

COMMUNITY STROKE SERVICES SSNAP Organisational Audit - May 2025



150 Participating services



80,863 New patient referrals over previous 12 months



55.6% of all community sites part of an ICSSs

Quality of community services stroke care - % of sites

Staffing / Workforce



0%

Have appropriate level of staffing for all core disciplines

35%

Have appropriate access to all relevant disciplines

Access to specialist treatment & support



88%

Have access to Vocational Rehabilitation at levels 1, 2 and 3

9%

Have access to Psychological care (level 1, 2, 3) & Clinical Psychology

97%

Treat/assess patients in care homes

44%

Service provision is not time limited

Service Access



47%

Have a waiting list

66%

Have access to formally commissioned support services

98.6%

Participate in SSNAP clinical audit

100%

Stroke/neurology specific service

7-day working



14%

Rehabilitation** is available everyday

Patient & carer engagement



58%

Undertake a formal survey seeking patient/carer views on stroke service

Quality Improvement & leadership



50%

Regularly attend inpatient multidisciplinary team meetings

35%

Have weekly formal multidisciplinary meeting with core disciplines in attendance


9%

Actively involved in research

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Quality of community services stroke care - % of sites



GETTING BETTER

Key Indicators	2021	2025	Change
KI 1 Participation in SSNAP clinical audit	86%	99%	+13%
KI 2 Stroke/neurology specific service	93%	100%	+7%
KI 4 Appropriate access to all relevant disciplines*	17%	35%	+18%
Access to clinical psychology (within service or access to)	67%	84%	+17%
KI 6 Access to Psychological care (level1,2,3) & Clinical Psychology**		9%	NEW
Level 1 Psychological care		20%	NEW
Level 2 Psychological care		61%	NEW
Level 3 Psychological care		51%	NEW
KI 11 Weekly formal multidisciplinary meeting with core disciplines in attendance	27%	35%	+8%
Access to Vocational rehabilitation (commissioned)	16%	26%	+10%
KI 16 Access to Vocational Rehabilitation at levels 1,2,3 **		88%	NEW



PLATEAUING

Key Indicators	2021	2025	Change
KI 3 Appropriate level of staffing for all core disciplines*	1%	0%	-1%
KI 5 Rehabilitation provided every day*	10%	14%	+4%
KI 8 Rehabilitation provision in care homes	94%	97%	+3%
KI 9 Regular attendance at inpatient multidisciplinary team meetings	48%	50%	+2%
KI 10 Service provision is not time limited	42%	44%	+2%

Note: *The criteria for KIs 3, 4, and 5 have changed since 2021, please see [Combined-Organisational-Audit-Key-Indicators](#) for further details on these changes and the new KIs introduced. KI7 is applicable to post-acute inpatient services only.

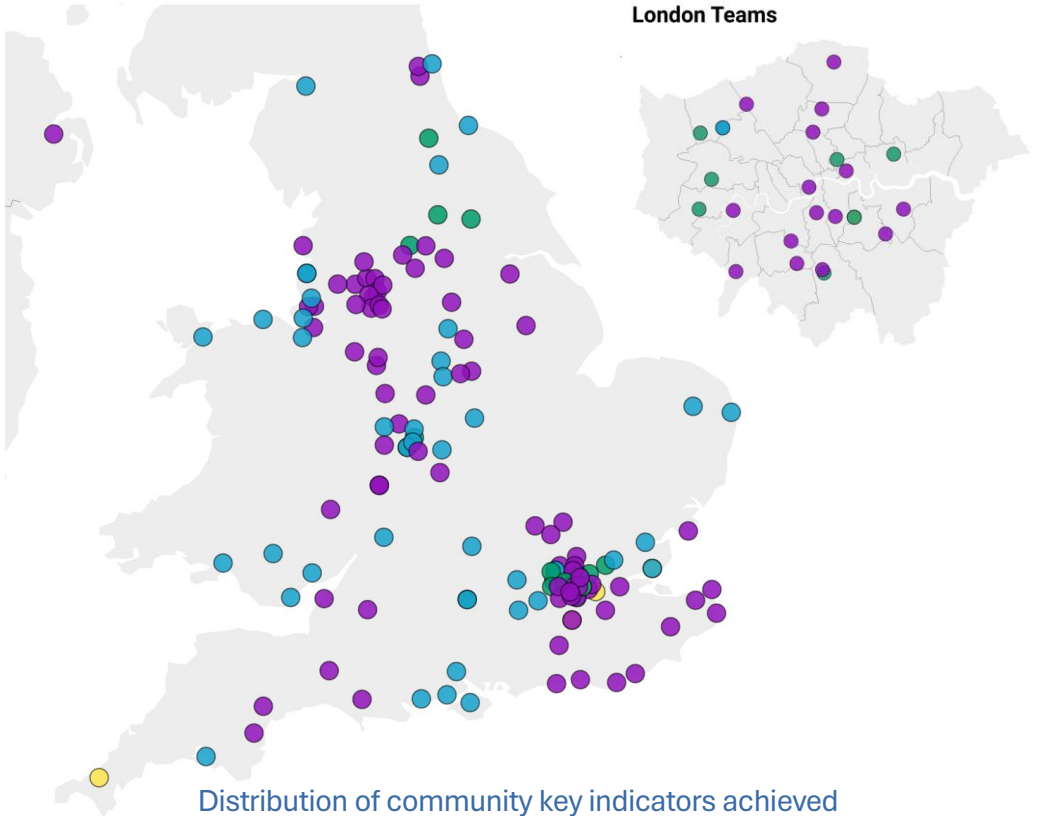
** KIs 6 and 16 have been updated from 2021

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Community teams participating in the organisational audit – May 2025

Team type Includes any team which answered that they provided community-based rehabilitation

■ CRT team
 ■ Combined ESD-CRT
 ■ ESD team
 ■ Six month assessment provider



Distribution of community key indicators achieved

■ Percentage of sites

