

Working in partnership



Stroke Patient Reported Experience Measures (PREMs) Survey 2022/23

National Report



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Foreword

Juliet Bouverie OBE

Chief Executive Officer

The Stroke Association

“I am proud that the Stroke Association and NHS England have published the findings of the first national Stroke Patient Reported Experience Measures (PREMs) survey covering the patient experience along the whole stroke pathway from acute care through to community rehabilitation, life after stroke, and any potential return to work.

I'm delighted that over 6,600 stroke survivors responded. Your voice is hugely important in our aim to give 'parity of esteem' to patient reported experience data in quality improvement. I'd also like to thank all those who've worked so hard to make this project a success: it's a huge achievement and is something I'm delighted to have been personally involved in.

As a stroke community we're all committed to understanding and improving the quality of services for people affected by stroke which we currently do through excellent data and audit programs such as the Stroke Sentinel National Audit Programme (SSNAP). However, these have tended to focus predominantly on measuring access to required levels of service. I would describe the patient reported experience data in this PREMs report as a 'game-changer'.

As Chief Executive of the Stroke Association – which exists to support and advocate for stroke survivors - I'm passionate about ensuring we listen first-hand to stroke survivors and act upon what they tell us matters. In delivering the survey, we have worked with stroke survivors to understand their experiences and the things that matter to them during their personal stroke journey. We have involved stroke survivors during the project delivery and will continue to do so, now we have the results available to us.

The results are testimony to the quality of stroke treatment and care, with high numbers of respondents indicating satisfaction with their experience, in particular feeling treated with dignity and respect and that their stroke was explained in a way they could understand. There are, however, areas for improvement, around transfers of care and more patient involvement in planning.

I would encourage everyone to take time to examine the results and consider what this means and how they can use the findings to improve stroke services even further. We are now able to understand what themes are emerging. We can see how different stroke survivors' experiences vary and can identify areas that stroke survivors tell us we are doing really well at, and conversely which areas we might want to focus on. In addition, the local reports provide a fantastic opportunity for quality improvement and will hopefully stimulate further discussions and collaboration along the stroke pathway.

In delivering this first Stroke PREMs Survey, we have reminded ourselves that this was a pilot. Inevitably, we have learned (and will continue to do so) important lessons about the process and how to improve for subsequent occasions. We welcome feedback from stakeholders, but also look forward to hearing from the wider stroke community about what they have done as a result of having these PREMs findings.”



Dr Deb Lowe

National Clinical Director for Stroke Medicine

NHS England

“Thank you to all the stroke survivors and their carers, hospital and community clinical teams, coding and administrative leads, for enabling this first ever national Stroke Patient Reported Outcome Measures (PREMs) Survey to be completed. This is a ground-breaking project facilitated by close partnership working between the National Stroke Programme at NHS England and the Stroke Association.

This project and suite of reports will inform those delivering care in our stroke units and community services, those leading and commissioning networks of care in our Integrated Stroke Delivery Networks (ISDNs) and Integrated Care Systems (ICSs), and those making funding and policy decisions at a national level. Hearing from our patients gives us an opportunity to reflect upon how far we have come but also on how far we still must go to reduce unwarranted variation, reduce health inequalities and provide holistic patient centred care.

The holy grail of quality improvement is linking knowledge of delivery of clinical pathways with patient outcomes and patient experience. We can easily make the mistake in healthcare of assuming we are delivering what our patients want or need, but only by asking and listening to them can we understand if there are gaps, and what we can do better. We started this journey with the Getting It Right First Time (GIRFT) Stroke Programme in 2018 and now have a National Stroke Programme within NHS England with clear ambitions and targets to improve the end-to-end stroke pathway as set out in the National Stroke Service Model and Integrated Community Stroke Service Model.

The last three years have been extremely hard for everyone working across the health and care system, and the direct and indirect impacts of the COVID-19 pandemic have undoubtedly made it even more challenging to drive quality improvements along the stroke care pathway. We should use our experiences to build resilience, both personally and within our teams and communities, to be even stronger and with an increased resolve to make a difference. I see this every day as a Stroke Doctor in my local hospital and across the country in my role as National Clinical Director. I never cease to be amazed by the dedication and commitment of all the nurses, therapists, doctors, key workers, administration staff and managers.

My main reflection on seeing the results of this survey is one of gratitude, to our amazing clinical teams in the hospital and community teams for delivering great care, to stroke survivors and their families for letting us hear of your experiences and amplify your voice. The positive results within this survey are a testament to the highly skilled specialists delivering acute and rehabilitation care across the stroke care pathway, which enabled respondents to this survey to say they felt they were cared for with dignity and with respect. Please use this data to start conversations at local trust level to inform quality improvement projects, and commissioner level to improve care where it is needed based upon patient experience.

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We must use data to continue to drive quality improvement ensuring that the performance and organisational data that we have from our excellent National Stroke Audit is used to greatest effect. How data is used to support the development of services within the new commissioning landscape is vitally important. We must also remember that quality of a service is so much more than your 'SSNAP score' and this report is a reminder of this. The power of the patient and public voice should never be underestimated, remembering that if we put our stroke survivors at the centre of everything we do, we will never lose our way."



Jackie Jones

Stroke Survivor and Stroke Association Volunteer

“As a stroke survivor I was only too pleased to be able to represent the survivors in this project.

The key message of the Stroke Association: **We're here to support people to rebuild their lives after stroke**, is why this survey has been undertaken.

When I had my stroke I was scared as I did not really understand what had happened, so the part of the survey that looks at the acute phase must include the voice of the patient as with hindsight, they may be able to understand what support they received: medical, information and therapy.

Rehabilitation can be hard, but once again it is so important for the survivor's voice to be taken into account. The fact this could be personalised was invaluable for me in my recovery. However, as a Stroke Association volunteer I have come to realise that not everyone had the same positive experience as myself. However, some survivors are cared for by a number of trusts which could mean care is less joined up than it could be.

The outcome of this survey based on the experience of survivors will, I hope, improve the survivors' experience during their journey from the acute phase to discharge.

Above all the voice of the survivors and their carers must be at the heart of any improvements that are brought about as the result of this survey.”



Background and need

This survey, run by the Stroke Association in partnership with NHS England, is the first national Stroke Patient Reported Experience Measures (PREMs) Survey undertaken in England.

The purpose has been to undertake a national survey across England which captures the patient experience of stroke care; to use the survey findings to inform quality improvement activity at local, regional, and national level – in line with the NHS’s statutory responsibility for quality improvement.

This initial survey is a pilot survey and the intention is that learnings will be taken forward into the implementation of an annual survey programme.

The survey has been developed in partnership between the Stroke Association and NHS England and with the Stroke PREMs Advisory Group, made up of clinicians from across the stroke pathway, Integrated Stroke Delivery Network (ISDN) managers and stroke survivors. Quality Health, an IQVIA business, was commissioned to advise on methodology and undertake the fieldwork and analysis of the survey data.

Purpose of the PREMs survey and how to use the findings

The purpose of this project was to pilot both the survey and the operational elements of capturing a PREMs for the stroke population. Also, to understand longer and more sustainable options to embed this into policy and practice. Conducting the survey has provided better insight and understanding as to how to capture the experience of stroke survivors across the stroke pathway, including their acute admission, rehabilitation, and life after stroke services. The survey was designed to provide information to stroke units, integrated stroke delivery networks (ISDNs) and integrated care systems (ICSs) with regard to patient experience, to inform local quality improvements.

Given that this is a pilot survey to measure patient experience, findings should not be used for benchmarking or performance management of services. Findings should be used by clinicians and ISDNs to identify themes, and to define and prioritise quality improvement projects that would make the most difference to people affected by stroke.

Methodology

Sampling and eligibility

All adult patients (aged 18 and over), with a confirmed primary diagnosis of stroke, who had been admitted to hospital as inpatients for stroke related treatment, or who were seen as day case patients for stroke related treatment between 16 May 2022 and 16 September 2022 were eligible for the survey. This was so that patients were between 4 and 8 months post diagnosis when they were sent the questionnaire in January 2023. This timeframe was chosen to balance the fact that people are able to give better feedback on recent events that are clear in their memories with the time taken for patients' initial recovery and progression through the stroke care pathway. If a patient was seen twice in an Acute stroke unit for a stroke in that period, they were contacted about their most recent admission.

'Section 251' support has been provided by the Secretary of State for Health and Social Care, following advice from the Confidentiality Advisory Group (CAG). This allowed Trusts with Acute stroke units to provide the personal details of eligible patients to Quality Health without obtaining patient consent. Regulation 5 of the 2002 Control of Patient Information Regulations provide a lawful basis under common law for confidential patient information to be processed for medical purposes.

Patients were able to opt out by contacting their Trust before the data was shared or by contacting Quality Health during the fieldwork period. Trusts also removed patients who had opted out via the National Data Opt Out. Exemption from this was not obtained for this pilot project.

To further improve the accessibility of the survey for stroke survivors, large print versions were available on request and the online version had options to increase font size, change background colour and save progress to return to if fatigued.

Survey method

The fieldwork for the survey was carried out between 16th January 2023 and 18th April 2023.

The survey used a mixed mode methodology. Questionnaires were sent by post to the patient's home address, followed by up to two reminder letters (to non-responders only). The letters included a link and unique password to allow the patient to complete the survey online, should they prefer to do so. Quality Health ran a national freephone helpline for patients, supporting completion of the survey through text, phone, or through a translator for those whose first language was not English.

How to read this report

This report follows the order of the questionnaire to objectively present the results of the survey and to reflect the patient experience along the pathway. The report is split in to the same three sections that the questionnaire examined: acute stroke unit, community-based care, and employment before and after stroke.

Scoring methodology

An at a glance summary of scores is provided for questions 7a, 7b, 7c, 9a, 9b, 9c, 9d, 13a, 13b, 13c, 14a, 14b and 20b. These questions;

1. Use the Likert scale rating system (eg questions that provided a set response scale and ask to what extent they agree with a statement.)

AND

2. Relate to the care they received along the stroke pathway.

A binary scoring method was used, and scores were calculated using the total number of positive responses as the numerator and the total number of positive and other responses as the denominator. For the appropriate questions, the responses 'strongly agree' and 'agree' have been identified as 'positive responses' and 'neither agree nor disagree', 'disagree' and 'strongly disagree' have been identified as 'other responses'. Responses such as 'not sure' were excluded from the calculation. The resulting scores - presented as percentages - are reported on within this report and across the survey's other outputs.

Suppression

To protect the identity of respondents and support result reliability, suppression rules have been applied to the results. Where the total number of responses to a question or where the base size for any group or sub-group (e.g. a specific demographic) is less than 11, results for the question are suppressed, indicated by an asterisk (*).

Limitations

Due to the pilot nature of the survey, care should be taken when interpreting the results. As with any survey, the number of responses received for each individual question should be noted, as results relating to smaller volumes of responses will be subject to larger levels of uncertainty than those with larger volumes of responses. This is because survey results are based on a sample of information, and so have an inherent level of uncertainty.

The PREMs survey is not intended to benchmark results against one another. The National report should not be used to make comparison with local reports.

No statistical testing has been undertaken for this pilot survey. Therefore, this report does not state whether any score is statistically significantly higher or lower than another score. Care should be taken when comparing between questions as a small difference in score may be due to random variation rather than a true difference in patient experience across those areas.

It should be noted that no exemption from the National Data Opt Out was secured for this survey. This is secured for other national patient surveys and is desirable as it allows the whole patient cohort to be contacted. As this pilot survey has not received an exemption from the National Data Opt Out, the results of the survey cannot be said to be representative of the target population. This is because we do not know who, from our target population, has opted out and therefore never received a survey. Therefore, it is impossible to compare the results of one organisation with another.

No weighting or adjustment has been made to the results in order to correct any demographic or other bias in the respondent group. The relative response rates of different [demographic groups](#) should be taken into account when interpreting the data.

“Weighting” refers to a set of statistical adjustments, made to survey data after they have been collected, to help improve the representativeness and utility of the results produced from that data. Weighting is typically used to help account for respondents having an uneven chance of being selected (or not selected) to participate in the survey, and to help account for differences between those who respond and those who do not respond to the survey.

Supplementary reports

Alongside this report, the following outputs have been produced for the national patient cohort:

- A set of frequency tables of the responses alongside the scores.
- A detailed results spreadsheet which contains demographic breakdowns of the results.

Reports can be accessed on Sentinel Stroke National Audit Programme (SSNAP) website (www.strokeaudit.org).

About the respondents

Of the 6,616 completed surveys returned from the sample of 18,714, 660 were excluded for the following reasons:

Moved / not known at this address	374
Ineligible	0
Deceased	286

The response rate was 37% (6,616 valid responses from a usable sample of 18,054).

Completed questionnaires were received by post from 5,864 respondents (89% of responses); and 740 (11%) chose to complete their questionnaires online. 11 respondents called IQVIA’s Freephone helpline to give their responses over the telephone; and 1 respondent used IQVIA’s translation/interpreting services to give their responses.

Respondent demographics

Role in survey completion	Number of respondents	Percentage of total respondents
Stroke survivor	5,422	85%
Carer	987	15%

Number of strokes	Number of respondents	Percentage of total respondents
One stroke	4,279	69%
Two strokes	1,281	21%
More than two strokes	661	11%

Time since most recent stroke	Number of respondents	Percentage of total respondents
Less than 4 months ago	237	4%
4 - 6 months ago	1,801	31%
7 - 8 months ago	2,473	43%
More than 8 months ago	1,306	22%

Type of stroke	Number of respondents	Percentage of total respondents
Stroke caused by a blockage, referred to as an ischaemic stroke	3,029	72%
Stroke caused by a bleed, referred to as a haemorrhagic stroke	1,150	28%

Age group	Number of respondents	Percentage of total respondents
< 60 years	832	13%
60 – 69 years	1,302	21%
70 – 79 years	2,249	36%
80 – 89 years	1,611	25%
90+ years	329	5%

Gender	Number of respondents	Percentage of total respondents
Male	3,639	57%
Female	2,693	42%
Non – binary	0	0%
Prefer to self-describe	2	0%
Prefer not to say	12	0%

Ethnicity	Number of respondents	Percentage of total respondents
White	6,128	94%
Mixed / Multiple ethnic background	37	1%
Asian / Asian British	181	3%
Black / African / Caribbean / Black British	102	2%
Any other ethnic group including Arab	14	0%
Prefer not to say	31	0%

Sexual orientation	Number of respondents	Percentage of total respondents
Heterosexual or straight	5,976	96%
Gay or lesbian	38	1%
Bisexual	25	0%
Other	29	0%
Prefer not to say	160	3%

IMD Quintile	Number of respondents	Percentage of total respondents
Quintile 1 (most deprived)	1,016	15%
Quintile 2	1,126	17%
Quintile 3	1,424	22%
Quintile 4	1,520	23%
Quintile 5 (least deprived)	1,516	23%

Acute Stroke Unit Care

This section of the report contains the responses to questions 6 to 9 about the time spent in the acute stroke unit, immediately after the stroke.






Acute stroke unit care

Time on the acute stroke unit (Q6 – Q7)

Question 6: What treatment or therapy were you offered and did it help your recovery?

Physiotherapy

Q06a_1: Please think about the time you spent on the acute stroke unit. What treatment or therapy were you offered and did it help your recovery? Movement and mobility (Physiotherapy).






Yes, and this helped	3,276,	55%	
Yes, but it did not help me	400,	7%	
No, but I would have liked this	441,	7%	
No, because I had no need for this	1,782,	30%	
No, because I declined this	28,	0%	

Based on 5927 responses.

55% of respondents said that they were offered physiotherapy while on the acute stroke unit and that it helped them. A further 7% said they were offered it but it did not help; 7% of respondents were not offered this therapy but would have liked to have been; 30% said they were not offered it because they had no need for it and <1% declined it.

Speech and language therapy

Q06a_2: What treatment or therapy were you offered and did it help your recovery? Talking, communicating, cognition and swallowing (Speech and Language therapy).

Yes, and this helped	2321,	40%	
Yes, but it did not help me	309,	5%	
No, but I would have liked this	398,	7%	
No, because I had no need for this	2771,	48%	
No, because I declined this	31,	1%	






Based on 5830 responses.

40% of respondents said that they were offered speech and language therapy while on the acute stroke unit and that it helped them. A further 5% said they were offered it but it did not help; 7% of respondents were not offered this therapy but would have liked to have been; 48% said they were not offered it because they had no need for it and 1% declined it.

Time on the acute stroke unit - continued

Occupational Therapy

Q06a_3: Please think about the time you spent on the acute stroke unit. What treatment or therapy were you offered and did it help your recovery? Independence with personal care and practical tasks (Occupational therapy).






Yes, and this helped	2609,	45%	
Yes, but it did not help me	349,	6%	
No, but I would have liked this	478,	8%	
No, because I had no need for this	2280,	40%	
No, because I declined this	46,	1%	

Based on 5762 responses.

45% of respondents said that they were offered occupational therapy while on the acute stroke unit and said it helped them. A further 6% said they were offered it but it did not help; 8% of respondents were not offered this therapy but would have liked to have been; 40% said they were not offered it because they had no need for it and 1% declined it.

Dietetics

Q06b_1: What treatment or therapy were you offered and did it help your recovery? Food and drink (dietetics).

Yes, and this helped	1391,	25%	
Yes, but it did not help me	255,	5%	
No, but I would have liked this	466,	8%	
No, because I had no need for this	3467,	62%	
No, because I declined this	37,	1%	

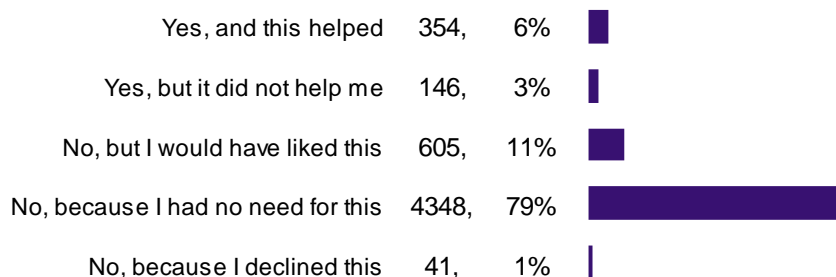
Based on 5616 responses.

25% of respondents said that they were offered dietetic treatment while on the acute stroke unit. and that it helped them. A further 5% said they were offered it but it did not help; 8% of respondents were not offered this treatment but would have liked to have been; 62% said they were not offered it because they had no need for it and 1% declined it.

Time on the acute stroke unit - continued

Audiology

Q06b_2: Please think about the time you spent on the acute stroke unit. What treatment or therapy were you offered and did it help your recovery? Hearing changes (audiology).

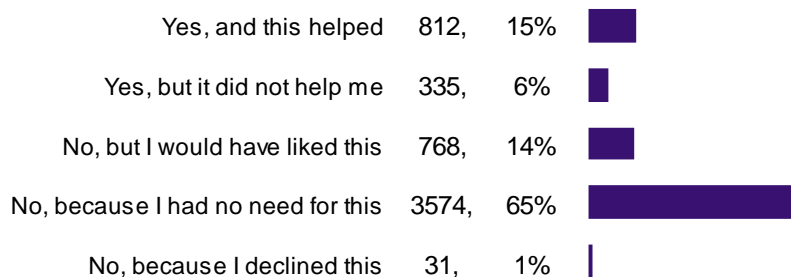


Based on 5494 responses.

6% of respondents said that they were offered audiology treatment while on the acute stroke unit and that it helped them. A further 3% said they were offered it but it did not help; 11% of respondents were not offered this treatment but would have liked to have been; 79% said they were not offered it because they had no need for it and 1% declined it.

Orthoptics

Q06b_3: What treatment or therapy were you offered and did it help your recovery? Sight and vision changes (orthoptics).



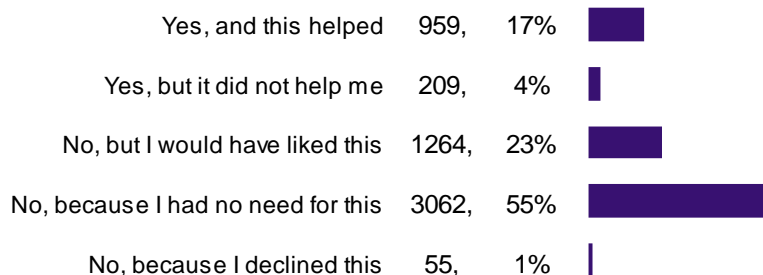
Based on 5520 responses.

15% of respondents said that they were offered orthoptic treatment while on the acute stroke unit and that it helped them. A further 6% said they were offered it but it did not help; 14% of respondents were not offered this treatment but would have liked to have been; 65% said they were not offered it because they had no need for it and 1% declined it.

Time on the acute stroke unit - continued

Psychology, psychiatry and counselling

Q06c_1: Please think about the time you spent on the acute stroke unit. What treatment or therapy were you offered and did it help your recovery? Emotions, moods, personality and motivation (psychology, psychiatry and counselling).

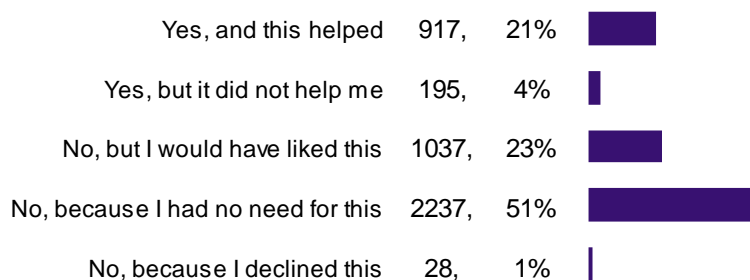


Based on 5549 responses.

17% of respondents said that they were offered therapy from psychology, psychiatry or counselling while on the acute stroke unit and that it helped them. A further 4% said they were offered it but it did not help; 23% of respondents were not offered this therapy but would have liked to have been; 55% said they were not offered it because they had no need for it and 1% declined it.

Personal care record

Q06c_2: What treatment or therapy were you offered and did it help your recovery? A personalised care record. This might be known as a patient passport or patient record.



Based on 4414 responses.






21% of respondents said that they were offered a personalised care record while on the acute stroke unit and that it helped them. A further 4% said they were offered it but it did not help; 23% of respondents were not offered a personalised care record but would have liked to have been; 51% said they were not offered it because they had no need for it and 1% declined it.

Time on the acute stroke unit - continued

Question 7: Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements. What treatment or therapy were you offered and did it help your recovery?

Explanation of the stroke

Q07a_1: Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: My stroke was explained in a way that I could understand.

Strongly agree	1,816,	30%	
Agree	2564,	43%	
Neither agree nor disagree	777,	13%	
Disagree	610,	10%	
Strongly disagree	237,	4%	

73%

of respondents
strongly agreed or agreed
that their stroke was
explained in a way that
they could understand

Based on 6004 responses. Those answering 'Not sure' (336) excluded from percentage calculations.

30% of respondents strongly agreed and 43% agreed that their stroke was explained in a way that they could understand. In contrast, 10% disagreed and 4% strongly disagreed with this statement. A further 13% said they neither agreed nor disagreed.

Understanding stroke recovery

Q07a_2: Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: The staff helped me to understand about stroke recovery.

Strongly agree	1710,	28%	
Agree	2377,	40%	
Neither agree nor disagree	988,	16%	
Disagree	676,	11%	
Strongly disagree	256,	4%	

68%

of respondents
strongly agreed or agreed
that staff helped them to
understand stroke
recovery

Based on 6007 responses. Those answering 'Not sure' (321) excluded from percentage calculations.

28% of respondents strongly agreed and 40% agreed that the staff in the acute stroke unit helped them to understand about stroke recovery. In contrast, 11% disagreed and 4% strongly disagreed with this statement. A further 16% said they neither agreed nor disagreed.

Time on the acute stroke unit - continued

Coming to terms with the stroke

Q07a_3: Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: I had support to come to terms with the effects of my stroke.



60%

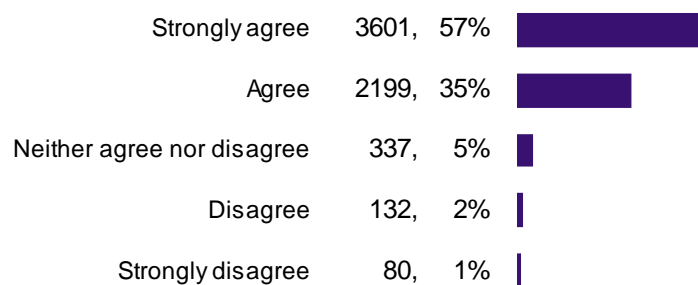
of respondents
strongly agreed or agreed
that they had support to
come to terms with the
effects of their stroke

Based on 5911 responses. Those answering 'Not sure' (374) excluded from percentage calculations.

24% of respondents strongly agreed and 35% agreed that they had support to come to terms with the effects of their stroke. In contrast, 14% disagreed and 5% strongly disagreed with this statement. A further 21% said they neither agreed nor disagreed.

Treated with respect and dignity

Q07b_1: Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: The staff treated me with dignity and respect.



91%

of respondents
strongly agreed or agreed
that they were treated with
dignity and respect

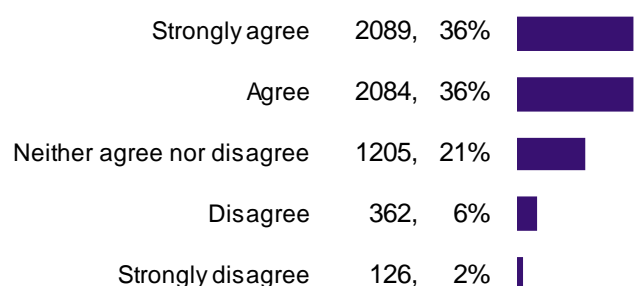
Based on 6349 responses. Those answering 'Not sure' (55) excluded from percentage calculations.

57% of respondents strongly agreed and 35% agreed that the staff in the acute stroke unit treated them with dignity and respect. In contrast, 2% disagreed and 1% strongly disagreed with this statement. A further 5% said they neither agreed nor disagreed.

Time on the acute stroke unit - continued

Understanding impact on life

Q07b_2: Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: The staff understood how my stroke would affect my life.



71%

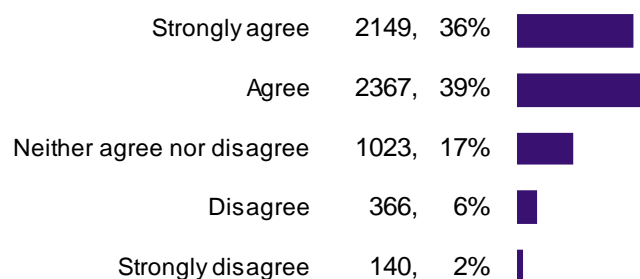
of respondents
strongly agreed or agreed
that their stroke was
explained in a way that
they could understand

Based on 5866 responses. Those answering 'Not sure' (425) excluded from percentage calculations.

36% of respondents strongly agreed and 36% agreed that the staff in the acute stroke unit understood how their stroke would affect their life. In contrast, 6% disagreed and 2% strongly disagreed with this statement. A further 21% said they neither agreed nor disagreed.

Support to express needs and wants

Q07b_3: Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: There was support to express needs and wants e.g. using the toilet, meal and drink options.



75%

of respondents
strongly agreed or agreed
that there was support to
express needs and wants

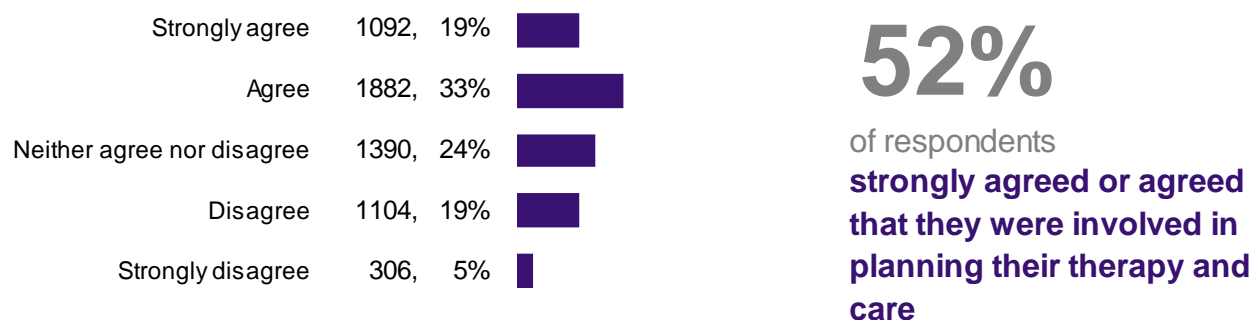
Based on 6045 responses. Those answering 'Not sure' (242) excluded from percentage calculations.

36% of respondents strongly agreed and 39% agreed that there was support to express their needs and wants. In contrast, 6% disagreed and 2% strongly disagreed with this statement. A further 17% said they neither agreed nor disagreed.

Time on the acute stroke unit - continued

Involvement in planning therapy and care

Q07c_1: Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: I was involved in planning my therapy and care.

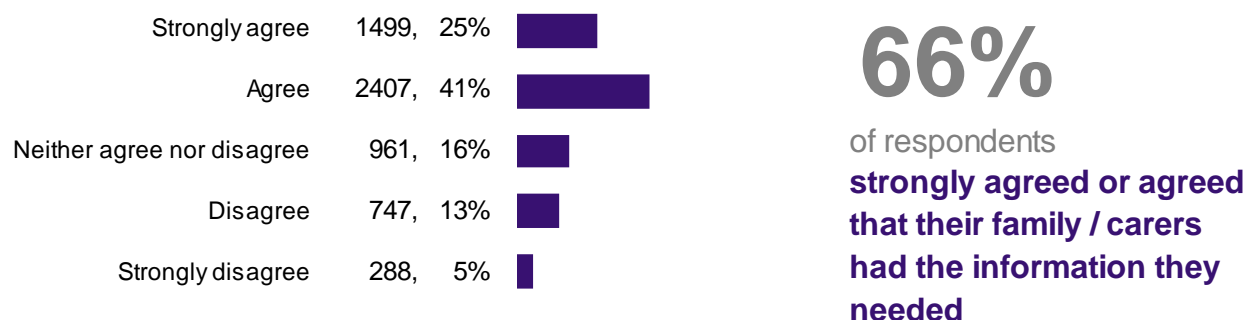


Based on 5774 responses. Those answering 'Not sure' (447) excluded from percentage calculations.

19% of respondents strongly agreed and 33% agreed that they were involved in planning their therapy and care. In contrast 19% disagreed and 5% strongly disagreed with this statement. A further 24% said they neither agreed nor disagreed.

Family / carers had the information they needed

Q07c_2: Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: My family / carers had the information they needed about my stroke and hospital stay.



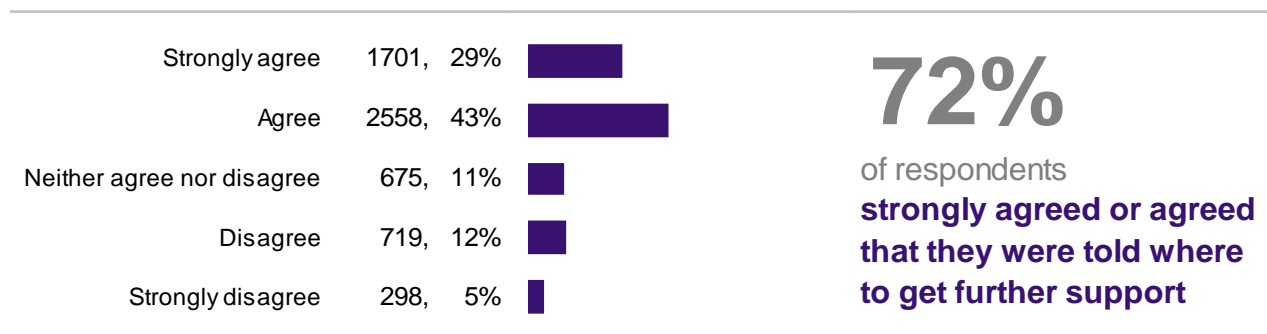
Based on 5902 responses. Those answering 'Not sure' (359) excluded from percentage calculations.

25% of respondents strongly agreed and 41% agreed that their family / carers had the information they needed about their stroke and hospital stay. In contrast 13% disagreed and 5% strongly disagreed with this statement. A further 16% said they neither agreed nor disagreed.

Time on the acute stroke unit - continued

Further support

Q07c_3: Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: I was told where I could get further support if I needed it.



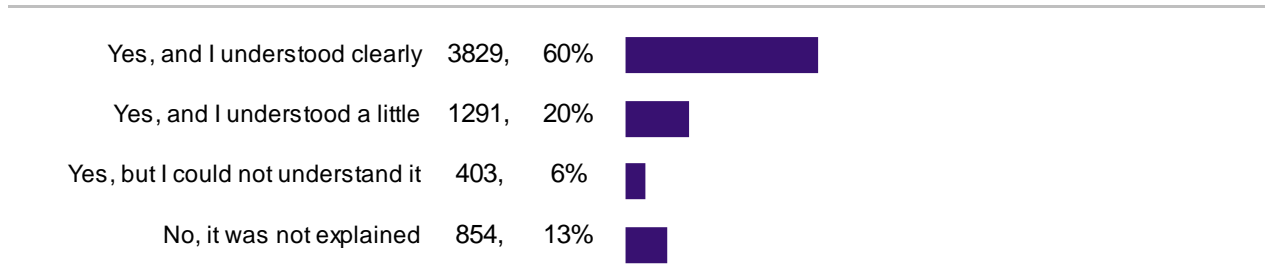
Based on 5951 responses. Those answering 'Not sure' (352) excluded from percentage calculations.

29% of respondents strongly agreed and 43% agreed that they were told where they could get further support if they needed it. In contrast 12% disagreed and 5% strongly disagreed with this statement. A further 11% said they neither agreed nor disagreed.

Leaving the acute stroke unit (Q8 – Q9)

Explanation and understanding of medication

Question 8: On leaving the acute stroke unit, were you given an explanation about your medication? Did you understand what it was meant for and how to take it?



Based on 6377 responses

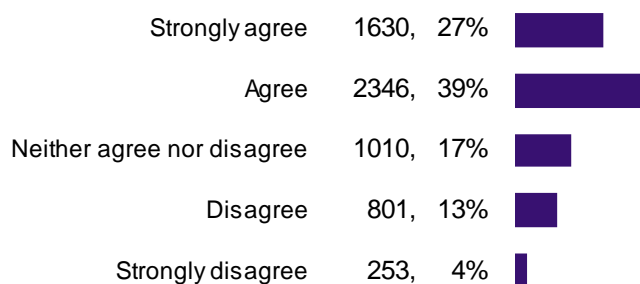
60% of respondents said that they were given an explanation of their medication on leaving the acute stroke unit and that they clearly understood what the medication was for and how to take it. A further 20% said they understood a little of the explanation they were given and 6% said they had received an explanation but could not understand it. The remaining 13% of respondents said that their medication was not explained to them.

Leaving the acute stroke unit - continued

Question 9: Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements.

Involvement in decision making

Q09a: Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: I was involved with decisions about leaving hospital.



66%

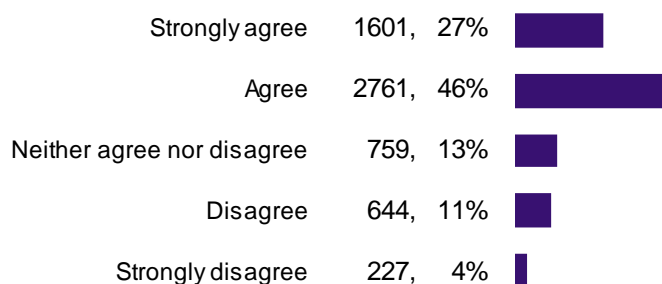
of respondents
**strongly agreed or agreed
that they were involved
with decisions about
leaving hospital**

Based on 6040 responses. Those answering 'Not sure' (237) excluded from percentage calculations.

27% of respondents strongly agreed and 39% agreed that they were involved with decisions about leaving hospital. In contrast 13% disagreed and 4% strongly disagreed with this statement. A further 17% said they neither agreed nor disagreed.

What would happen after leaving hospital

Q09b: Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: I understood what would happen next after leaving hospital.



73%

of respondents
**strongly agreed or agreed
that they understood what
would happen next after
leaving hospital**

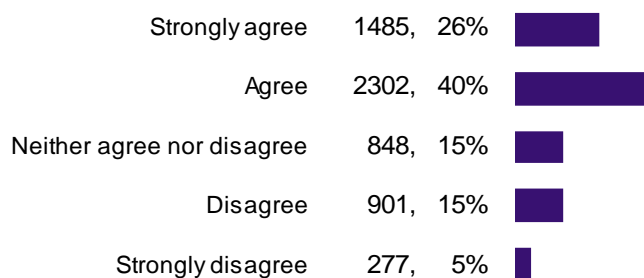
Based on 5992 responses. Those answering 'Not sure' (269) excluded from percentage calculations.

27% of respondents strongly agreed and 46% agreed that they understood what would happen next after leaving hospital. In contrast 11% disagreed and 4% strongly disagreed with this statement. A further 13% said they neither agreed nor disagreed.

Leaving the acute stroke unit - continued

Family / carers knew what would happen after leaving hospital

Q09c: Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: My family and carers were told what would happen when I left hospital.



65%

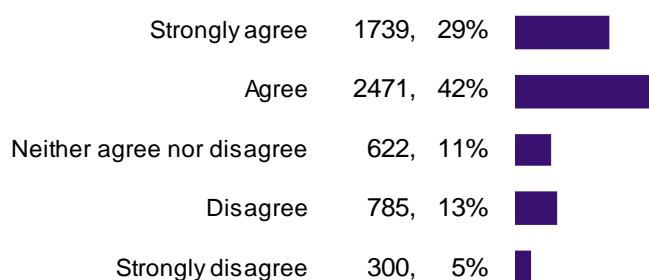
of respondents
strongly agreed or agreed
that their family / carers
were told what would
happen next when leaving
hospital

Based on 5813 responses. Those answering 'Not sure' (407) excluded from percentage calculations.

26% of respondents strongly agreed and 40% agreed that their family and carers were told what would happen when they left hospital. In contrast 15% disagreed and 5% strongly disagreed with this statement. A further 15% said they neither agreed nor disagreed.

Concerns or questions

Q09d: Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: I was told who to contact if I had concerns or questions after leaving hospital.



71%

of respondents
strongly agreed or agreed
that they were told who to
contact if they had
concerns or questions
after leaving hospital

Based on 5917 responses. Those answering 'Not sure' (378) excluded from percentage calculations.

29% of respondents strongly agreed and 42% agreed that they were told who to contact if they had concerns or questions after leaving hospital. In contrast 13% disagreed and 5% strongly disagreed with this statement. A further 11% said they neither agreed nor disagreed.

Please note that Q10 is a free text response and is not included in this report.

At a glance - acute stroke unit care

This stacked chart shows those questions where a binary scoring has been undertaken, showing them in questionnaire order. It shows the 'positive score' by combining the responses 'Strongly agree' and 'Agree'.

Question	Base	Score	
Q7a_1. Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: My stroke was explained in a way that I could understand.	6004	73%	
Q7a_2. Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: The staff helped me to understand about stroke recovery.	6007	68%	
Q7a_3. Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: I had support to come to terms with the effects of my stroke.	5911	60%	
Q7b_1. Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: The staff treated me with dignity and respect.	6349	91%	
Q7b_2. Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: The staff understood how my stroke would affect my life.	5866	71%	
Q7b_3. Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: There was support to express needs and wants e.g. using the toilet, meal and drink options.	6045	75%	
Q7c_1. Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: I was involved in planning my therapy and care.	5774	52%	
Q7c_2. Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: My family / carers had the information they needed about my stroke and hospital stay.	5902	66%	
Q7c_3. Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements: I was told where I could get further support if I needed it.	5951	72%	
Q9a. Thinking about leaving the acute stroke unit, please state how much you agree with the following statements: I was involved with decisions about leaving hospital.	6040	66%	
Q9b. Thinking about leaving the acute stroke unit, please state how much you agree with the following statements: I understood what would happen next after leaving hospital.	5992	73%	
Q9c. Thinking about leaving the acute stroke unit, please state how much you agree with the following statements: My family and carers were told what would happen when I left hospital.	5813	65%	
Q9d. Thinking about leaving the acute stroke unit, please state how much you agree with the following statements: I was told who to contact if I had concerns or questions after leaving hospital.	5917	71%	

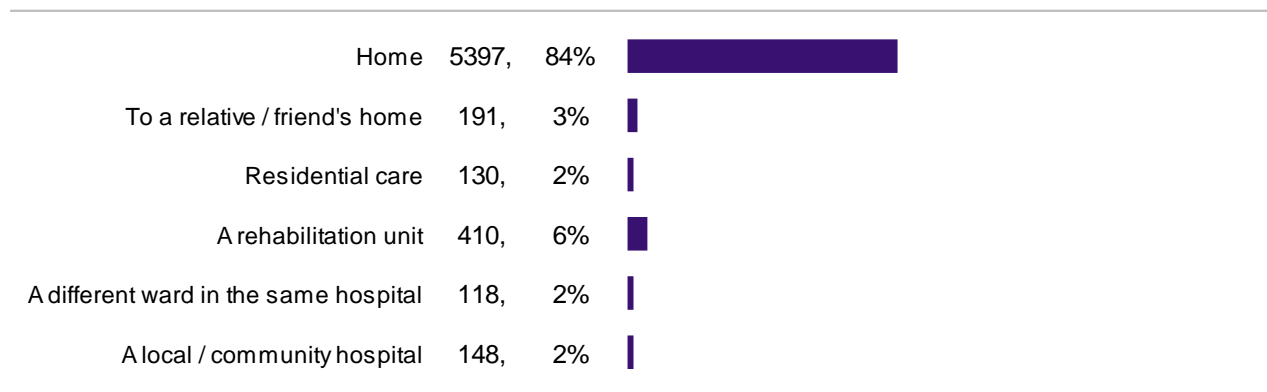
Community Based Care

These sections of the report contain the responses to questions 11 to 15 about the treatment and rehabilitation received after leaving the acute stroke unit. This could have been therapy at home, in a rehabilitation unit or outpatient appointments at a hospital or clinic.

Community based care

After leaving the acute stroke unit (Q11 – Q15)

Question 11: When you left the acute stroke unit, where were you discharged to?



Based on 6394 responses.






When they left the acute stroke unit, 84% of respondents said they were discharged to Home, 6% to a rehabilitation unit, 3% to a friend or relative's home, 2% to residential care home, 2% to a different ward in the same hospital and 2% to a local / community hospital.

Community therapy / treatment

Question 12: What community therapy or treatment were you offered and did it help your recovery?

Physiotherapy

Q012a_1: What community therapy or treatment were you offered and did it help your recovery? Movement and mobility (Physiotherapy).






Yes, and this helped	2944,	48%	
Yes, but it did not help me	322,	5%	
No, but I would have liked this	604,	10%	
No, because I had no need for this	2166,	36%	
No, because I declined this	47,	1%	

Based on 6083 responses.

48% of respondents said that they were offered physiotherapy in the community and that it helped them. A further 5% said they were offered it but it did not help; 10% of respondents were not offered physiotherapy but would have liked to have been; 36% said they were not offered it because they had no need for it and 1% declined it.

Speech and language therapy

Q12a_2: What community therapy or treatment were you offered and did it help your recovery? Talking, communicating, cognition and swallowing (Speech and Language therapy).

Yes, and this helped	1796,	30%	
Yes, but it did not help me	233,	4%	
No, but I would have liked this	456,	8%	
No, because I had no need for this	3366,	57%	
No, because I declined this	71,	1%	






Based on 5922 responses.

30% of respondents said that they were offered speech and language therapy in the community and that it helped them. A further 4% said they were offered it but it did not help; 8% of respondents were not offered this therapy but would have liked to have been; 57% said they were not offered it because they had no need for it and 1% declined it.

Community therapy / treatment - continued

Occupational therapy

Q12a_3: What community therapy or treatment were you offered and did it help your recovery? Independence with personal care and practical tasks (Occupational therapy).






Yes, and this helped	2289,	39%	
Yes, but it did not help me	310,	5%	
No, but I would have liked this	459,	8%	
No, because I had no need for this	2800,	47%	
No, because I declined this	56,	1%	

Based on 5914 responses.

39% of respondents said that they were offered occupational therapy in the community and that it helped them. A further 5% who said they were offered it but it did not help; 8% of respondents were not offered this therapy but would have liked to have been; 47% said they were not offered it because they had no need for it and 1% declined it.

Dietetics

Q12b_1: What community therapy or treatment were you offered and did it help your recovery? Food and drink (dietetics).

Yes, and this helped	1167,	20%	
Yes, but it did not help me	190,	3%	
No, but I would have liked this	561,	10%	
No, because I had no need for this	3811,	66%	
No, because I declined this	41,	1%	

Based on 5770 responses.

20% of respondents said that they were offered dietetic treatment in the community and that it helped them. A further 3% said they were offered it but it did not help; 10% of respondents were not offered this treatment but would have liked to have been; 66% said they were not offered it because they had no need for it and 1% declined it.

Community therapy / treatment – continued

Audiology

Q12b_2: What community therapy or treatment were you offered and did it help your recovery? Hearing changes (audiology).






Yes, and this helped	316,	6%	
Yes, but it did not help me	125,	2%	
No, but I would have liked this	682,	12%	
No, because I had no need for this	4,494,	79%	
No, because I declined this	58,	1%	

Based on 5675 responses.

6% of respondents said that they were offered audiology treatment in the community and that it helped them. A further 2% said they were offered it but it did not help; 12% of respondents were not offered this treatment but would have liked to have been; 79% said they were not offered it because they had no need for it and 1% declined it.

Orthoptics

Q12b_3: What community therapy or treatment were you offered and did it help your recovery? Sight and vision changes (orthoptics).

Yes, and this helped	825,	14%	
Yes, but it did not help me	269,	5%	
No, but I would have liked this	838,	15%	
No, because I had no need for this	3756,	66%	
No, because I declined this	41,	1%	

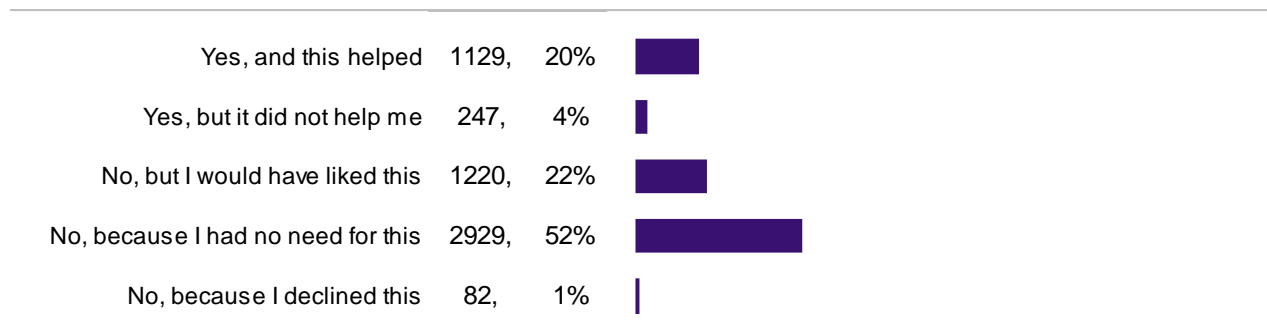
Based on 5729 responses.

14% of respondents said that they were offered orthoptic treatment in the community and that it helped them. A further 5% said they were offered it but it did not help; 15% of respondents were not offered this treatment but would have liked to have been; 66% said they were not offered it because they had no need for it and 1% declined it.

Community therapy / treatment – continued

Psychology, psychiatry and counselling

Q12c_1: What community therapy or treatment were you offered and did it help your recovery? Emotions, moods, personality and motivation (psychology, psychiatry and counselling).

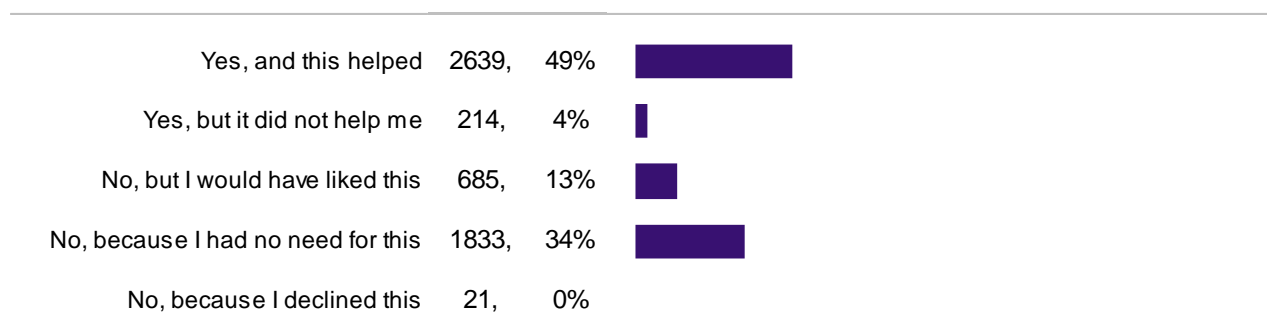


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20% of respondents said that they were offered therapy from psychology, psychiatry or counselling in the community and that it helped them. A further 4% said they were offered it but it did not help; 22% of respondents were not offered this therapy but would have liked to have been; 52% said they were not offered it because they had no need for it and 1% declined it.

Medication from a pharmacist

Q12c_2: What community therapy or treatment were you offered and did it help your recovery? Pharmacist (medication)



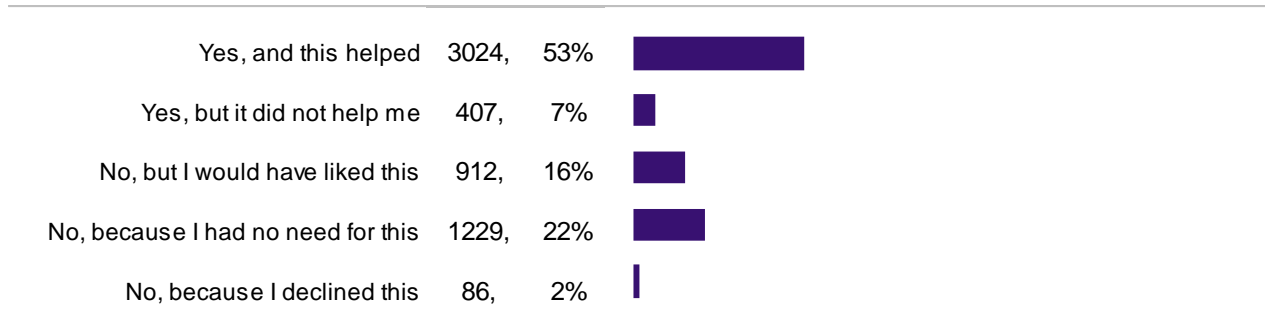
Based on 5392 responses.

49% of respondents said that they were offered treatment from a pharmacist in the community and that it helped them. A further 4% said they were offered it but it did not help; 13% of respondents were not offered this but would have liked to have been; 34% said they were not offered it because they had no need for it and less than 1% declined it.

Community therapy / treatment – continued

Stroke Association support workers

Q12c_3: What community therapy or treatment were you offered and did it help your recovery? Contact with a Stroke Association Support Worker (this could have been face to face or over the phone).



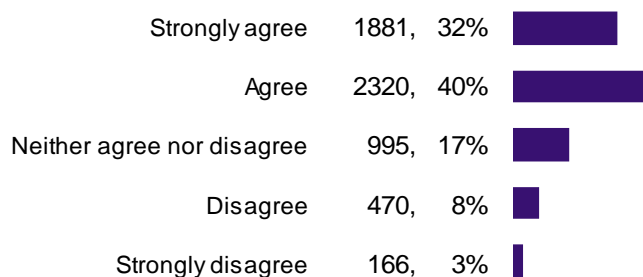
53% of respondents said that they were offered contact with a Stroke Association Support Worker either face to face or over the phone and that it helped them. A further 7% said they were offered it but it did not help; 16% of respondents were not offered this contact but would have liked to have been; 22% said they were not offered it because they had no need for it and 2% declined it.

Community therapy / treatment – continued

Question 13: Thinking about your community therapy / treatment, please state how much you agree with the following statements.

Further questions about the stroke

Q13a_1: Thinking about your community therapy/treatment, please state how much you agree with the following statements: Further questions about my stroke were answered in a way that I could understand.



72%

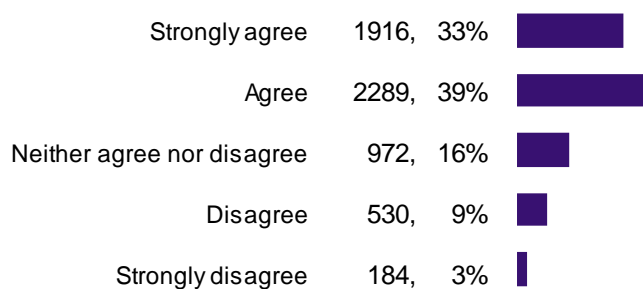
of respondents
strongly agreed or agreed
that further questions
about their stroke were
explained in a way that
they could understand

Based on 5832 responses. Those answering 'Not sure' (351) excluded from percentage calculations.

32% of respondents strongly agreed and 40% agreed that questions about their stroke were answered in a way that they could understand. In contrast, 8% disagreed and 3% strongly disagreed with this statement. A further 17% said they neither agreed nor disagreed.

Understanding stroke recovery

Q13a_2: Thinking about your community therapy/treatment, please state how much you agree with the following statements: The staff helped me to understand about stroke recovery.



71%

of respondents
strongly agreed or agreed
that staff helped them to
understand stroke
recovery

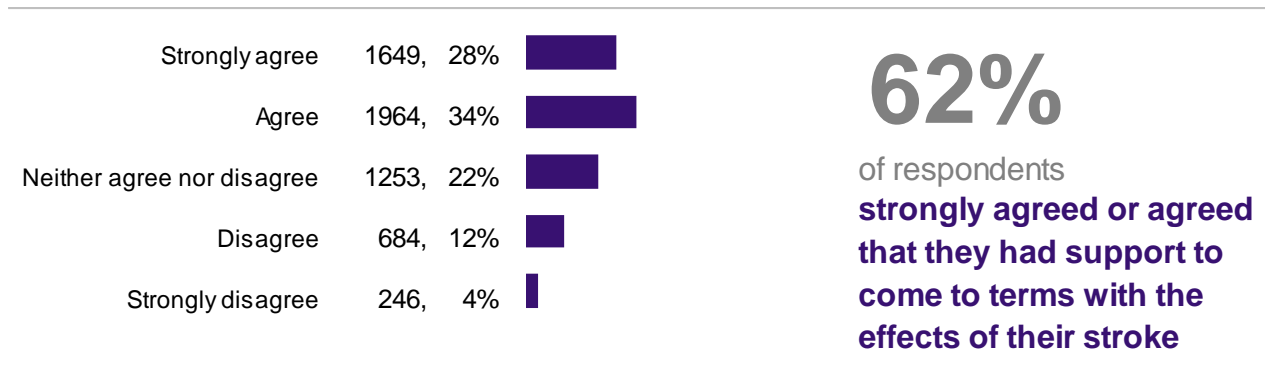
Based on 5891 responses. Those answering 'Not sure' (296) excluded from percentage calculations.

33% of respondents strongly agreed and 39% agreed that community based staff helped them to understand about stroke recovery. In contrast, 9% disagreed and 3% strongly disagreed with this statement. A further 16% said they neither agreed nor disagreed.

Community therapy / treatment – continued

Coming to terms with the stroke

Q13a_3: Thinking about your community therapy/treatment, please state how much you agree with the following statements: I had support to come to terms with the effects of my stroke.

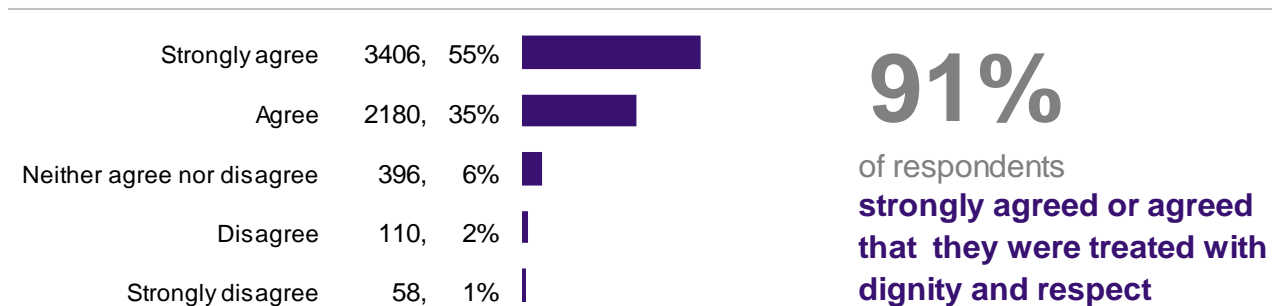


Based on 5796 responses. Those answering 'Not sure' (350) excluded from percentage calculations.

28% of respondents strongly agreed and 34% agreed that they had support to come to terms with the effects of their stroke. In contrast, 12% disagreed and 4% strongly disagreed with this statement. A further 22% said they neither agreed nor disagreed.

Treated with respect and dignity

Q13b_1: Thinking about your community therapy/treatment, please state how much you agree with the following statements: The staff treated me with dignity and respect.



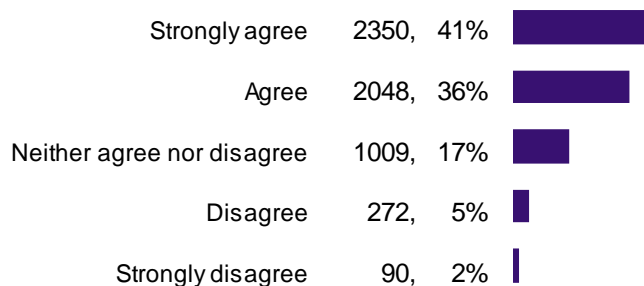
Based on 6150 responses. Those answering 'Not sure' (96) excluded from percentage calculations.

55% of respondents strongly agreed and 35% agreed that community based staff treated them with dignity and respect. In contrast, 2% disagreed and 1% strongly disagreed with this statement. A further 6% said they neither agreed nor disagreed.

Community therapy / treatment – continued

Understanding impact on life

Q13b_2: Thinking about your community therapy/treatment, please state how much you agree with the following statements: The staff understood how my stroke would affect my life.



76%

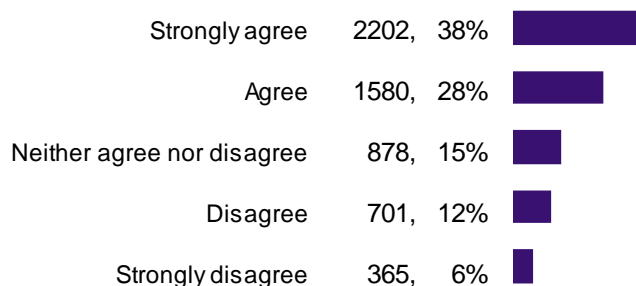
of respondents
strongly agreed or agreed
that the staff understood
how the stroke would
affect their life

Based on 5769 responses. Those answering 'Not sure' (337) excluded from percentage calculations.

41% of respondents strongly agreed and 36% agreed that community based staff understood how their stroke would affect my life. In contrast, 5% disagreed and 2% strongly disagreed with this statement. A further 17% said they neither agreed nor disagreed.

Community therapy and treatment started quickly

Q13b_3: Thinking about your community therapy/treatment, please state how much you agree with the following statements: My community therapy and treatment started quickly after I left the stroke ward.



66%

of respondents
strongly agreed or agreed
that their community
therapy and treatment
started quickly

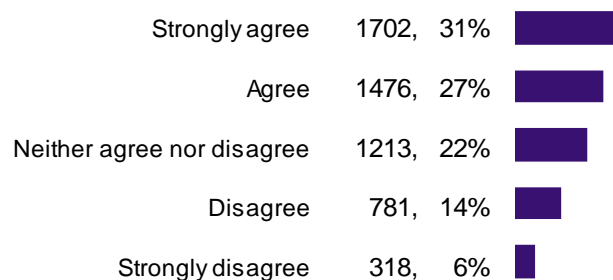
Based on 5726 responses. Those answering 'Not sure' (349) excluded from percentage calculations.

38% of respondents strongly agreed and 28% agreed that their community therapy and treatment started quickly after they left the stroke ward. In contrast, 12% disagreed and 6% strongly disagreed with this statement. A further 15% said they neither agreed nor disagreed.

Community therapy / treatment – continued

Support to express needs and wants

Q13b_4: Thinking about your community therapy/treatment, please state how much you agree with the following statements: There was support to express my needs and wants e.g. days and times of therapy to manage fatigue.



58%

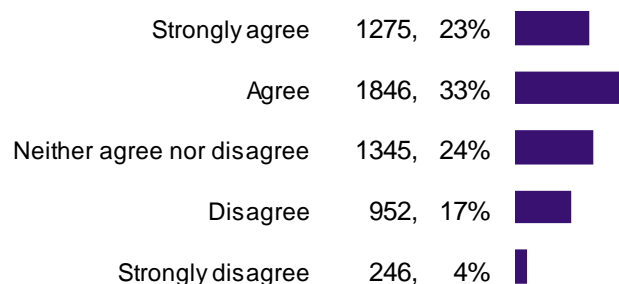
of respondents
strongly agreed or agreed
that there was support to
express wants and needs

Based on 5490 responses. Those answering 'Not sure' (538) excluded from percentage calculations.

31% of respondents strongly agreed and 27% agreed that there was support to express their wants and needs during their community therapy and treatment (e.g. days and times of therapy to manage fatigue). In contrast, 14% disagreed and 6% strongly disagreed with this statement. A further 22% said they neither agreed nor disagreed.

Involvement in planning therapy and care

Q13c_1: Thinking about your community therapy/treatment, please state how much you agree with the following statements: I was involved in planning my therapy and care.



55%

of respondents
strongly agreed or agreed
that they were involved in
planning their therapy and
care

Based on 5664 responses. Those answering 'Not sure' (393) excluded from percentage calculations.

23% of respondents strongly agreed and 33% agreed that they were involved in planning their community therapy and care. In contrast, 17% disagreed and 4% strongly disagreed with this statement. A further 24% said they neither agreed nor disagreed.

Community therapy / treatment – continued

Family / carers had the information they needed

Q13c_2: Thinking about your community therapy/treatment, please state how much you agree with the following statements: My family / carers were given information about my therapy and how to help me.



60%

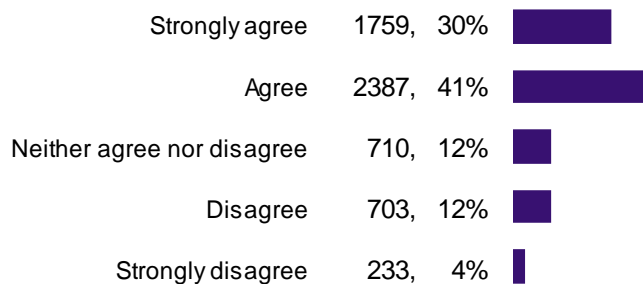
of respondents
strongly agreed or agreed
that their family / carers
were given the information
they needed

Based on 5631 responses. Those answering 'Not sure' (437) excluded from percentage calculations.

26% of respondents strongly agreed and 34% agreed that their family / carers were given information about their community therapy and how to help. In contrast, 16% disagreed and 5% strongly disagreed with this statement. A further 19% said they neither agreed nor disagreed.

Further support

Q13c_3: Thinking about your community therapy/treatment, please state how much you agree with the following statements: I was told where I could get further support if I needed it.



72%

of respondents
strongly agreed or agreed
that they were told where
to get further support

Based on 5792 responses. Those answering 'Not sure' (0) excluded from percentage calculations.

30% of respondents strongly agreed and 41% agreed that during their community therapy / treatment, they were told where they could get further support if they needed it. In contrast, 12% disagreed and 4% strongly disagreed with this statement. A further 12% said they neither agreed nor disagreed.

Community therapy / treatment – continued

Question 14: Thinking about your community care, please state how much you agree with the following statements.

Questions about stroke and recovery

Q14a_1: Thinking about your community care, please state how much you agree with the following statements. I knew who to contact if I wanted to ask questions about my stroke and recovery.



74%

of respondents
strongly agreed or agreed
that they knew who to
contact if they had
questions about their
stroke and recovery

Based on 5947 responses. Those answering 'Not sure' (312) excluded from percentage calculations.

34% of respondents strongly agreed and 41% agreed that they knew who to contact to ask questions about their stroke and recovery. In contrast, 12% disagreed and 4% strongly disagreed with this statement. A further 10% said they neither agreed nor disagreed.

Urgent worries or concerns

Q14a_2: Thinking about your community care, please state how much you agree with the following statements. I knew who to contact if I had urgent worries or concerns about my health.



74%

of respondents
strongly agreed or agreed
that they knew who to
contact with urgent
worries or concerns about
their health

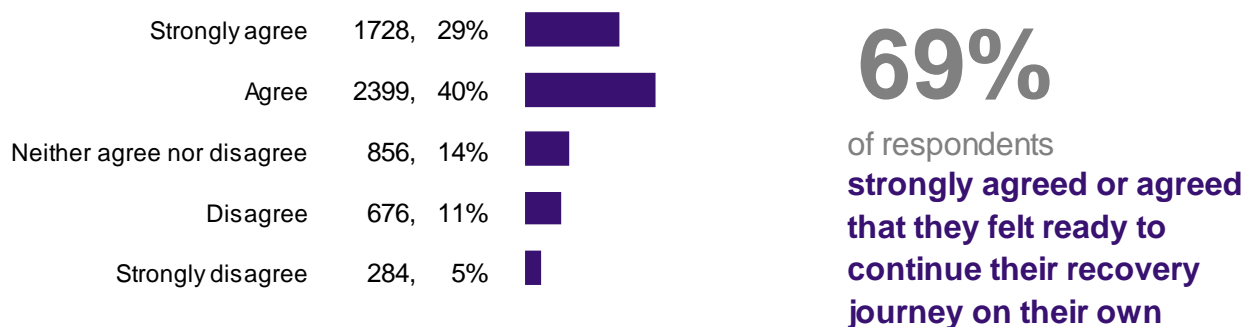
Based on 5896 responses. Those answering 'Not sure' (328) excluded from percentage calculations.

33% of respondents strongly agreed and 41% agreed that they knew who to contact if they had urgent worries or concerns about their health. In contrast, 12% disagreed and 4% strongly disagreed with this statement. A further 10% said they neither agreed nor disagreed.

Community therapy / treatment – continued

Recovery journey

Q14a_3: Thinking about your community care, please state how much you agree with the following statements. I felt ready to continue my recovery journey on my own.

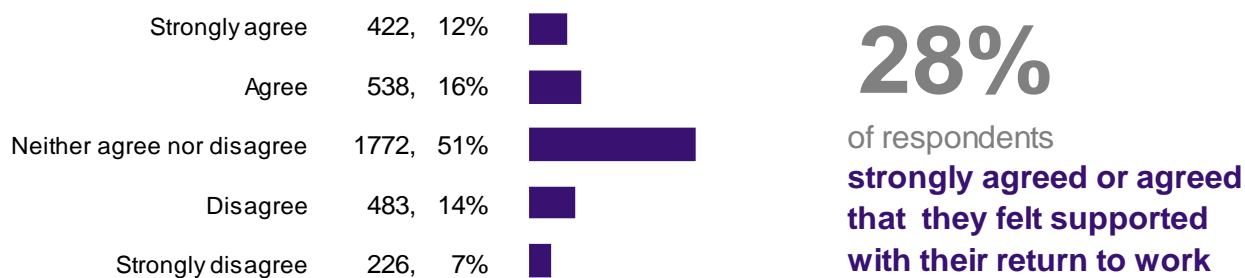


Based on 5943 responses. Those answering 'Not sure' (305) excluded from percentage calculations.

29% of respondents strongly agreed and 40% agreed that they felt ready to continue their recovery journey on their own. In contrast, 11% disagreed and 5% strongly disagreed with this statement. A further 14% said they neither agreed nor disagreed.

Return to work

Q14b_1: Thinking about your community care, please state how much you agree with the following statements. I felt supported with my return to work.



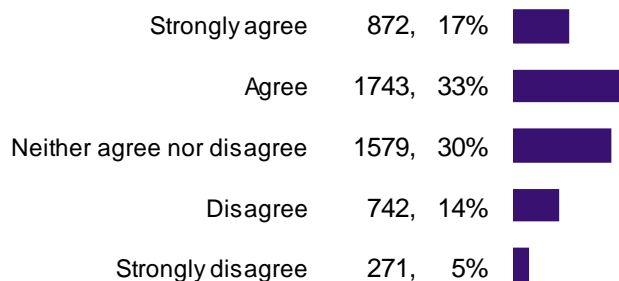
Based on 3441 responses. Those answering 'Not sure' (694) excluded from percentage calculations.

12% of respondents strongly agreed and 16% agreed that they felt supported with their return to work. In contrast, 14% disagreed and 7% strongly disagreed with this statement. A further 51% said they neither agreed nor disagreed.

Community therapy / treatment – continued

Returning to hobbies / activities

Q14b_2: Thinking about your community care, please state how much you agree with the following statements. I felt supported to return to hobbies / activities that matter to me.



50%

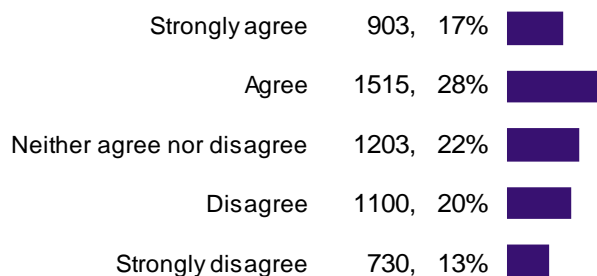
of respondents
strongly agreed or agreed
that they felt supported to
return to hobbies /
activities

Based on 5207 responses. Those answering 'Not sure' (441) excluded from percentage calculations.

17% of respondents strongly agreed and 33% agreed that they felt supported to return to hobbies / activities that mattered to them. In contrast, 14% disagreed and 5% strongly disagreed with this statement. A further 30% said they neither agreed nor disagreed.

GP / surgery staff's understanding

Q14b_3: Thinking about your community care, please state how much you agree with the following statements. I felt my GP / surgery staff had an understanding of how my stroke had affected me.



44%

of respondents
strongly agreed or agreed
that their GP / surgery staff
had an understanding of
how they had been
affected by their stroke

Based on 5451 responses. Those answering 'Not sure' (546) excluded from percentage calculations.

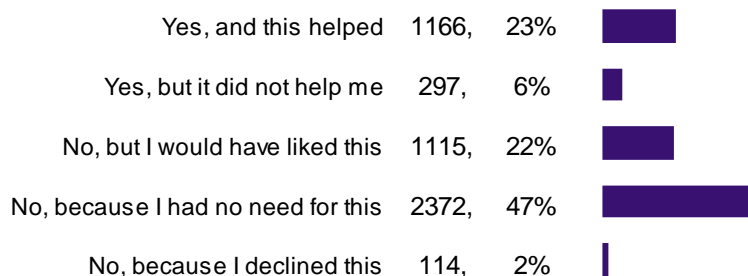
17% of respondents strongly agreed and 28% agreed that they felt their GP / surgery staff had an understanding of how their stroke had affected them. In contrast, 20% disagreed and 13% strongly disagreed with this statement. A further 22% said they neither agreed nor disagreed.

Community therapy / treatment - continued

Question 15: Thinking about your community care, please state how much you agree with the following statements.

Virtual and / or online appointments

Q015a_1: Thinking about your community care, please state how much you agree with the following statements. Virtual and / or online appointments.

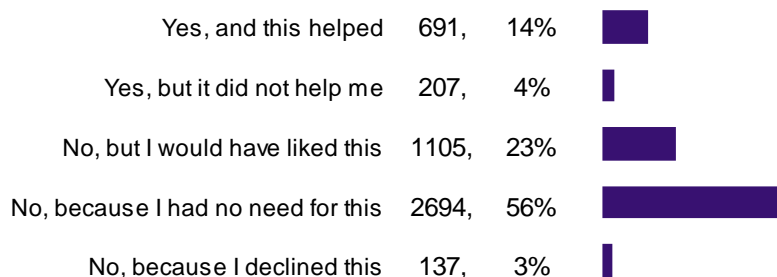


Based on 5064 responses.

23% of respondents said that they were offered virtual and / or online appointments and that this helped them. A further 6% said they were offered them but it did not help; 22% of respondents were not offered virtual / online appointments but would have liked to have been; 47% said they were not offered it because they had no need for it and 2% declined it.

Virtual and / or online therapy

Q15a_2: Thinking about your community care, please state how much you agree with the following statements. Virtual and / or online therapy.



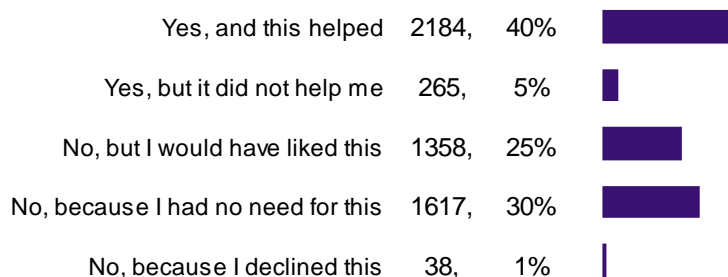
Based on 4834 responses.

14% of respondents said that they were offered virtual and / or online therapy and that this helped them. A further 4% said they were offered this but it did not help; 23% of respondents were not offered virtual / online therapy but would have liked to have been; 56% said they were not offered it because they had no need for it and 3% declined it.

Community therapy / treatment - continued

Advice and support with monitoring blood pressure

Q15b_1: Thinking about your community care, please state how much you agree with the following statements. Advice and support with monitoring my blood pressure independently.

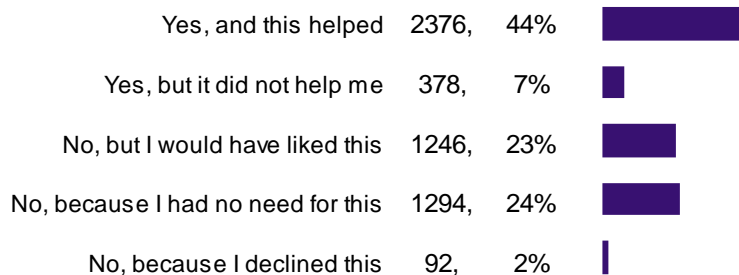


Based on 5462 responses.

40% of respondents said that they were offered advice and support with monitoring their blood pressure independently and that this helped them. A further 5% said they were offered this but it did not help; 25% of respondents were not offered this support but would have liked to have been; 30% said they were not offered this because they had no need for it and 1% declined it.

Support from the Stroke Association

Q15b_2: Thinking about your community care, please state how much you agree with the following statements. Advice and support with my recovery from the Stroke Association.



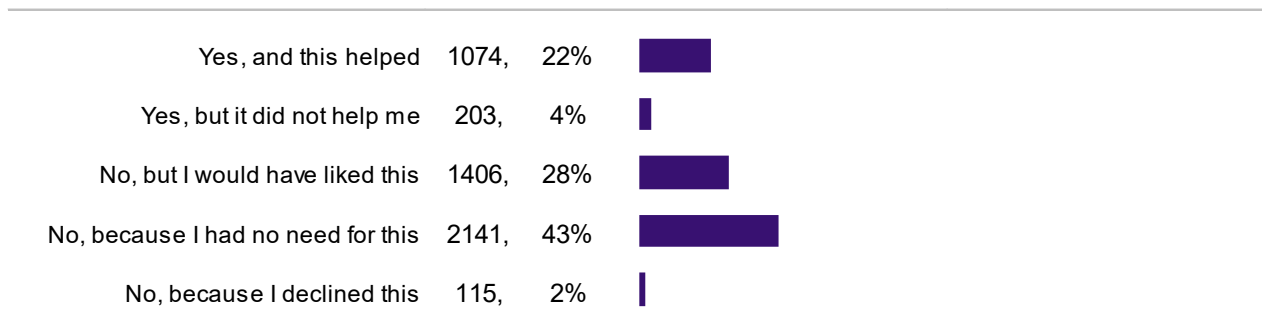
Based on 5386 responses.

44% of respondents said that they were offered advice and support with their recovery from the Stroke Association and that this helped them. A further 7% said they were offered this but it did not help; 23% of respondents were not offered this support but would have liked to have been; 24% said they were not offered this because they had no need for it and 2% declined it.

Community therapy / treatment – continued

Non-NHS support

Q15b_3: Thinking about your community care, please state how much you agree with the following statements. Advice and support with my recovery from other non-NHS organisations e.g. Headway, local stroke organisations.

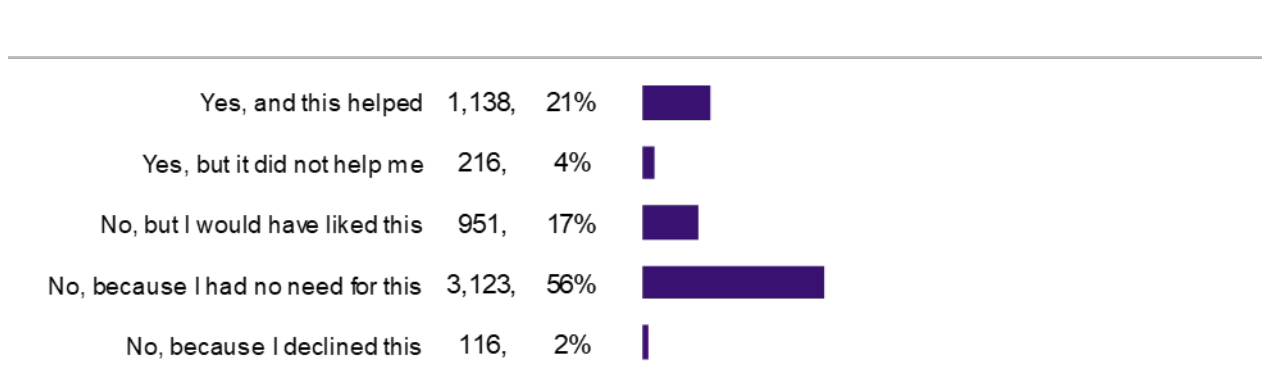


Based on 4939 responses.

22% of respondents said that they were offered advice and support with their recovery from other non-NHS organisations (e.g. Headway, local stroke organisations) and that this helped them. A further 4% said they were offered this but it did not help; 28% of respondents were not offered this support but would have liked to have been; 43% said they were not offered this because they had no need for it and 2% declined it.

Healthy lifestyle programmes

Q15c_1: Thinking about your community care, please state how much you agree with the following statements. Programmes to help with healthy lifestyle e.g. help with stopping smoking, healthy diet or exercise.

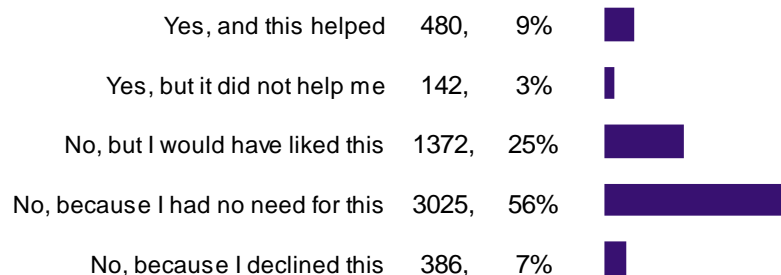


21% of respondents said that they were offered programmes to help with healthy lifestyle (e.g. stopping smoking, healthy diet or exercise) and that this helped them. A further 4% said they were offered this but it did not help; 17% of respondents were not offered this but would have liked to have been; 56% said they were not offered this because they had no need for it and 2% declined it.

Community therapy / treatment – continued

The opportunity to talk with other stroke survivors

Q15c_2: Thinking about your community care, please state how much you agree with the following statements. The opportunity to talk with other stroke survivors (this could have been face to face, over the phone or online).

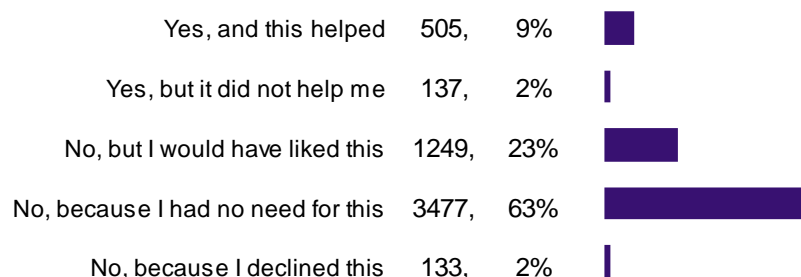


Based on 5405 responses.

9% of respondents said that they were offered the opportunity to talk with other stroke survivors (face to face, over the phone or online) and that this helped them. A further 3% said they were offered this but it did not help; 25% of respondents were not offered this but would have liked to have been; 56% said they were not offered this because they had no need for it and 7% declined it.

Advice and support from other organisations

Q15c_3: Thinking about your community care, please state how much you agree with the following statements. Advice and support with benefits / financial worries from other organisations e.g. Citizens Advice, Job Centre.



Based on 5501 responses.

9% of respondents said that they were offered advice and support with benefits / financial worries from other organisations (e.g. Citizens Advice, Job Centre) and that this helped them. A further 2% said they were offered this but it did not help; 23% of respondents were not offered this but would have liked to have been; 63% said they were not offered this because they had no need for it and 2% declined it.





Please note that Q16 is a free text response and is not included in this report.

At a glance – community based care

This stacked chart shows those questions where a binary scoring has been undertaken, showing them in questionnaire order. It shows the 'positive score' by combining the responses 'Strongly agree' and 'Agree'.

Question	Base	Score	
Q13a_1. Thinking about your community therapy/treatment, please state how much you agree with the following statements: Further questions about my stroke were answered in a way that I could understand.	5832	72%	
Q13a_2. Thinking about your community therapy/treatment, please state how much you agree with the following statements: The staff helped me to understand about stroke recovery.	5891	71%	
Q13a_3. Thinking about your community therapy/treatment, please state how much you agree with the following statements: I had support to come to terms with the effects of my stroke.	5796	62%	
Q13b_1. Thinking about your community therapy/treatment, please state how much you agree with the following statements: The staff treated me with dignity and respect.	6150	91%	
Q13b_2. Thinking about your community therapy/treatment, please state how much you agree with the following statements: The staff understood how my stroke would affect my life.	5769	76%	
Q13b_3. Thinking about your community therapy/treatment, please state how much you agree with the following statements: My community therapy and treatment started quickly after I left the stroke ward.	5726	66%	
Q13b_4. Thinking about your community therapy/treatment, please state how much you agree with the following statements: There was support to express my needs and wants e.g. days and times of therapy to manage fatigue.	5490	58%	
Q13c_1. Thinking about your community therapy/treatment, please state how much you agree with the following statements: I was involved in planning my therapy and care.	5664	55%	
Q13c_2. Thinking about your community therapy/treatment, please state how much you agree with the following statements: My family / carers were given information about my therapy and how to help me.	5631	60%	
Q13c_3. Thinking about your community therapy/treatment, please state how much you agree with the following statements: I was told where I could get further support if I needed it.	5792	72%	
Q14a_1. Thinking about your community care, please state how much you agree with the following statements: I knew who to contact if I wanted to ask questions about my stroke and recovery.	5947	74%	
Q14a_2. Thinking about your community care, please state how much you agree with the following statements: I knew who to contact if I had urgent worries or concerns about my health.	5896	74%	

At a glance – community based care – continued

Question	Base	Score	
Q14a_3. Thinking about your community care, please state how much you agree with the following statements: I felt ready to continue my recovery journey on my own.	5943	69%	
Q14b_1. Thinking about your community care, please state how much you agree with the following statements: I felt supported with my return to work.	3441	28%	
Q14b_2. Thinking about your community care, please state how much you agree with the following statements: I felt supported to return to hobbies / activities that matter to me.	5207	50%	
Q14b_3. Thinking about your community care, please state how much you agree with the following statements: I felt my GP / surgery staff had an understanding of how my stroke had affected me.	5451	44%	

6 Month Review Appointment

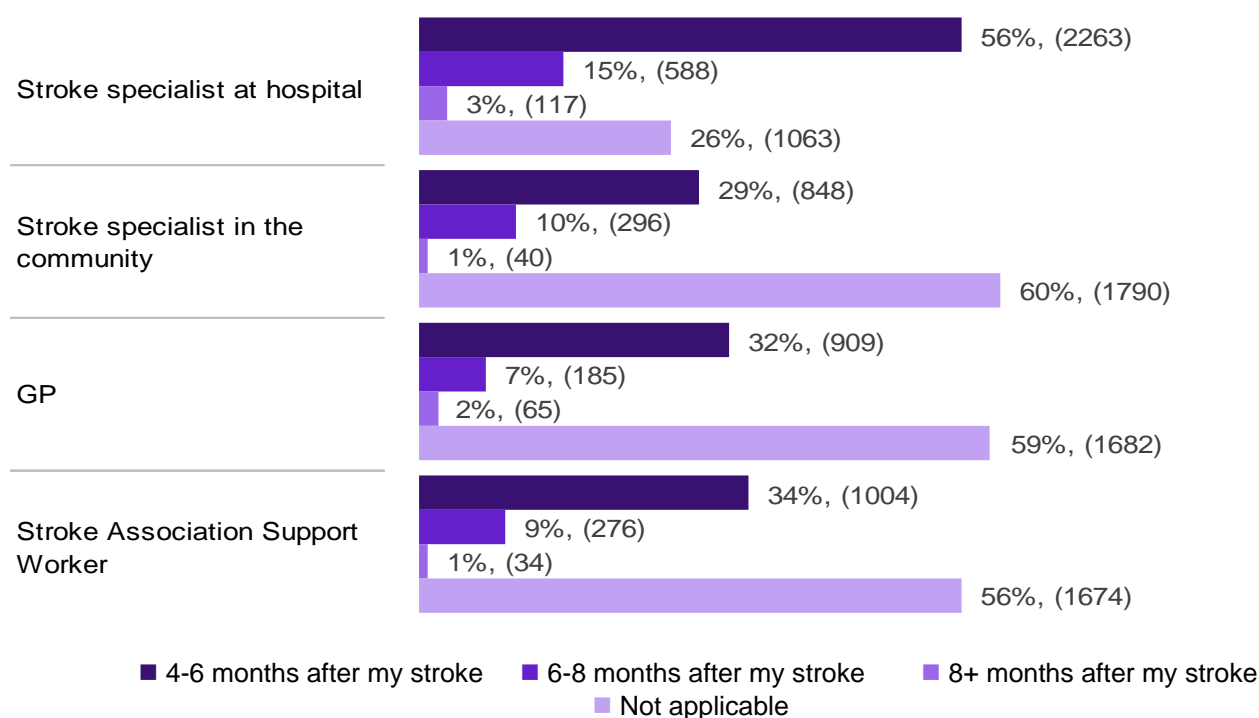
These sections of the report contain the responses to questions 17 and 18 about a 6 month review appointment.

6 month review appointment (Q17 – Q18)

Were you offered a 6 month review appointment?

**Question 17: Were you offered a review appointment 6 months after your stroke?
Please tell us who this was with and when it happened.**

Respondents were asked whether they were offered a review appointment 6 months after their stroke, and to say when the appointment happened and who it was with.



56% of respondents said they were offered a 6-month review appointment with a stroke specialist at hospital and that this happened 4-6 months after their stroke, 15% said it was 6-8 months after their stroke and 3% said it was over 8 months after their stroke.

29% of respondents said they were offered a 6-month review appointment with a stroke specialist in the community and that this happened 4-6 months after their stroke, 10% said it was 6-8 months after their stroke and 1% said it was over 8 months after their stroke.




32% of respondents said they were offered a 6-month review appointment with their GP and that this happened 4-6 months after their stroke, 7% said it was 6-8 months after their stroke and 2% said it was over 8 months after their stroke.

34% of respondents said they were offered a 6-month review appointment with a Stroke Association support worker and that this happened 4-6 months after their stroke, 9% said it was 6-8 months after their stroke and 1% said it was over 8 months after their stroke.

6 month review appointment - continued

How did your 6 month review appointment occur?

Question 18: If you had a six month review following your stroke, how did it happen?

Face to face	2091,	32%	
By telephone	2040,	31%	
Virtually by video call	45,	1%	

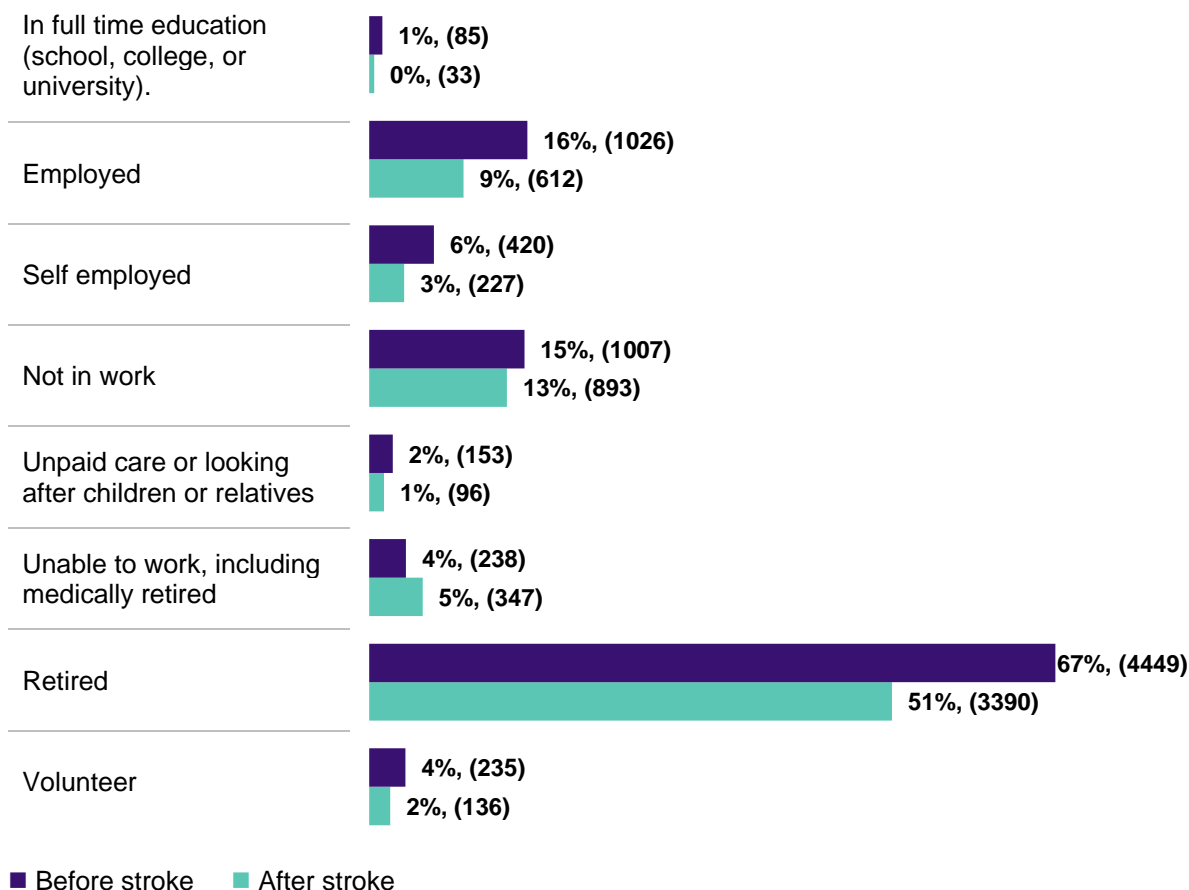
Of respondents who had a six month review appointment, 32% said this happened face to face, 31% said it happened by telephone and 1% virtually by video call.

Education and Employment

This section of the report contains the responses to questions 19 to 20 about employment status before and after the stroke. Those who were employed before their stroke were asked further questions about the available support to return to work.

Education and employment (Q19 – Q20)

Question 19: What was your employment / education status before and after your stroke? Tick all that apply.



After their stroke, 9% of respondents said they were employed (compared to 16% before their stroke), 3% said they were self-employed (6% before) and <1% were in full time education (1% before).

After their stroke, 13% of respondents said they were not in work (compared to 15% before their stroke), 5% said they were unable to work (4% before) and 51% were retired (67% before). 1% of respondents said they were unpaid carers (compared to 2% before their stroke) and 2% were volunteers (4% before).

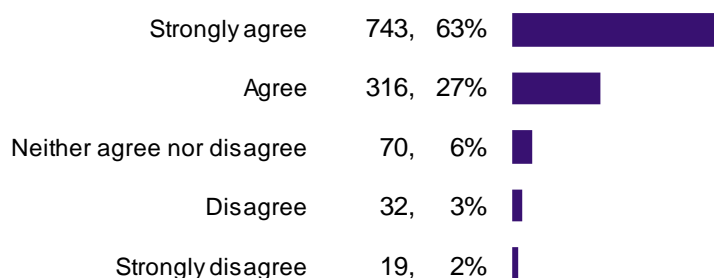
Education and employment - continued

Question 20: Please state how much you agree with the following statements.

Question 20 was asked to respondents who were employed or self-employed before their stroke.

Returning to work is important

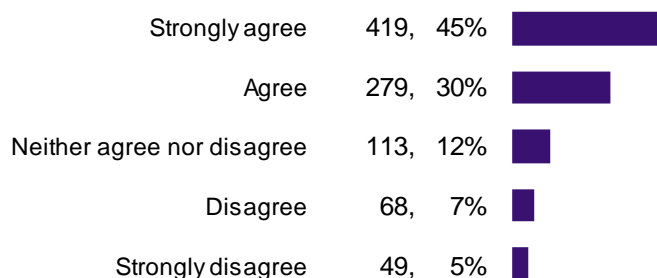
Q20a_1: Please state how much you agree with the following statements. Returning to work is / was important to me.



Of respondents who were employed or self-employed before their stroke, 63% strongly agreed and 27% agreed that returning to work is/ was important to them. In contrast, 3% disagreed and 2% strongly disagreed with this statement. A further 6% said they neither agreed nor disagreed.

Employer is supportive

Q20a_2: Please state how much you agree with the following statements. I feel that my employer is supportive and understanding of my stroke.



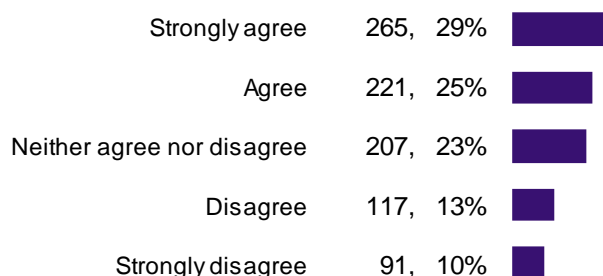
Based on 1180 responses. Those answering 'Not sure' (29) excluded from percentage calculations

Of respondents who were employed or self-employed before their stroke, 45% strongly agreed and 30% agreed that they feel that their employer is supportive and understanding of their stroke. In contrast, 7% disagreed and 5% strongly disagreed with this statement. A further 12% said they neither agreed nor disagreed.

Education and employment - continued

Career development

Q20a_3: Please state how much you agree with the following statements. I feel that I still have opportunities to develop my career after my stroke.

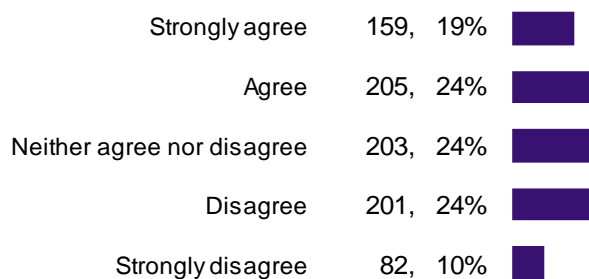


Based on 928 responses. Those answering 'Not sure' (19) excluded from percentage calculations

Of respondents who were employed or self-employed before their stroke, 29% strongly agreed and 25% agreed that they feel that they still have opportunities to develop their career after their stroke. In contrast, 13% disagreed and 10% strongly disagreed with this statement. A further 23% said they neither agreed nor disagreed.

Support from therapy team / GP

Q20b_1: Please state how much you agree with the following statements. My therapy team / GP provided support with my return to work.



43%

of respondents
strongly agreed or agreed
that their therapy team / GP
provided support with their
return to work

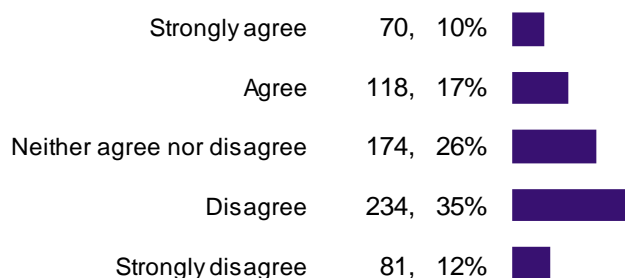
Based on 901 responses. Those answering 'Not sure' (85) excluded from percentage calculations

Of respondents who were employed or self-employed before their stroke, 19% strongly agreed and 24% agreed that their therapy team/ GP provided support with their return to work. In contrast, 24% disagreed and 10% strongly disagreed with this statement. A further 24% said they neither agreed nor disagreed.

Education and employment - continued

Support from the Stroke Association

Q20b_2: Please state how much you agree with the following statements. The Stroke Association provided support with my return to work.



28%

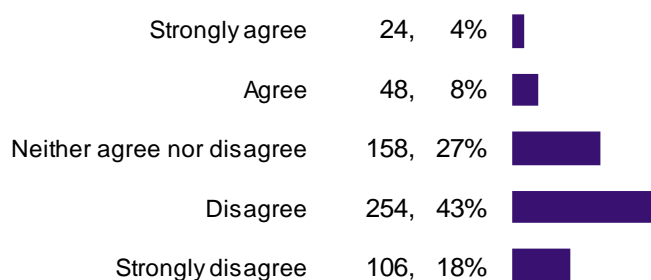
of respondents
strongly agreed or agreed
that the Stroke Association
provided support with their
return to work

Based on 850 responses. Those answering 'Not sure' (53) excluded from percentage calculations

Of respondents who were employed or self-employed before their stroke, 10% strongly agreed and 17% agreed that the Stroke Association provided support with their return to work. In contrast, 35% disagreed and 12% strongly disagreed with this statement. A further 26% said they neither agreed nor disagreed.

Support with return to work

Q20b_3: Please state how much you agree with the following statements. Other organisations provided support with my return to work e.g. local Council schemes.



12%

of respondents
strongly agreed or agreed
that other organisations
provided support with return
to work

Based on 677 responses. Those answering 'Not sure' (61) excluded from percentage calculations.

Of respondents who were employed or self-employed before their stroke, 4% strongly agreed and 8% agreed that other organisations provided support with their return to work. In contrast, 43% disagreed and 18% strongly disagreed with this statement. A further 27% said they neither agreed nor disagreed.

Appendix

This section of the report contains the technical details relating to the report.

Appendix 1: Technical details

Sampling and Eligibility

Participating Trusts supplied a list of eligible patients from their patient administration system (PAS).

The list included:

- All adult patients with a confirmed primary diagnosis of stroke, specified by an ICD-10 code of I60, I61, I62, I63, I64 in the first diagnosis field of their PAS record*. Note that this includes all sub-categories of these codes, with the exception of those listed in the exclusions list further down.
- Admitted patients: that is, inpatients and day cases with admission dates between 16th May 2022 and 16th September 2022.
- Patients aged 18 and over on the date they were admitted.
- Inpatient episodes or day case attendances where the patient was being seen in relation to / for treatment of their stroke diagnosis.

The list excluded:

- Those with an ICD10 10th Edition code of 165 and 166, 167,168, 169 and G46.3 and G46.4.
- Deceased patients
- Non-stroke patients and non-confirmed stroke patients including patients who have been given a holding diagnosis code pending results
- Any inpatient admissions / day case attendances which were **NOT** in relation to the patient's stroke.
- Patients known to be current inpatients.
- Children or young persons aged under 18 years at the time of admission
- Private patients (non-NHS)
- Patients without a UK postal address, incomplete addresses or unusable addresses.
- Any patient known to have requested through the National Data Opt Out process that their details are not used for any purpose other than their clinical care.
- Any patient known to have requested that their details are not used for any purpose other than their clinical care if this information is collected by their Trust.
- Any patient who has informed their Trust, in response to communications about this survey during the dissent period, that they do not wish to be included in the survey.

*Following feedback from clinicians during the sampling process the decision was made to remove patients with codes I60 and I62 and their sub-code from the sample before questionnaires were sent out.

A declaration of the correctness of the sample was signed by the data lead from the Trust and the sample received was thoroughly checked by Quality Health. In the 24 hours before the questionnaires were sent out, Quality Health undertook a check for deceased patients using the Demographic Batch Service (DBS).

Appendix 1: Technical details - continued

Data Fields Provided

The personal data requested about each patient was minimised so as to only include the field necessary for carrying out the research. Each Trust was asked to supply the following data fields.

For the purposes of determining eligibility, de-duplicating records, removing deceased patients and posting out the questionnaires:

- Name
- Address including postcode
- Date of hospital admission and discharge
- ICD-10 code
- NHS Number
- Date of Birth

Information for analysis of survey results:

- Age (derived from date of birth)
- Ethnicity
- Gender
- Treating NHS Trust at point of admission
- Commissioner Code (to determine the ICS where rehab treatment was received).

De-duplication of Sample

It was recognised that a patient may have been admitted more than once for Stroke treatment during the sampling timeframe and may have been seen at different hospitals or Trusts.

The samples were checked for duplicate records using the NHS number and name fields. This was carried out firstly within each Trust's sample file and then across all sample files nationally. The record for the most recent admission was retained.

Questionnaire Development

As this was the first survey of its kind for stroke survivors, the project team took examples of questions used for other national patient experience surveys as a starting point for questionnaire development. The Stroke Association ran Patient Involvement groups with volunteers between 6 months and 6 years post-stroke with varying stroke effects, to ensure the patient voice was prominent throughout.

The project team reviewed the draft questionnaire resulting from the patient involvement discussions and once the content was broadly agreed, the questionnaire was cognitively tested with a separate group of volunteers, who reported that the survey was easy to follow and understand and covered all aspects of their care.

Due to the pilot nature of the survey, along with resource limitations, not all questionnaire suggestions could be implemented at this time, but it is intended that a review will be undertaken at the end of the pilot and improvements will be made before any roll out to an annual programme.

Appendix 1: Technical details - continued

Analysis Variables

Variables were derived and grouped as follows:

- Any patient who has informed their Trust, in response to communications about this survey during the dissent period, that they do not wish to be included in the survey.
- Role in survey derived from Q1 in the questionnaire. Two groups: Stroke survivor; Carer or friend or family member of a stroke survivor.
- Number of strokes derived from Q2 in the questionnaire. Three groups: No more than one stroke; Two strokes; More than two strokes.
- Time since most recent stroke derived from Q3 in the questionnaire. Four groups: Less than 4 months ago; 4 – 6 months ago; 7 – 8 months ago; More than 8 months ago.
- Type of stroke derived from Q4 in the questionnaire. Two groups: Stroke cause by a blockage, referred to as ischaemic stroke; Stroke caused by a bleed, referred to as a haemorrhagic stroke.
- Effect of stroke on daily life derived from Q5 in the questionnaire. Four groups: A lot; Quite a lot; A little; Not at all.
- Age derived from Q22 in the questionnaire and grouped into five age bands: < 60 years; 60 – 69 years; 70 – 79 years; 80 – 89 years; 90+ years.
- Gender derived from Q23 in the questionnaire. Five groups: Male; Female; Non – binary; Prefer to self – describe; Prefer not to say.
- Ethnicity derived from Q25 in the questionnaire where respondents indicate which ethnic groups they belong to. Grouped into six ethnicity bands: White; Mixed / Multiple ethnic background; Asian / Asian British; Black / African / Caribbean / Black British; Any other ethnic group including Arab; Prefer not to say.
- Sexuality derived from Q26 in the questionnaire. Five groups: Heterosexual or straight; Gay or lesbian; Bisexual; Other; Prefer not to say.
- Deprivation in the form of IMD quintiles derived from the patient's postcode of residence. With 1 being the most deprived and 5 being the least deprived.