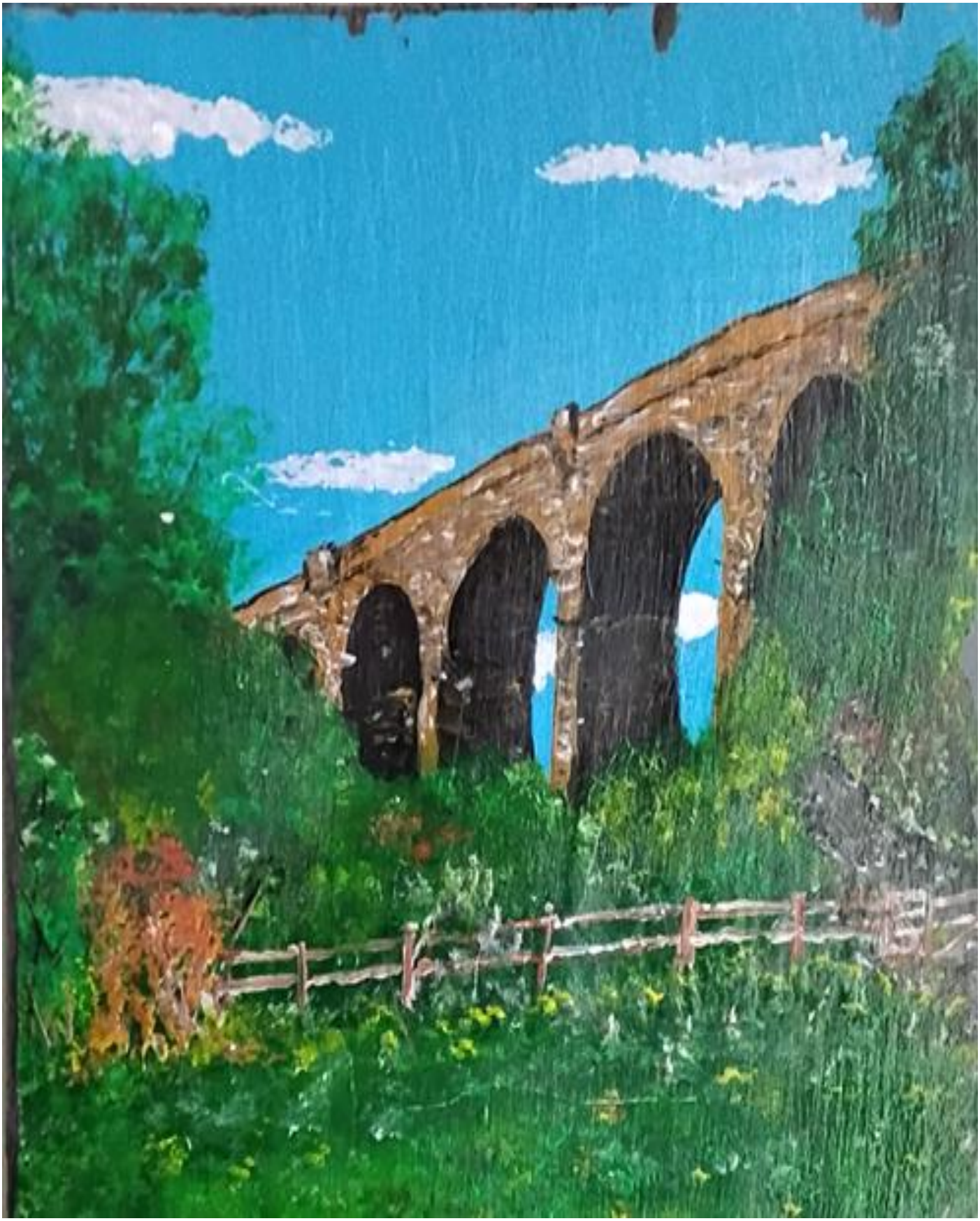
State of the Nation Report 2025

Plain Language Version

Stroke care received between April 2024 to March 2025



KING'S College LONDON

SSNAP
Sentinel Stroke National Audit Programme

Commissioned by
HQIP
Healthcare Quality Improvement Partnership

Contents

What is SSNAP?

Organisations in **England, Wales** and **Northern Ireland** that provide stroke care are regularly measured on how well they meet the **standards** in clinical guidelines. These organisations are **hospitals**, trusts, local health boards, and **community services**. This measurement is carried out by the **S**entinel **S**troke **N**ational **A**udit **P**rogramme (**SSNAP**).

SSNAP results tell us **how well** stroke care is being **delivered**. **SSNAP** results are published on www.strokeaudit.org. **Results** are published quarterly, 6-monthly and annually.

SSNAP measures against guidelines

SSNAP measures the **quality and organisation** of stroke care against evidence-based quality standards.

These standards are taken from the **latest clinical guidelines**:

1. National Clinical Guideline for Stroke (2023)
2. NICE guidelines (Stroke and TIA, NG128; Stroke rehabilitation, CG162; and Quality standard for stroke),
3. National policy documents including the NHS 10 year health plan, the National Stroke Service Model, the National service model for an integrated community stroke service and the Quality statement for stroke.

You can read the **Plain Language Summary** of the 2023 National Clinical Guideline for Stroke for the UK & Ireland at www.strokeguideline.org/plainlanguagesummary.

How to read this report

This report includes **key messages** from the **SSNAP** annual report but in less detail. The report covers more than **92,000** people with stroke admitted to hospitals between April 2024 and March 2025 in 250 hospitals in **England**, **Wales** and **Northern Ireland**.

The report tells you:

- **What care** should be provided after a stroke.
- **When** this care should be provided.
- **What SSNAP data shows**

There is a **list of terms** explaining more technical words used in this report on page 5. This will help explain words that readers might not see often.

What do the terms mean?

Term	Definition
Early supported discharge (ESD)	A service that lets people leave the hospital as early as possible, if they are able, by offering rehabilitation at home at the same intensity as the care they received when in the hospital.
Community rehabilitation team (CRT)	A service that offers rehabilitation at home after discharge from hospital or an ESD team at an intensity determined by patient need.
Combined ESD-CRT	A service that provides both ESD and CRT.
Haemorrhagic stroke	A stroke that happens when a blood vessel bursts, leading to bleeding in the brain (also called a 'brain haemorrhage').
Healthcare professional	A professional involved in stroke care, such as a doctor, nurse, therapist, or care staff.
haemorrhagic stroke	A stroke that happens when a blood vessel bursts, leading to bleeding in the brain (also called a 'brain haemorrhage').
Occupational therapy	Therapy that helps a person do everyday tasks like washing, dressing, or eating.
Physiotherapist	A specialist in using physical methods such as massage, heat treatment, and exercise to help restore movement and function.
Psychologist	A specialist who assesses and treats people with thinking, memory, and emotional difficulties.
Rehabilitation	Rehabilitation is a set of treatments and activities to promote recovery and reduce disability. Rehabilitation treatments are provided by therapists and therapy assistants.
Speech and language therapist	A specialist providing support and care for people who have difficulties with communication, eating, drinking, and swallowing.
Stroke team	A group of skilled nurses, doctors, therapists, and other staff based in the hospital or the community. Their responsibility is to diagnose and treat stroke; to advise on how to prevent further strokes; to provide stroke rehabilitation and support for families.
Stroke unit	A special hospital area where doctors and nurses take care of people who have had a stroke. They provide the right treatment and care to help the patients recover as quickly as possible.
Thrombectomy	Surgery to remove a blood clot from an artery in the brain.
Thrombolysis	Treatment with a medicine that breaks down blood clots.

Patient characteristics

Stroke admissions		Ethnicity	
86.0%	Infarction	**81%**	White
13.4%	Intracerebal haemorrhage	**2.1%**	Black
0.5%	Not known	**4.3%**	Asian
76 years	Median age	**0.6%**	Mixed
15.5%	Age under 60 years	**1.6%**	Other
46%	Female	**9.9%**	Not known or Not stated

Comorbidities before stroke	
6.6%	Congestive heart failure
57.9%	Hypertension
25.6%	Diabetes
24.6%	Previous stroke or TIA
19.3%	Atrial fibrillation
6.9%	Dementia

Number of comorbidities	
23.3%	0
33.3%	1
27.2%	2
12.4%	3
3.3%	4
0.5%	5

Summary of results for people admitted to hospital with stroke

Stroke care providers

92,414
stroke admissions

250
hospitals

195
community services

184
6 month follow-up providers

Arrival at hospital

4h11m
median time from onset to arrival at first hospital
4h00m in 2023/24

Acute interventions

12.2%
of all stroke patients received thrombolysis
11.6% in 2023/24

Click here to see country rates

4.4%
of all stroke patients received a thrombectomy
3.9% in 2023/24

Click here to see country rates

32.0%
of eligible patients received hyperacute intervention for intracerebral haemorrhage within 1 hour of hospital arrival
24.9% in 2023/24

6 month follow-up

35.1%
of applicable patients received a 6 month follow-up
38.8% in 2023/24

Hyperacute assessment

28.3%
of patients received brain imaging within 20 minutes of hospital arrival
26.5% in 2023/24

51.9%
of patients were assessed by a stroke-skilled clinician within 1 hour of hospital arrival in January-March 2025
49.1% in October-December 2024

Specialist pathway

46.5%
of patients were directly admitted to a stroke unit within 4 hours of hospital arrival
46.7% in 2023/24

74.0%
of patients spent at least 90% of their hospital stay on a specialist stroke unit
75.9% in 2023/24

66.6%
of patients were discharged to a stroke/neurology specific community rehabilitation service
63.4% in 2023/24

23.1%
of patients were discharged to a stroke/neurology specific combined ESD-CRT service
22.9% in 2023/24

***Hyperacute intervention for intracerebral haemorrhage**: for patients on anticoagulants eligible for reversal, given reversal agents within 1hr of arrival OR for patients with elevated systolic blood pressure (>150mmHg) on admission, given anti-hypertensives within 1hr of arrival.*

*From 2024/25, a new metric for the proportion of patients assessed by a **stroke-skilled clinician** within 1hr of arrival will be reported. Therefore, there will be no annual comparision for this measure in the 2023/24 reporting period.This data is available just for the Oct24-Mar25 period.*

***Key:** green icons show improvement against previous year, orange no change, and red worsening. Technical guidance on metrics available here.*
***Note**: For targets, please see the NHS 10 Year plan here*

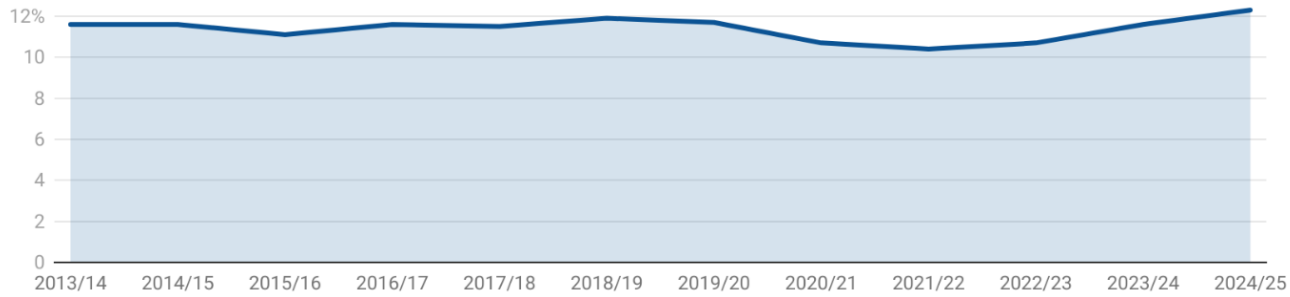
Treatments to remove a blood clot: thrombolysis and thrombectomy

What should be done?

- **Thrombolysis** is a **treatment** to **break up** a **blood clot** that is blocking an artery. It is given by injection.
- **Thrombectomy** is an operation to **remove a blood clot** from an artery in the brain.
- Breaking up or removing a clot is usually **only suitable** for people who arrive at hospital **soon after their stroke**.
- Thrombolysis and thrombectomy treatments can **reduce disability**.
- These treatments can also improve a person's chances of **living independently**.

What does the thrombolysis data show?

Proportion of all patients receiving thrombolysis:

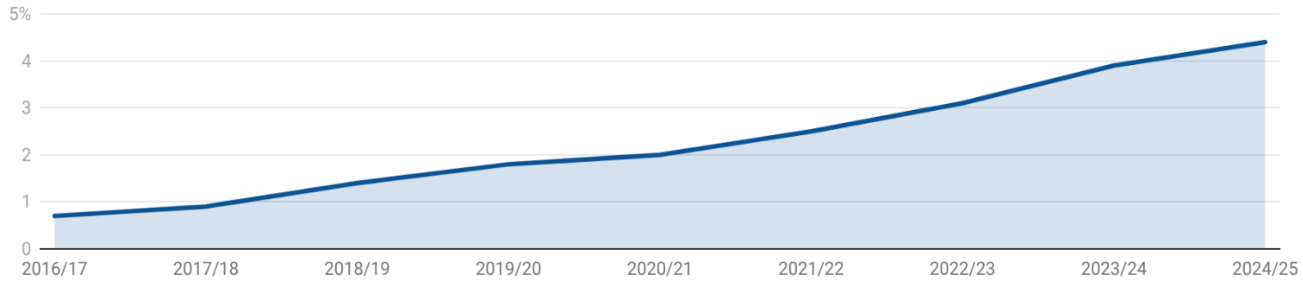


The proportion of patients receiving thrombolysis has **increased** from **11.6%** in 2023/24 to **12.3%** in 2024/25.

This is the **highest rate** recorded showing that the recent improvement in stroke care means more people can now receive **thrombolysis** within a longer time window.

What does the thrombectomy data show?

Proportion of all patients receiving thrombectomy:



The proportion of patients receiving thrombectomy has **increased** from **3.9%** in 2023/24 to **4.4%** in 2024/25.

Whilst the rate of thrombectomy continues to increase, the rate of increase has slowed over the previous year

Haemorrhagic stroke

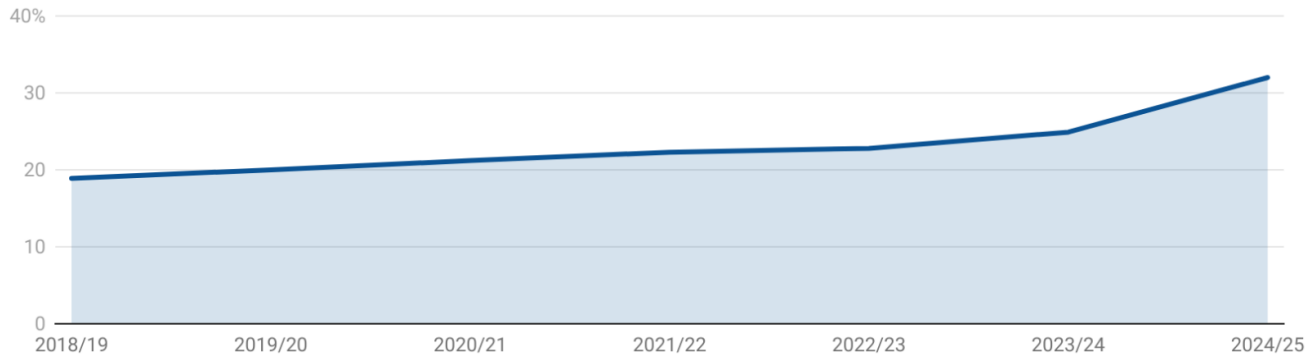
What should be done?

- haemorrhagic stroke is a stroke caused by **bleeding in the brain.**
- Around **15%** of strokes in the UK are caused by bleeding in or around the brain.
- If you have a haemorrhagic stroke, you will have emergency treatment to **reduce bleeding** and limit the amount of damage in the brain.
- It is important that people with a haemorrhagic stroke have their **blood pressure**, **blood clotting, temperature** and **blood glucose** levels controlled.

What does the data show?

Proportion of haemorrhagic stroke patients treated within 1hr of arriving at hospital:

Outcomes for haemorrhagic strokes are improving:



1. The proportion of patients with haemorrhagic stroke given appropriate intervention has **increased** from **19%** in 2019 to **32%** in 2025.

2. Around one in three patients are now getting **key treatments**. This is due to hospitals working to make sure every patient receives these treatments quickly.

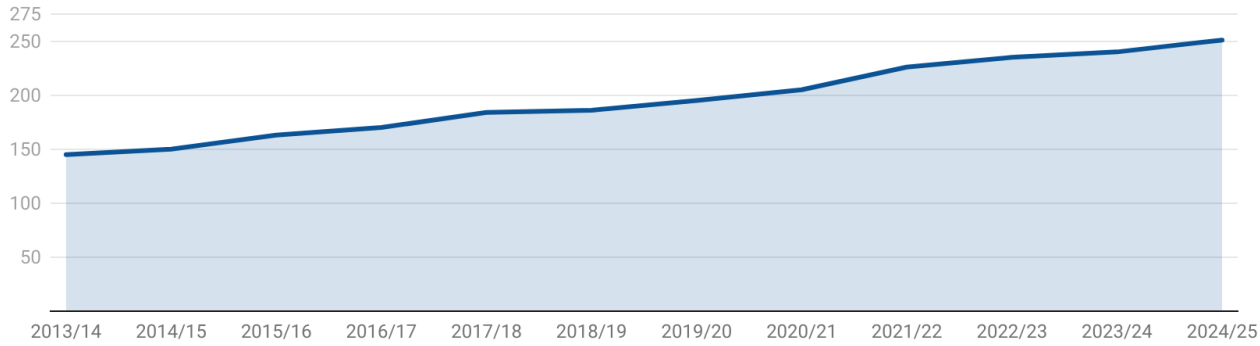
Diagnosis and admission

What should be done?

- Everyone with stroke symptoms should have a brain scan.
- People with **suspected stroke** should be admitted to a **specialist stroke unit** and assessed **without delay**.
- **Stroke units** should include a **team** of skilled nurses, doctors, therapists and others. This team's responsibility is to:
  - Diagnose and treat stroke
  - Advise on how to prevent further strokes
  - Provide stroke rehabilitation and support for families.
- Everyone should have a brain scan within 1 hour of arriving at the hospital.
- Everyone should go to a stroke unit within 4 hours of arriving at the hospital.
- Fast treatment:
  - Can **reduce** the **damage** caused by stroke
  - Means more people will **survive** their stroke
  - Means people will have **less disability** caused by their stroke.

What does the data show?

Time from onset to arrival at hospital:

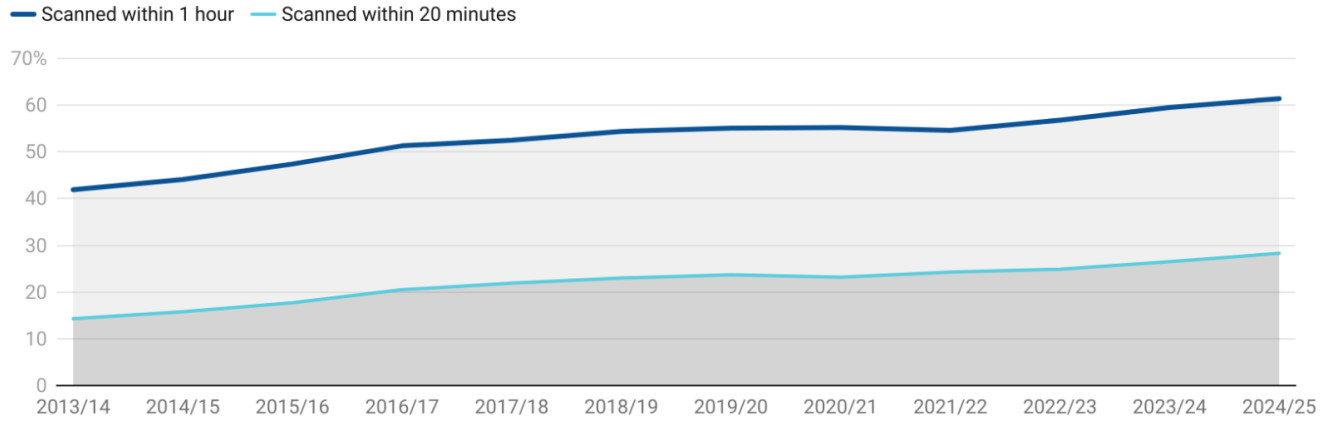


Time from arrival to onset has **increased** from **4 hours** in 2023/24 to **4 hours 11 minutes** in 2024/25.

This shows it is now taking people longer to reach the hospital than a decade ago.

What does the data show?

Proportion of patients receiving a brain scan within 1 hour of arrival at hospital:



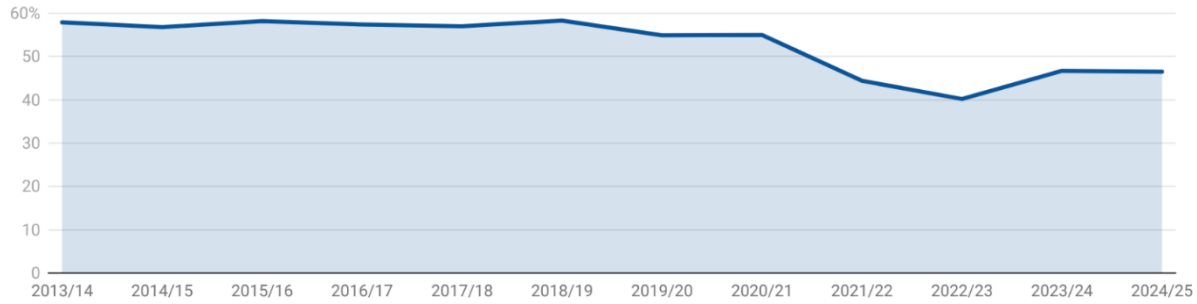
The proportion of patients receiving a brain scan within 1 hour has **increased** from **59.6.6%** in 2024/25 to **61.4%** in 2024/25.

The proportion scanned within 20 minutes of arrival has **increased** from **26.5%** in 2023/24 to **28.3%** in 2024/25

What does the data show?

Proportion of patients directly admitted to a specialist stroke unit within 4 hours of arriving at hospital:

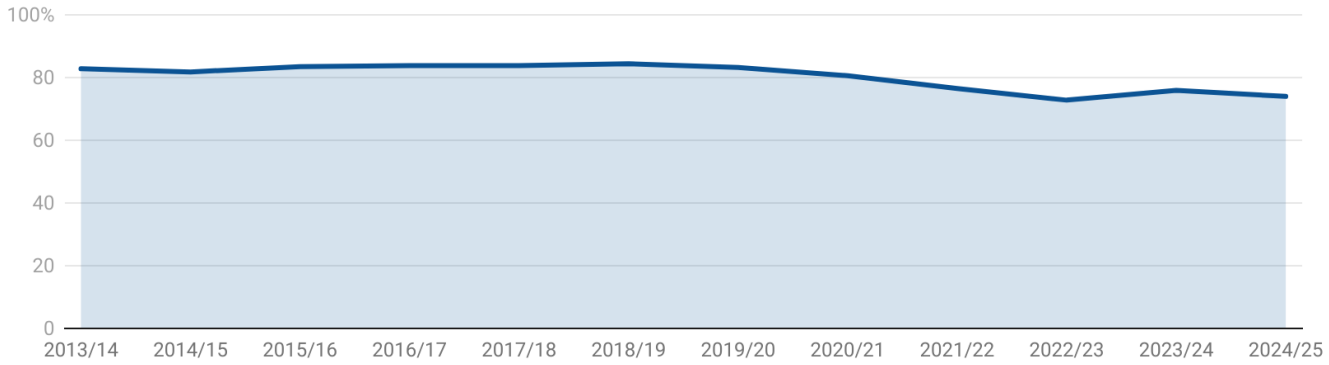
The proportion of patients directly admitted to a stroke unit within 4 hours of



admission has **decreased** from **46.7%** in 2023/24 to **46.5%** in 2024/25.

Early admission to a stroke unit ensures that patients have the best possible opportunity for receiving timely interventions and key multidisciplinary assessments.

Proportion of patients spending at least 90% of their time in hospital on a specialist stroke unit:



The proportion of patients spending at least 90% of their stay in hospital on a stroke unit has **decreased** from **76%** in 2023/24 to **74%** in 2024/25.

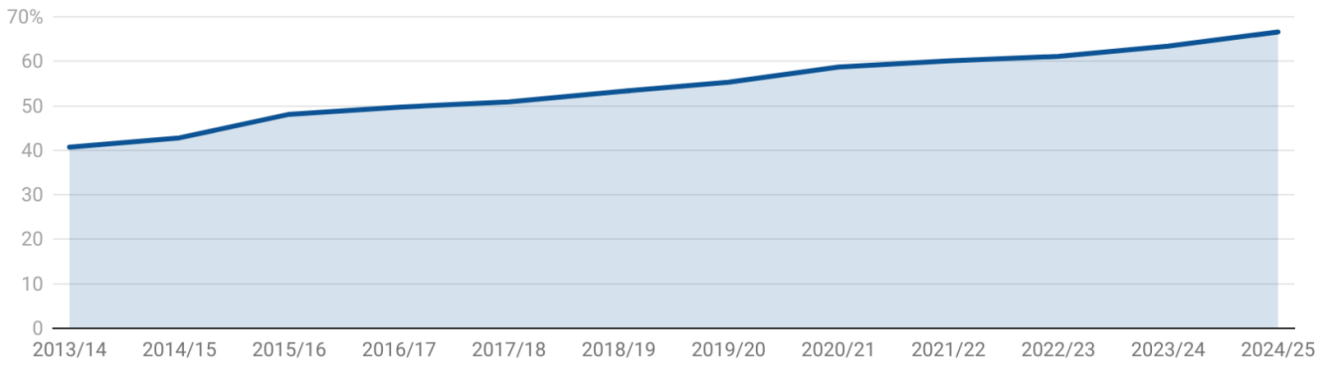
Community rehabilitation

What should be done?

- Early Supported Discharge (ESD) teams are services that let people leave hospital as early as possible, if they are able, by offering rehabilitation at home at the same intensity as the care they received when in the hospital.
- Community Rehabilitation Teams (CRT) are services that provide rehabilitation for patients at home after they have left hospital.
- A growing proportion of stroke patients leave hospital with **complex needs**. These patients will need **longer-term rehabilitation support.**
- ESD and CRT can be provided separately but NHS England recognises that **services offering both ESD** and CRT will **better support** longer-term rehabilitation.

What does the data show?

Proportion of patients discharged to a stroke/neurology ESD or CRT:



The proportion of patients discharged from hospital to a stroke or neurology-specific ESD and/or CRT has **increased** from **63.4%** in 2023/24 to **66.6%** in 2024/25.

23% of these patients received support from a combined **Early Supported Discharge** and **Community Rehabilitation Team**. This means they were able to recover at home with continued help from **stroke specialists**.

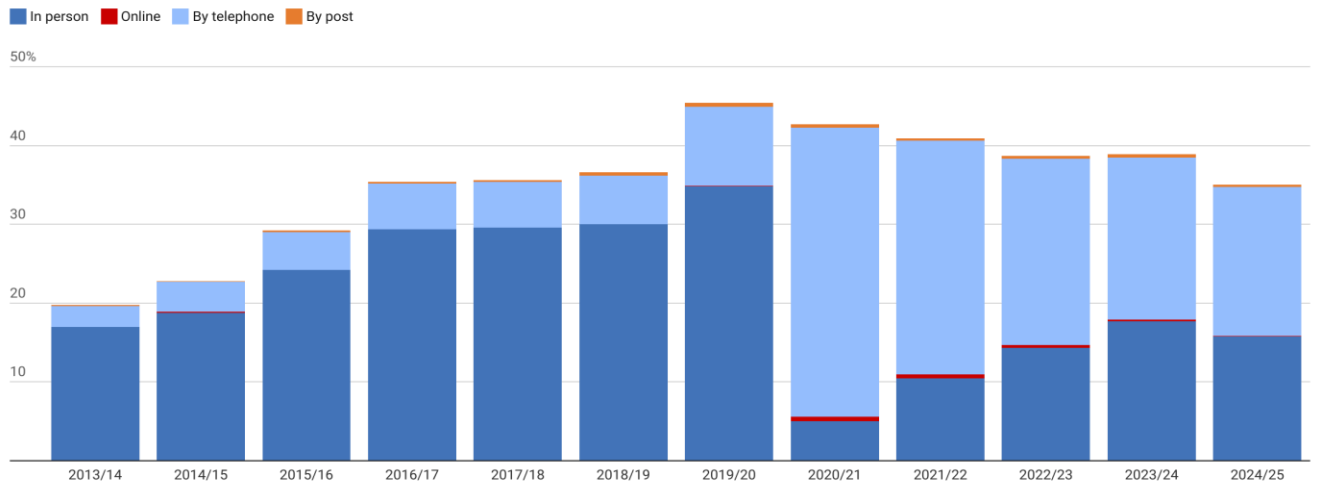
6 month follow up

What should be done?

- Stroke affects many aspects of life. For some people these **effects can be lifelong.** Many people benefit from rehabilitation and **support at different stages** of their recovery journey.
- People with stroke should have a **review of their health and social care** to assess their long term needs.
- The review should happen **six months and one year after stroke**, and then every year after that.

What does the data show?

Proportion of patients receiving a 6 month assessment:



The proportion of patents receiving a 6 month stroke review has **decreased** from **39%** in 2023/24 to **35%** in 2024/25.

The proportion of 6 month reviews performed **face to face decreased** from **17.7%** in 2023/24 to **15.7%** in 2024/25.

Conclusion

This year has been a time of major change for **SSNAP** with important updates made to how stroke care is measured and improved across the UK. These updates reflect the new national clinical guidelines and aim to improve care for people affected by stroke.

SSNAP introduced a new set of key measures that focus on the full stroke journey, from emergency care through to rehabilitation in the community. These changes will help us better understand where services need to improve and how care can be made better for stroke survivors.

One of our key goals is to make sure more patients can access the full specialist stroke pathway, as this leads to better recovery and outcomes. It's promising to see more patients are benefiting from advanced treatments like thrombolysis and thrombectomy, but more work is needed. For example, using new technologies like video triage before arriving at hospital, and artificial intelligence tools, can help reduce delays and ensure more patients get the right treatment at the right time.

SSNAP will continue to support stroke teams and services to improve care, with a strong focus on increasing access to high-quality rehabilitation. Stroke can have life-changing effects, and as the number of people living with stroke-related disability grows, it's more important than ever to take action to improve services and outcomes for patients.

Cover artist

The artwork on the front cover art of this report was provided Haydn Canter

In July 2014, Haydn had a haemorrhagic stroke which left him paralysed on the dominant left side. After 3 months in hospital, he was discharged. He was introduced to a Stroke support group and whilst he was there, the group co-ordinator ran an art group and challenged him to try with his right hand. He accepted it and has never looked back. Haydn believes that art therapy is an excellent way to develop wellness, confidence and self-worth.

Thank you

We want to thank the following people and organizations for their help in making this report:

1. The **SSNAP** Clinical and Associate Directors: Dr Ajay Bhalla, Ms Louise Clark, Dr Rebecca Fisher, and Professor Martin James.
2. **SSNAP** steering group patient representatives: Marney Williams and Danny Lloyd, along with our Patient and Public Voice Representation group. They play a crucial role in making sure people with stroke are heard in our work.
3. The hospitals and community teams that continue to take part in **SSNAP**. Their commitment to the audit provides important and reliable data to improve stroke services.

The report was prepared by the SSNAP team:

Alex Iordache, Project Officer
Anita Segilola, Project Officer
Artur Ganeev, Data Scientist
Denisa Haka, Project Officer
Evelina Käld, Senior Data Analyst
Kaili Stanley, Stroke Programme Manager
Kevin Vasquez, Data Scientist
Maude Holloway, Project Manager

SSNAP Clinical and Associate Directors

Dr Ajay Bhalla
Ms Louise Clark
Dr Rebecca Fisher
Professor Martin James

Healthcare Quality Improvement Partnership

SSNAP is funded by the **H**ealthcare **Q**uality **I**mprovement **P**artnership (**HQIP**) on behalf of NHS England and the Welsh Government.
www.hqip.org.uk/national-programmes

Sentinel Stroke National Audit Programme (SSNAP)

T: 0116 464 9901
E: ssnap@kcl.ac.uk
W: www.strokeaudit.org