



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 2014

Easy access version

# Contents

- Useful Contacts and Websites ..... 3
- Introduction to SSNAP Easy Access Report ..... 4
- How to read the results ..... 6
- More information about audit results ..... 9
- 1. Acute Care ..... 10
- 2. Specialist Roles ..... 16
- 3. Team working ..... 22
- 4. TIA/neurovascular clinic..... 26
- 5. Quality improvement, training and research ..... 30
- 6. Planning and access to specialist support ..... 34
- Overall Score ..... 39
- Other information you might find interesting..... 40
- Recommendations..... 42
- Useful words..... 45
- Further information on stroke for patients and carers..... 47

## Useful Contacts and Websites

Disability Living Allowance Helpline (to get information on financial help or if you are seeking to start a claim)

Telephone: 08457 712 3456

Textphone: 08457 722 4433

Carers UK (useful advice and information for carers)

Carers Line: 0808 808 7777

Website: [www.carersuk.org](http://www.carersuk.org)

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

Telephone: 020 7367 0840

Website: [www.ukconnect.org](http://www.ukconnect.org)

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

Tel: 0845 130 7172 or 01908 317618

Website: [www.differentstrokes.co.uk](http://www.differentstrokes.co.uk)

NHS 111/ NHS Choices

Telephone (for non-emergency medical advice): 111

Website: [www.nhs.uk](http://www.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](http://www.relres.org)

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

Tel: 01225 716300

Website: [www.shaw-trust.org.uk](http://www.shaw-trust.org.uk)

Speakability (supports people living with aphasia and their carers)

Helpline: 0808 808 9572

Website: [www.speakability.org.uk](http://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](http://www.stroke.org.uk)

## Introduction to SSNAP Easy Access Report

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

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

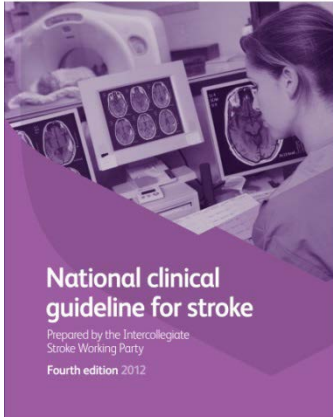
We have tried to present the information in a way which makes it **easy to understand**.

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

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

More **detailed results** are available on this **website** [www.strokeaudit.org/results](http://www.strokeaudit.org/results).

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 2014 we carried out an organisational audit of **183 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 the 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 such as physiotherapists, other organisations such as **The Stroke Organisation**, and **stroke survivors**.

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

## How to read the results

This report gives information about 10 areas of stroke service organisation.

Each area includes a number of key standards.

Each hospital must do well in all standards.

There might be some words that you may be unsure of. Please look at page 44 which has the meanings of useful words.

This report has different information shown in different ways:

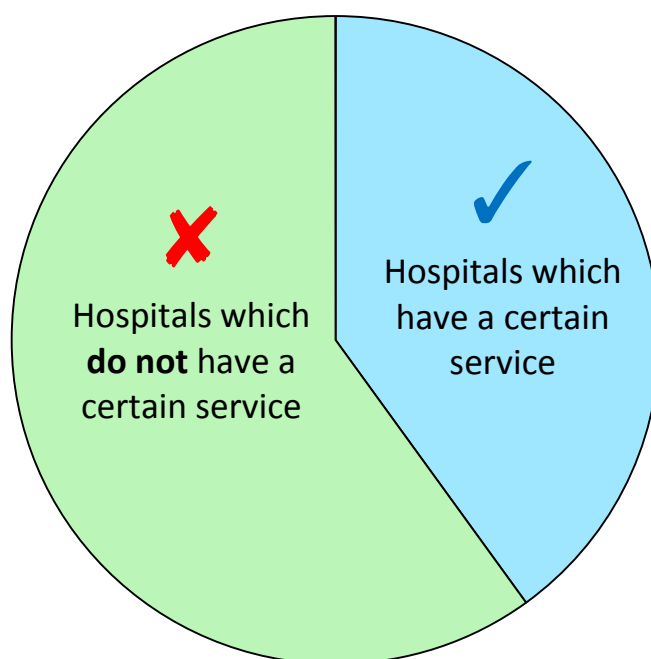


This symbol shows when hospitals are **following the guideline**.

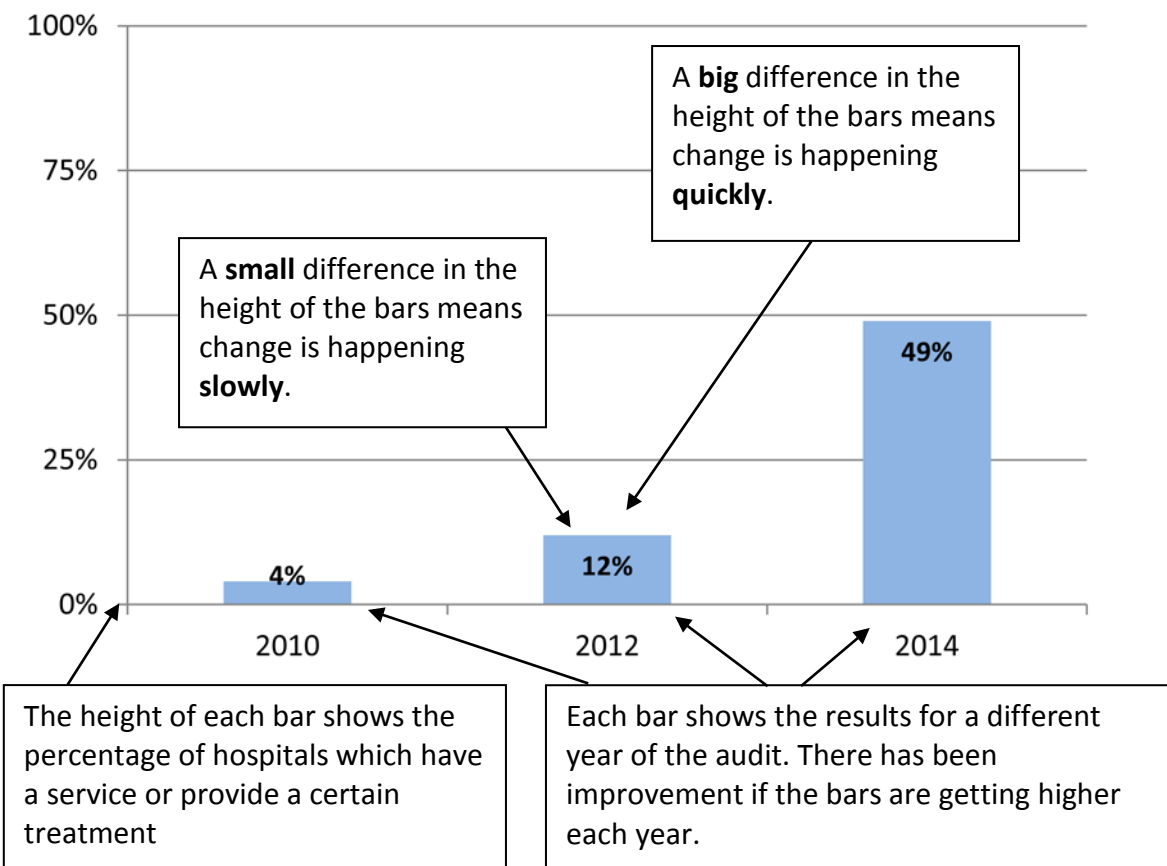


This symbol shows when hospitals are **not following the guideline**.

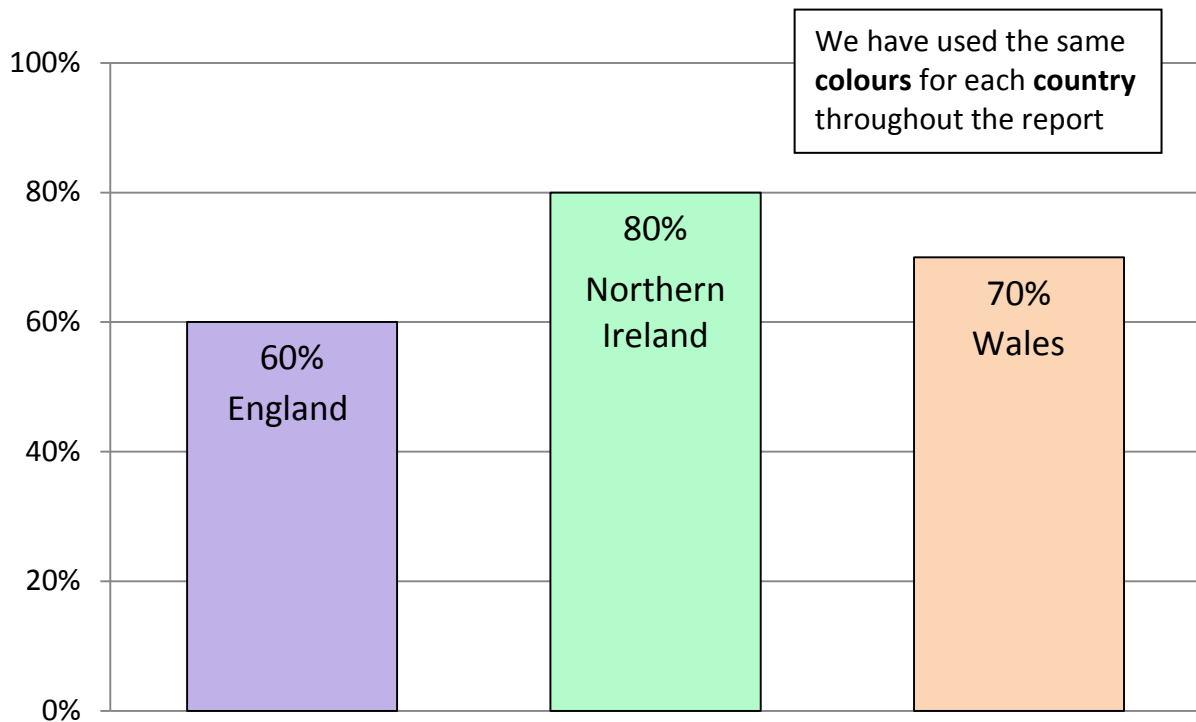
The chart below is an example to show how these symbols are used in the report.



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



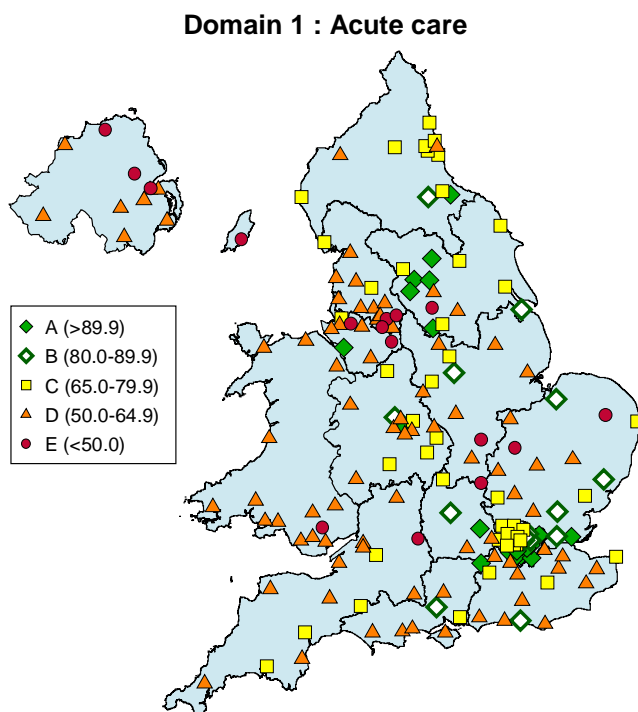
When we are looking at differences between countries within the UK the chart will look like this



The results for each area are shown on a national map







### National maps

They show how well hospitals are organised in **England, Wales, and Northern Ireland**



Source: SSNAP Acute Organisational Audit 2014

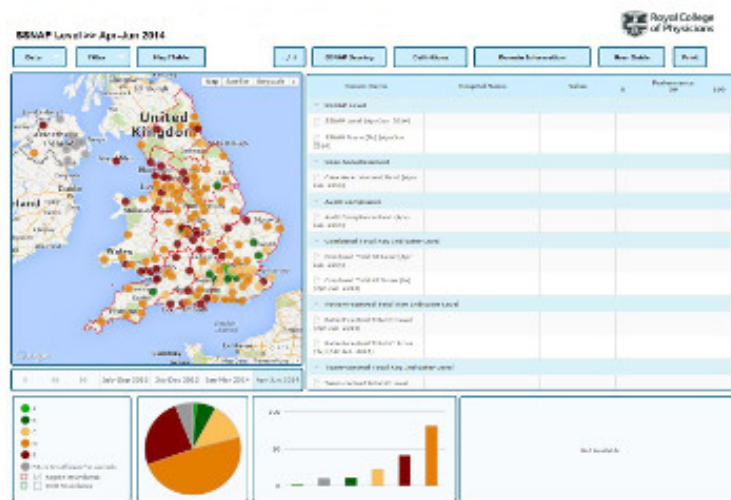
- There is a **box** beside each map.
- It shows which **shapes** are for each **level from A – E**.
- **A** is the **best** level and **E** is the **worst**

Shape	Level	Each area of care
	<b>A</b>	Hospital <b>meets highest standards</b>    Hospital <b>does not meet highest standards</b>
	<b>B</b>	
	<b>C</b>	
	<b>D</b>	
	<b>E</b>	



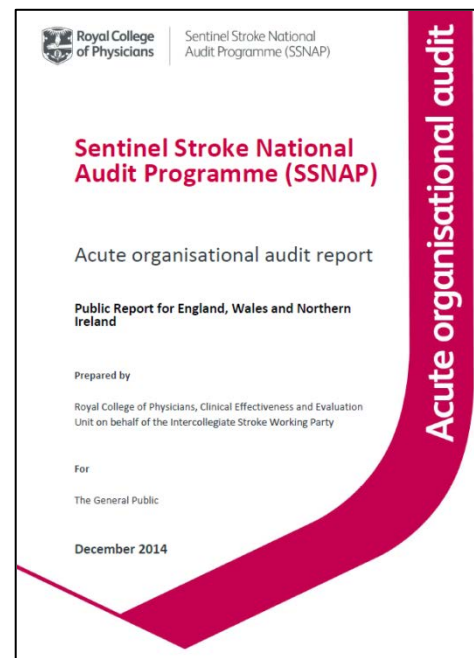
## More information about audit results

There are more details interactive 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 is:

<http://www.strokeaudit.org/results/>

## 1. Acute Care

**What** should be done?

- **'Good' acute service** with 7 characteristics should be provided by all the hospitals where people with stroke are admitted.
- **Clot busting** treatment should be provided at all times of the day and any day of the week.
- There should be more than **3 or more nurses** per 10 stroke unit beds on weekends.

**Why** should it be done?

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

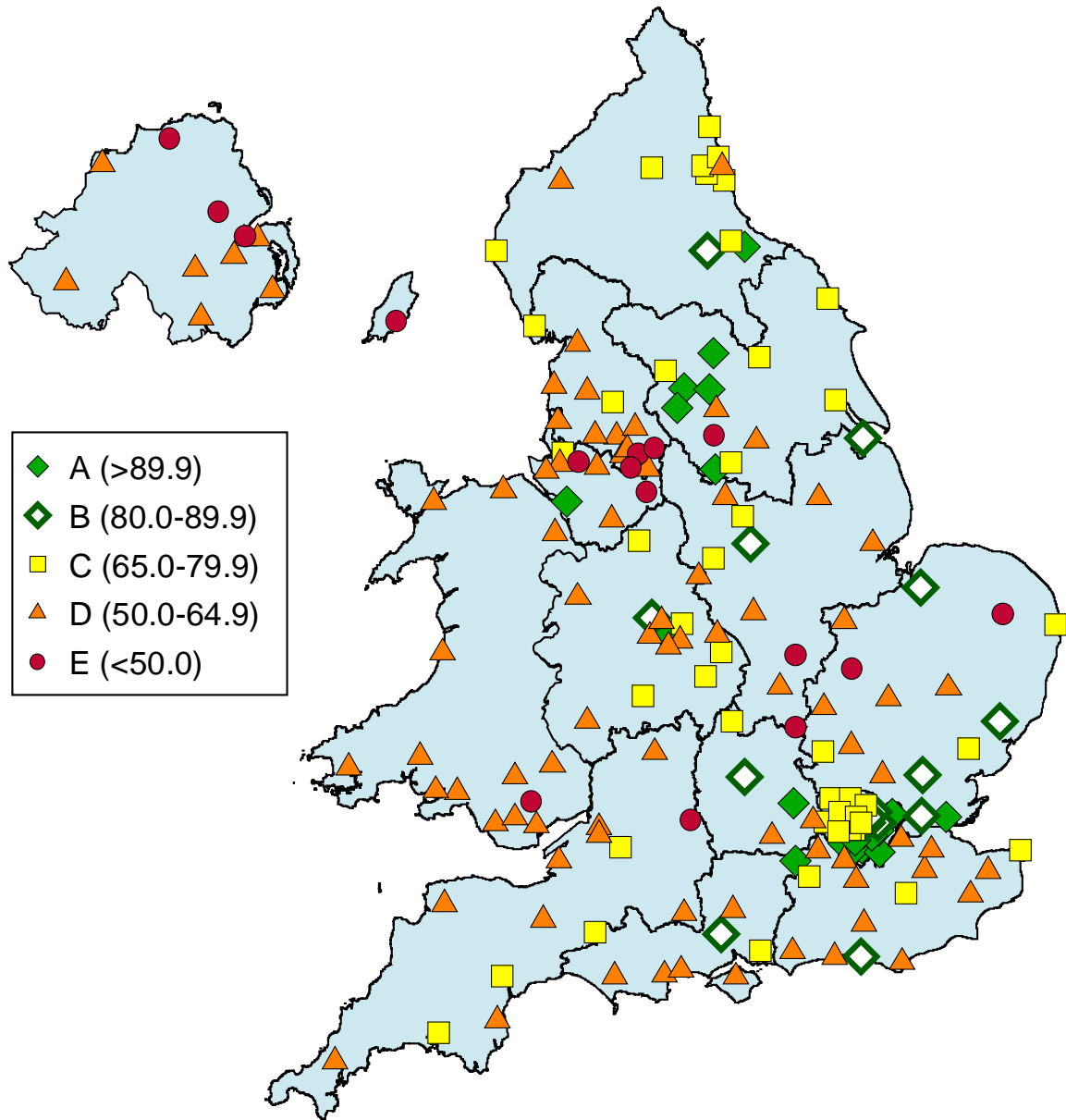
Clot busting treatment can **reduce disability**.

Nurse staffing levels in hospital are important and associated with **increased patient safety** and **reduced deaths**.

## National results

The map below shows how **well** hospitals in England, Wales and Northern Ireland have done for **acute care**.

### Domain 1 : Acute care

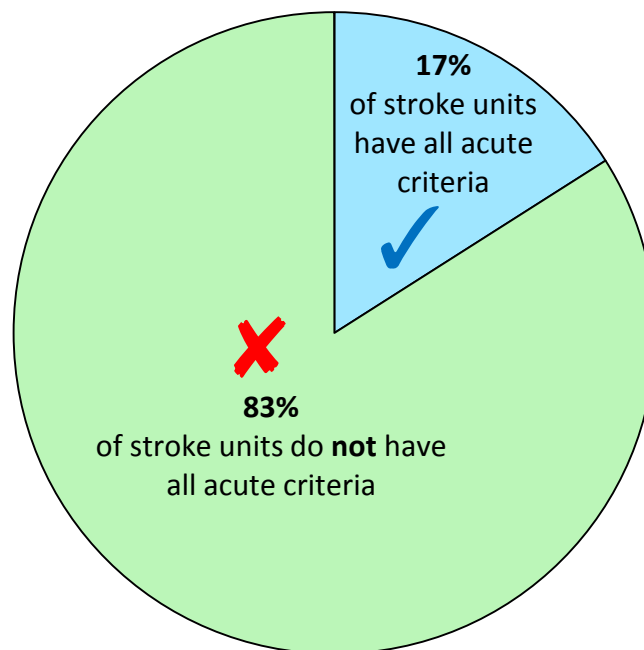


Source: SSNAP Acute Organisational Audit 2014

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

Good acute stroke service needs to have all 7 of the following:

1. **Continuously monitor of key aspects**, (e.g. **level of oxygen**, . blood pressure)
2. **Immediate** access to brain scanning
3. **Direct admission** from A&E / front door to the stroke unit
4. Specialist **ward rounds by consultants** 7 days a week
5. A **written protocol** saying what should be done (procedures)
6. Nurses trained to identify risk of choking (screening for **swallowing problems**)
7. Nurses trained in **stroke assessment and care**

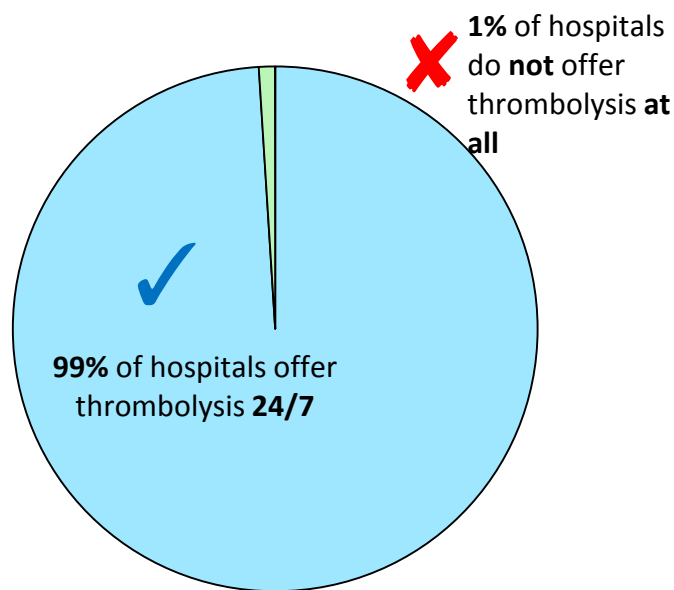


Having an **acute stroke service with all of these 7 characteristics** will greatly improve patient care during the important first few days after a stroke

## Thrombolysis (clot busting treatment):

Sometimes one **hospital** provides the clot-busting treatment for **another** hospital. Local groups of hospitals should decide which hospital the ambulance takes people with stroke to provide the best treatment in the first few days.

99% of hospitals provide thrombolysis 24 hours a day, 7 days a week (in their own hospital or in a nearby hospital)

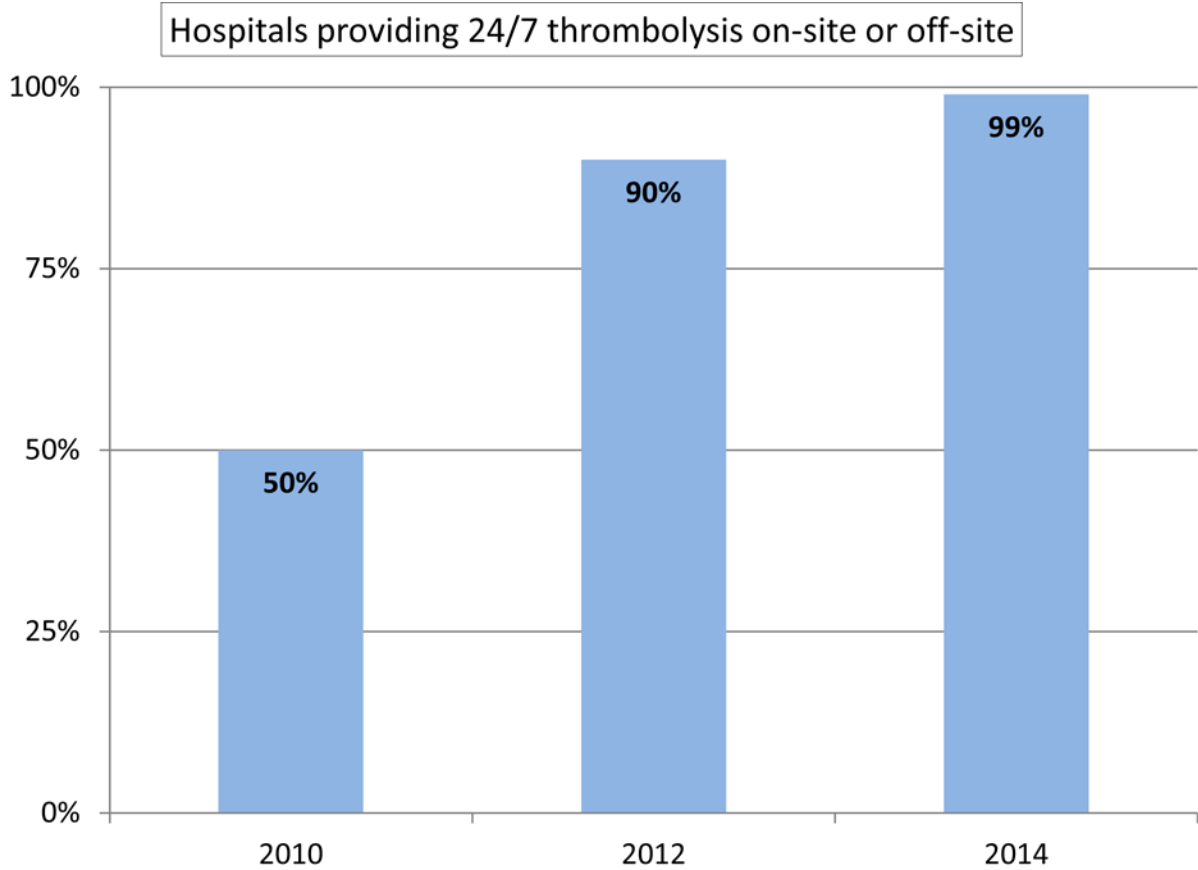


## Differences between countries

All hospitals in Wales and Northern Ireland provided 24/7 thrombolysis. This is usually at their own hospital but is sometimes by working with another hospital. Nearly all hospitals in England provided 24/7 thrombolysis.

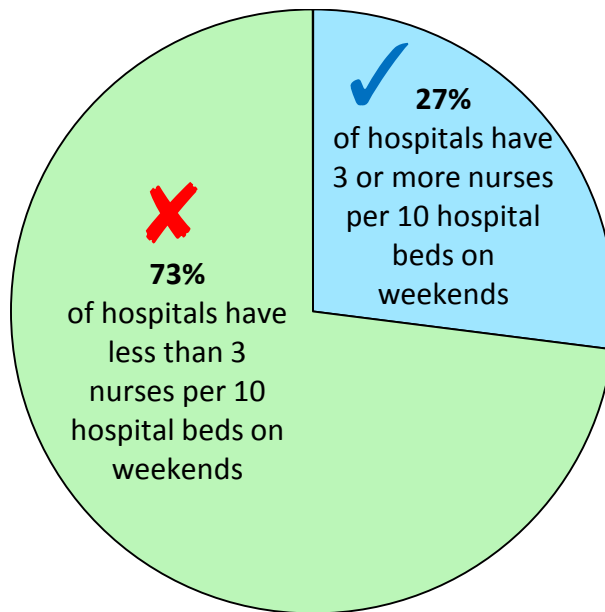
## Differences over time

There are **more** hospitals than before providing thrombolysis 24 hours a day, 7 days a week. Almost all hospitals provide thrombolysis now.



## Nursing Levels

High nursing staffing levels in hospital at weekends are important and it has been shown that when there are more nurses on the stroke unit, the number of patients that die within 30 days is lower.



## 2. Specialist Roles

**What** should be done?

- There should be consultant ward rounds 7 days a week
- There should be access to specialists within 5 days
- Palliative care (special care for dying patients) should be provided
- There should be for support for people who have their stroke whilst still of working age

**Why** should it be done?

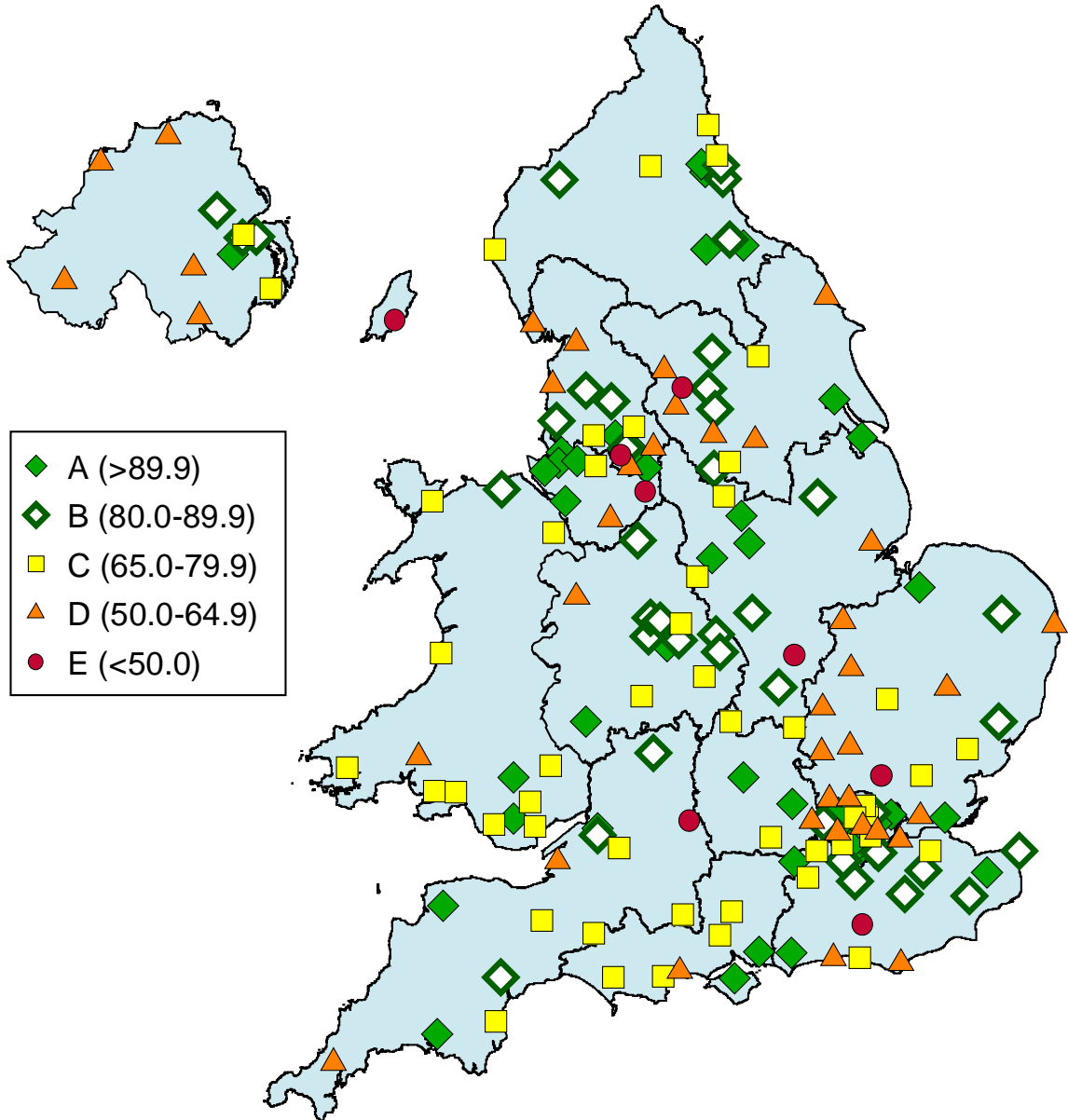
Professionals who specialise in stroke give patients the care they need. This will **improve recovery**.



## National results

The map below shows how **well** hospitals in England, Wales and Northern Ireland have done for **specialist roles**.

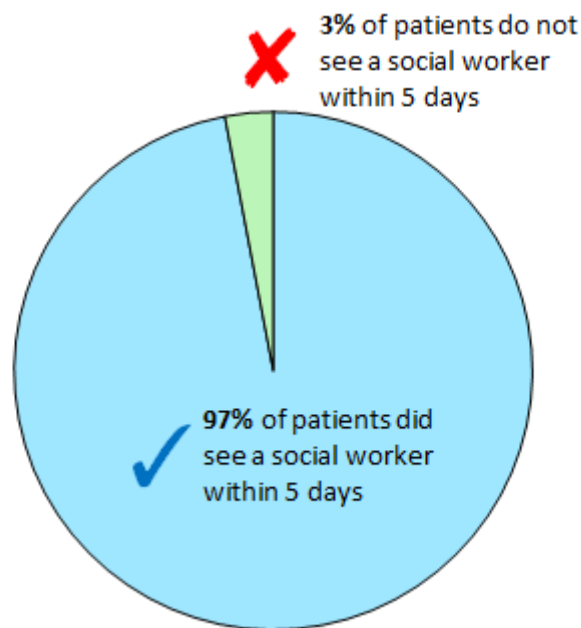
### Domain 2 : Specialist roles



Source: SSNAP Acute Organisational Audit 2014

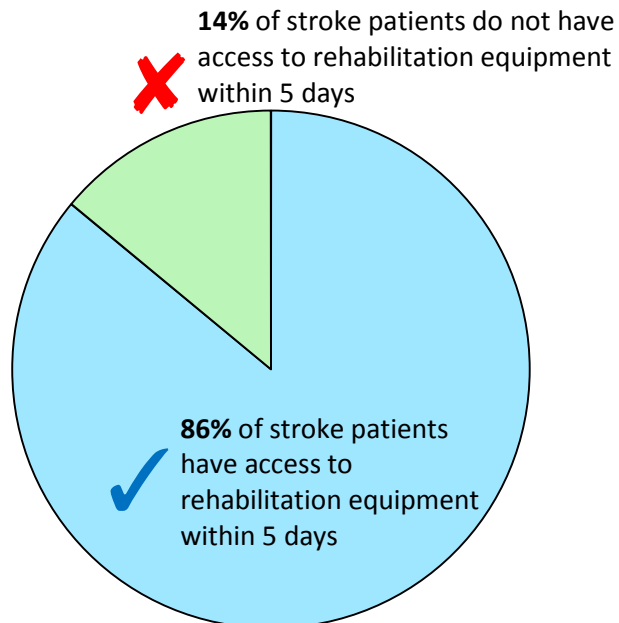
## Access to Specialists within 5 days

Most stroke patients are able to see a social worker within 5 days.

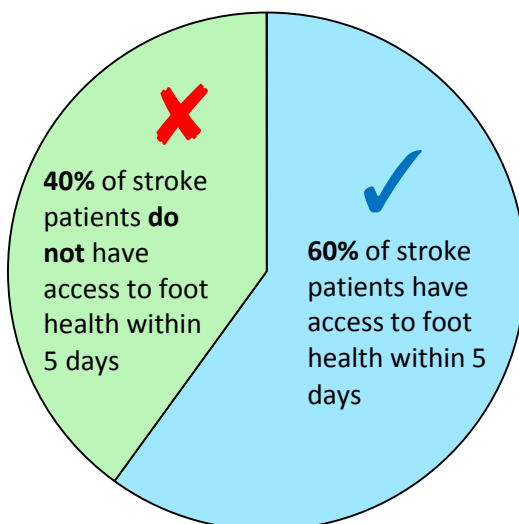
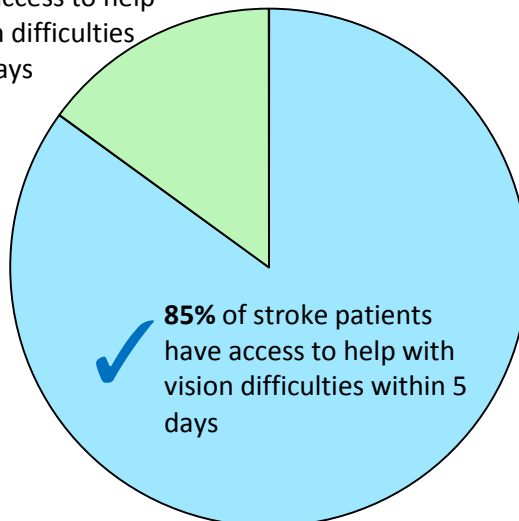


But, there are some key services that need to be improved for stroke patients such as:

- rehabilitation equipment
- help with vision difficulties
- foot health

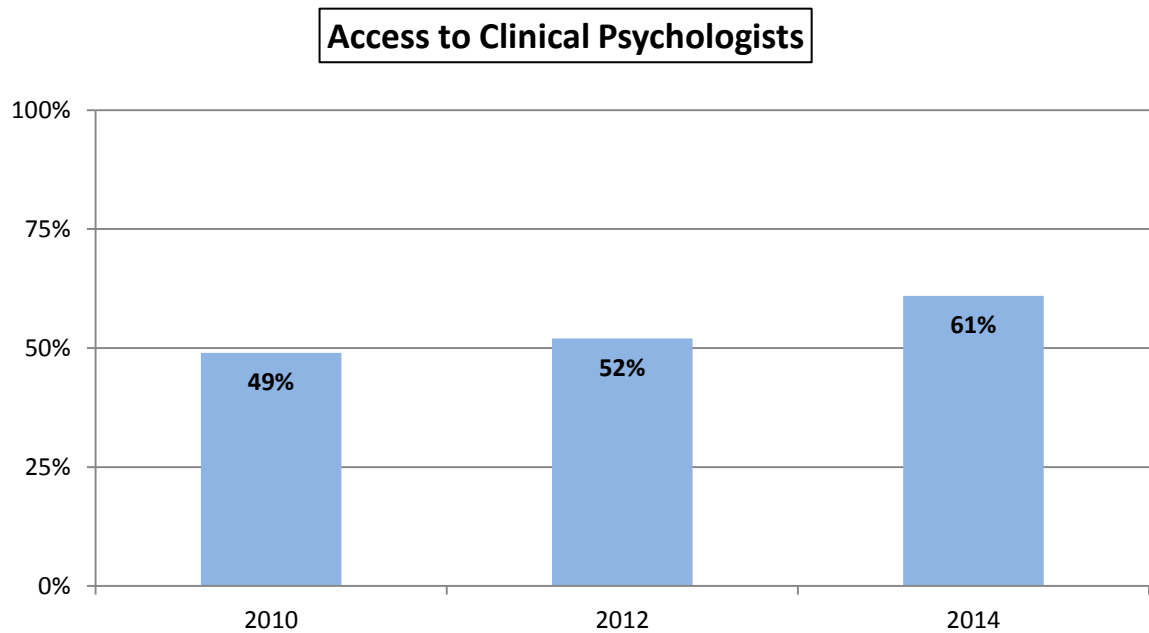


**X** 15% of stroke patients do not have access to help with vision difficulties within 5 days



## Clinical Psychologists

There are **more psychologists** than before but there still is a severe **shortage** and the improvement since 2008 has been slow.



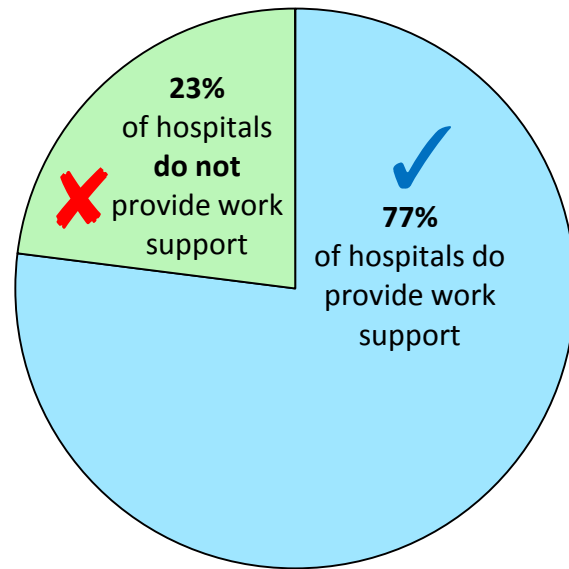
## Palliative Care

All patients who are dying from stroke should have care provided by staff experienced in recognising the need for palliative care and delivering it.

**96%** of hospitals have documented guidance for stroke unit staff on palliative care.

## Support for working age patients

**77%** of hospitals help stroke patients to remain in, return to or withdraw from work.



### 3. Team working

**What** should be done?

- Each stroke service should have staff that have good knowledge and experience of dealing with stroke and be organised as one team
- There should be specialists working 7 days a week
- The stroke team should meet frequently

**Why** should it be done?

Occupational therapy helps people to **re-learn every day activities and skills** following a stroke.

This may include tasks such as getting dressed or hobbies such as painting.

Stroke can cause weakness to one side of the body. **Physiotherapy** can help people with this.

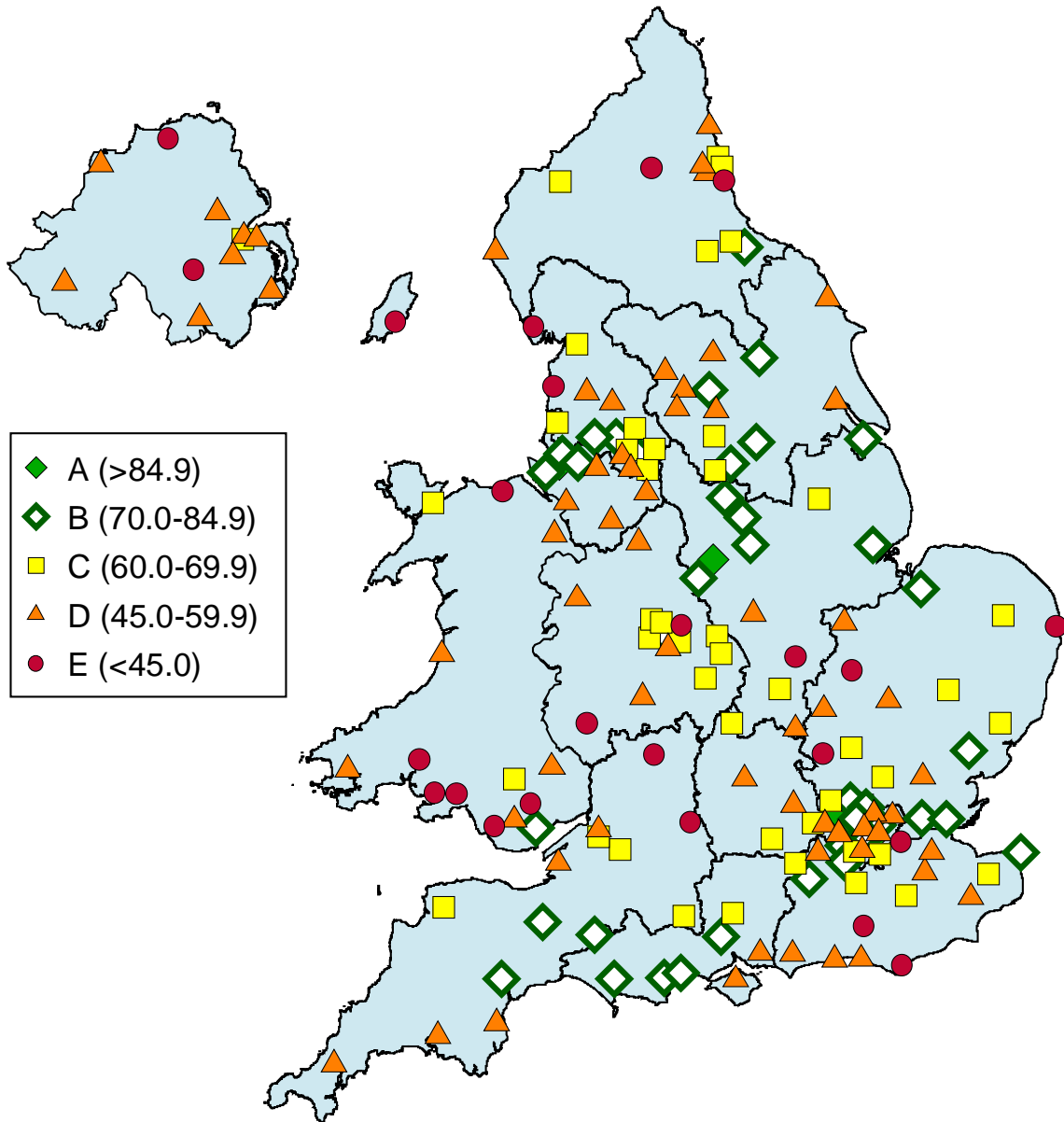
It also helps people to **improve** their **balance** and **movement**.

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

## National Results

The map below shows how **well** hospitals in England, Wales and Northern Ireland have done for **team working**.

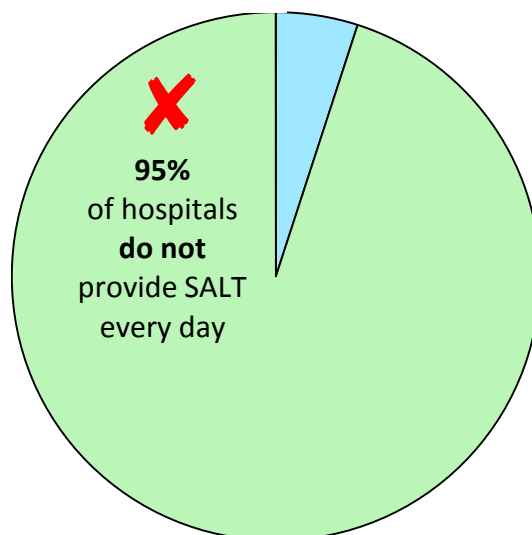
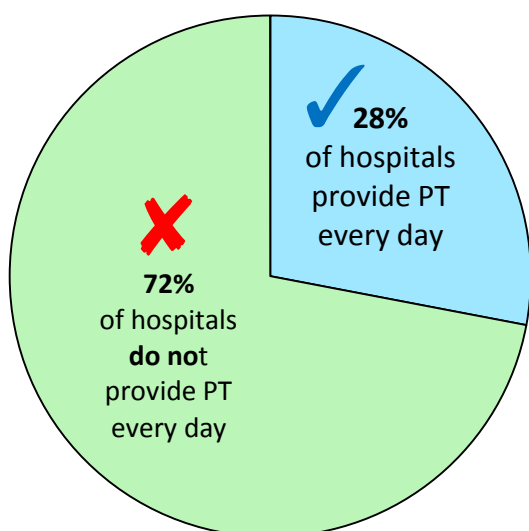
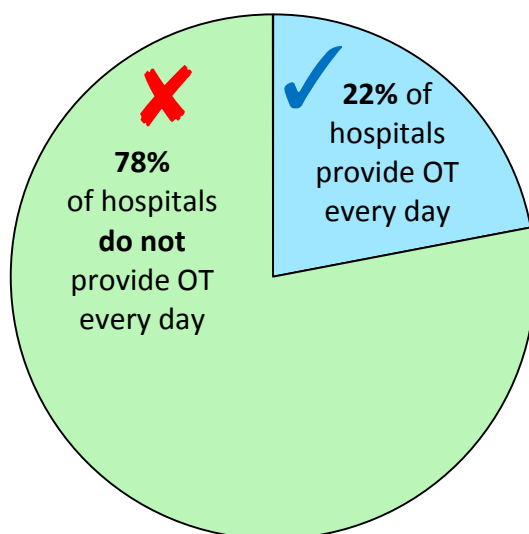
### Domain 3 : Interdisciplinary services



Source: SSNAP Acute Organisational Audit 2014

## Therapists

- 22% of hospitals provide occupational therapy (OT) 7 days a week
- 28% of hospitals provide physiotherapy (PT) 7 days a week
- Only 5% of hospitals provide speech and language therapy (SALT) 7 days a week





## Multidisciplinary care

The number of hospitals with **dieticians** and **pharmacists** have both slightly reduced since 2012.

	2008	2010	2012	2014
<b>Dieticians</b>	96%	96%	99%	98%
<b>Pharmacists</b>	86%	88%	93%	92%

## Team meetings

**80%** of the hospitals now have team meetings at least **twice a week**.

Every hospital has team meetings once a week.

- **all** meetings include **occupational therapists** and **physiotherapists**
- **nearly all** have a **senior doctor** and a **nurse**
- **most** have a **speech and language therapist**
- just over **half** include a **social worker**

**Psychologists** are still rarely represented at team meetings. The number of psychologists attending team meetings has **decreased** since 2012.



## 4. TIA/neurovascular clinic

**What** should be done?

- Patients who have a mini stroke may be at high risk of having a full stroke. It is possible to identify those people at high risk compared to low risk.
- **High-risk** patients should be investigated within **24 hours** of symptoms
- **Low-risk** patients should be seen **within a week**.

**Why** should it be done?

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

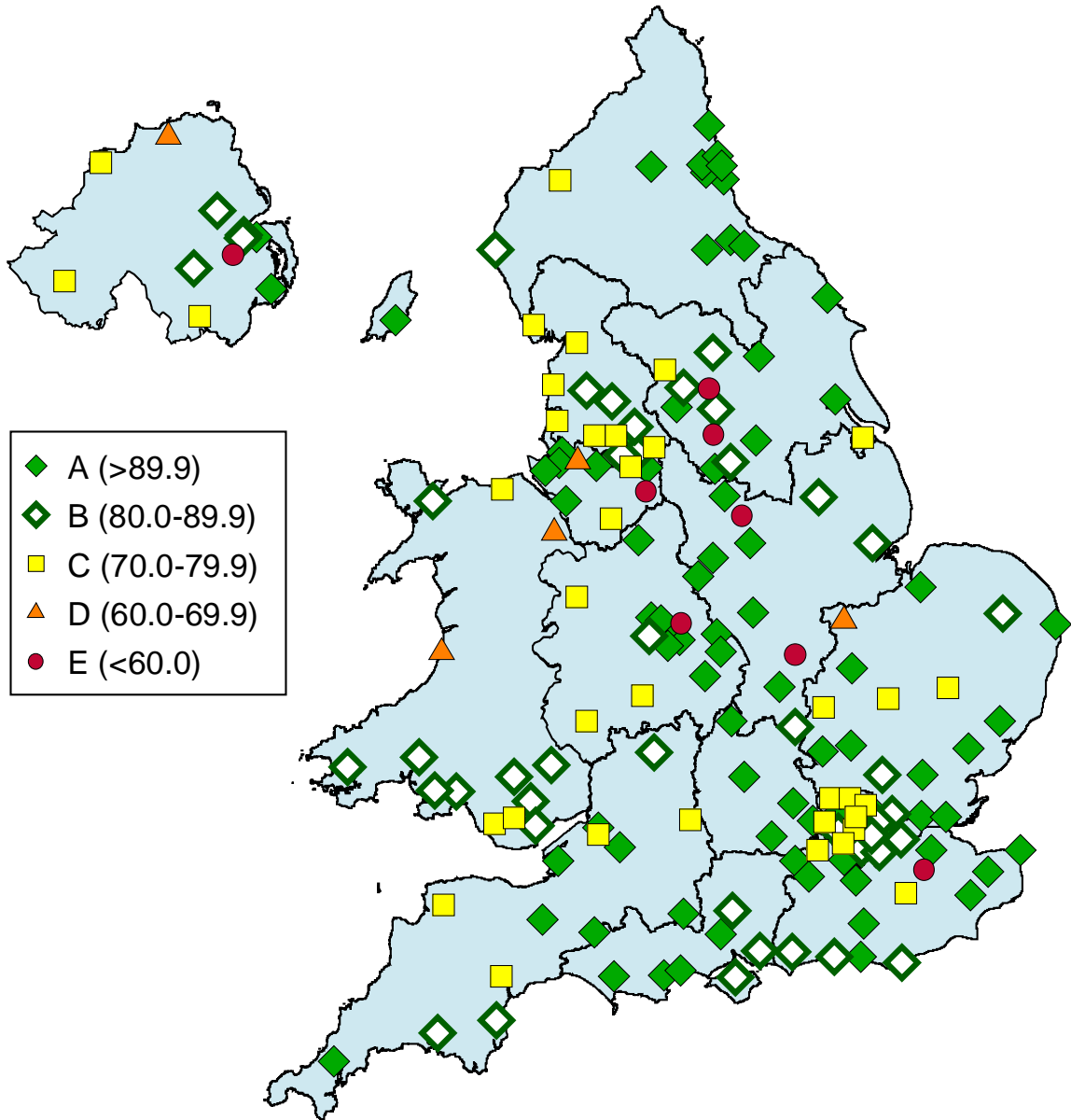
High risk patients should be treated very quickly.

Fast treatment can **reduce** the potential **damage**.

## National Results

The map below shows how **well** hospitals in England, Wales and Northern Ireland have done.

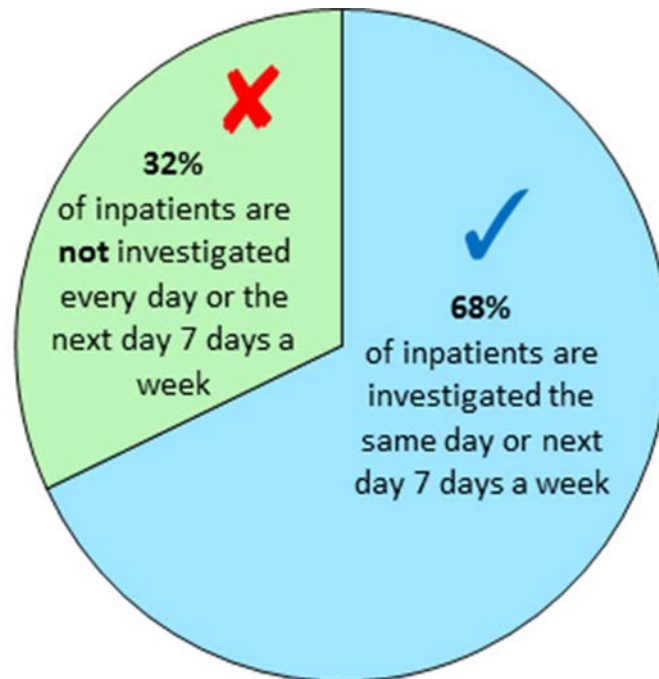
### Domain 4 : TIA/Neurovascular clinic



Source: SSNAP Acute Organisational Audit 2014

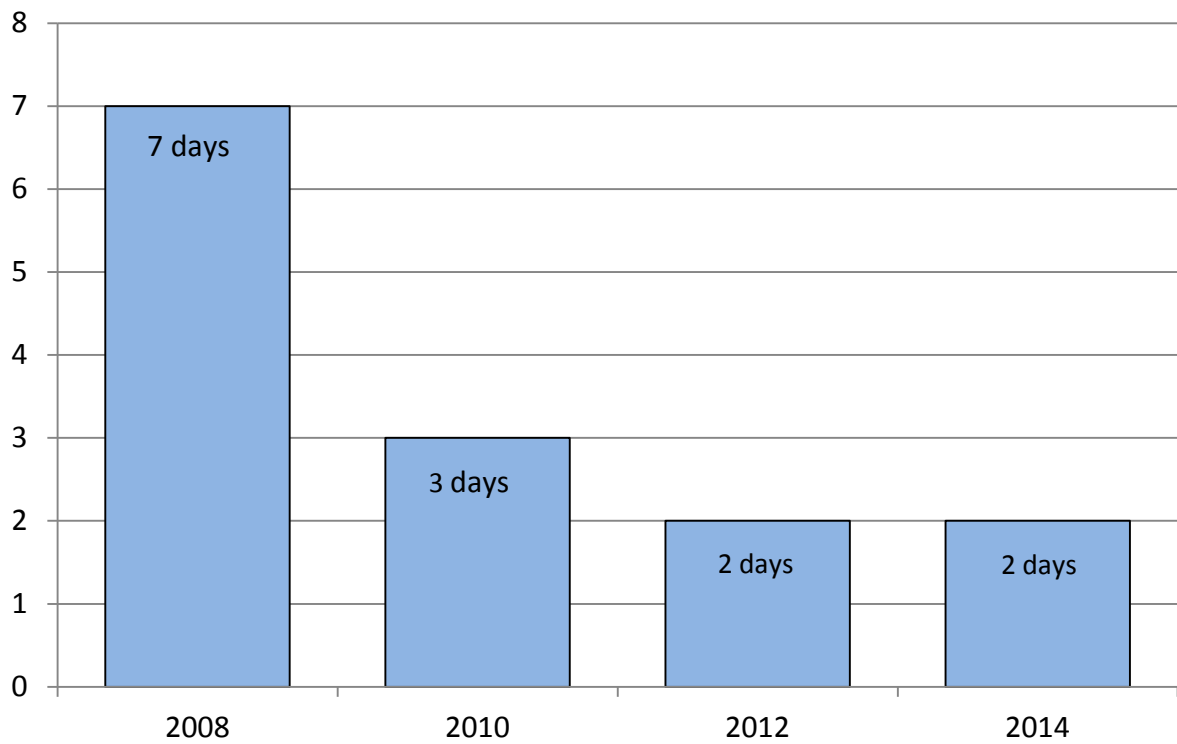
## Mini-stroke (TIA) services

More than **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).



## Waiting time for TIA patients has stayed the same as 2012

Average waiting time for a TIA clinic appointment



## 5. Quality improvement, training and research

**What** should be done?

A yearly **report on stroke services** should be produced

**Funding** should be available for **courses** for nurses and therapists

Hospitals should participate in **research** studies

**There should be formal links** with patient and carers **organisations**

Patients and carers should be asked about their **views** on stroke services

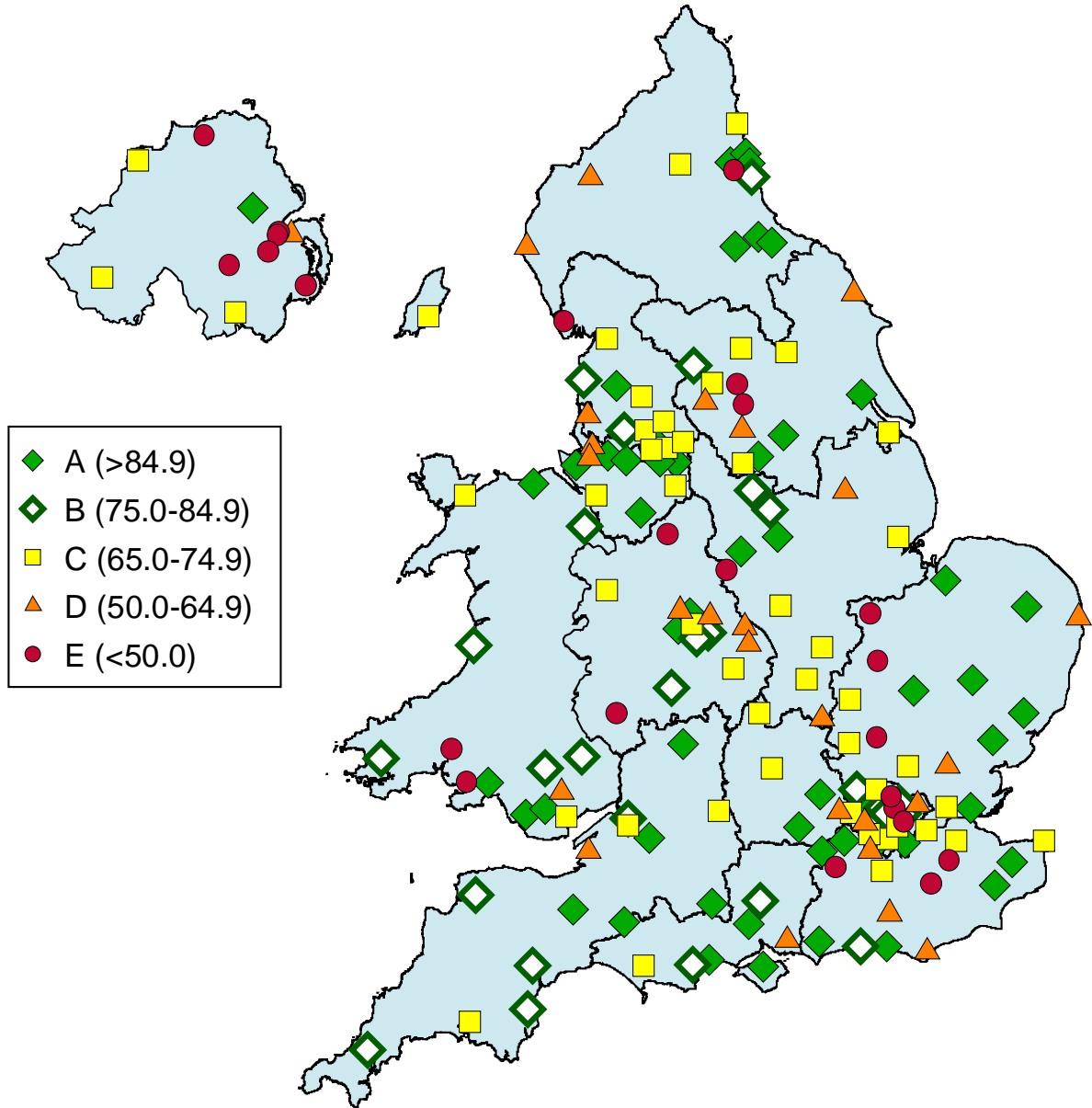
**Why** should it be done?

**Patient and carer involvement** will ensure the development and delivery of high quality stroke services. People who have been through the service can provide information which will help the team understand the problems from the inside.

## National Results

The map below shows how **well** hospitals in England, Wales and Northern Ireland have done.

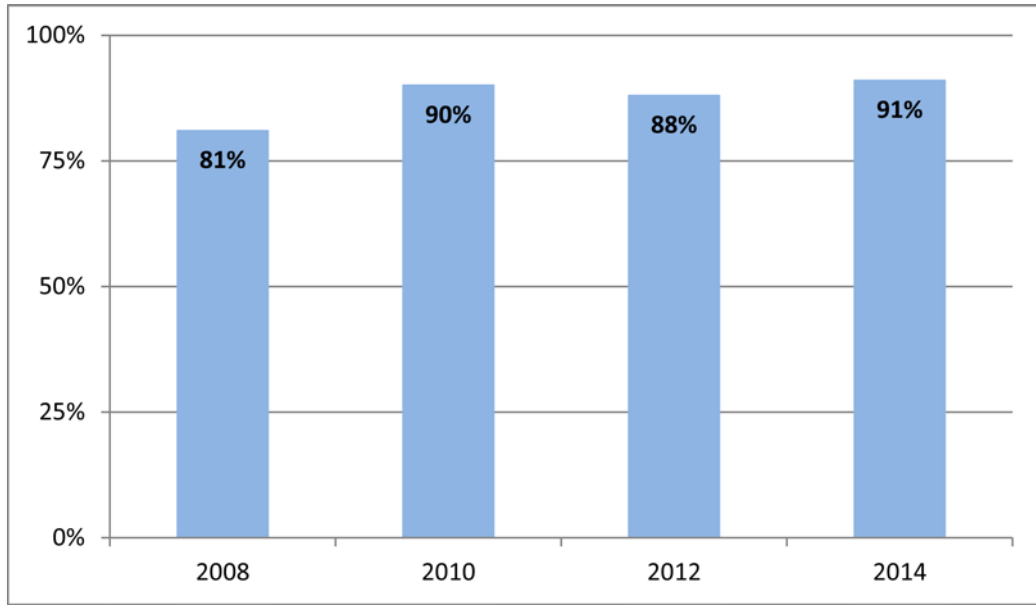
### Domain 5 : Quality improvement, training & research



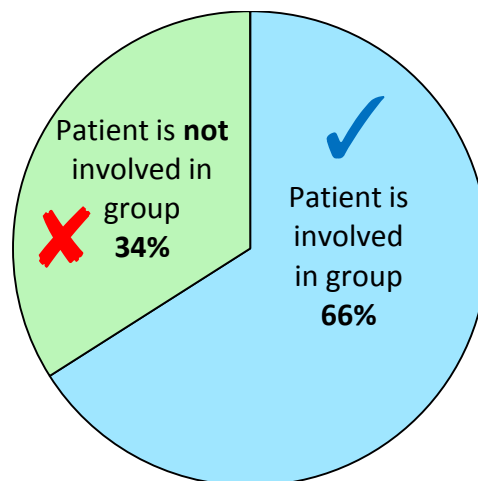
Source: SSNAP Acute Organisational Audit 2014

## Patient and carer involvement

The number of stroke services with links to patients and carers organisation has increased since 2012.

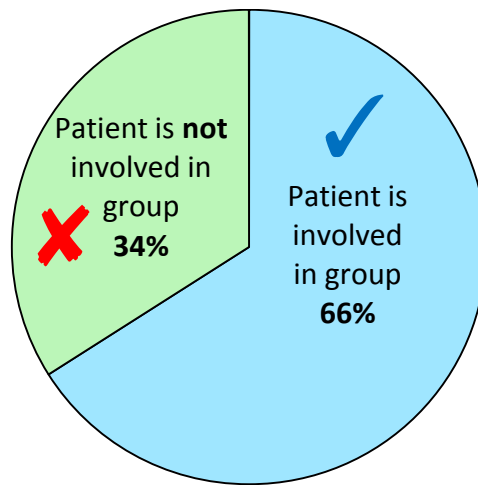


**60%** of hospitals carry out formal patient surveys more than 4 times a year.





**96%** of hospitals have a group responsible for improving stroke care. However **34%** patients are **not involved** in helping hospitals improve stroke care.



## 6. Planning and access to specialist support

**What** should be done?

- **Information** should be available to **patients**
- Patients should be given **their own rehabilitation plan**
- Patients should have access to a **specialist Early Supported Discharge Team (ESD)** and **community rehabilitation team**

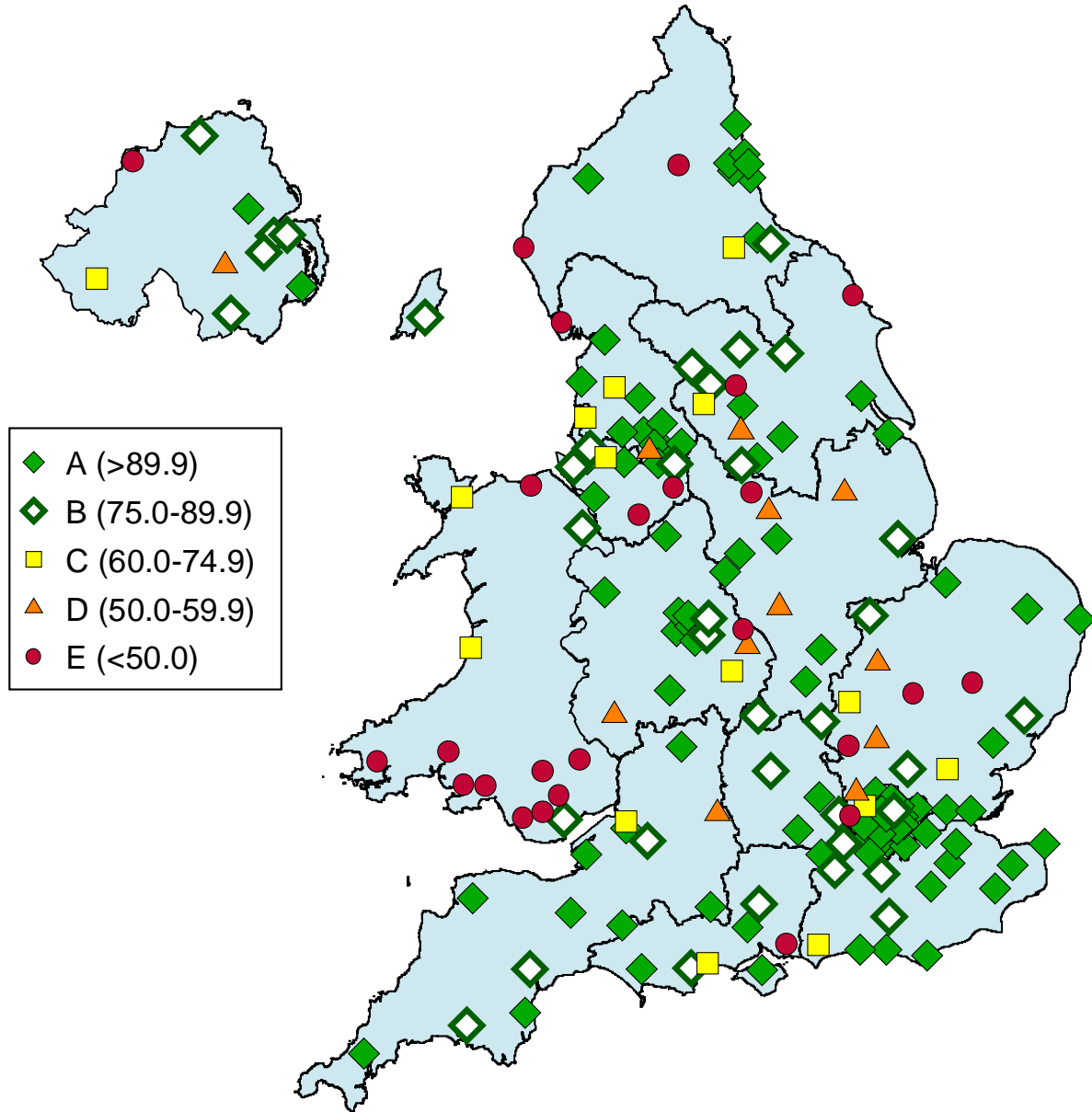
**Why** should it be done?

Patient and carers should be given **information about the services and support** they may need and how to access them on discharge from hospital, as well as on how to **prevent further strokes.**

## National Results

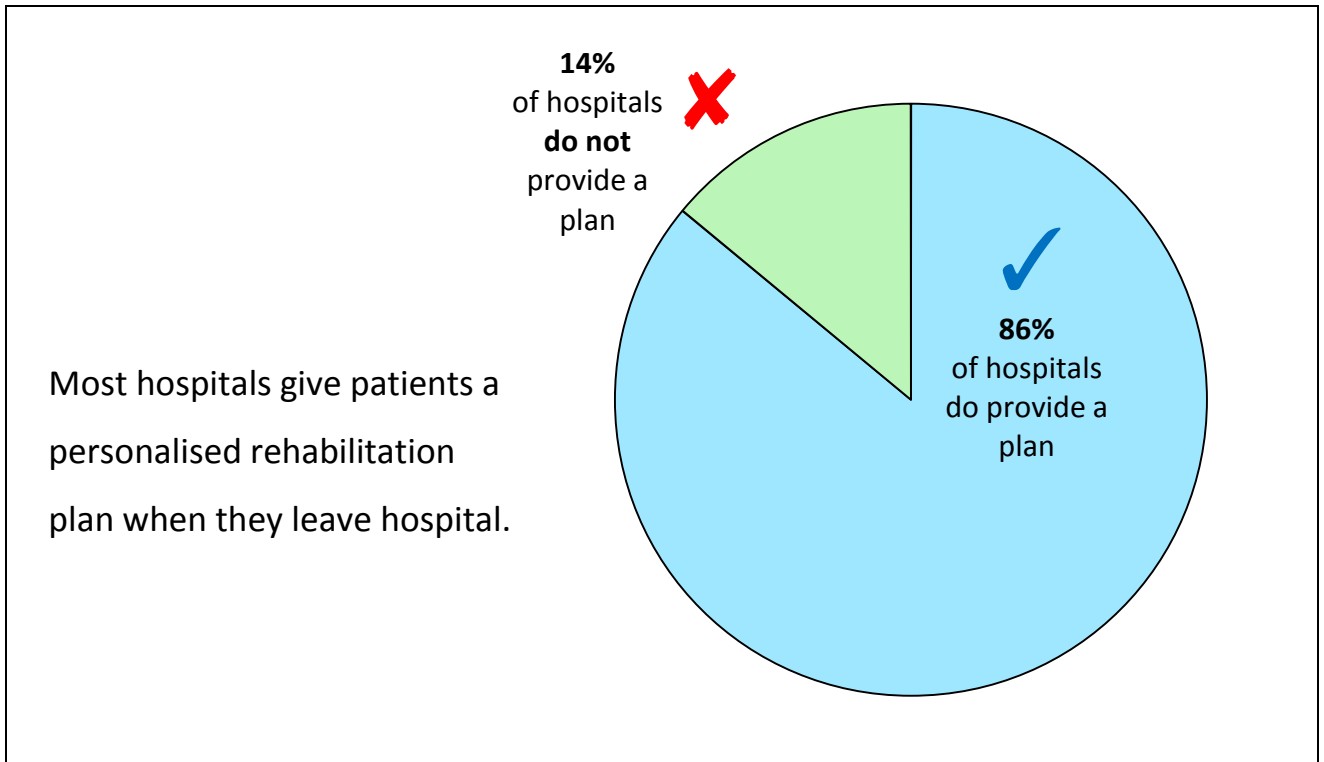
The map below shows how **well** hospitals in England, Wales and Northern Ireland have done for **planning and having access to specialist support**.

### Domain 6 : Planning & access to specialist support

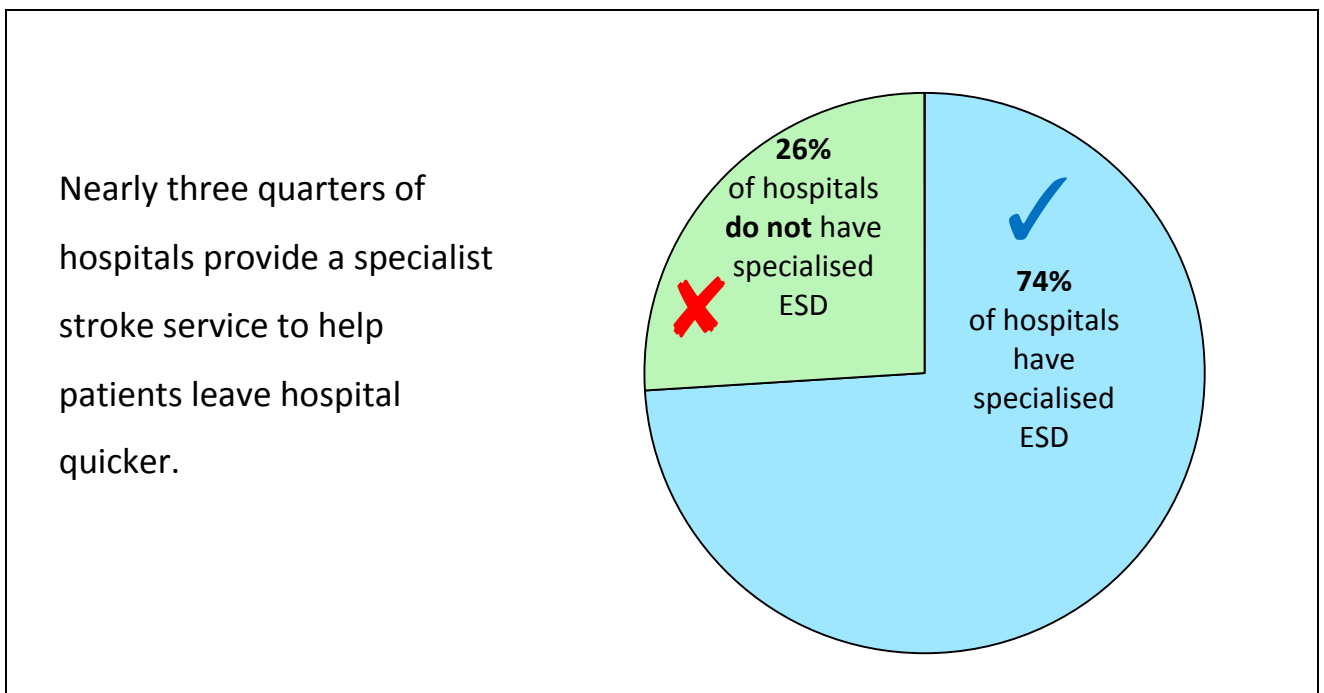


Source: SSNAP Acute Organisational Audit 2014

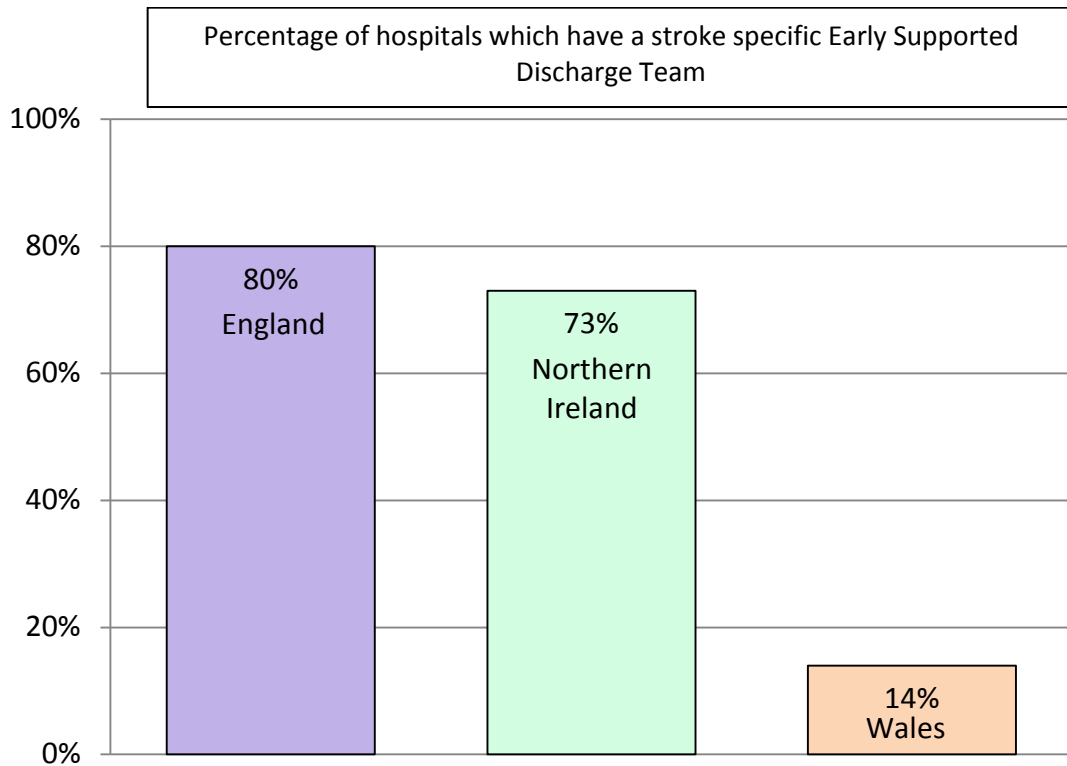
## Patient support and communication



## Early Supported Discharge (ESD)

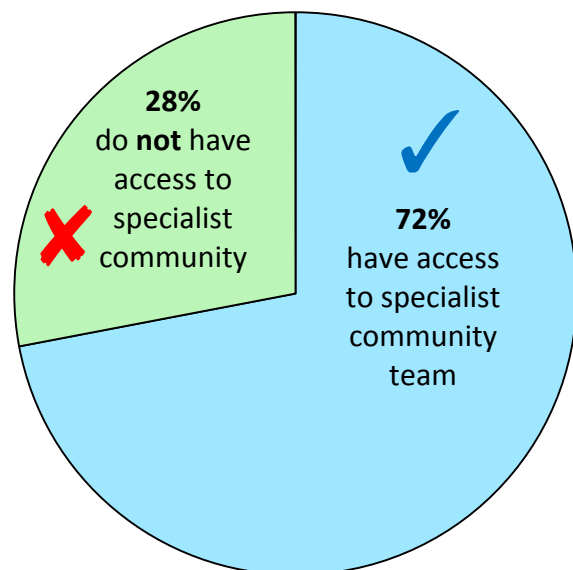


- It is **more common** for hospitals in England and Northern Ireland to have an Early Supported Discharge Team
- They are **rarely available** in Wales

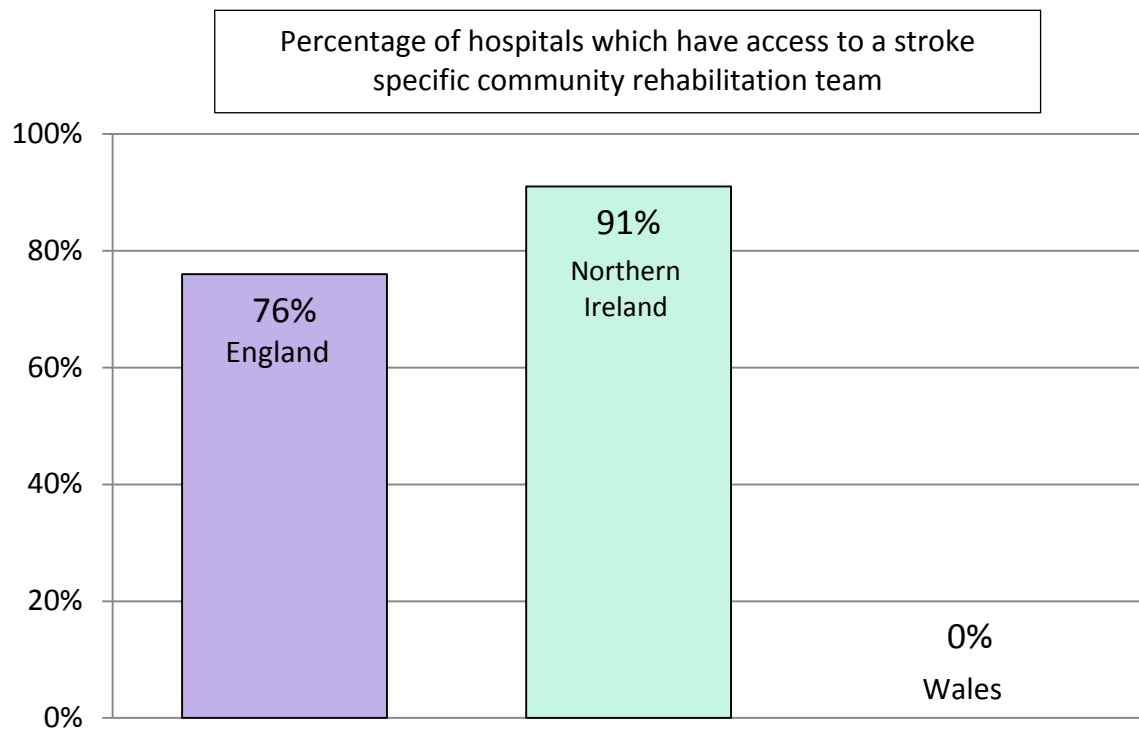


### Community Rehabilitation Teams

Nearly three quarters of hospitals have a stroke specialist rehabilitation team in the community



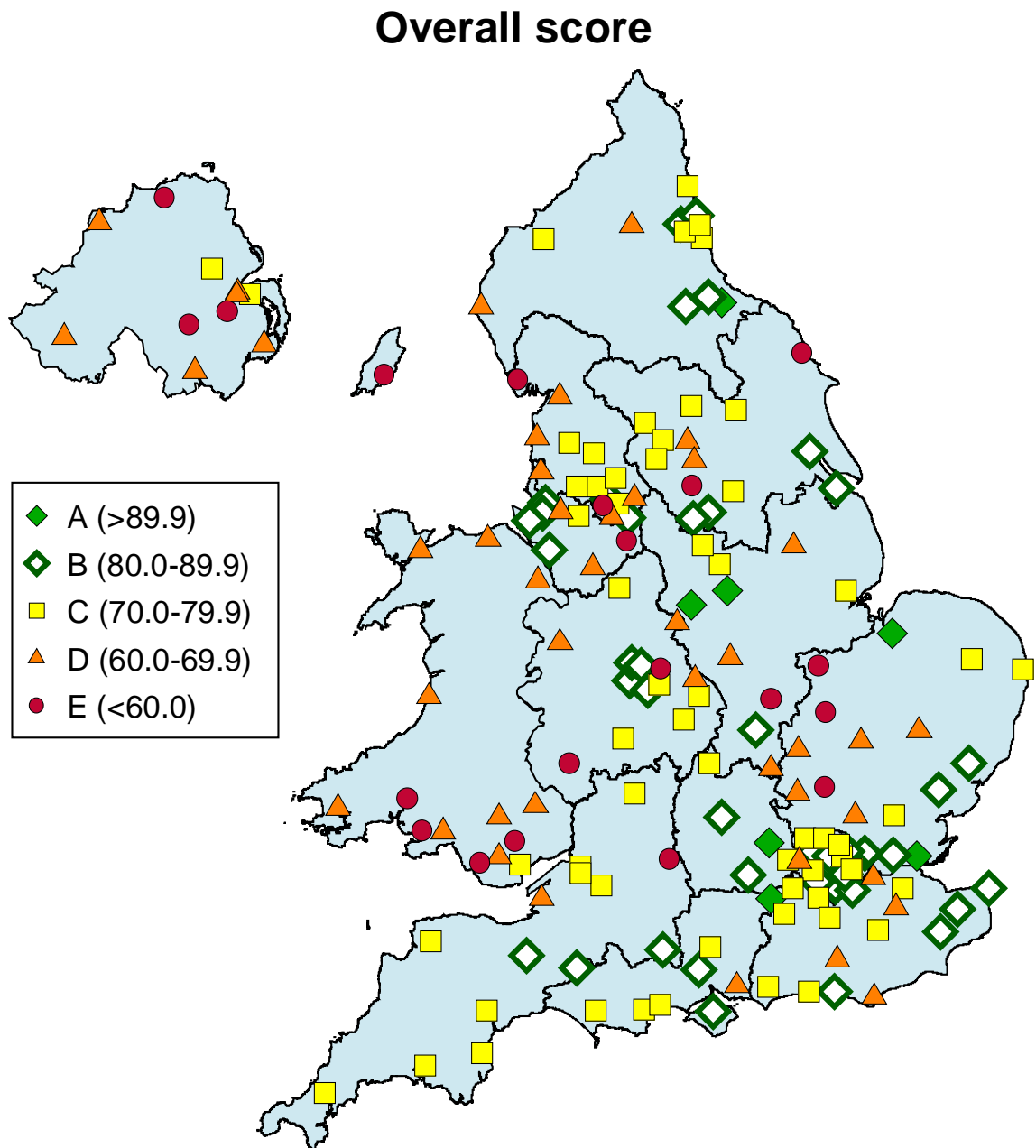
- It is **more common** for hospitals in Northern Ireland to have access to a specialist community team than anywhere else.
- Access to specialist community teams have **improved in both England and Northern Ireland** since 2012.



# Overall Score

## National results

The map below shows how **well** hospitals in England, Wales and Northern Ireland have done **overall**.



Source: SSNAP Acute Organisational Audit 2014

## Other information you might find interesting

### Stroke Units

**All** patients should **go straight** to a stroke unit. However, only **56%** of patients go straight to a stroke unit.

3 hospitals **do not admit people** who may not recover from their stroke or require end of life care.

### Consultant Doctors

**One in four** hospitals currently has **full time vacancies** for stroke consultants.

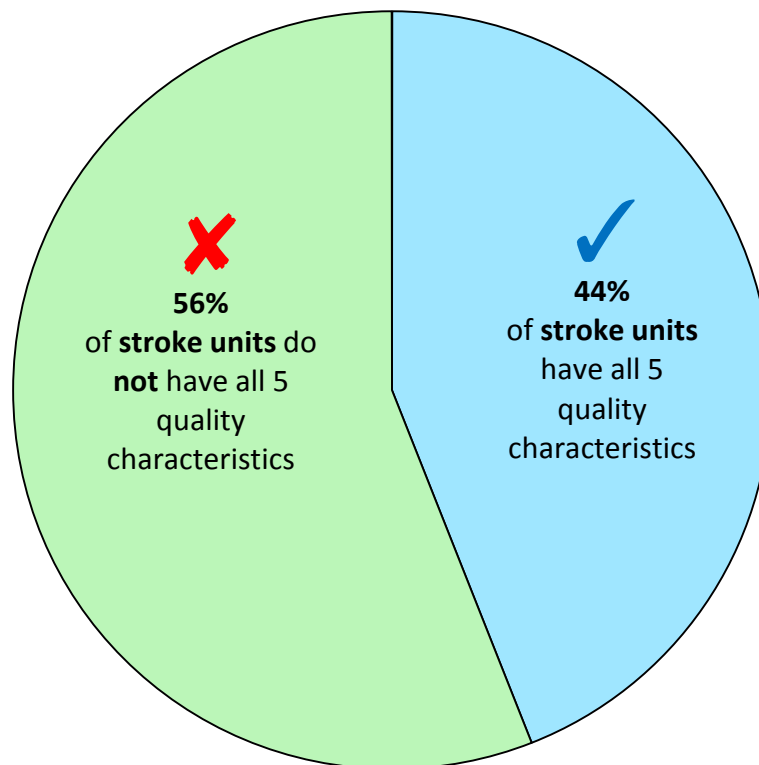
**Almost half** of hospitals plan to **increase** the number of stroke consultants they have.



## '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**



## Recommendations

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

Key words	Recommendation	Current Findings
<b>Acute Stroke Unit</b>	<p>Patients with acute stroke should be <b>admitted directly</b> to specialist stroke beds.</p> <p>Acute stroke units should have 7 key characteristics.</p> <p>Patients requiring <b>end of life care</b> after stroke should receive this to a high standard on a stroke unit.</p>	<p>44% of hospitals may not admit patients directly to the <b>stroke unit</b> in the first few days.</p> <p>Only <b>16% of stroke units</b> have these 7 characteristics.</p> <p>Stroke units in 3 hospitals <b>do not admit patients</b> who will not recover from their stroke or require end of life care.</p>
<b>Clinical Psychology</b>	All stroke units should have access to clinical psychology	61% of sites give patients access to clinical psychology.
<b>Early Supported Discharge Team</b>	All services should deliver high quality <b>specialist early supported discharge</b> to appropriate patients.	<b>74%</b> of hospitals have access to a stroke specialist early supported discharge team.
<b>Longer Term Rehabilitation</b>	High quality <b>longer term rehabilitation</b> should be provided to all patients who require on-going treatment without undue delay.	<b>72%</b> of hospitals have a specialist rehabilitation team in the community.

Key words	Recommendation	Current Findings
<b>Northern Ireland</b>	Northern Ireland should use their review to improve stroke units.	There has been a general decrease in performance across all domains.
<b>Nursing</b>	Staffing levels are important and there should be a minimum of 3 nurses per 10 beds on weekends.	27% of hospitals have at least 3 nurses per 10 hospital beds on weekends
<b>Patient involvement</b>	Patients and carers should be involved in all aspect of their stroke care	<b>60%</b> of hospitals ask patients about their <b>views</b> at more than 4 times a year. <b>91%</b> of hospitals have links to <b>patient and carer organisations</b>
<b>Social Work</b>	All stroke units need formal working arrangements with local social services and ideally have a link social worker	There are less social workers on stroke team than before. <b>57%</b> of sites have a social worker
<b>Stroke Unit Trialists' Collaboration (SUTC)</b>	All stroke units should deliver all 5 SUTC characteristics.	In <b>Wales 86%</b> of sites meet all 5 criteria. In <b>England, 41%</b> of hospitals meet all 5 criteria. In <b>Northern Ireland, 18%</b> of hospitals meet all 5 criteria.

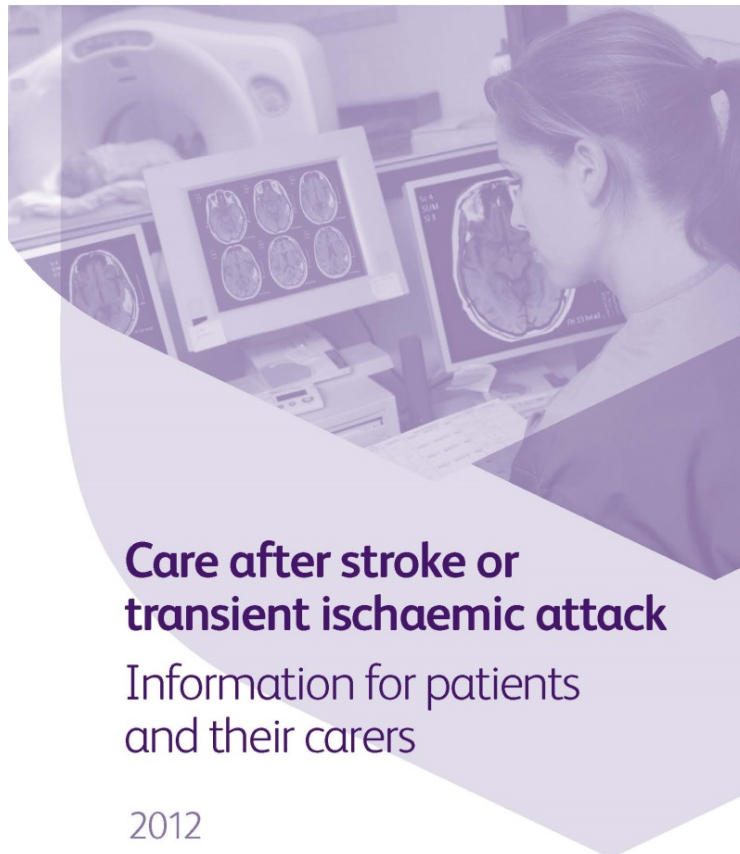
Key words	Recommendation	Current Findings
<b>Therapy</b>	Development of <b>seven day rehabilitation</b> services should be made a priority.	28% of hospitals provide physiotherapy 7 days a week. 22% of hospitals provide occupational therapy every day. 5% of hospitals provide speech and language therapy every day.
<b>Thrombolysis</b>	Stroke services should be organised to deliver <b>thrombolysis</b> to all appropriate patients 24 hours a day 7 days a week.	More hospitals provide thrombolysis than previously. <b>99%</b> provide this 24 hours a day, 7 days a week.
<b>TIA (mini stroke)</b>	Facilities to investigate high risk patients after TIA should be available at all times <b>including weekends</b> .	<b>68%</b> of hospitals can see patients at <b>high risk of a stroke</b> within 24 hours.
<b>Vocational Rehabilitation</b>	Job-related rehabilitation should be made available to all stroke patients wishing to <b>return to work</b> .	<b>77%</b> hospitals give stroke patients training to return to work.

## Useful words

<b>Aphasia</b>	Problems with speech and language.
<b>Audit (Organisational)</b>	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.
<b>Blood Clot</b>	One of the two causes of stroke. The other is bleeding in the brain.
<b>Carer</b>	Someone who is not paid but provides support and personal care at home – this includes relatives and friends.
<b>CT scan (brain scan)</b>	CT stands for Computerised Tomography. It is an X-ray to look at a problem in someone's brain to help diagnose any problems.
<b>National Clinical Guideline for Stroke (2012)</b>	A National set of guidelines for stroke care published by the Intercollegiate Working Party for Stroke (4th edition 2012).
<b>SSNAP (Sentinel Stroke National Audit Programme)</b>	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.

<b>National Stroke Strategy (2007)</b>	The Department of Health's plan for improving services for people who have had a stroke.
<b>Neurovascular Clinic</b>	An outpatient clinic for patients with TIA (mini-stroke) to investigate causes and help prevent stroke.
<b>Stroke Unit Trialists' Collaboration (SUTC)</b>	A review group which looks at how stroke patients should be best cared by recommending how a good stroke unit should be organised. 5 key characteristics are used from the SUTC as markers of a good stroke unit.
<b>Thrombolysis</b>	Treatment with a drug that breaks down blood clots.
<b>TIA</b>	Transient Ischaemic Attack – a less serious or <b>mini-stroke</b> , where the effects pass quickly and leave no lasting damage.
<b>Trusts</b>	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.
<b>Vocational Training</b>	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'. You can also download the booklet from here:

<https://www.rcplondon.ac.uk/resources/stroke-guidelines>



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](mailto: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.strokeaudit.org/results](http://www.strokeaudit.org/results)

If you would like to see the Easy Access Version of the **National Stroke Strategy**, please go to: [www.dh.gov.uk/stroke](http://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](mailto:ssnap@rcplondon.ac.uk) and let us know.