



Royal College
of Physicians

Sentinel Stroke National
Audit Programme (SSNAP)

Sentinel Stroke National Audit Programme (SSNAP)

Acute organisational audit report

This report is for stroke
survivors and their families

December 2012

Easy access version

Contents

| | |
|--|----|
| Contents | 2 |
| Useful Contacts and Websites | 3 |
| Chapter 1: Introduction to SSNAP Easy Access Report | 4 |
| Chapter 2: Summary of Findings | 6 |
| Chapter 3: How to read the results | 10 |
| Chapter 4: Overall findings in more detail | 12 |
| Mini-stroke (TIA) services | 13 |
| Thrombolysis (clot busting treatment) | 14 |
| Stroke Units | 16 |
| ‘Good’ Stroke Units | 17 |
| ‘Good’ Acute Service (first few days on a stroke unit) | 18 |
| Staffing | 19 |
| Social workers | 20 |
| Therapists | 21 |
| Team working | 22 |
| Patient and Carer Involvement | 23 |
| Patient support and communication | 24 |
| Community Stroke Care | 25 |
| Community Hospitals | 27 |
| Chapter 5: Hospital Results | 28 |
| Chapter 6: Recommendations | 30 |
| Useful words | 33 |
| Further information on stroke for patients and carers | 35 |

Useful Contacts and Websites

Benefit Enquiry Line for People with Disabilities (provides general confidential advice about benefits)

Helpline (voice): 0800 88 22 00

Helpline (text): 0800 243 355

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

Tel: 0845 4647

Website: www.nhsdirect.nhs.uk

Relatives and Residents

Association (provides information, advice 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)

Tel: 01225 716300

Minicom: 0845 769 7288

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, including telephone helplines, publications and welfare grants, to people who have had strokes, their families and carers)

Helpline: 0303 303 3100

Website: www.stroke.org.uk

Chapter 1: Introduction to SSNAP Easy Access Report

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

SSNAP is a **clinical audit project**. Clinical audit wants to improve the quality of stroke services and patient care by reviewing care against standards.

The report tells stroke survivors, their families and the general public about **stroke services** in hospitals in England, Wales and Northern Ireland.

This report gives patients the **power** to discuss the **standard of stroke services** with their local hospitals and at stroke clubs.

This report aims to help people with difficulty concentrating, remembering, reading small text or understanding what you read.

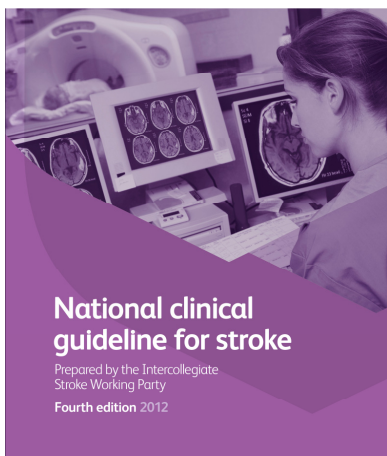
We have tried to present the information in a way which makes it **easy to understand**.

More **detailed results** are available on this **website**

www.rcplondon.ac.uk/ssnap.

You might like to have someone to support you when you look at this report.

We are grateful to the following groups for their help in making this report easy to read: **Speakeasy**, a charity based in Bury, which supports people with aphasia, and the **South London Stroke Research Patient and Family Group**.



Guideline

This purple book, the '**National clinical guideline for stroke**', is available to all hospitals in England, Wales, Northern Ireland, the Isle of Man and the Channel Islands.

The **Guideline** tells hospitals how to organise a **good quality** stroke service.

Audit

In 2012 we carried out an organisational audit of **190 hospitals**.

This audit looked at how **stroke services** were organised in hospitals.

We wanted to find out whether hospitals had **followed the Guideline**.

The information from each hospital was collected by the **hospital staff themselves**.

We compared the results to previous audits to see whether stroke services had **improved or not**.

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



SSNAP is run by the **Royal College of Physicians** (RCP) and funded by the **Healthcare Quality Improvement Partnership** (HQIP).

It is guided by the **Stroke Working Party**, which is made up of healthcare professionals e.g. physiotherapists, other organisations such as **The Stroke Association**, and **stroke survivors**.

When we say **we** in this booklet, this means the members of the **Stroke Working Party**.

Chapter 2: Summary of Findings

This section briefly tells you what the audit found about whether hospitals are following the stroke 'Guideline'.

It starts with the care that should be provided immediately after having a stroke and continues through to care that should be provided once someone has been discharged from hospital.

Emergency stroke care (Hyperacute care)

- Now **most** stroke patients who might benefit from clot-busting treatment are brought to hospital **quickly by ambulance**.



© Crispin Hughes

- Nearly all hospitals say they can provide emergency **clot-busting treatment** (thrombolysis), a major improvement on previous years.
- **More patients** have received the clot-busting treatment compared to previous years. But this is still only **7% of patients** compared to the target of 10-15%.

Stroke Units

- Over half of hospitals **admit patients directly** to a stroke unit.
- But **many hospitals admit patients to general wards** in the first few days.
- General wards rarely have specialised stroke care.

- **All** hospitals in England, Wales and Northern Ireland now have a stroke unit.
- It is very important that all stroke patients are treated on a stroke unit.
- The quality of most stroke units **needs to be improved.**



Staffing

- There are still **not enough** medical consultants, nurses and therapists specialised in stroke care.
- In particular, there are very few **clinical psychologists**.



- **Most hospitals** provide **training** for staff in the management of stroke.

Involvement of patients and carers

- Most hospitals work with patient and carer groups and services to **help people have their say**.



- Nearly half of hospitals **survey patients' views** at least 4 times a year.

- When leaving hospital most patients are given a **written plan** of the care they will receive.

Mini-stroke (TIA) Services

- **All** hospitals have a clinic to care for people with mini-stroke (TIA).
- The **waiting time** for clinics is down to 2 days.
- However, high-risk patients often can not be seen quickly enough at the **weekends**.

Community Stroke Care - Rehabilitation

- More hospitals are now providing specialised **support for early discharge**.
- **Therapists** are usually included in these teams

- Half of hospitals offer training for patients to **return to work**.

Community Hospitals

- Patients **often go to community hospitals** after their stay in an acute hospital.
- More than half of these community hospitals **do not have a stroke unit**.

Chapter 3: How to read the results

This report has different information shown in different ways.

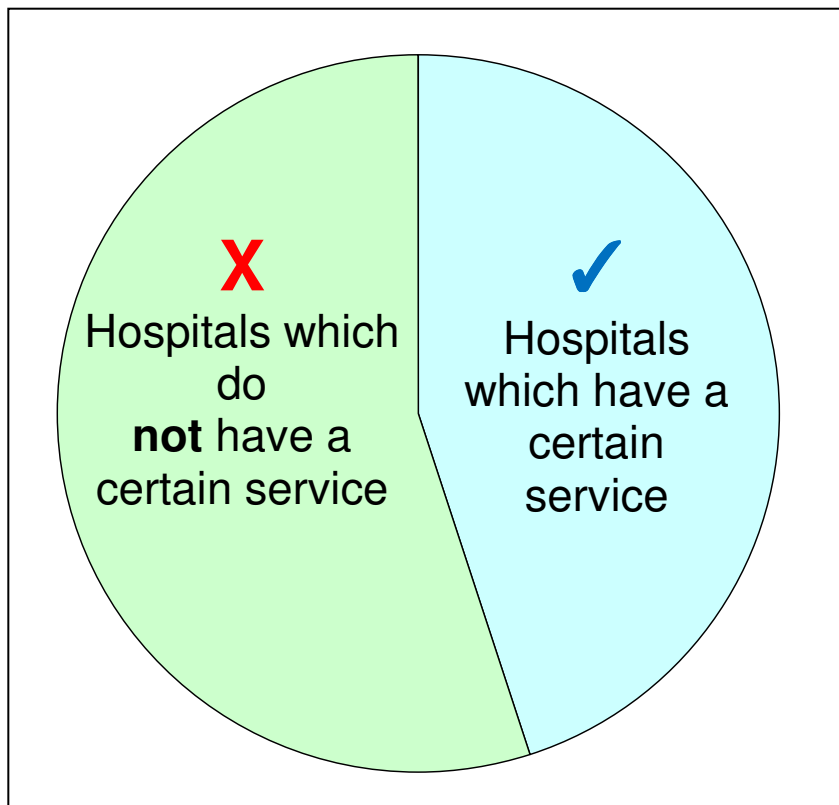


This symbol shows when hospitals are **following the guideline**.

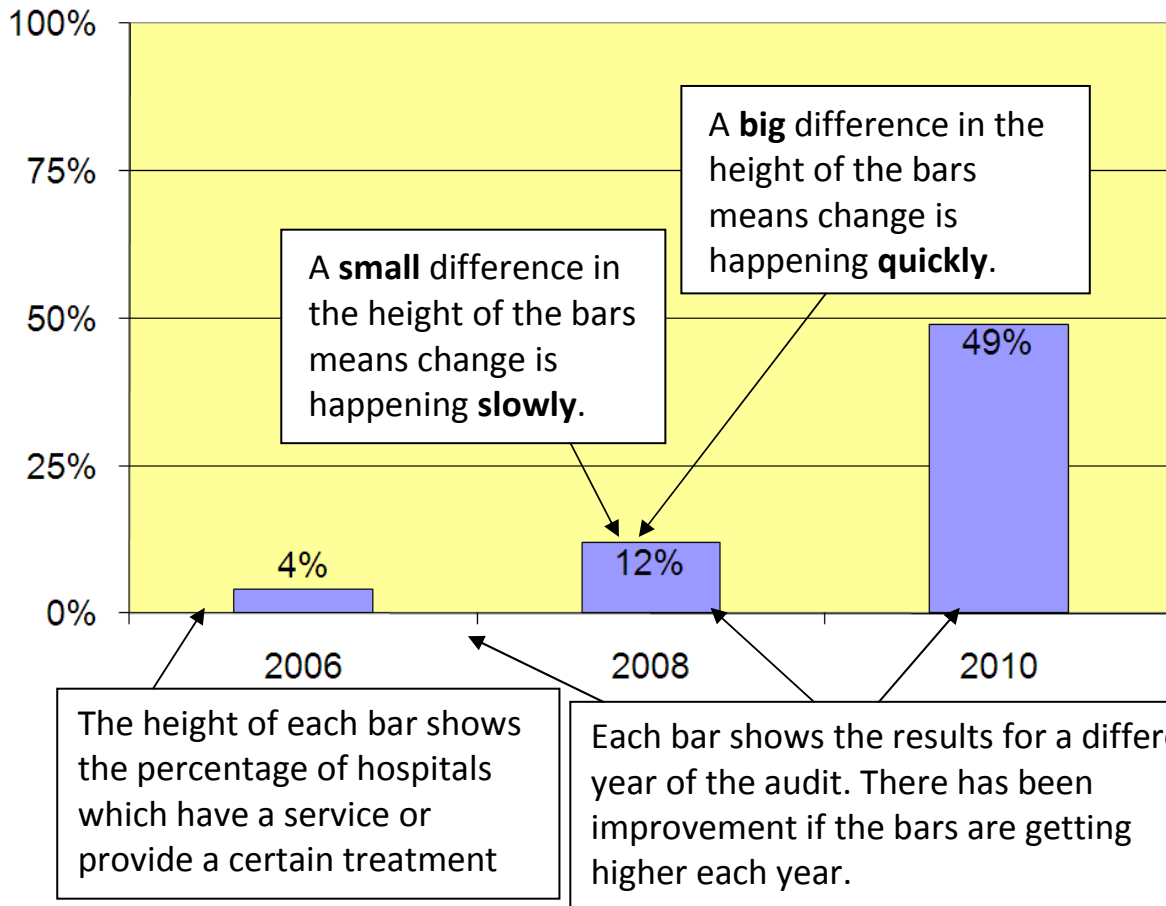


This symbol shows when hospitals are **not following the guideline**.

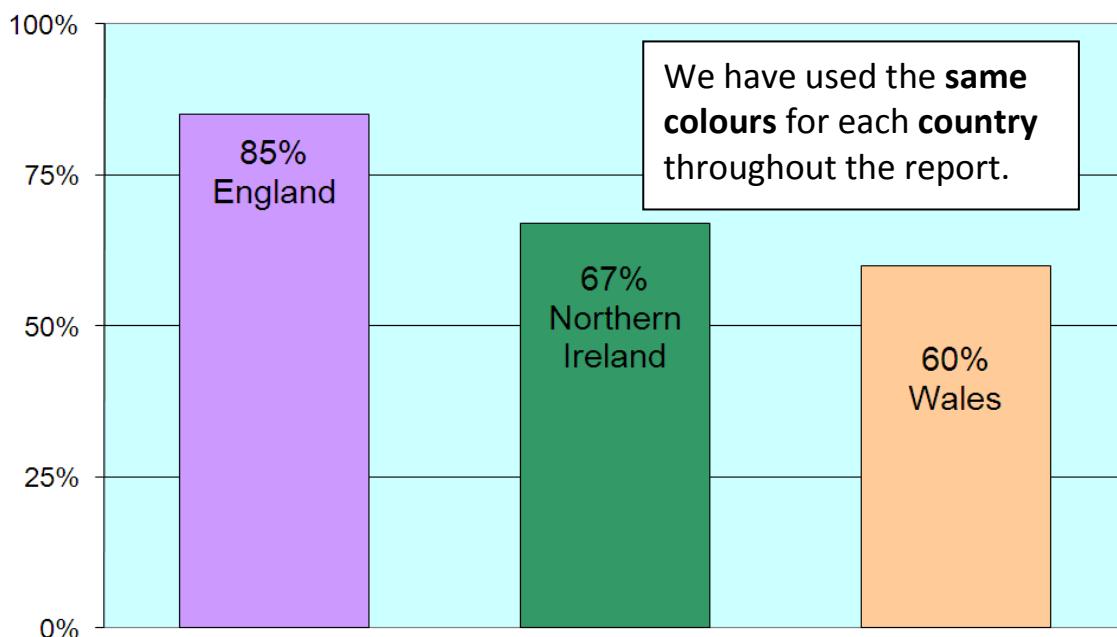
The chart below is an example to show how these symbols are used in the report.



- Where we show **changes over time** (between each round of the audit), the chart will look like this:



- Where we are showing **differences between countries**, the chart will look like this:



Chapter 4: Overall findings in more detail

This section provides **more detail** to the previous summary.

It shows **important differences** between stroke services in England, Wales, Northern Ireland.

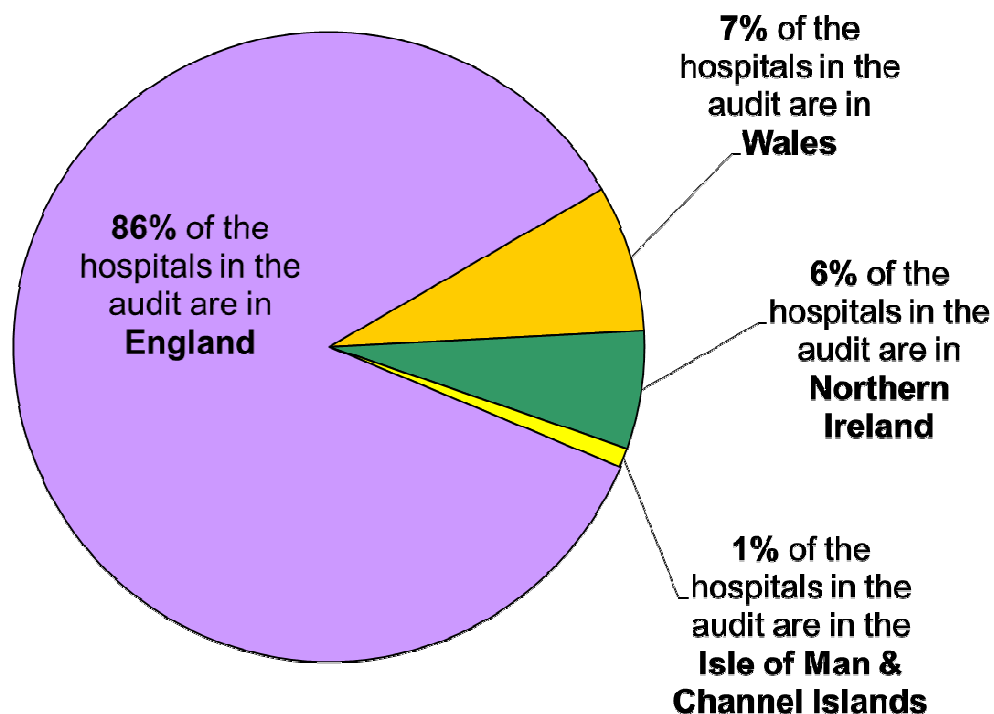
It **compares the latest** (2012) audit findings with previous audits.

Remember this is an **easy access guide**. It is based on a detailed report.

190 hospitals were contacted and agreed to take part in this audit.

This provides a **very thorough picture** of stroke care organisation.

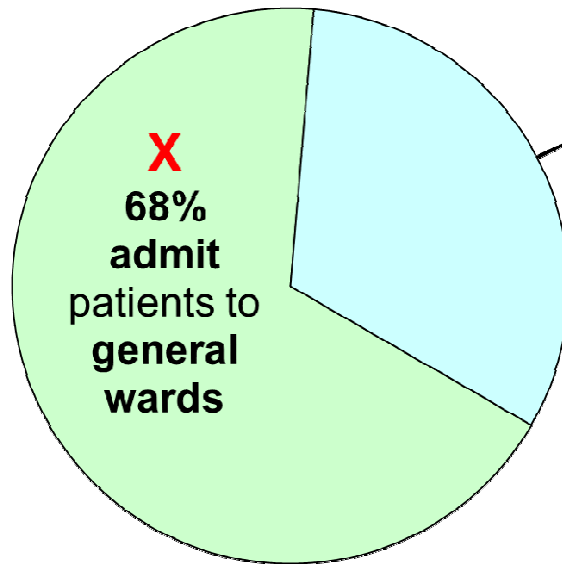
Our audit included: 163 hospitals in England; 14 hospitals in Wales; 11 in Northern Ireland; 2 Islands (the Isle of Man and Guernsey).



We do not look in detail at the Isle of Man and Guernsey in this report but please contact us if you would like more information about the Islands.

1. Mini-stroke (TIA) Services

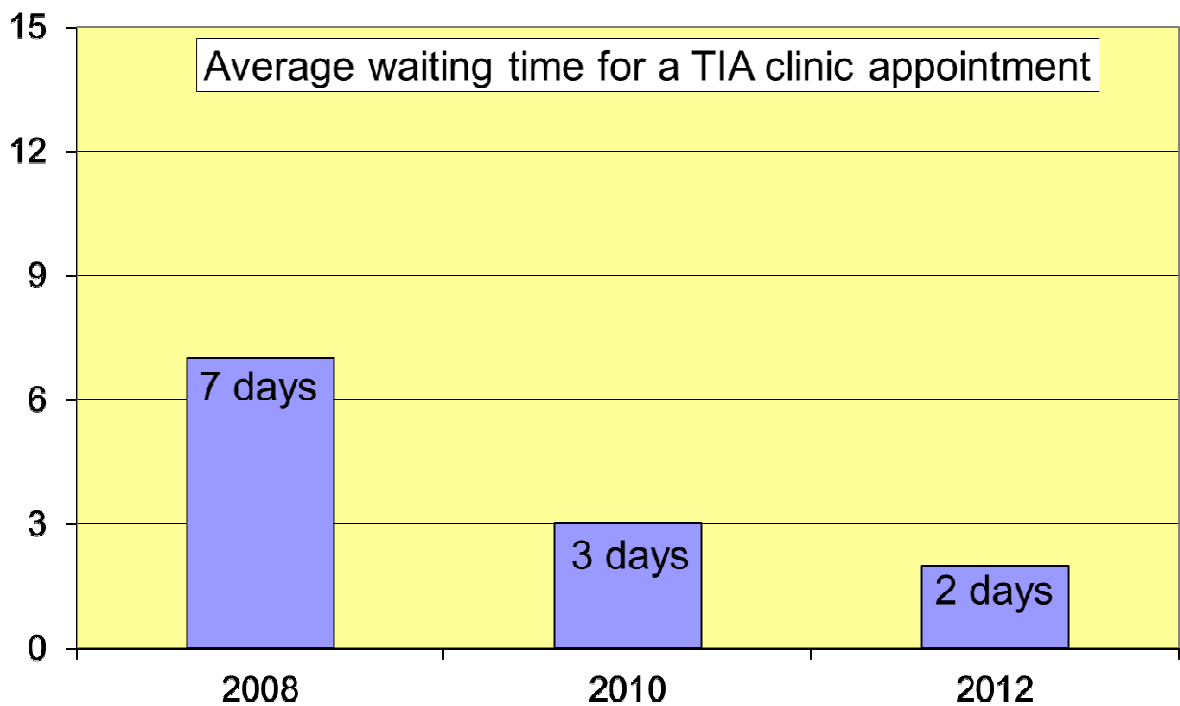
- Nearly two thirds of hospitals can see patients at **high risk of a stroke** on the same day or next day (including weekends and Bank Holidays)



✓
32%
do not
admit
patients to
general
wards

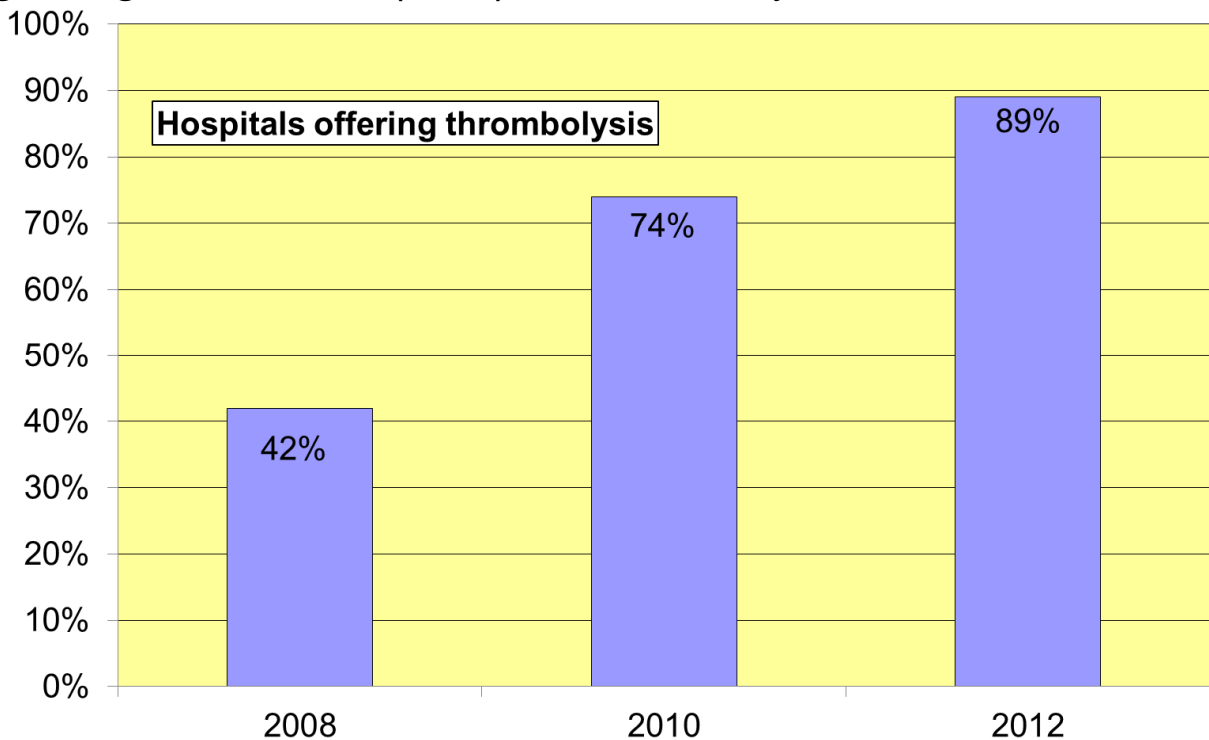
X
68%
admit
patients to
general
wards

- Waiting time** for TIA patients has been reduced:



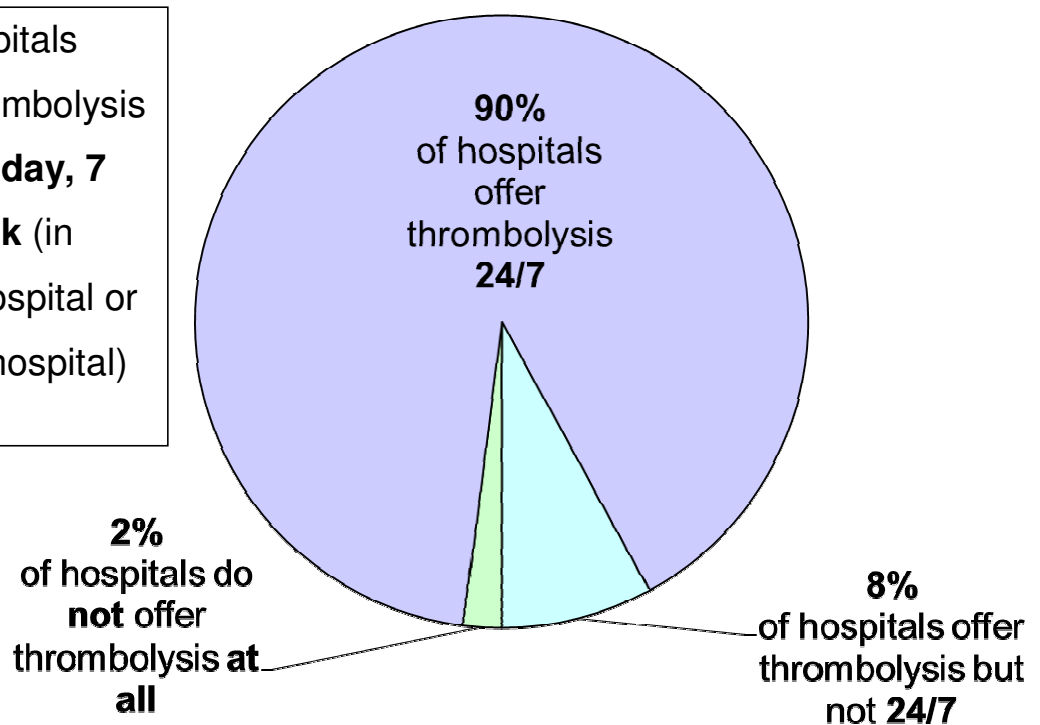
2. Thrombolysis (clot busting treatment):

A growing number of hospitals provide thrombolysis:



Sometimes one **hospital** provides the clot-busting treatment **for another** hospital.

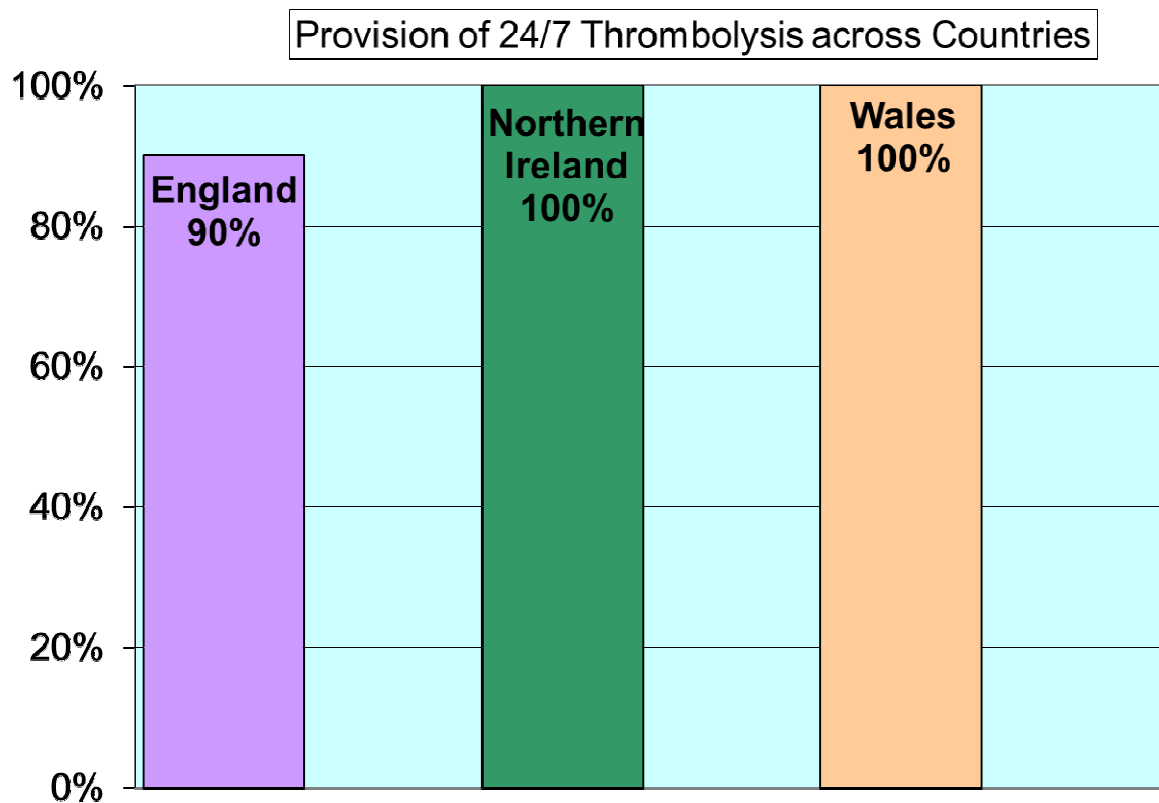
90% of hospitals provide thrombolysis **24 hours a day, 7 days a week** (in their own hospital or in a nearby hospital)



Differences between countries

All hospitals in Wales and Northern Ireland now provide 24/7 thrombolysis. This is usually in their own hospital but is sometimes by working with another hospital. This is a **major improvement** for Wales and Northern Ireland.

Nearly all hospitals in England provide 24/7 thrombolysis.



Patients receiving thrombolysis

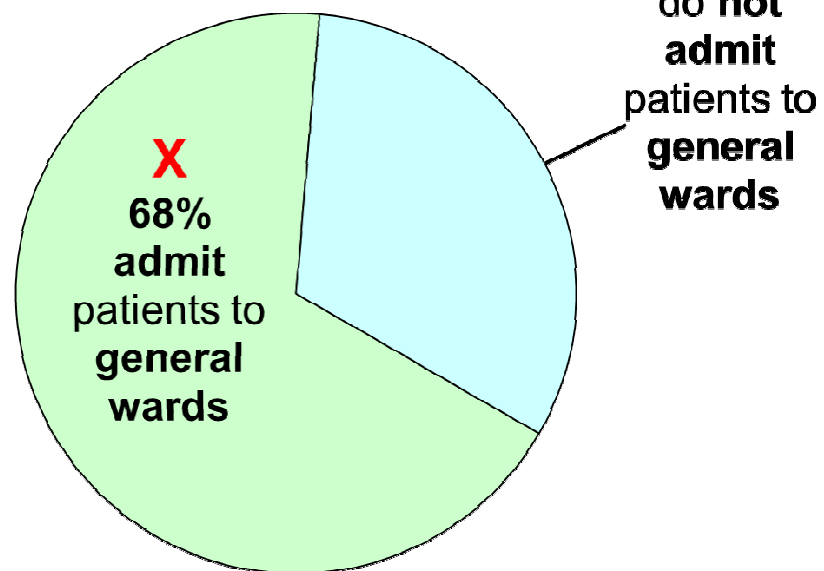
The **number of patients** actually receiving thrombolysis is still **small**: 7% of patients compared to the target of 10-15%.

3. Stroke Units

Since 2008, there has been a big **increase** in hospitals providing care in stroke units.

- 100% of hospitals in England, Wales and Northern Ireland now have a stroke unit. This is very good news.

- **All** stroke patients should **go straight** to a stroke unit.
- But **sometimes hospitals** admit stroke patients to **general wards** in the first few days.



- Patients **do not get specialised stroke care** on general wards.

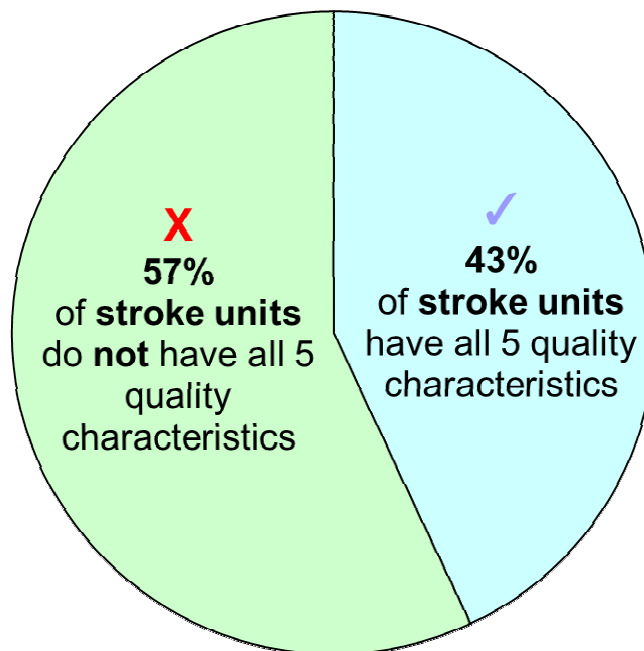
- Stroke unit beds should not be **used for people without stroke**.

- Stroke units in 4 hospitals **exclude people** who may not recover from their stroke. This is not following the guideline.

'Good' Stroke Units

A 'good' stroke unit will have **all 5** of the following:

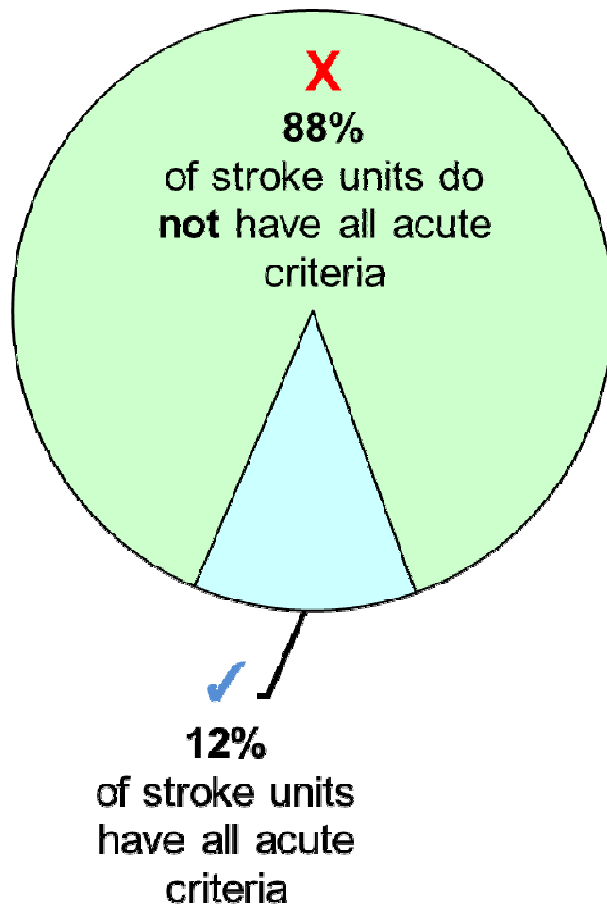
1. Consultant **doctor specialising** in stroke care
2. **Links with patient and carer** organisations
3. **Weekly meetings** of all professionals e.g. nurses, therapists
4. Good **information for patients** about stroke
5. Staff provided with up-to-date **training**.



'Good' Acute Service (first few days on a stroke unit)

A 'good' acute service now needs to have **all 7** of the following:

1. **Continuous monitoring** (e.g. blood pressure)
2. **Immediate** access to scanning
3. **Direct admission** from A&E / front door to the stroke unit
4. Specialist **ward rounds** 7 days a week
5. A **written protocol** saying what should be done (procedures)
6. Nurses trained to identify **swallowing problems**
7. Nurses trained in **stroke assessment and management**



Having an **acute service with these 7 characteristics** will greatly improve patient care during the important first few days after a stroke.

4. Staffing

- The **staffing levels are similar** to 2010.

- Almost all hospitals have stroke specialist **consultant doctors**.

| | | | |
|----------------|------|------|------|
| Doctors | 2008 | 2010 | 2012 |
| | 98% | 99% | 100% |

- The number of stroke units with **dietitians and pharmacists** has not changed much since 2010.

| | | | |
|--------------------|------|------|------|
| | 2008 | 2010 | 2012 |
| Dietitians | 96% | 96% | 99% |
| Pharmacists | 86% | 88% | 93% |

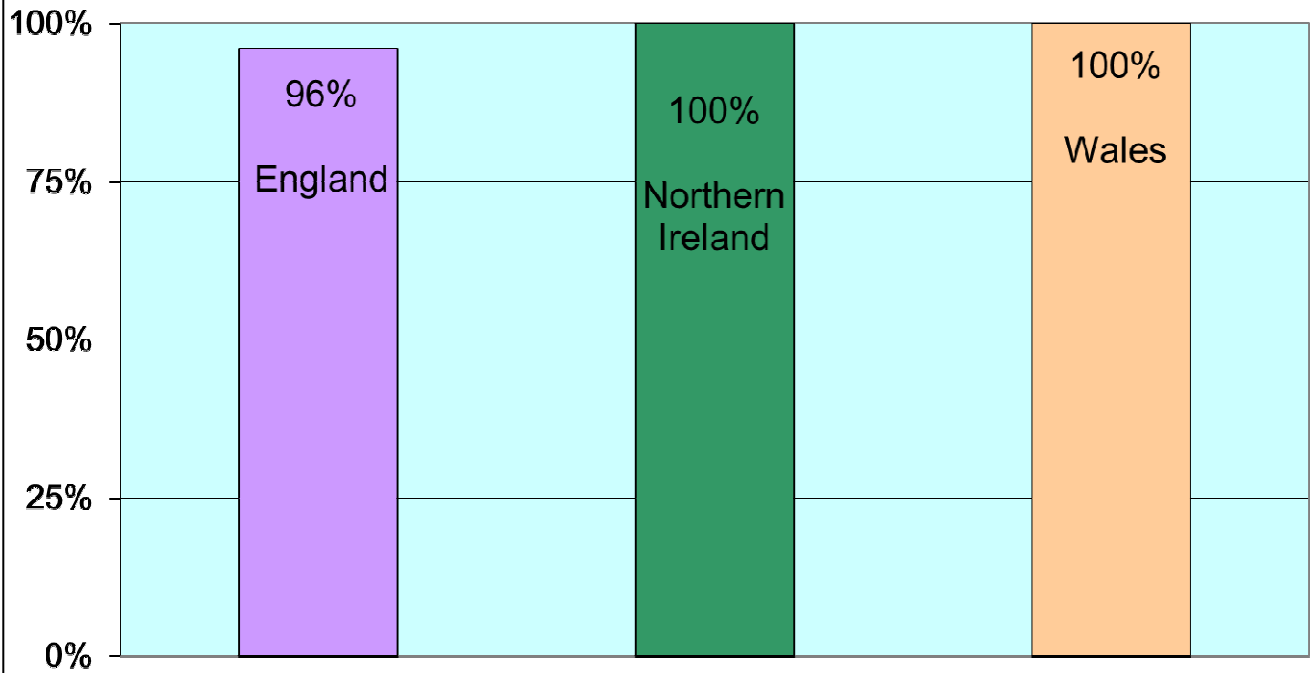
- There are **more psychologists** than before but there is still a severe **shortage** and the improvement since 2010 has been slow.

| | | | |
|-------------------------------|------|------|------|
| Clinical Psychologists | 2008 | 2010 | 2012 |
| | 36% | 39% | 46% |

Social workers

- Nearly every hospital in all three countries has **access to social workers** within 5 days.

Stroke Unit has access to social worker within 5 days



Other Assessments

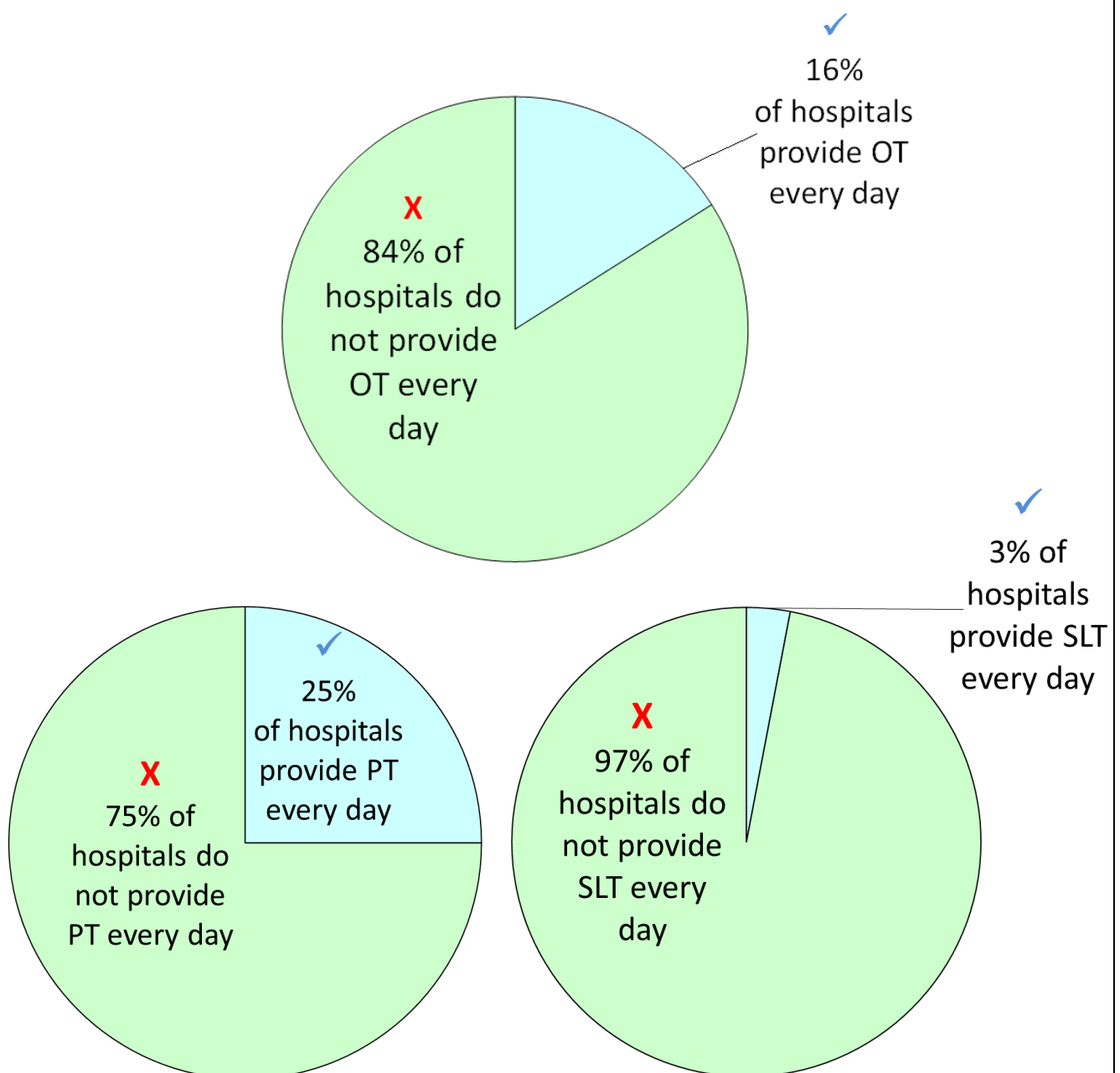
- Although there have been improvements, access **needs to be improved**, especially to foot health.

| Stroke Unit has access within 5 days to: | |
|--|-----|
| Rehabilitation Equipment (Orthotics) | 83% |
| Vision (Orthoptics) | 87% |
| Foot health (podiatry) | 57% |

Therapists

- All stroke units have physiotherapists and occupational therapists. Nearly all stroke units have speech and language therapists.

- **16%** of hospitals provide occupational therapy (OT) 7 days a week.
- **25%** of hospitals provide physiotherapy (PT) every day 7 days a week.
- Only **3%** of hospitals provide speech and language therapy (SLT) 7 days a week.



6. Team working

- **Three quarters** of the hospitals now have team meetings at least **twice a week**.
- **More professions** attend meetings:
 - **nearly all** meetings include **occupational therapists** and **physiotherapists**
 - **nearly all** have a **senior doctor** and a **nurse**
 - **most** have a **speech and language therapist**
 - only **two thirds** include a **social worker**.

Psychologists are still **rarely** represented at team meetings.

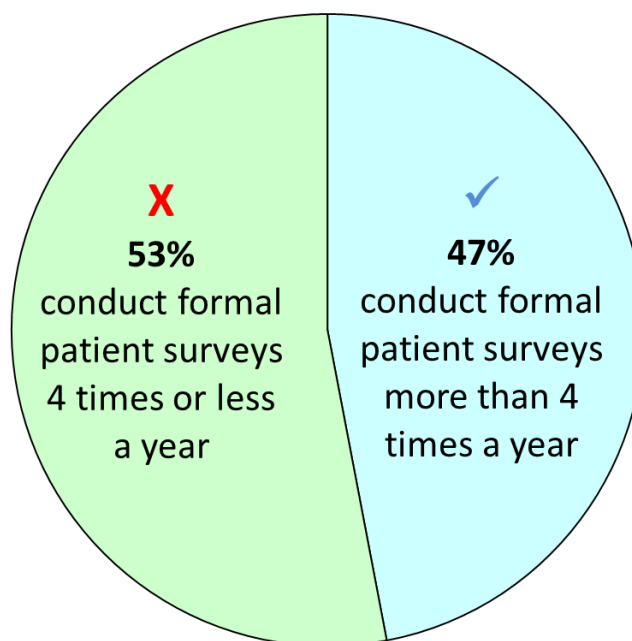


7. Patient and Carer Involvement

- The number of **stroke services** with **links** to patients and carers organisations has reduced since 2010.

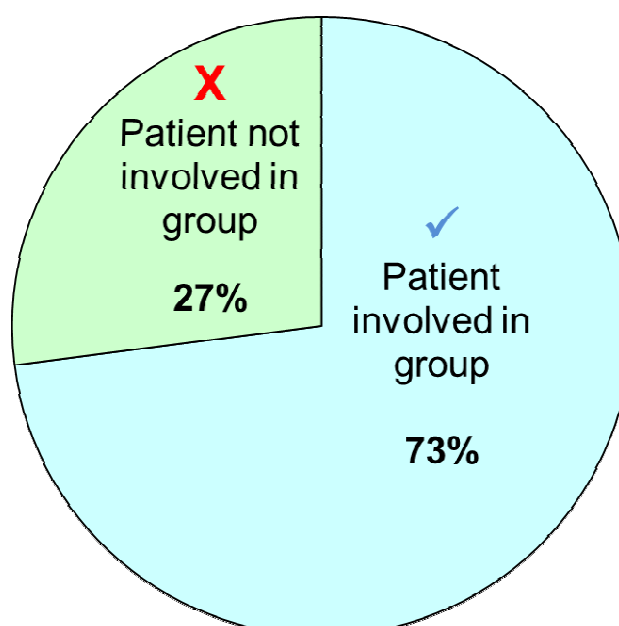
| | | | |
|--|------|------|------|
| Stroke service has formal links with patients' and carers' organisations | 2008 | 2010 | 2012 |
| | 81% | 90% | 88% |

- 47% of hospitals conduct formal patient surveys more than 4 times a year



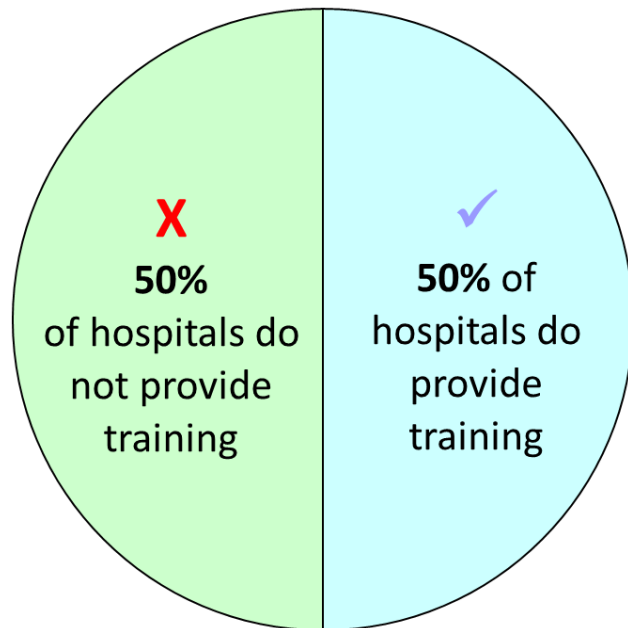
- 93% of hospitals have a **group** responsible for improving stroke care.

Patients are **not involved** in all strategic groups.



8. Patient support and communication

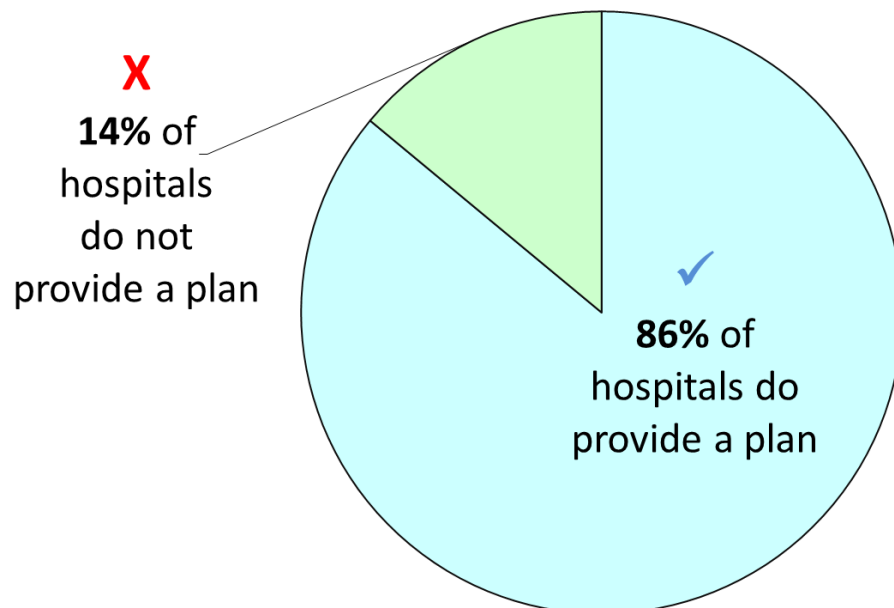
- **Only half** of hospitals give stroke patients the job related training.



Patients in stroke units have access to their **management plan**

| 2008 | 2010 | 2012 |
|------|------|------|
| 80% | 79% | 82% |

- Most hospitals give patients a **personalised rehabilitation plan** when they leave hospital.

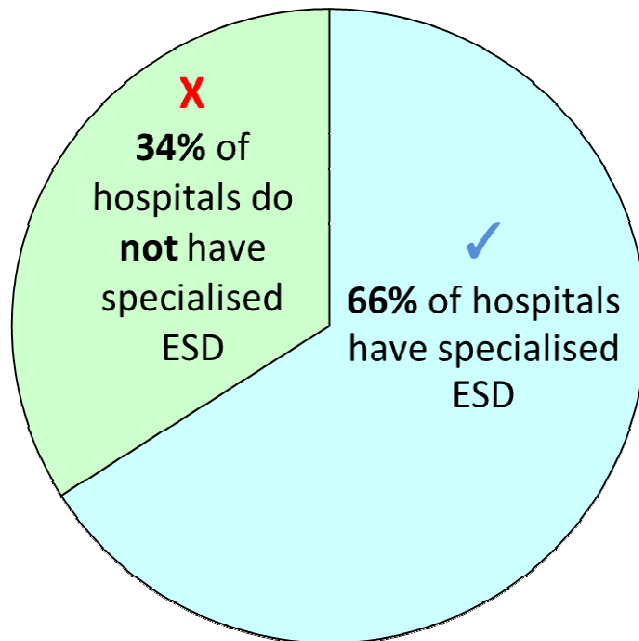


- One quarter of hospitals do not give patients a **named contact** in the hospital when they leave hospital

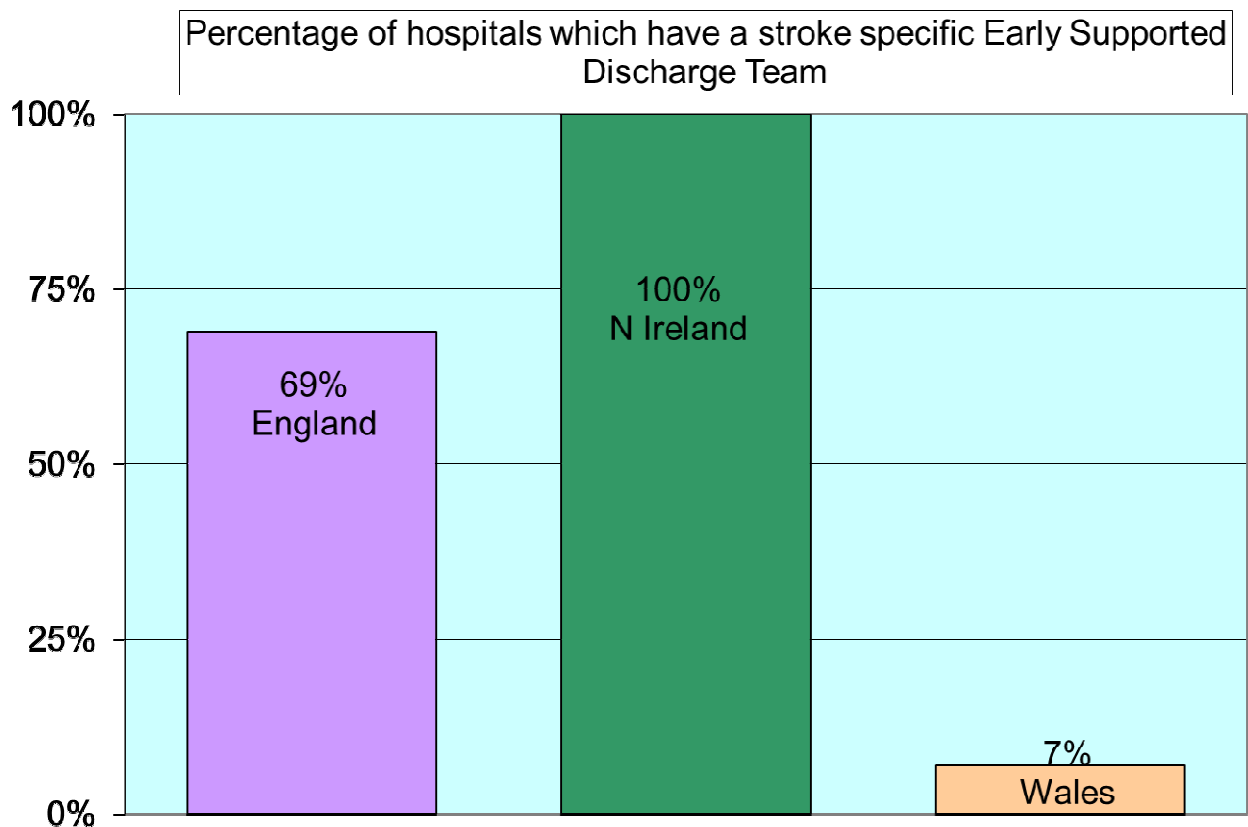
9. Community Stroke Care

Early Supported Discharge

- **66%** of hospitals provide a stroke specialist service to **support early discharge (ESD)** from hospital.

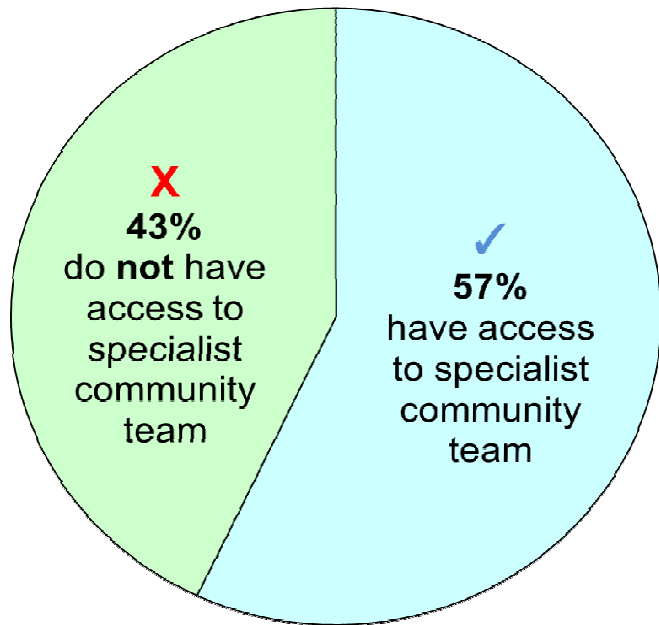


- It is **more common** for hospitals in Northern Ireland to have an Early Supported Discharge Team than anywhere else.
- They are **rarely** available in Wales:



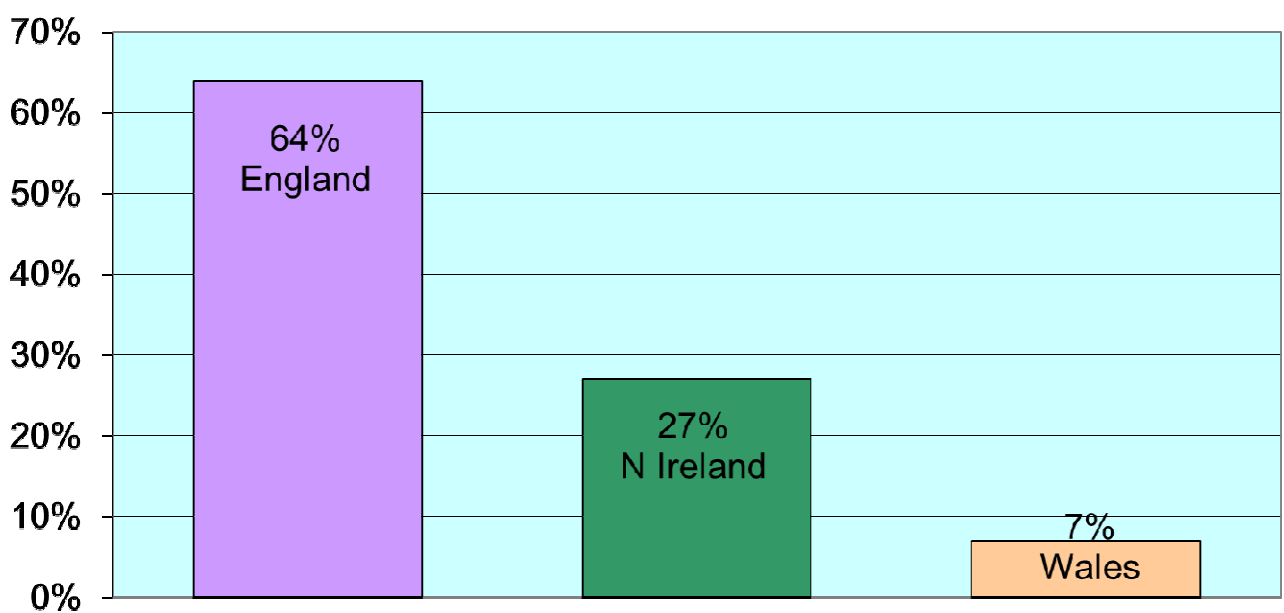
Community Rehabilitation Teams

- **57%** of hospitals have a stroke specialist rehabilitation team in the **community**.



- It is more common for hospitals in England to have access to a specialist community team than anywhere else.

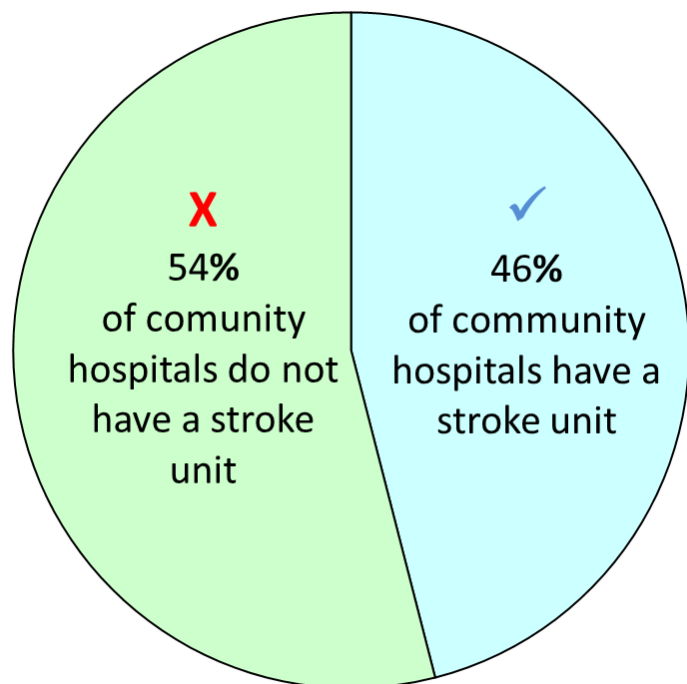
Percentage of hospitals which have access to a stroke specific community rehabilitation team



Community Hospitals

- Patients **often go to community hospitals** after their stay in an acute hospital. 250 community hospitals were identified in the audit.

- However, more than half of these community hospitals **do not have stroke units.**



- 72% of community hospitals have access to Speech and Language Therapy on **5 days a week.**

Chapter 5: Hospital Results

This chapter gives information about how every hospital in England, Wales and Northern Ireland performed in the audit.

The results of the audit are shown in the map on the next page.



The **green** symbols show the top 25% of hospitals. In these hospitals stroke services are organised very well.



The **orange** symbols show the hospitals in the **middle**. In these hospitals stroke services are quite well organised but there is still room for improvement.



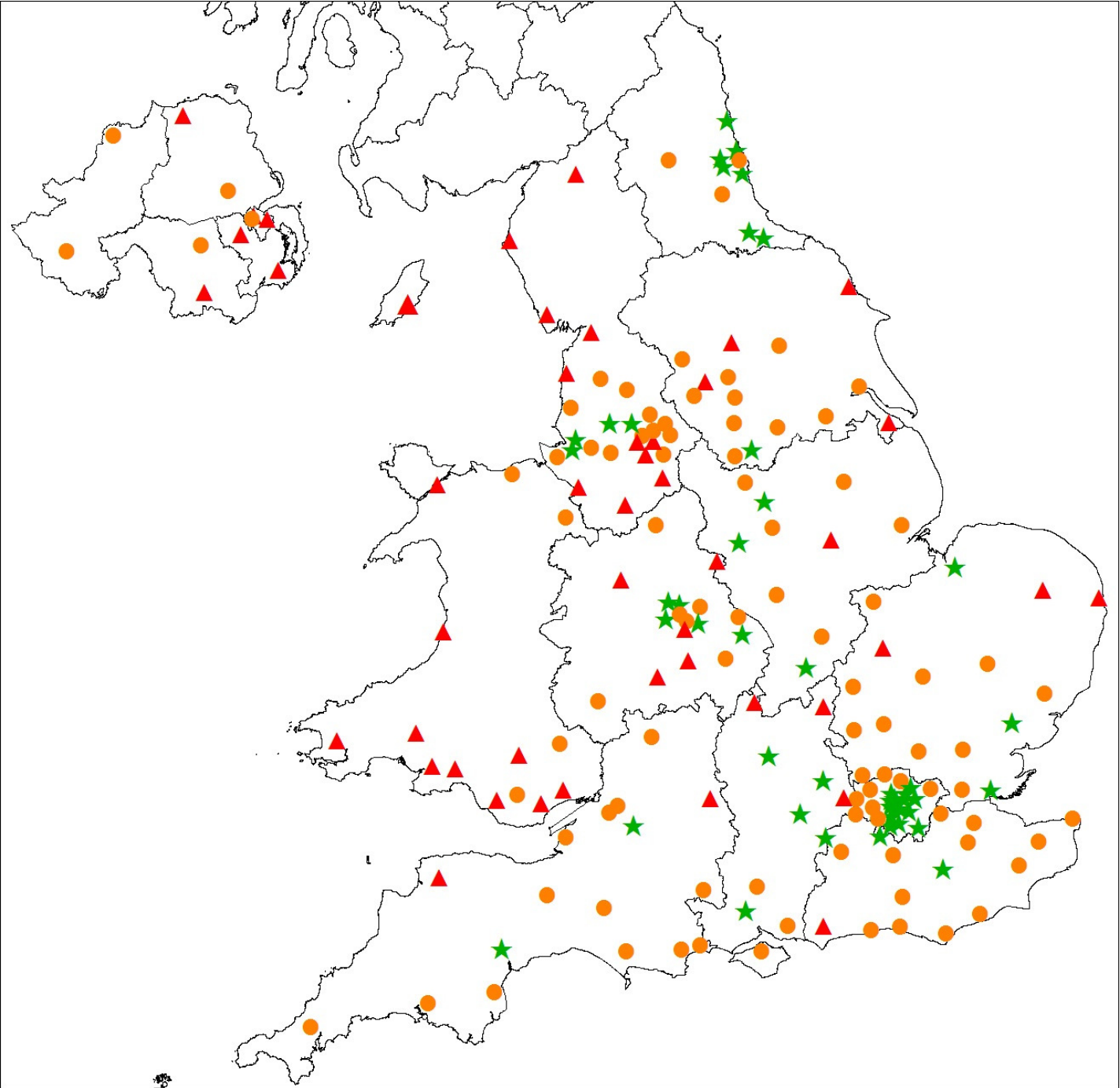
The **red** symbols show the **bottom 25%** of hospitals. These hospitals need to greatly improve how their stroke services are organised.

More information about audit results

- There are more detailed maps available on the RCP website.
- These maps are divided into regions. This will give you more information about the stroke care and services in your local area.
- You can also download the full organisational report which gives more information than this Easy Access Version.
- The web address to access the maps and the full reports

www.rcplondon.ac.uk/ssnap

Organisational Audit Results by Hospital



Chapter 6: Recommendations

This section tells you what hospitals should do to improve stroke services.

| Key words | Recommendation | Current Findings |
|----------------------------|--|--|
| Ambulance | There should be an agreed pathway for ambulance staff to transfer patients directly to the stroke unit. | Only 29% of hospitals have an agreed ambulance pathway. |
| Acute Stroke Unit | <p>Patients with acute stroke should be admitted directly to specialist stroke beds.</p> <p>Acute stroke units should have 7 key characteristics (see page 18).</p> <p>Patients requiring end of life care after stroke should receive this to a high standard on a stroke unit.</p> | <p>68% of hospitals admit patients to general wards in the first few days.</p> <p>Only 12% of stroke units have these 7 characteristics.</p> <p>Stroke units in 4 hospitals do not admit patients who will not recover from their stroke.</p> |
| Community Hospitals | Care of stroke patients transferred to community hospitals should meet the standards defined for specialist stroke unit care set out in the Guideline. | Just under half of community hospitals have stroke units. |

| Key words | Recommendation | Current Findings |
|---------------------------------------|---|---|
| Early Supported Discharge Team | All services should deliver high quality specialist early supported discharge to appropriate patients. | 66% of hospitals have access to a stroke specialist early supported discharge team. |
| Longer Term Rehabilitation | High quality longer term rehabilitation should be provided to all patients who require on-going treatment without undue delay. | 57% of hospitals have a specialist rehabilitation team in the community. |
| Patient involvement | Patients and carers should be involved in all aspect of their stroke care | 47% of hospitals ask patients about their views at more than 4 times a year. 88% of hospitals have links to patient and carer organisations |
| Therapy | Development of seven day rehabilitation services should be made a priority. | 25% of hospitals provide physiotherapy 7 days a week. 16% of hospitals provide occupational therapy every day. 3% of hospitals provide speech and language therapy every day. |
| Thrombolysis | Stroke services should be organised to deliver thrombolysis to all appropriate patients 24 hours a day 7 days a week. | More hospitals provide thrombolysis than previously. 90% provide this 24 hours a day, 7 days a week. |

| Key words | Recommendation | Current Findings |
|--------------------------------------|--|--|
| TIA (mini stroke) | Facilities to investigate high risk patients after TIA should be available at all times including weekends. | Less than half of hospitals can see patients at high risk of a stroke within 24 hours. |
| Vocational Rehabilitation | Job-related rehabilitation should be made available to all stroke patients wishing to return to work. | Half of hospitals give stroke patients training to return to work. |

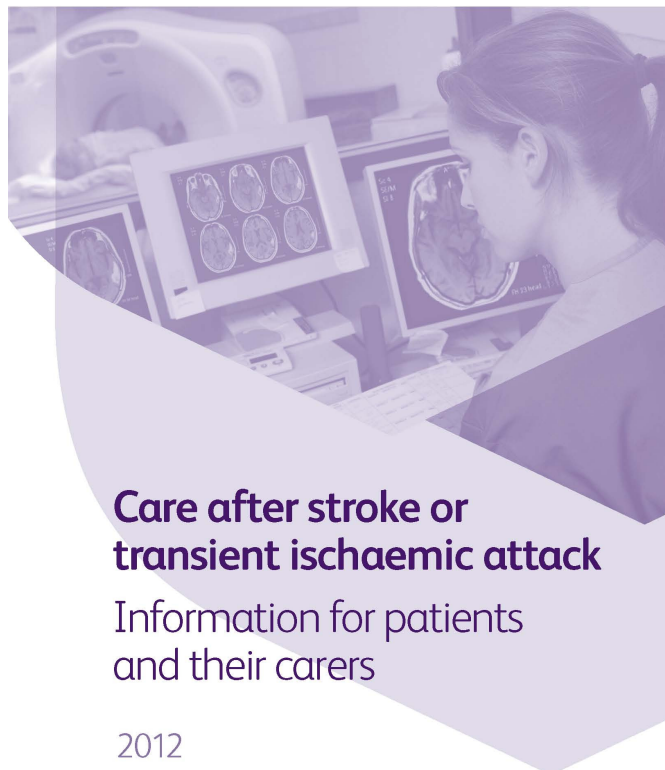
Why not ask your local hospital how they performed in each of these areas?

Useful words

| | |
|---|--|
| Aphasia | Problems with speech and language. |
| Audit (Organisational) | Audit of the service organisation, comparing how stroke care is organised against national guidelines in all the hospitals in England, Wales, Northern Ireland, the Isle of Man and the Channel Islands. |
| Blood Clot | One of the two causes of stroke. The other is bleeding in the brain. |
| Carer | Someone who is not paid but provides support and personal care at home – this includes relatives and friends. |
| CT scan (brain scan) | CT stands for Computerised Tomography. It is an X-ray to look at a problem in someone's brain to help diagnose any problems. |
| National Clinical Guideline for Stroke (2012) | A National set of guidelines for stroke care published by the Intercollegiate Working Party for Stroke (4th edition 2012). |
| SSNAP (Sentinel Stroke National Audit Programme) | A clinical audit project to measure patient care and the organisation of care against guidelines on how to deliver the best care. Recommendations can then be made on how to improve. |

| | |
|--|--|
| National Stroke Strategy (2007) | The Department of Health's plan for improving services for people who have had a stroke. |
| Neurovascular Clinic | An outpatient clinic for patients with TIA (mini-stroke) to investigate causes and help prevent stroke. |
| Thrombolysis | Treatment with a drug that breaks down blood clots. |
| TIA | Transient Ischaemic Attack – a less serious or mini-stroke , where the effects pass quickly and leave no lasting damage. |
| Trusts | In the National Health Service (NHS), trusts are organisational units, e.g. hospital trusts, community trusts, primary care trusts. In this report it usually refers to hospitals. |
| Vocational Training | This is teaching patients the skills they need to return to work. |

Further information on stroke for patients and carers



Care after stroke or transient ischaemic attack

Information for patients
and their carers

2012

- This booklet is a **shorter version** of the ‘National Clinical **Guideline** for Stroke’.
- It is written for **stroke survivors and their carers** but is also useful for anyone who has an interest in stroke care and management.
- It gives **information and advice** on the **care and treatment** of adults **after a stroke** or TIA (mini stroke).
- It also has listings of **organisations and support groups** who can help stroke patients and their families or carers.

Please go to <http://bookshop.rcplondon.ac.uk> if you would like to order this patient version of the ‘Guideline’.



If you would like more copies of this **Easy Access Version**, please contact the Stroke Programme at the Royal College of Physicians

Tel: 020 3075 1383

Email: ssnap@rcplondon.ac.uk

This booklet is a shorter version of the full-length report.

To see the full **SSNAP Organisational Audit Report**, please go to

www.rcplondon.ac.uk/ssnap

If you would like to see the Easy Access Version of the **National Stroke Strategy**, please go to: www.dh.gov.uk/stroke

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.