

SSNAP Spotlight Report: Stroke Rehabilitation

Introduction

SSNAP measures the quality and organisation of stroke care across England, Wales and Northern Ireland. The overall aim of SSNAP is to provide timely information to clinicians, commissioners, patients, and the public on how well stroke care is being delivered. Processes of care are measured against evidence-based quality standards referring to the interventions that any patient may be expected to receive.

The SSNAP [State of the Nation Report 2024](#) focusses on the performance of stroke care nationally against 11 key performance metrics agreed by NHS England and the Welsh Government, and chosen to reflect performance across the stroke care pathway. To complement this report and these metrics, this spotlight report has been produced to highlight the data collected on **stroke rehabilitation**.

Percentage of days on which therapy is received in-hospital (2013-2024)

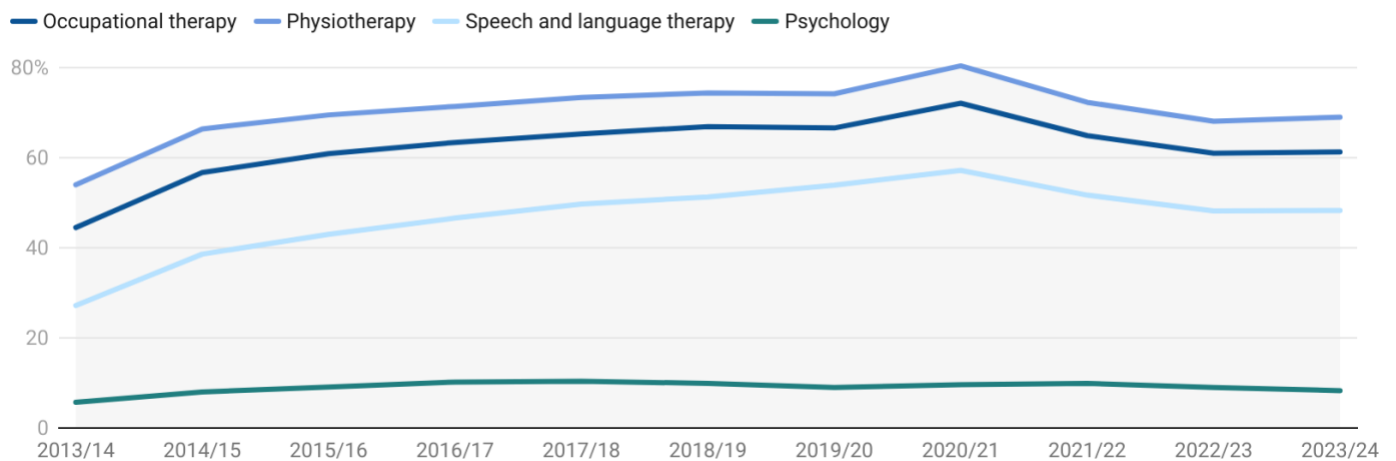


Figure 1: Proportion of days (out of total days therapy was required) on which therapy was received in-hospital, per discipline, between 2013 and 2024.

There has been a small increase in 2023/24 in the proportion of inpatient days on which therapy was received across therapy disciplines (fig. 1). This may have been driven by a renewed approach for timetabling, group work and use of therapy assistants. There has been a decline in the standard of receiving 45 minutes of therapy five days per week since 2022/23 in speech and language therapy, whilst the other disciplines remain unchanged. The low level of psychology provision continues, despite the prevalence of mood and cognitive disturbances after stroke and increasing this provision remains a pressing priority.

Therapy intensity (2023-2024)

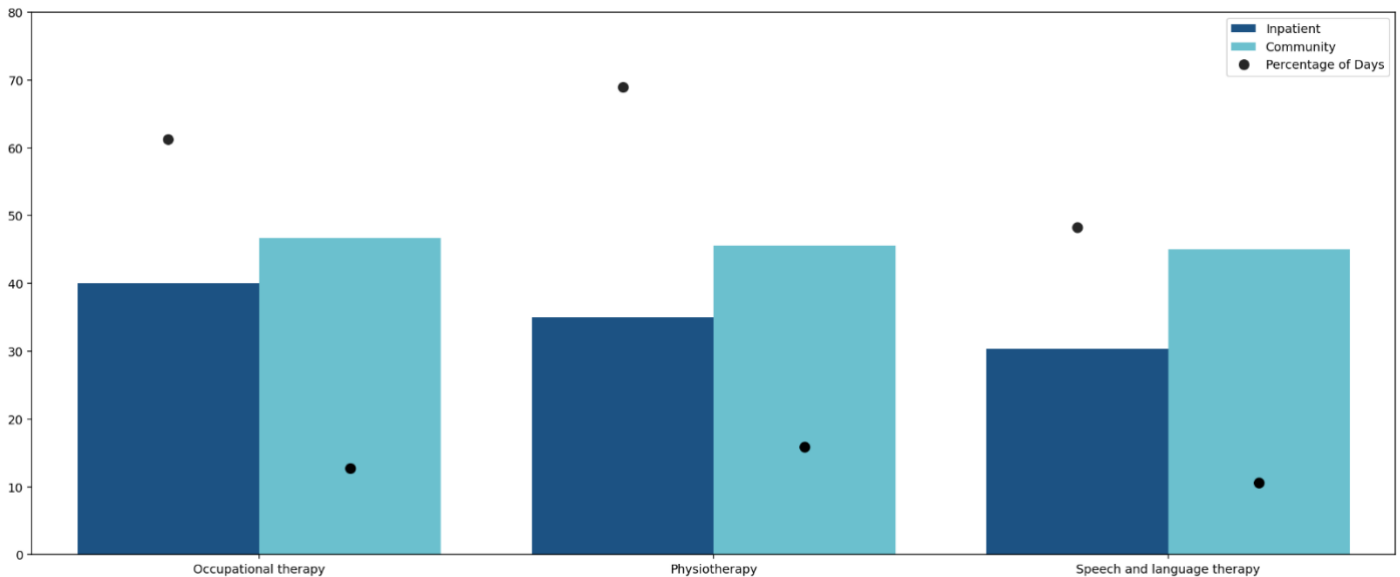


Figure 2: Comparison of therapy intensity for occupational therapy, physiotherapy and speech and language therapy in the hospital and community setting between April 2023-March 2024. Columns represent the median number of minutes received per day therapy was received. The dots represent the proportion of days (out of total days therapy was required) on which therapy was received.

This graph (fig. 2) shows the differences between the levels of therapy delivered to patients in hospital compared with at home, where therapy sessions tend to be longer but on fewer days. As the centre of gravity of stroke rehabilitation shifts into the community and people recovering from stroke leave hospital sooner with greater degrees of disability, so must services shift to ensure that sufficient intensity and frequency of all therapies are provided at home to promote the best recovery. Changes to the recording of the intensity and frequency of goal-based therapies in hospital and at home in the refreshed SSNAP dataset (from 1 October 2024) reflect the updated evidence base and guidelines, and emphasise this shift towards needs-based rehabilitation and home-based recovery.

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Sentinel Stroke National Audit Programme (SSNAP)

Further information on the programme including [data analysis and methodology](#), [full datasets](#), and [reports produced](#) are available on the SSNAP website: www.strokeaudit.org. The full annual results portfolio and annual thrombectomy portfolio can be accessed by going to: www.strokeaudit.org > Results > Clinical audit > National > Annual.