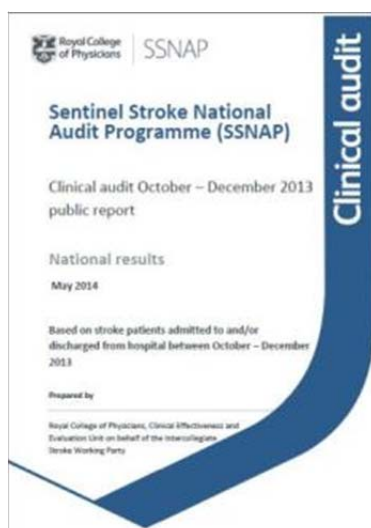
For more **detailed reports**

www.rcplondon.ac.uk/ssnap/clinical-audit

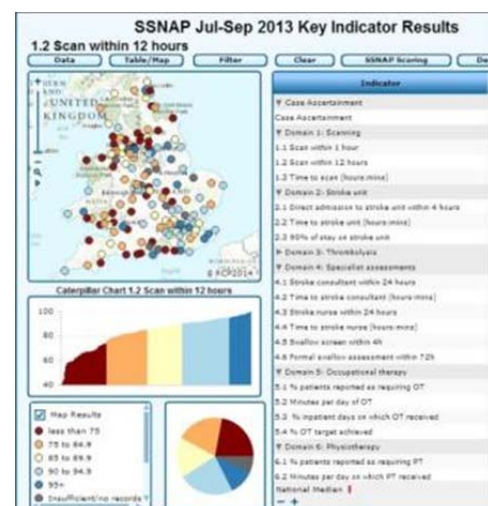
For **interactive maps**

www.rcplondon.ac.uk/ssnap/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?

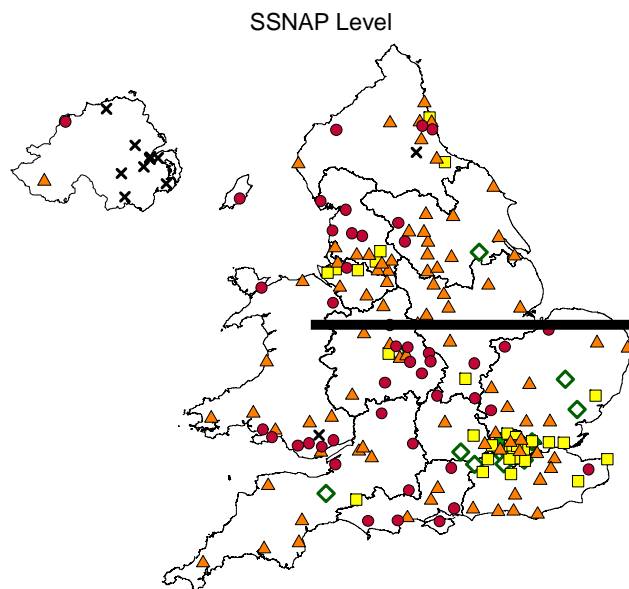


Why it should be done?

Understanding the results

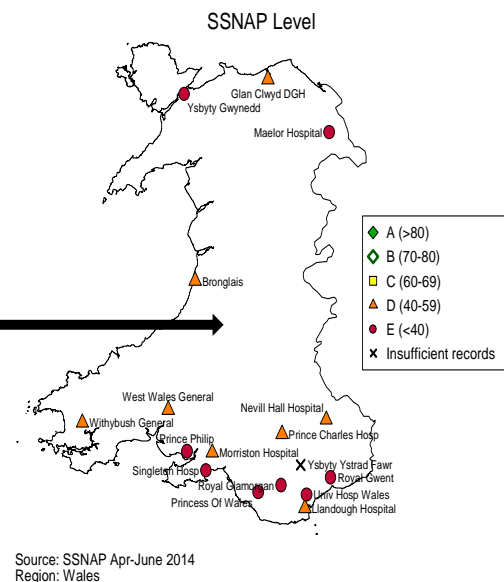
National maps

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



Welsh maps

These show how well hospitals have performed in **Wales**



There is a **box** beside each regional 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	Hospital meets highest standards for almost all patients
◻	B	
◻	C	
▲	D	
●	E	Hospital does not meet highest standards for many patients

Hospitals included in this report

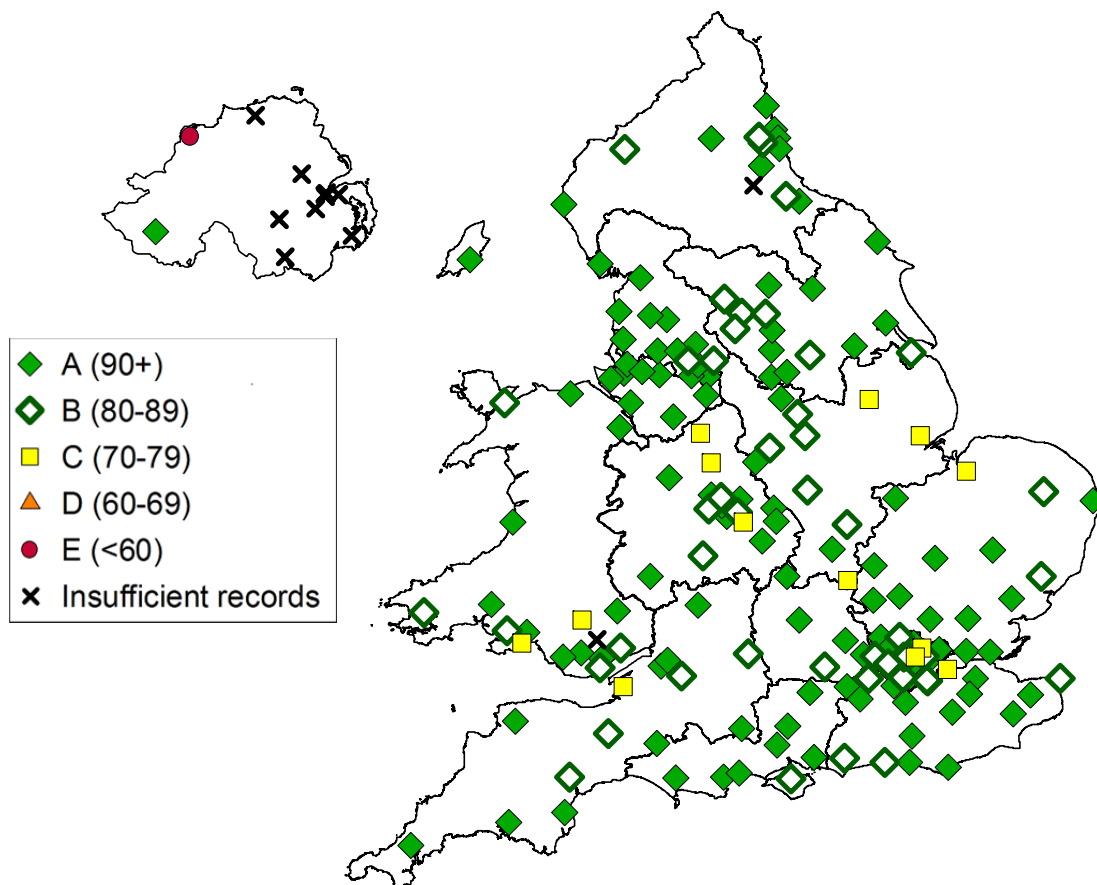
This report includes **18,953 stroke patients** admitted to hospital between **April - June 2014**.

204 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.

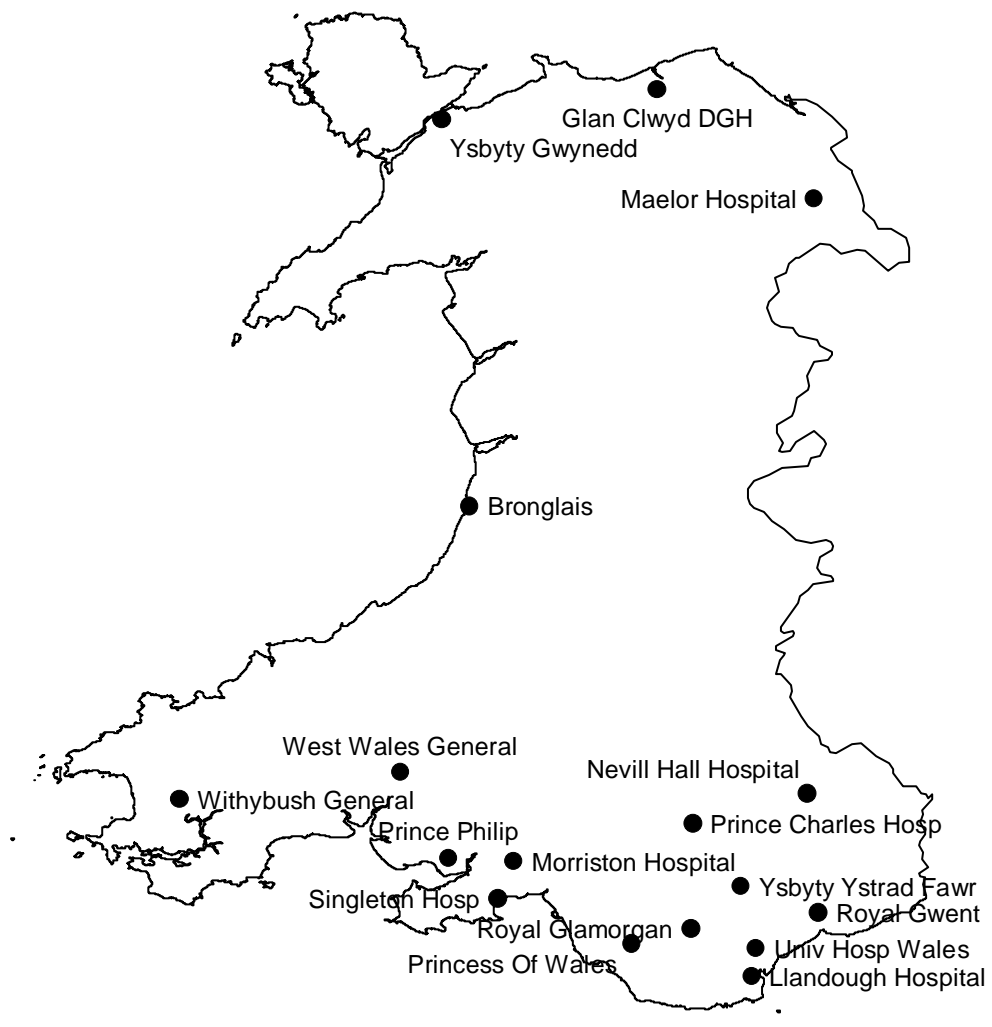
SSNAP participation



Source: SSNAP Apr-June 2014

This map gives the **names** of each of the hospitals in **Wales**.

Teams



Source: SSNAP Apr-June 2014
Region: Wales

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**

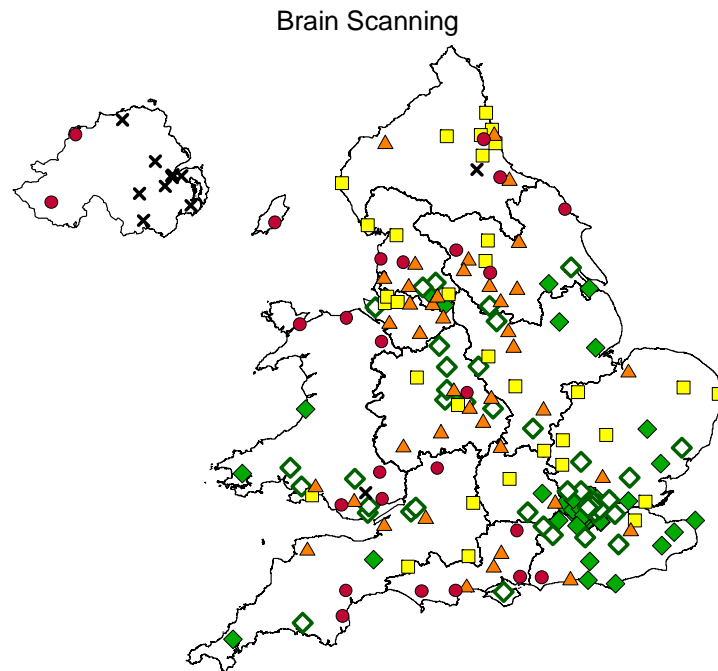


Why should this be done?

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

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

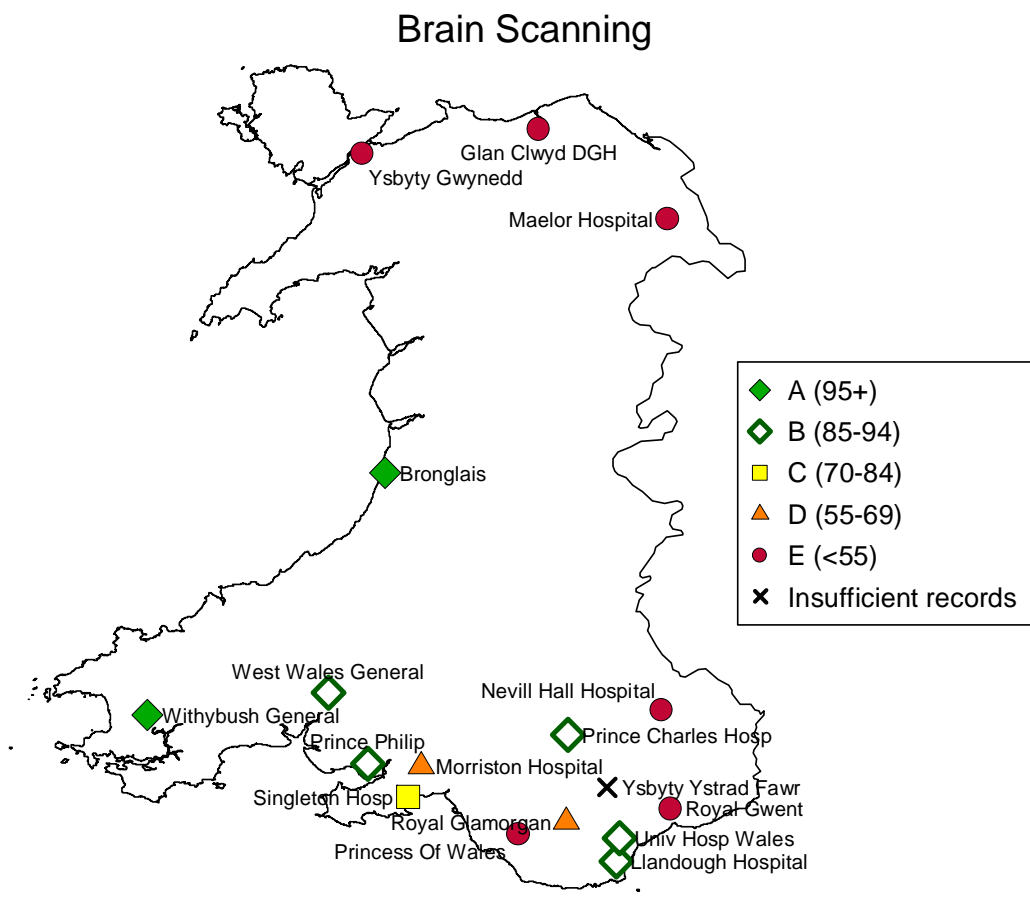
National Results



Source: SSNAP Apr-June 2014 (Patient Centred)

How well did your local hospital perform?

Wales results



Source: SSNAP Apr-June 2014 (Patient Centred)
Region: Wales

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.

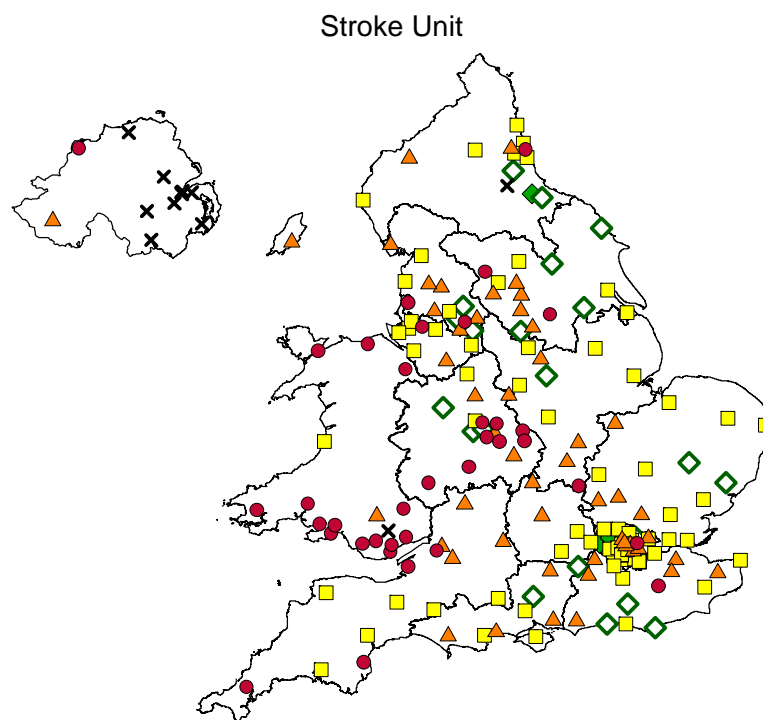


Why should this be done?

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

This can save lives and reduce disability.

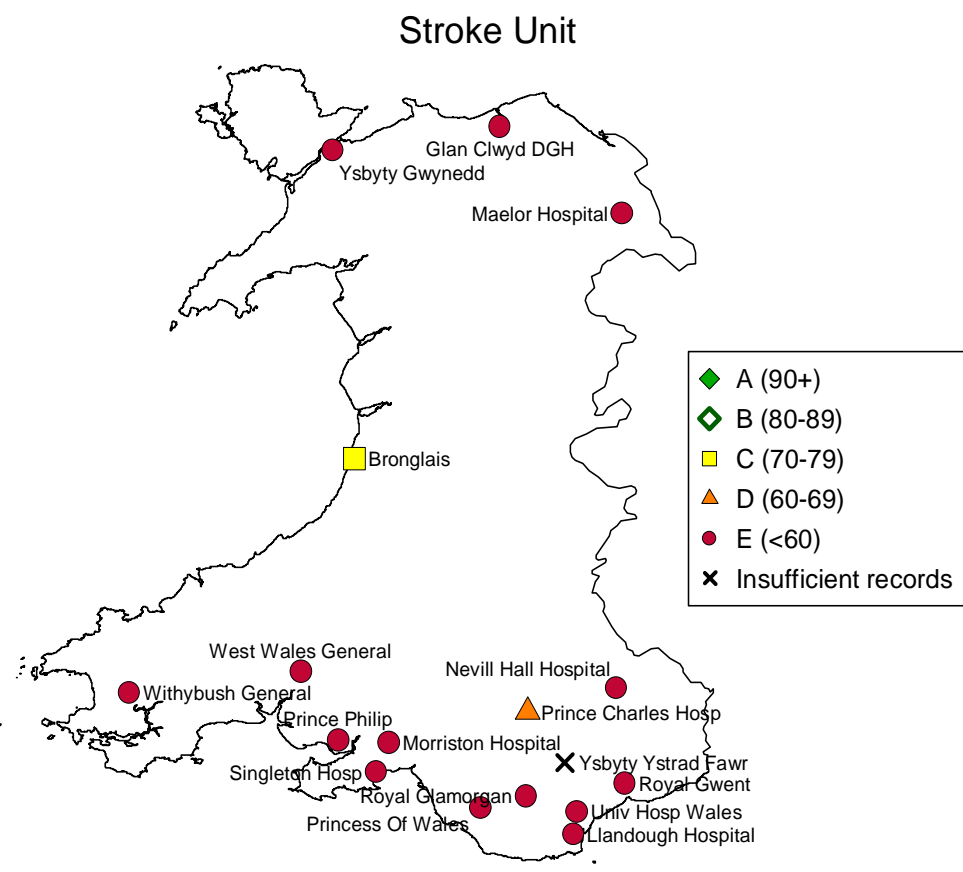
National Results



Source: SSNAP Apr-June 2014 (Patient Centred)

How well did your local hospital perform?

Wales results



Source: SSNAP Apr-June 2014 (Patient Centred)
Region: Wales

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.

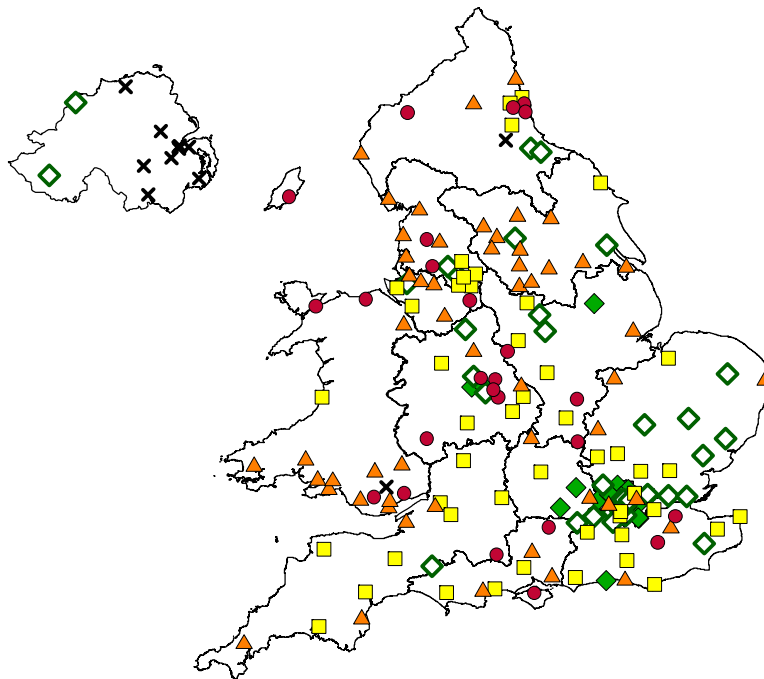


Why should this be done?

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

National Results

Clot Busting Treatment (Thrombolysis)

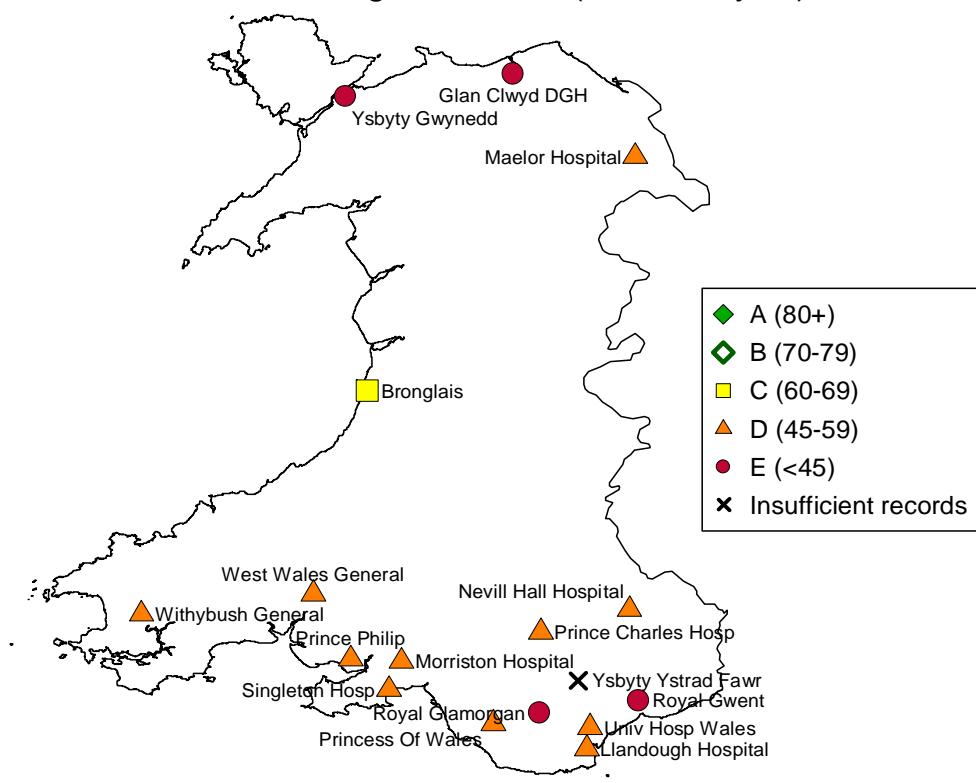


Source: SSNAP Apr-June 2014 (Patient Centred)

How well did your local hospital perform?

Wales results

Clot Busting Treatment (Thrombolysis)



Source: SSNAP Apr-June 2014 (Patient Centred)
Region: Wales

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



Within 4 Hours



Within
1 day

Within
3 days

How quickly should this be done?

Within **4 hours**: swallow screen

Within **1 day**: **stroke nurse** and **stroke consultant**

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



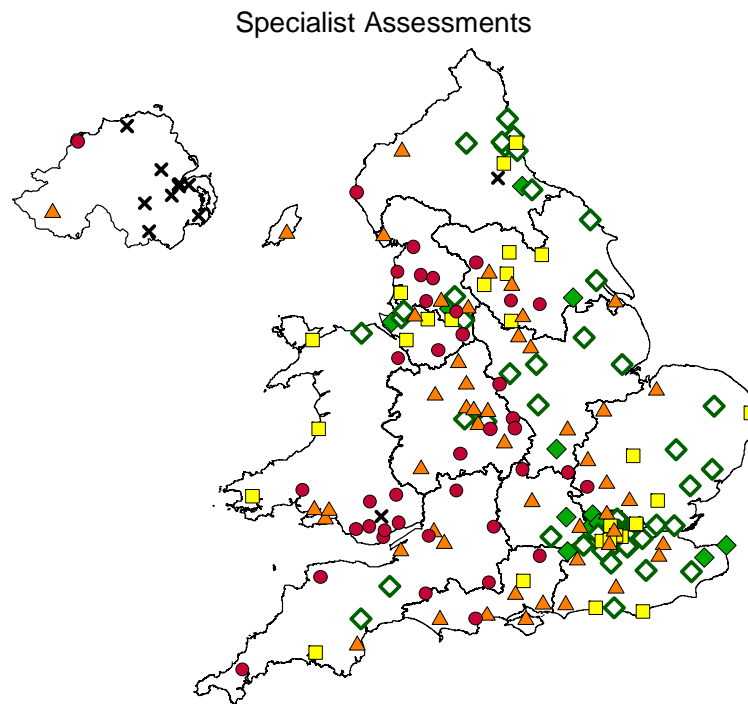
Why should this be done?

Stroke specialist professionals give patients the care they need.

This will **improve their recovery**.

Swallow screening checks if **the patient can swallow food and drink safely** and therefore reduce the risk of choking.

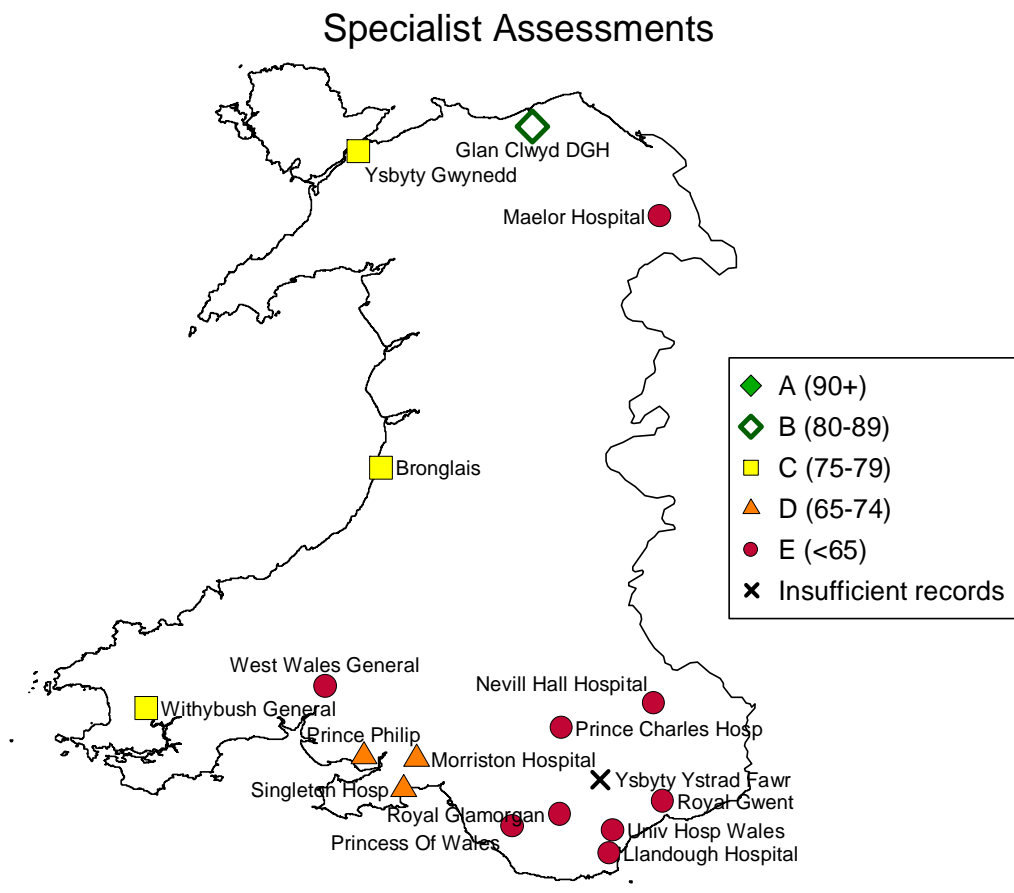
National Results



Source: SSNAP Apr-June 2014 (Patient Centred)

How well did your local hospital perform?

Wales results



Source: SSNAP Apr-June 2014 (Patient Centred)
Region: Wales

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.



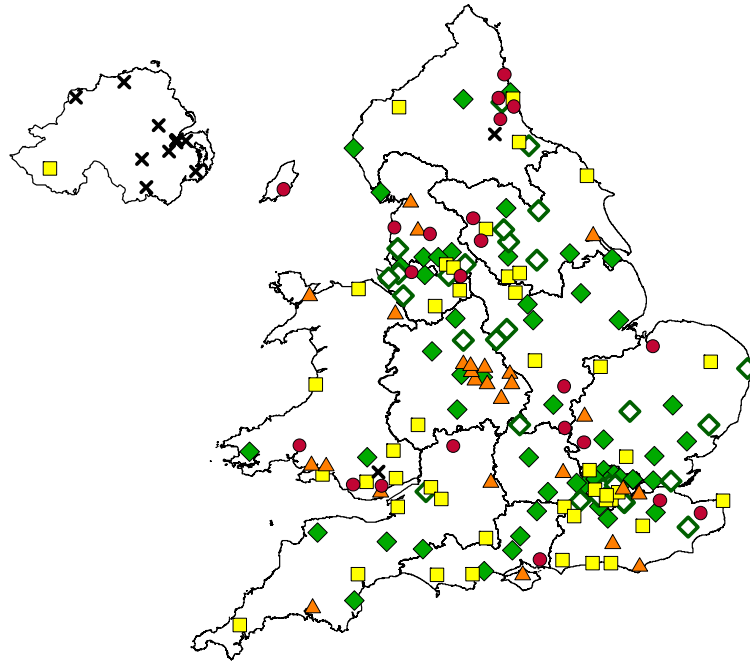
Why should this be done?

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)

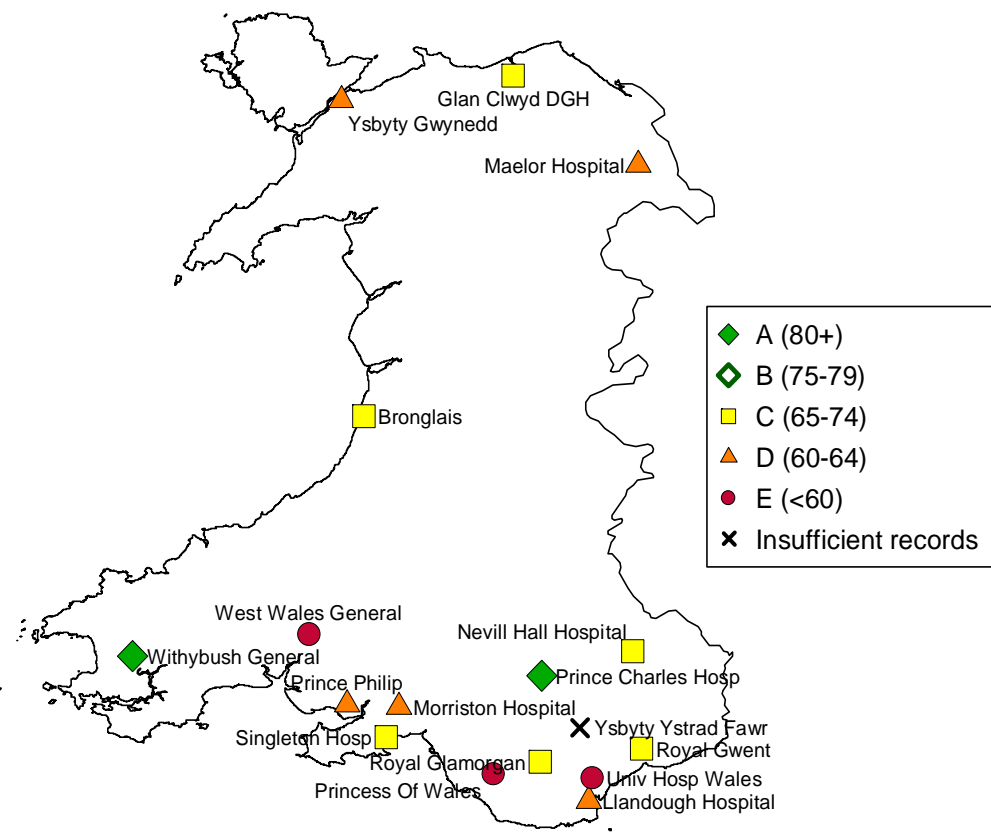


Source: SSNAP Apr-June 2014 (Patient Centred)

How well did your local hospital perform?

Wales results

Occupational Therapy (OT)



Source: SSNAP Apr-June 2014 (Patient Centred)
Region: Wales

6. Physiotherapy



What should be done?

All **patients** (who are well enough and need it) should get

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

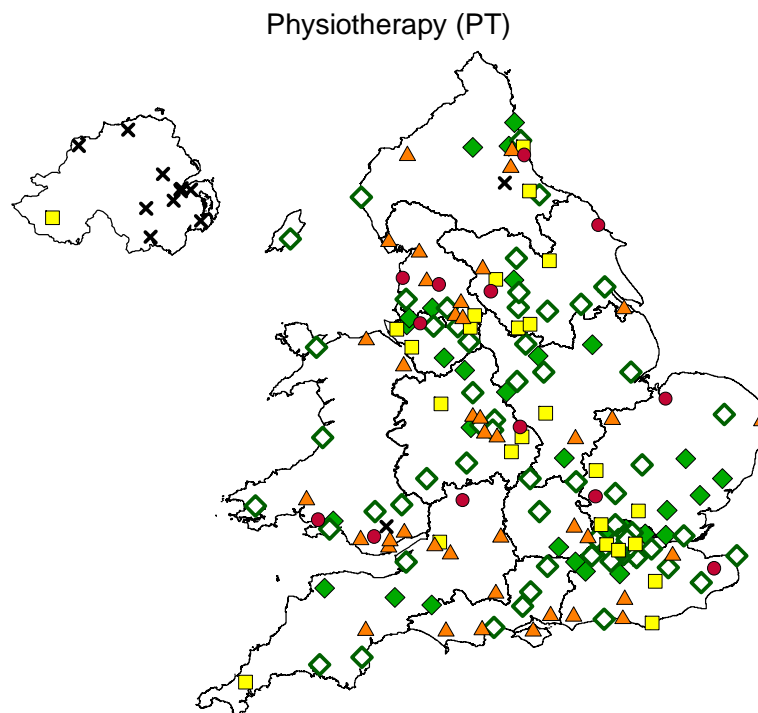


Why should this be done?

Physiotherapy helps people to **overcome or adapt to weakness** on one side of the body.

It also helps people to **improve** their **balance** and **movement**.

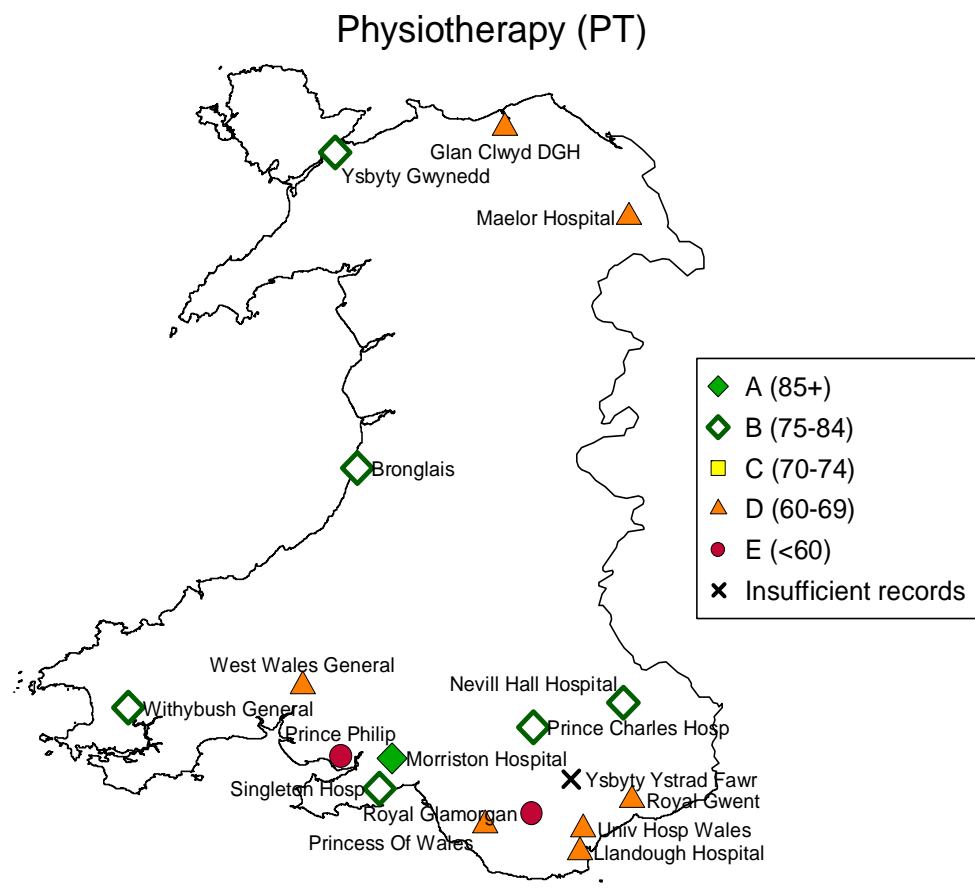
National Results for Physiotherapy



Source: SSNAP Apr-June 2014 (Patient Centred)

How well did your local hospital perform?

Wales results



Source: SSNAP Apr-June 2014 (Patient Centred)
Region: Wales

7. Speech and Language Therapy



What should be done?

All **patients** (who are well enough and need it) should get

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

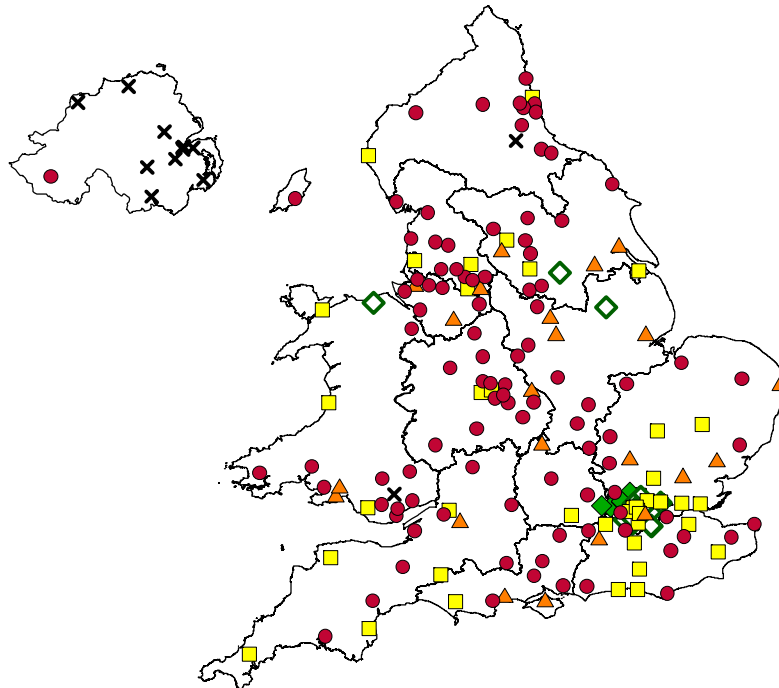


Why should this be done?

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

National Results for Speech and Language Therapy

Speech and Language Therapy (SALT)

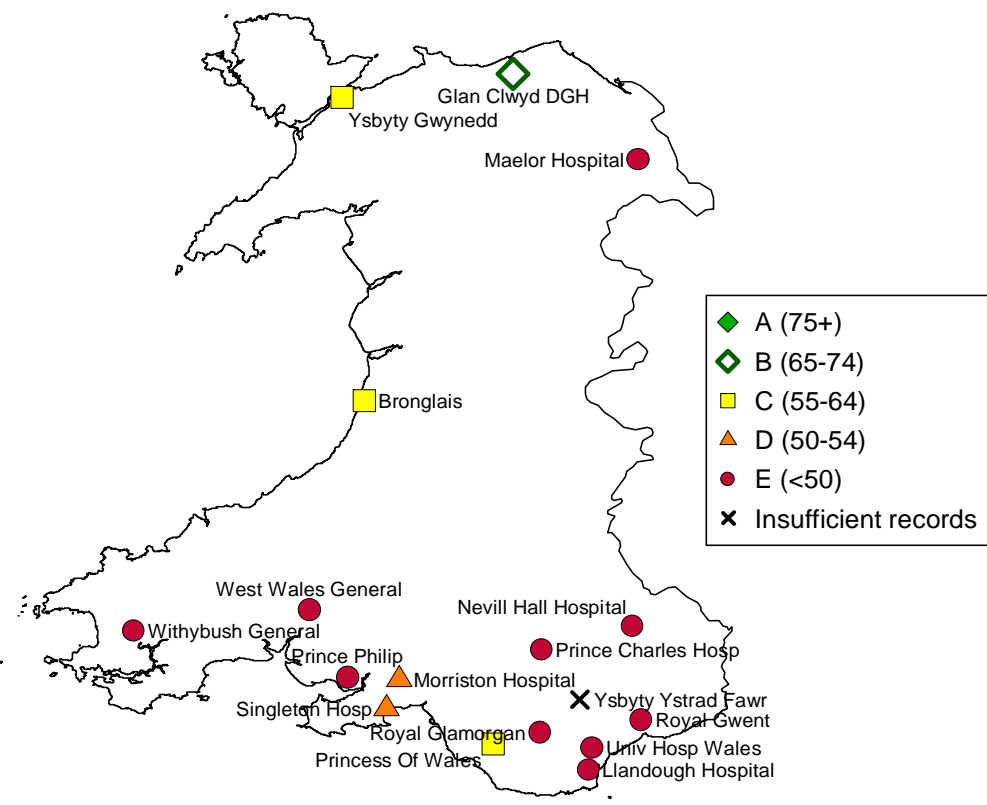


Source: SSNAP Apr-June 2014 (Patient Centred)

How well did your local hospital perform?

Wales results

Speech and Language Therapy (SALT)



Source: SSNAP Apr-June 2014 (Patient Centred)
Region: Wales

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**.

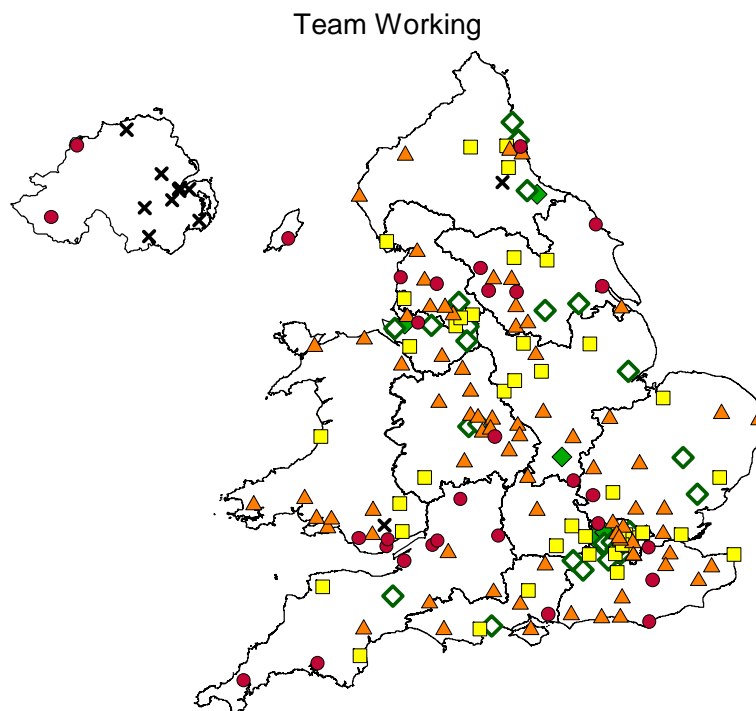
Within **5 days**: **all rehabilitation goals agreed**



Why should this be done?

Each member of the **stroke team** can give patients the care that they need to **improve** their **recovery**.

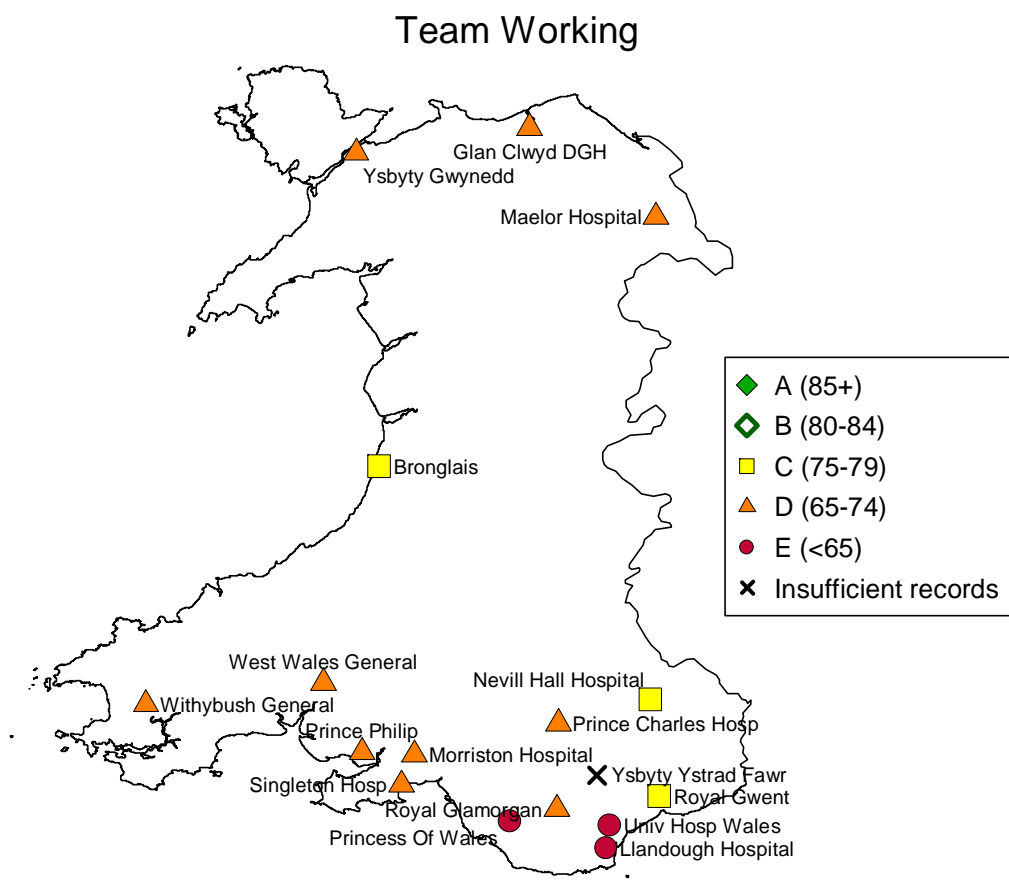
National Results



Source: SSNAP Apr-June 2014 (Patient Centred)

How well did your local hospital perform?

Wales results



Source: SSNAP Apr-June 2014 (Patient Centred)
Region: Wales

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**.

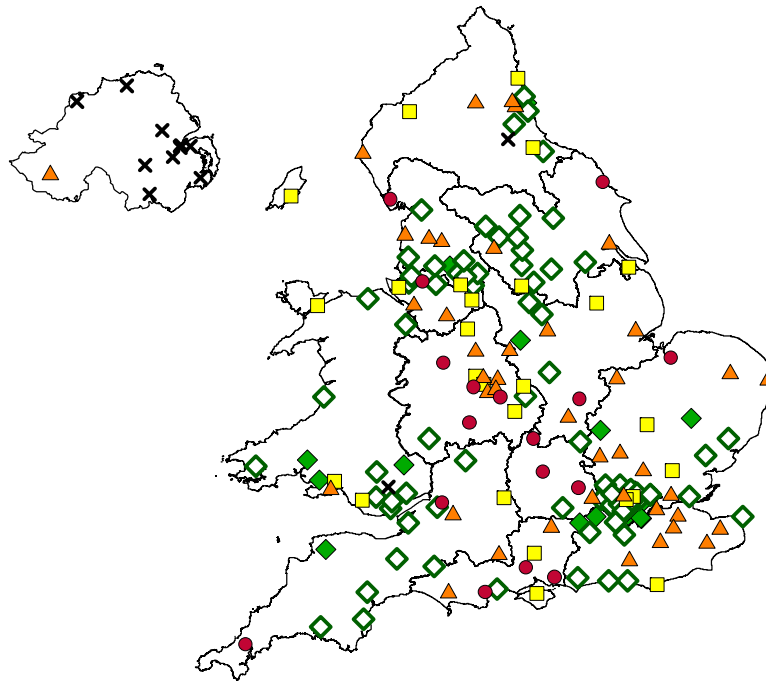
Patients say **continence management** is one of the **most important** areas of care.

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

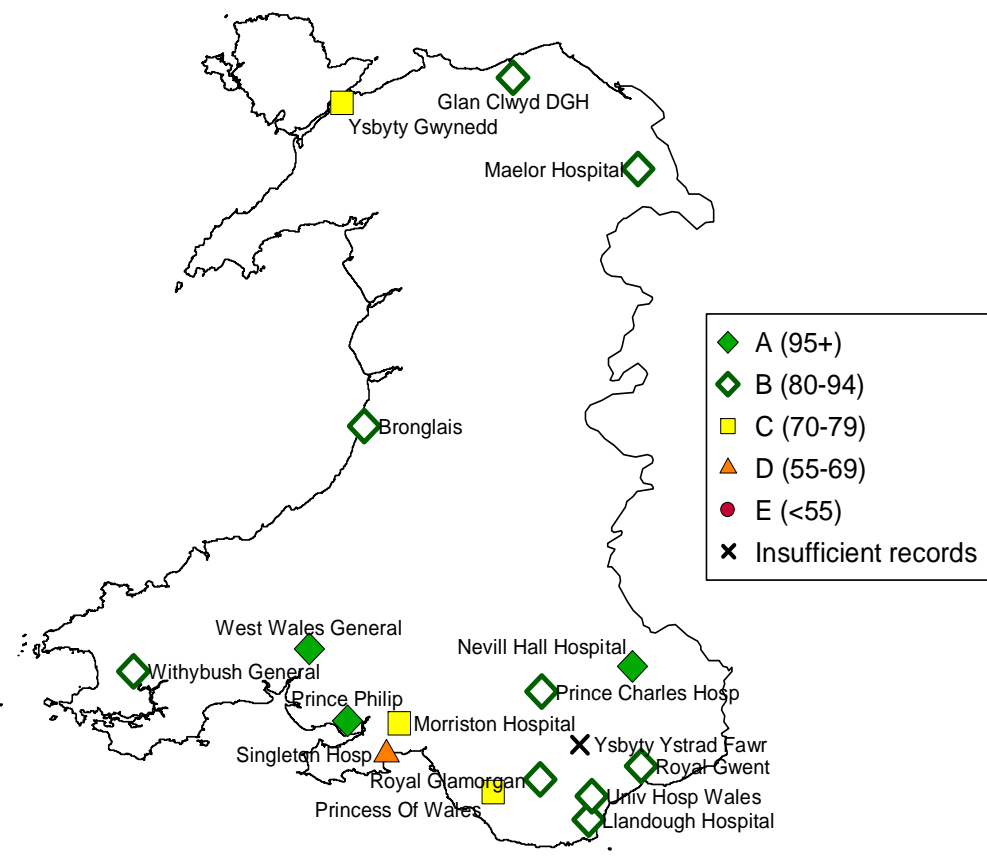


Source: SSNAP Apr-June 2014 (Patient Centred)

How well did your local hospital perform?

Wales results

Standards by Discharge



Source: SSNAP Apr-June 2014 (Patient Centred)
Region: Wales

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**.

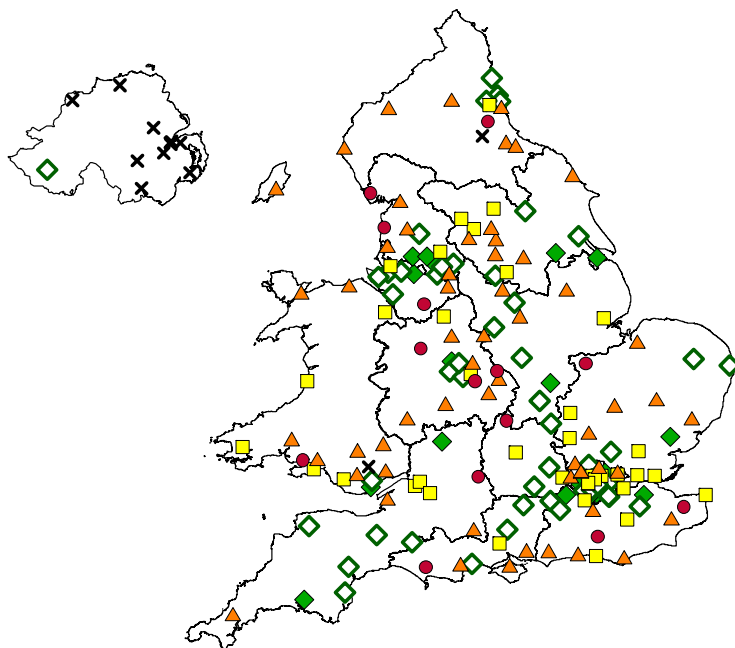
It can **improve** patients' **recovery**.

Blood clotting medication **improves blood** flow.

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

National Results

Discharge Processes

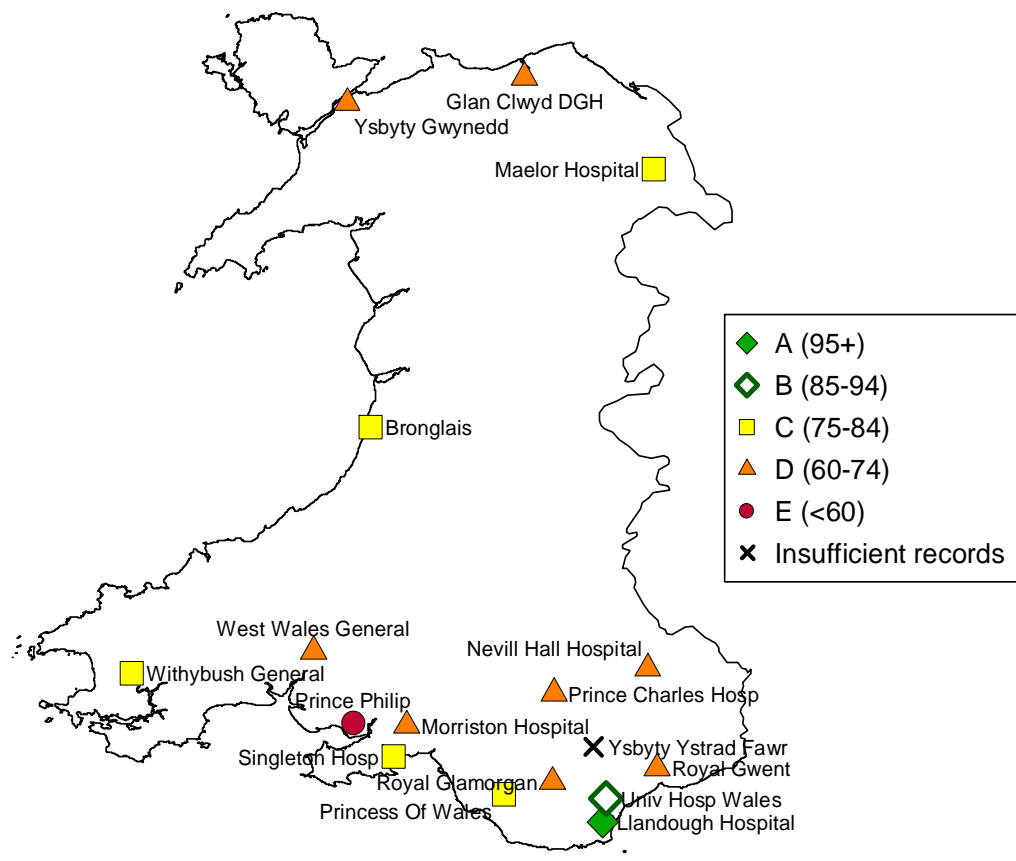


Source: SSNAP Apr-June 2014 (Patient Centred)

How well did your local hospital perform?

Wales results

Discharge Processes



Source: SSNAP Apr-June 2014 (Patient Centred)
Region: Wales

How good is your local hospital at treating stroke patients?

The **final scores** for each hospital in Wales for **April – June 2014** are shown on the next page.

To achieve a high score on SSNAP a hospital must:

- Perform **very well** in **each area of care**

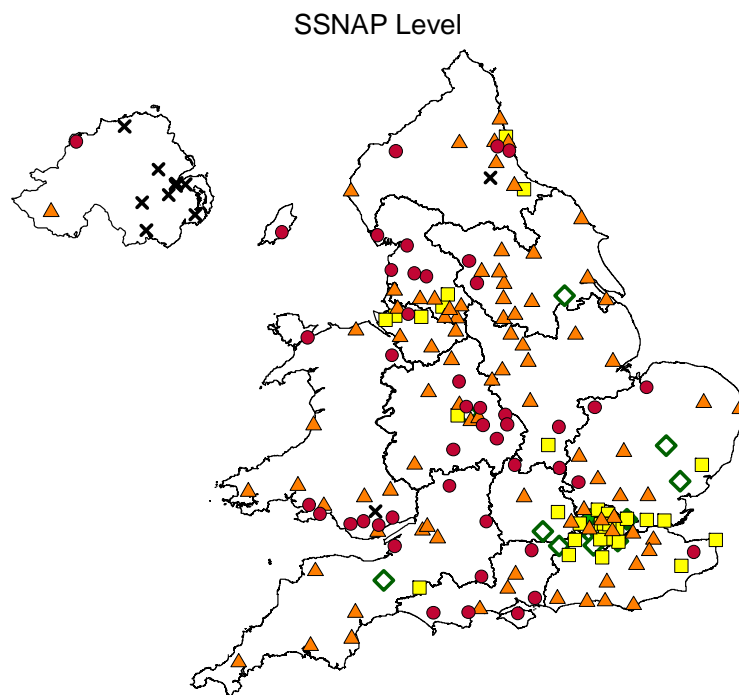
They **also** have to

- Include **all of their stroke patients** on SSNAP
- Answer **all of the questions** in the audit fully

Important Note

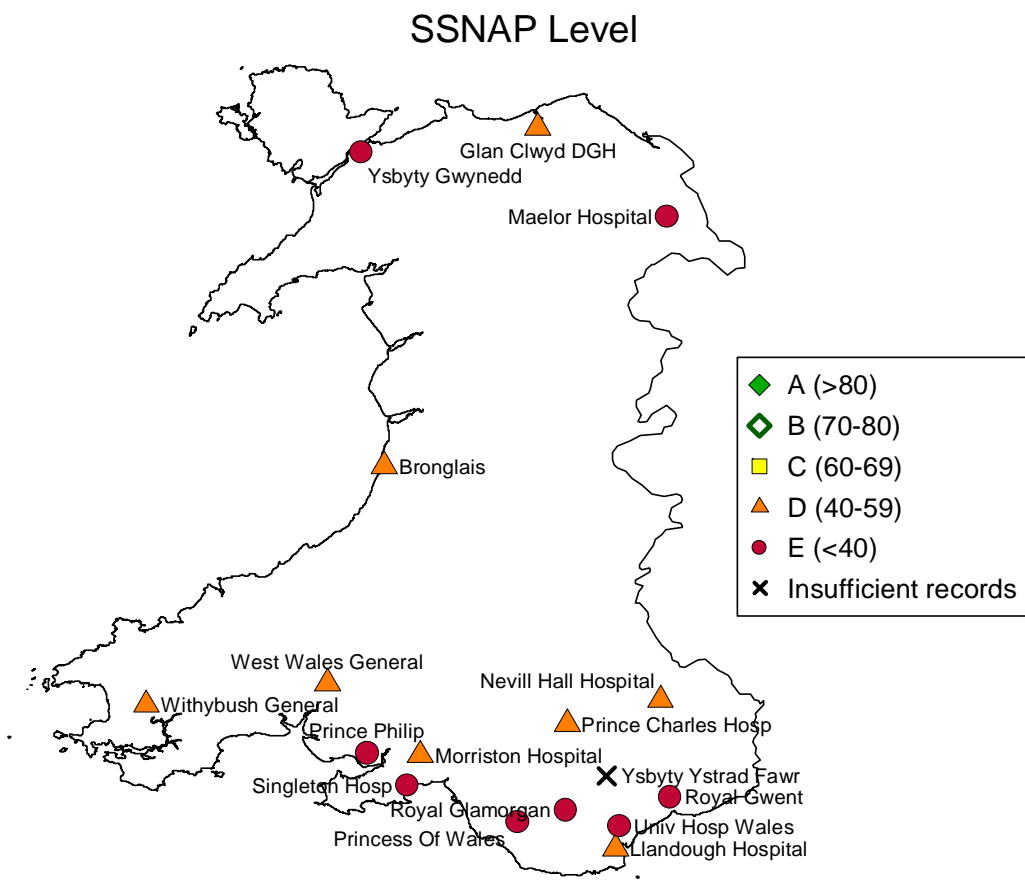
- The **standards of care** set by SSNAP are **very high**.
- This means that **many hospitals** have received **low scores** in the audit at present.
- This **does not mean** that their stroke services are **unsafe**.
- It **does mean** that these hospitals **need to improve** some aspects of care.
- We **expect** that hospitals will receive **higher scores in the future**.

Overall SSNAP Level National Results



How well did your local hospital perform?

Wales results

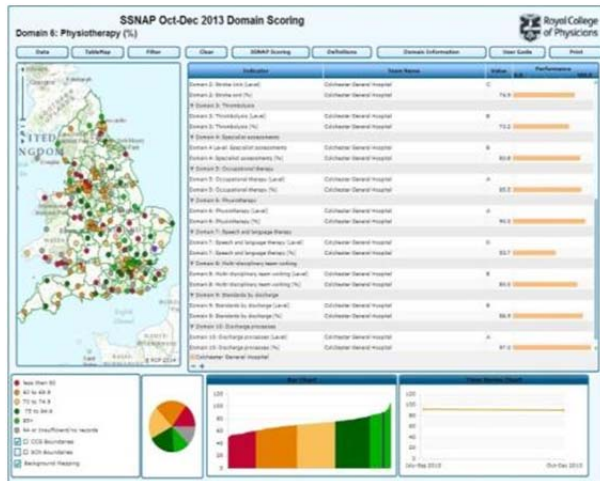


Interactive Maps

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

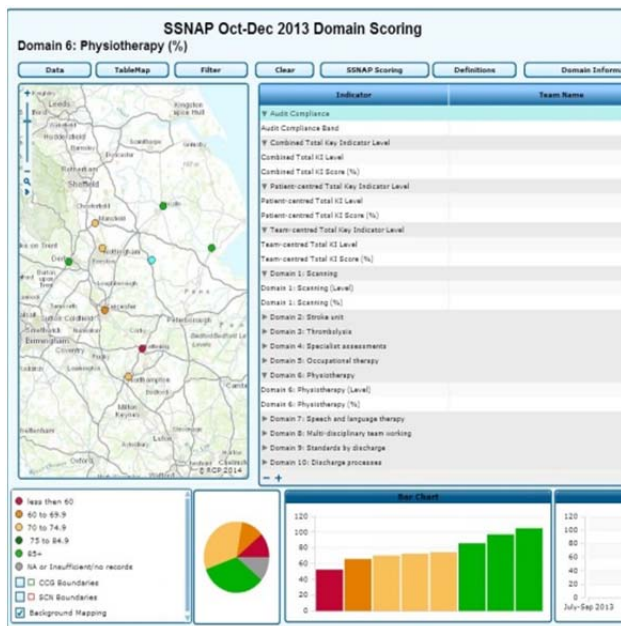
To see the maps go to:

www.rcplondon.ac.uk/ssnap/maps



- These maps are **easy to read**
- They include **all hospitals** treating stroke patients in England and Wales
- Results are also presented using **graphs and pie charts**
- The maps will be **updated every 3 months** with up to date results

These maps **enable patients and carers to:**



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

For more detailed SSNAP reports go to:

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

[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' (2012).
- 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://www.rcplondon.ac.uk/publications/care-after-stroke-or-transient-ischaemic-attack> if you would like to order this patient version of the 'Guideline'.
- You can find a **patient version App** on your Apple or Android App Store.

Useful contacts and websites

Atrial Fibrillation (information and support materials for people with atrial fibrillation)

Tel: 01789 867 502

Website: <http://www.atrialfibrillation.org.uk/>

Carers UK (useful advice and information for carers)

Carers Line: 0808 808 7777

Website: www.carersuk.org

Connect – the communication disability network (works with people living with stroke and aphasia)

Tel: 020 7367 0840

Website: www.ukconnect.org

Different Strokes (is run by and for younger people who have had strokes)

Tel: 0845 130 7172

Website: www.differentstrokes.co.uk

NHS Direct

Website: www.nhsdirect.nhs.uk

Relatives and Residents Association (provides information and support for residents of care homes and their relatives)

Advice Line: 020 7359 8136

Website: www.relres.org

Shaw Trust (a charity which specialises in helping disabled people to return to work)

Work Choice Enquiries: 03003033111

Work Programme Enquiries:
03002472550

General Enquiries: 01225 716300

Website: www.shaw-trust.org.uk

Speakability (supports people living with aphasia and their carers)

Helpline: 0808 808 9572

Website: www.speakability.org.uk

The Stroke Association (provides practical support to people who have had strokes and their families)

Helpline: 0303 3033 100

Website: www.stroke.org.uk

Disabled Living Foundation

Helpline: 0300 999 0004

Website: www.dlf.org.uk

We hope you found this report helpful and useful

There is more information about SSNAP on the Royal College of Physicians website.

www.rcplondon.ac.uk/ssnap

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

Programme at the Royal College of Physicians:

Tel: **020 3075 1318** or **02030751383**

Email: ssnap@rcplondon.ac.uk

We want to know.....

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

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