Royal College of Physicians

Sentinel Stroke National Audit Programme (SSNAP)

Sentinel Stroke National Audit Programme (SSNAP)

Post-acute organisational audit

Generic Report

Phase 2: Organisational audit of post-acute stroke service providers

October 2015

Prepared by

Royal College of Physicians, Clinical Effectiveness and Evaluation Unit
on behalf of the Intercollegiate Stroke Working Party

Post-acute organisational audit

Document purpose	To disseminate the service level results of the Post-acute Provider Organisational Audit, Phase 2 of the Sentinel Stroke National Audit Programme (SSNAP) Post-acute Organisational Audit. Results are for services located in England, Wales and Northern Ireland.
Title	SSNAP Post-acute Organisational Audit 2015: Phase 2- Organisational audit of post-acute stroke services providers
Author	On behalf of the Intercollegiate Stroke Working Party (ICSWP)
Publication	October 2015
Target audience	Post-acute stroke services (multi-disciplinary and single discipline), managers, medical directors and trust executives, commissioners (Local Health Boards in Wales) of stroke services, Strategic Clinical Network (SCN) leads, clinicians, Departments of Health and Care Quality Commission (CQC), stroke survivors and the general public
Description	The report presents results for Phase 2 of the SSNAP Post-acute Organisational Audit in which providers of post-acute stroke services were asked to submit data on the staffing levels, waiting times and composition of their services for stroke patients. It includes all data items submitted by services via a web-based tool between 9 April and 5 June 2015. The results reflect the organisation of post-acute stroke services as of **1 April 2015** and contain national and service level figures to allow benchmarking of performance and regional comparisons. The report complements the results from Phase 1 of the audit, where commissioners of post-acute stroke services (Clinical Commissioning Groups (CCGs) in England, Local Health Boards (LHBs) in Wales and Local Commissioning Groups (LCGs) in Northern Ireland) were asked for information pertaining to what post-acute stroke services they commissioned for stroke survivors within their locality. It also complements the continuous SSNAP Clinical Audit which reports publically every 3 months on the process and outcomes of stroke care up to and including 6 months.
Related publications	SSNAP Phase 1 post-acute stroke service commissioning audit report, SSNAP Acute Organisational Audit reports, SSNAP clinical audit reports, National Clinical Stroke Guideline, Royal College of Physicians 2012. All related publications can be found within the SSNAP Results Portal (www.strokeaudit.org/results).
Contact	ssnap@rcplondon.ac.uk

Table of contents

TABLE OF CONTENTS……2
REPORT PREPARED BY……6
ACKNOWLEDGEMENTS……6
FOREWORD……7
KEY FINDINGS AND RECOMMENDATIONS……8
EXECUTIVE SUMMARY……12
Introduction……12
Results……13
Participation in the audit……**13**
Services providing care in the post-acute setting……**13**
The results of post-acute hospital based services……**14**
The results of post-acute domiciliary based services……**16**
The results of post-acute single discipline services……**16**
The results of other post-acute services……**17**
The results for vocational rehabilitation services……**18**
Comparison of services characteristics……**19**
SECTION 1: INTRODUCTION AND METHODOLOGY……23
Introduction……23
SSNAP post-acute organisational audit……**23**
Aims of the SSNAP post-acute organisational audit – Phase 2……**24**
Organisational of the audit……**24**
Availability of this report in the public domain……**24**
How to read this report……**25**
Presentation of the results……**26**
Methodology……26
Scope of Phase 2……**26**
Inclusion criteria……**27**
Exclusion criteria……**27**
Information collected……**27**
Characteristics of the individual service types……**28**
Data collection……**28**
Participation in the audit of post-acute stroke service providers……**29**
SECTION 2. NATIONAL RESULTS……31
2.1 Participation……31
2.2 Characteristics of the individual service types……36
2.2.1 Stroke specific services……**36**
2.2.2 Waiting times……**38**
2.2.3 7-day working……**46**
2.2.4 Staffing numbers……**48**

2.2.5 Capacity and workload of services……………………………………………………52
2.2.6 Staffing configurations……………………………………………………………………58
2.2.7 Time limits of services……………………………………………………………………60
2.2.8 Treatment of patients in care homes…………………………………………………62
2.2.9 Staff education and information and training for stroke survivors and their carers…………………………………………………………………………………………63
2.2.10 Participation in the clinical component of SSNAP……………………………67
2.2.11 Six month reviews………………………………………………………………………70
2.2.12 Service commissioning…………………………………………………………………76
SECTION 3. POST-ACUTE INPATIENT CARE SERVICES……………………………………………77
3.1 Participation……………………………………………………………………………………77
3.2 Post-acute inpatient service characteristics…………………………………………81
3.2.1 Stroke specific services…………………………………………………………………81
3.2.2 Location of service………………………………………………………………………83
3.2.2 Number of beds and consultant wards rounds…………………………………83
3.2.4 Staffing numbers…………………………………………………………………………83
3.2.5 Capacity and workload of services……………………………………………………87
3.2.6 Staffing configurations……………………………………………………………………90
3.2.7 Staff education……………………………………………………………………………90
3.2.7 Multi-disciplinary team (MDT) teams…………………………………………………91
3.2.8 Information and training for stroke survivors and their carers …………..92
3.2.9 Participation in clinical component of SSNAP……………………………………93
3.2.10 Six month reviews………………………………………………………………………93
3.2.11 Service commissioning…………………………………………………………………93
SECTION 4. OUTPATIENT (CLINIC BASED) SERVICES……………………………………………94
4.1 Participation……………………………………………………………………………………94
4.2 Outpatient service characteristics……………………………………………………96
4.2.1 Stroke specific services…………………………………………………………………96
4.2.2 Spasticity clinic……………………………………………………………………………97
4.2.3 Location of service………………………………………………………………………97
4.2.4 Waiting times………………………………………………………………………………97
4.2.5 7-day working………………………………………………………………………………98
4.2.6 Staffing numbers…………………………………………………………………………98
4.2.7 Capacity and workload of services…………………………………………………101
4.2.8 Staff education……………………………………………………………………………102
4.2.9 Multi-disciplinary team (MDT) teams………………………………………………102
4.2.10 Time limits to service…………………………………………………………………103
4.2.11 Treatment of patients in care homes………………………………………………103
4.2.12 Information and training for stroke survivors and their carers ………103
4.2.13 Participation in the clinical component of SSNAP…………………………104
4.2.14 Service commissioning………………………………………………………………104

SECTION 5. DOMICILIARY SERVICES……105
5.1 Participation and location of services……108
5.2 Domiciliary service characteristics……109
5.2.1 Stroke specific services……**109**
5.2.2 Waiting times……**112**
5.2.3 7-day working……**117**
5.2.4 Staffing numbers……**117**
5.2.5 Capacity and workload of services……**123**
5.2.6 Staffing configurations……**127**
5.2.7 Staff education……**128**
5.2.8 Multi-disciplinary team (MDT) teams……**129**
5.2.9 Time limits to service……**131**
5.2.10 Re-referral……**132**
5.2.11 Treatment of patients in care homes……**133**
5.2.12 Information and training for stroke survivors and their carers ……**133**
3.2.14 Participation in the clinical component of SSNAP……**135**
3.2.15 Service commissioning……**135**
SECTION 6. SINGLE DISCIPLINE SERVICES……136
6.1 Participation……137
6.2 Single discipline service characteristics……140
6.2.1 Stroke specific services……**140**
6.2.2 Location of services……**142**
6.2.3 Waiting times……**143**
6.2.4 7-day working……**144**
6.2.5 Staffing numbers……**145**
6.2.6 Capacity and workload of services……**147**
6.2.7 Staff education……**150**
6.2.8 Team meetings……**151**
6.2.9 Time limits to service……**154**
6.2.10 Re-referral……**155**
6.2.11 Treatment of patients in care homes……**156**
6.2.12 Information and training for stroke survivors and their carers ……**156**
6.2.13 Service commissioning……**158**
SECTION 7. OTHER POST-ACUTE SERVICES……159
7.1 Participation……159
7.1.2 Location of participating services……**159**
7.2 Other post-acute service characteristics……164
7.2.1 Service type……**164**
7.2.2 Stroke specific services……**164**
7.2.3 Location of services……**166**
7.2.4 Waiting times……**166**

7.2.5 7-day working……………………………………………………………………….168
7.2.6 Staffing numbers……………………………………………………………………168
7.2.7 Capacity and workload of services……………………………………………….174
7.2.8 Staff education……………………………………………………………………….177
7.2.9 Team meetings……………………………………………………………………….177
7.2.10 Time limits to service…………………………………………………………….177
7.2.11 Re-referral…………………………………………………………………………….178
7.2.12 Treatment of patients in care homes………………………………………….178
7.2.13 Information and training for stroke survivors and their carers ……..179
7.2.14 Participation in the clinical component of SSNAP………………………..180
7.2.15 Service commissioning…………………………………………………………….180
SECTION 8. VOCATIONAL REHABILITATION……………………………………………………….181
8.1 Participation………………………………………………………………………………….181
8.2 Service characteristics………………………………………………………………………182
8.2.1 Service location……………………………………………………………………….182
8.2.2 Disciplines responsible for vocational rehabilitation…………..............182
8.2.3 Ages ranges offered vocational rehabilitation………………………………..183
8.2.4 Types of patients offered vocational rehabilitation…………………………183
8.2.5 Number and intensity of interventions…………………………………………184
8.2.6 Eligibility of patients………………………………………………………………….184

Appendices

1. ICSWP membership
2. Audit of post-acute stroke service providers questionnaire
3. Participating post-acute stroke services with types of services they carry out (by country and SCN region)
4. Non-participating post-acute stroke services (by country and SCN region)
5. Services known to SSNAP but not formally identified for audit
6. Contact details for case study services

Report prepared by

Mrs Rachael Andrews
SSNAP Post-acute Project Manager, Clinical Effectiveness and Evaluation Unit (CEEu), Royal College of Physicians
Ms Charissa Bhasi MSc
SSNAP Project Co-ordinator, CEEu, Royal College of Physicians
Mrs Alex Hoffman MSc
Stroke Programme Manager, CEEu, Royal College of Physicians
Mrs Rachel Otago BA/LLB
SSNAP Programme Manager, CEEu, Royal College of Physicians

Ms Victoria McCurran MPH
SSNAP Data Analyst, CEEu, Royal College of Physicians
Ms Lizz Paley BA
Acting Stroke Programme Intelligence Manager – Data, CEEu, Royal College of Physicians
Ms Emma Vestesson MSc
SSNAP Data Analyst, CEEu, Royal College of Physicians

Professor Anthony Rudd FRCP CBE
Chair of the Intercollegiate Stroke Working Party, Associate Director for Stroke (CEEu), Consultant Stroke Physician, Guy's and St Thomas' NHS Foundation Trust, London, Professor of Stroke Medicine, Kings College, London, National Clinical Director for Stroke NHS England
Dr Geoffrey Cloud FRCP
Associate Director for Stroke (CEEu), Consultant Stroke Physician, St George's University Hospitals NHS Foundation Trust, London

Supported by
Dr Martin James FRCP
Associate Director for Stroke (CEEu), Consultant Stroke Physician, Royal Devon and Exeter NHS Foundation Trust, Devon
Professor Pippa Tyrrell FRCP
Associate Director for Stroke (CEEu), Senior Lecturer / Honorary Stroke Physician, University of Manchester

Acknowledgements

The Royal College of Physicians stroke programme and the Intercollegiate Stroke Working Party (Appendix 1) thank all who have participated in the piloting and development of Phase 2 of the inaugural post-acute care organisational audit.

The web-based data collection tool was developed by Netsolving Ltd (www.netsolving.com). Thanks are due to the many people who have participated in the SSNAP audit of post-acute stroke service providers.

Foreword

Even with the best acute stroke care, the majority of stroke patients will have problems on discharge from hospital that require the help of health professionals and voluntary organisations. The focus of health service planners in recent years has been on developing acute stroke services and in many parts of the country these are now of world class quality. Conversely longer term support and rehabilitation for people after they've suffered a stroke has lagged behind in terms of developing both an evidence-base and wide-ranging care that meets their needs.

This report provides the first comprehensive information about services that are currently provided to support stroke survivors after the acute phase.

A huge variety of services are commissioned and provided across the country but despite that, the evidence is that they vary enormously in terms of both the type of work they take on and the level of staffing. Provision is very patchy in some areas and in many places the services appear incredibly complex. It must be difficult for professionals to navigate the services, let alone the patients and their carers.

Audit of acute stroke care has proved to be a very powerful way of stimulating improvements in the quality of services. I hope this report of community stroke services will provide useful information for commissioners, providers and patients to enable review of their services and comparison with others.

The most expensive medical and rehabilitation care is poor quality care or no care at all. There is good evidence that high quality rehabilitation can reduce the need for longer term formal and informal support and afford people who suffer stroke the best chance of recovery. So at this time of financial stringency it is vital that good care is provided in the most efficient and effective way. The opportunities to develop new and better ways of working are there, not least through the Vanguard site initiative being run by NHS England.

We hope that this will be the first of many such audits. We thank everyone for their commitment in providing information for what is we think the largest such audit ever conducted in the UK and in particular I want to thank the team at the Royal College of Physicians, led brilliantly by Rachael Andrews whose hard work and persistence has resulted in an amazing piece of work that will I am sure will help improve the lives of many stroke sufferers. Please use these data to improve your post-acute stroke service and let us know your success stories.

Professor Anthony Rudd FRCP CBE
Chair, Intercollegiate Stroke Working Party

Key Findings and Recommendations

Key Finding 1: Participation

The overall participation rate of post-acute stroke services at 80% (604/756) is high – especially given that this is the first time such services have ever been asked to participate in a National Stroke Audit. Rates of participation were similar across the spectrum of post-acute stroke services, with the highest being by Early Supported Discharge (ESD) teams. This willingness by post-acute stroke services to be involved in improving the overall stroke pathway should be acknowledged and congratulated.

Recommendation

Over three quarters (76%) of participating 'core' services (post-acute inpatient, Early Supported Discharge (ESD) and Community Rehabilitation (CRT) are already registered with the Sentinel Stroke National Audit Programme (SSNAP) clinical audit. However, across all service types there is potential for more involvement in SSNAP and we would encourage any service not currently registered and entering data on SSNAP to do so.

Key Finding 2: Swallow screening

Staffing levels for therapy are comparable between hospital acute stroke units and post-acute inpatient services which is reassuring. There are more nurses on duty in acute stroke units however compared to inpatient post-acute beds. This is to be expected and reflects the acuity of patient care in the first few days after stroke. The median number of ***stroke trained*** nurses on shift in post-acute inpatient services at 10AM is 3 per 10 stroke beds. This is inconsistent, however, with the number of those ***trained*** in the core stroke nursing competency of swallow screening (median 0 per 10 stroke beds) at 10AM. Nurses not trained in swallow screening cannot be considered stroke trained.

Recommendation

Swallow screening is a core competency of stroke nurse training. This report raises concerns about the quality of stroke training for nursing staff in the inpatient post-acute stroke services and should be reviewed locally as a matter of priority.

Key Finding 3: Multi-disciplinary services

There is variation in how comprehensive multi-disciplinary services are organised across the different settings. The core multi-disciplinary team comprises occupational therapy, physiotherapy and rehabilitation assistants with stroke doctors being peripheral figures in non-inpatient services. Social workers are particularly poorly represented in non-inpatient services.

Recommendation

Patients using post-acute stroke services should have access to a comprehensive multi-disciplinary team – including doctors and nurses. All services – not just inpatient based services, require formal links with social care with a named social worker.

Key Finding 4: Access to psychological support
The longest delays in waiting times across services are observed in accessing psychological support – with a median of over 10 weeks delay from referral to treatment (a quarter of services have a waiting time of 150 days or more). Such referrals are made based on need and often in crisis and delays are likely to be associated with considerable patient, family and carer morbidity.
Recommendation
Access to psychological support services should be the same as for physical post-acute care services. All referrals other than Early Supported Discharge (ESD) should be triaged within 14 days of receipt with the potential to deliver responsive and timely treatment on an individualised patient basis.

Key Finding 5: Stroke care outside of stroke specific services
Within post-acute services that are not considered to be 'stroke-specific' (excluding Early Supported Discharge (ESD) teams, Family and Carer Support services and 6 month review providers only), post-acute inpatient care services have the highest stroke patient coverage at 78%.
Recommendation
All services – stroke specific or otherwise which regularly treat stroke patients need to ensure staff maintain their stroke skills so they are able to provide effective and compassionate stroke care. Rehabilitation assistants (unregistered healthcare workers delivering care under supervision) are an important part of a post-acute stroke care services' multi-disciplinary team and require not just supervision but training in stroke care.

Key Finding 6: Waiting times in Early Supported Discharge teams
ESD teams had a single day median delay between referral and triage assessment and treatment. The inter-quartile range (IQR) is reassuringly tight (1-2 days) demonstrating that the ESD teams participating in the audit are set up to be responsive and timely as intended.
Recommendation
All Early Supported Discharge (ESD) teams should triage and start treatment within 24 hours of acute stroke unit hospital discharge.

Key Finding 7: 7-day working
60% of ESD teams currently provide a service on 5 days or less a week, with only 29% currently delivering a 7 day service.
Recommendation
With the national agenda around 7 day services in the NHS, Early Supported Discharge (ESD) teams should plan to provide services every day of the week.

Key Finding 8: Time limits to services and re-referrals
Limits to on-going receipt of community services are common in clinical practice and implicit in some services such as Early Supported Discharge (ESD) which typically run for 2- 6 weeks after discharge.
Recommendation
We recommend that all services have a clear policy for re-referral should there be a clinical need. For example improvements in aphasia can occur many months and years after the index stroke.

Key Finding 9: Information for stroke survivors and carers
Stroke survivors appear to be given information on stroke and local national patient organisations (e.g. Stroke Association) in over 90% of inpatient services. However, information is not consistently being made available across the post-acute setting.
Recommendation
Patient information that is relevant and accessible needs to be freely available in all post-acute care settings.

Key Finding 10: Commissioning arrangements of 6 month Reviews
There are still a number of areas - mainly in England, where 6 month reviews are not being performed. Without such outcome data it is difficult for services and their commissioners to judge clinical service improvements and patients are missing out on a vital review of their stroke secondary prevention, stroke recovery and disability management as well as any unmet clinical or social care needs.
Recommendation
All stroke patients should have a 6 month review commissioned. In England this is in accordance with the National Stroke Strategy.

Key Finding 11: Variation in completion of 6 month reviews
6 month reviews are taking place in a number of different types of post-acute stroke services, reflecting a variation in commissioning arrangements.
However, only half of services carrying out these assessments are entering outcome data on the SSNAP clinical audit tool. There is wide variation in this SSNAP clinical entry (31% of family and carer support services compared with 75% of dedicated 6 month review services) suggesting that some services are finding this more difficult than others. Including 6 month outcome data on SSNAP is a fundamental part of the review in order to assess the success of stroke care in terms of changes in disability between hospital discharge and at 6 months after stroke.
Recommendation
We would encourage Clinical Commissioning Groups (CCGs) in England, Local Commissioning Groups (LCGs) in Northern Ireland and Local Health Boards (LHBs) in Wales to ensure that

they commission 6 month reviews and that all 6 month review services are entering data on SSNAP.

Key Finding 12: Vocational rehabilitation

Only 92/599 (15%) of services that participated in the audit were commissioned to deliver vocational rehabilitation. This suggests vocational rehabilitation after stroke is a low commissioning priority within the NHS, leaving many patients with unmet needs around finding their way back to the workplace, education or previous leisure pursuits or pastimes.

Recommendation

All stroke patients should have access to vocational rehabilitation where appropriate.

Executive Summary

Introduction

This is phase 2 of the post-acute organisational audit being carried out by the Sentinel Stroke National Audit Programme (SSNAP) to look at the organisation of stroke services provided for patients after the acute phase of care. This report describes the methods and results for phase 2 which approached all identified post-acute stroke services for information on their structure and organisation as of **1 April 2015**.

SSNAP Post-acute Organisational Audit

Building on the successes of the SSNAP clinical audit, the Intercollegiate Stroke Working Party (ICSWP) has set out for the first time to audit stroke care organisation after acute stroke unit discharge. In order for the audit to capture as many post-acute stroke services as possible, it was divided into two phases. Phase 1 to approach Clinical Commissioning Groups (CCGs) in England, Local Health Boards (LHBs) in Wales and Local Commissioning Groups (LCGs) in Northern Ireland for information on the post-acute stroke services they commission for stroke survivors within their locality. The results from phase 1 of the audit were made publically available on 8 June 2015 and can be found on the SSNAP Results Portal (www.strokeaudit.org/results). The data from this phase has been used as a platform in Phase 2 for identifying the breadth of services open to stroke survivors in England, Wales and Northern Ireland. Organisational information was collected from each identified post-acute stroke service which is reported here.

The Aims of the SSNAP post-acute organisational audit – Phase 2

- To establish a baseline of current service organisation nationally to compare with processes of care (SSNAP clinical audit) and to monitor changes over time.
- To enable providers to benchmark the quality of the component elements of their service organisation nationally and regionally.
- To provide timely, transparent information to patients, the public and professionals about the quality of stroke care organisation in the post-acute setting locally and nationally.
- To provide commissioners with evidence of the quality of commissioned services and to identify where improvements to services are needed and make recommendations.
- To identify services which are stroke specific compared to broader groups.
- To provide information on the demand and capacity and timeliness of treatment within identified services.

Organisation of the Audit

SSNAP is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and run by the Clinical Effectiveness and Evaluation unit (CEEu) of the Royal College of Physicians, London under the guidance of a multi-disciplinary steering group responsible for the RCP Stroke Programme – the Intercollegiate Stroke Working Party (ICSWP).

Methods

Participating services were identified from Phase 1 and were asked to submit organisational information on each type of service for stroke patients using a web-based questionnaire between 9 April and 29 May 2015 reflecting the service structure as of **1 April 2015**. Full details are outlined in the methods section.

Results

This section presents a summary of findings of the audit. It consolidates the clinical commentary from the national results section (sections 2-8) of the report. For ease of reading it does not include the full findings which are presented in the tables within the relevant section of this report.

Participation in the audit of post-acute stroke service providers

80% (604/756) of post-acute stroke services participated in the post-acute organisational audit. This willingness by post-acute stroke services to be involved in improving the overall stroke pathway should be acknowledged and congratulated. Rates of participation were similar across the spectrum of post-acute stroke services, with the highest being by Early Supported Discharge (ESD) teams. Such high participation gives a reassuring overview of the service provision at a national level and a credible baseline to focus further service improvements which can be followed in subsequent audits.

Services providing care in the post-acute setting

The audit collected organisational information on 11 types of services within these categories: hospital based services, domiciliary services, single discipline services, and 6 month review and family and carer support teams.

The results of hospital based services in the post-acute setting

Inpatient services

Phase 1 of the Post-acute Organisational Audit identified 194 post-acute inpatient services. During the registration for Phase 2, this was subsequently revised to 157 unique inpatient teams, 116 of which submitted organisational data for Phase 2.

Stroke specialism

Stroke patients are being transferred from hospital based stroke units to a number of different inpatient services. Where stroke care forms a minority of such services' caseloads the appropriateness of this pathway needs to be questioned – particularly with respect to the clinical expertise and on-going experience of stroke care within such units.

Location of inpatient services for stroke patients after the acute phase

Acute hospital inpatient facilities should be considered as stroke units. There is concern from the Intercollegiate Stroke Working Party (ICSWP) that 'step down' beds for stroke patients within hospital introduce an unnecessary transfer of care for the patients. There may be local operational rationale for this but such clinical practice is likely to create unnecessary clinical risk and is inefficient in terms of continuity of care. Stroke units should be geographically defined and ideally all stroke care beds within a hospital should be co-located.

Staffing levels within post-acute inpatient services

Whilst it is reassuring that there is a median number of stroke trained nurses on shift at 10AM of 3 this is inconsistent with the number of those trained in swallow screening (median 0). Swallow screening is a core competency of stroke nurse training and this raises concerns of quality of stroke training for nursing staff in the inpatient post-acute stroke services in the audit. This should be reviewed locally as a priority.

Configuration of staffing disciplines in services

Patients recovering from stroke require access to all the services within the scope of this audit. Given that patients in inpatient post-acute care will have complex health and social care issues it is particularly striking that only 71% of services have access to social work support. This needs to be reviewed locally and service provider agreements reviewed accordingly.

Participation in the clinical component of SSNAP

We hope that those inpatient providers of post-acute services who did not participate in the audit this time will in the meanwhile register with the SSNAP clinical audit.

Outpatient (clinic based) care services

Phase 1 identified 154 outpatient teams. During the registration for Phase 2, this subsequently revised to 81 unique outpatient teams, 50 of which submitted data. Therefore the results for this section cannot be taken as a comprehensive overview of the services stroke patients have access to other than inpatient and domiciliary services. The results below relate to 62 % of outpatient services that participated in Phase 2.

Stroke specialism

Stroke patients make up a variable proportion of total numbers of referrals in the different services described – even in some 'stroke specific' services.

Spasticity clinics

Complex spasticity management is an uncommon but extremely challenging condition. With the advent of more complex proven interventions in the management of spasticity after stroke such clinics are increasingly in demand as part of a portfolio of specialist outpatient stroke services.

Information for stroke patients

The outpatient environment is an ideal opportunity for patients to access patient related information and given the widely available nature of such written materials it is a 'lost opportunity' that such information is not provided in all outpatient settings. This is a priority for services to review locally.

The results of domiciliary based services in the post-acute setting

Domiciliary services (Early Supported Discharge (ESD), Community Rehabilitation Team (CRT) and Domiciliary only).

Phase 1 identified 572 domiciliary services. During the registration for Phase 2, this subsequently revised to 400 unique services, 321 of which submitted organisational data for Phase 2.

Re-referral to services

The ability and ease of re-accessing community services is important after stroke as neurological deficits and disabilities may change (e.g. slow recovery of safe swallow, improvements in aphasia or functional motor recovery – as well as deteriorations such as worsening spasticity). Whilst it may only be appropriate for re-referral to Early Supported Discharge (ESD) services in the context of a new stroke episode, access to community rehabilitation and domiciliary teams is key to management of such clinical changes.

Configuration of staffing disciplines in services

Access to a full multi-disciplinary team is generally lacking in all three types of domiciliary service. Strikingly there is very poor access to nursing as part of Early Supported Discharge teams. Nursing expertise plays a key role in rehabilitation after stroke and especially in the management of common co-morbidities such as incontinence, medicine and pain management. Social work access is also poor. Introduction of joint health and social care budgets may be useful in trying to address this.

The organisation of single discipline services in the post-acute setting

Single discipline services (occupational therapy, physiotherapy, Speech and Language Therapy and Psychological Support)

Phase 1 identified 969 single discipline teams. During the registration for Phase 2, this subsequently revised to 200 unique single discipline teams. In Phase 2 of the audit 89 of these teams submitted organisational data and therefore the results for this section cannot be taken as a comprehensive overview of the individual therapies stroke patients have access to other than inpatient and domiciliary services. The results below relate to 45% of single discipline services that participated in Phase 2.

Waiting times
There is a clear difference between access to single discipline support for a physical health need compared to a psychological one, with waiting times for psychological support being much longer than those for occupational therapy, physiotherapy and speech and language therapy. This situation is not unique to stroke care but stroke is associated with a high incidence of major mood disturbance, depression and cognitive deficits.

Time limits to services
It appears as well as being the most difficult to access, in terms of waiting times, psychological support is the most limited. 54% of services have a maximum length of treatment – mainly by arbitrary number of appointments. This needs more evaluation.

Re-referral to services
Single discipline post-acute stroke services appear reassuringly open to re-referral.

Configuration of staffing disciplines in services
Rehabilitation assistants are being used across all the main single therapies – including clinical psychology. They are a clearly a vital part of the work force delivering post-acute stroke care**.**

The organisation of other post-acute services in the post-acute setting

Other post-acute services (6 month review providers only and Family and Carer Support Services e.g. Stroke Association)

Phase 1 identified 139 six month review teams. During the registration for Phase 2, this subsequently revised to 43 unique six month review teams, 36 of which submitted organisational data for Phase 2. Furthermore, Phase 1 identified 220 family and carer support services and during, registration for Phase 2, this subsequently reduced to 205 unique family and carer support services, 166 of these which submitted organisational data.

Waiting times
Both 6 month review providers and Family and Carer Support Services appear very responsive, with a median of 7 and 3 days for triage and 8.5 and 3 days for treatment respectively - especially when compared to other outpatient or single therapy providers.

Configuration of staffing disciplines in services

There are some 6 month review services using doctors and nurses but the majority do not have clinicians within the service. It is important then that staff performing 6 month reviews are trained and competent in the clinical aspects of the review including using the SSNAP data set to drive improvement related to secondary stroke prevention and disability measured by the modified Rankin Scale. There is very little clinician involvement in Family Support Services where the emphasis should be on information on how to access clinical services for the purposes of 'signposting' or onward referral of stroke survivors.

Information available to stroke patients

These services are providing the highest rates of patient and carer information in the audit – which is reassuring and appropriate given the advocacy role of such services.

The results for Vocational rehabilitation services

All services that participated in Phase 2 of the audit were asked for information on vocational rehabilitation regardless of service type(s).

Service participation

Of the 599 services which provided vocational rehabilitation information only 92 (15%) services included in the audit were commissioned to deliver vocational rehabilitation. This suggests vocational rehabilitation after stroke is a low commissioning priority within the NHS leaving many patients with unmet needs around finding their way back to the workplace, education or previous leisure pursuits or pastimes.

Service location

Vocational rehabilitation focusses on goals related to returning to work, education or leisure pursuits and this is reflected in the varied location of services. Services need to be flexible to deliver vocational rehabilitation in the most appropriate location for an individual.

Eligibility of patients

The definition of vocational rehabilitation is broad and services providing this are not focussed only on return to work. There needs to be a more detailed research and evaluation of vocational rehabilitation provision for stroke and other related long term neurological conditions to inform future service improvement and cost effectiveness.

Comparison of service characteristics (Results taken from the characteristics of the individual service types within the National Results section of this report)

1. Stroke specific services

Given the research evidence supporting stroke specific Early Supported Discharge (ESD) it is not surprising that over 94% of ESD services are stroke specific.
94% (34/36) of 6 month review providers are also stroke specific as they are commissioned to deliver this stroke patient focussed service. A similar high proportion of the 166 family and carer support services are stroke specific as they are largely provided by stroke specific voluntary sector organisations e.g. The Stroke Association, CONNECT.

2. Waiting times

Early Supported Discharge (ESD) teams have a single day median delay between referral and triage assessment and treatment. The inter-quartile range (IQR) is reassuringly tight (1-2 days) demonstrating that the ESD teams participating in the audit are set up to be responsive and timely as intended. Assessment and treatment in the same clinical episode is also characteristic of ESD teams but not appropriate in other services.

The longest delays are seen in accessing psychological support – with a median of over 10 weeks delay from referral to treatment (a quarter of services have a waiting time of 150 days or more). Such referrals are made based on need and often in crisis and such delays are likely to be associated with considerable patient, family and carer morbidity. This scenario highlights the difference in access to physical health and mental or psychological healthcare treatment seen in other conditions and is an on-going area for service improvement within the NHS. (http://www.centreformentalhealth.org.uk/parity-of-esteem).

3. 7-day working

With the national agenda around 7 day services in the NHS, Early Supported Discharge (ESD) teams in particular need to increase the number of days they work. Given ESD teams are set up to reproduce hospital stroke unit care at home for eligible patients it is surprising that approximately 60% currently provide a service on 5 or less days a week. The 29% of ESD teams that do deliver a 7 day service reflect the equivalent service of inpatient services.
77% of community rehabilitation teams currently provide services on 5 or less days per week – compared to 61% of ESD – which may reflect capacity and respective team size. This re-enforces the need to review service provision locally and appraise whether 'economies of scale' can be made for example by integrated ESD and community rehabilitation teams.

4. Staffing numbers

Post-acute inpatient services

Staffing levels for therapy are comparable between hospital acute stroke units and post-acute inpatient services which is reassuring. There are slightly more physiotherapy and occupational therapists allocated in the post-acute inpatient units reflecting their role in facilitating the rehabilitation process. There are more nurses on duty in acute hospital however, which will reflect the acuity of patient care in the first few days after stroke. There is more psychologist input in the post-acute inpatient beds compared to the acute hospital stroke unit beds – although this is still low at 0.3 whole time equivalent per 10 stroke beds compared to other allied health professions.

Early Supported Discharge (ESD) services

Early Supported Discharge (ESD) teams describe poor access to medical and nursing expertise compared with the other domiciliary services. The low number of doctor whole time equivalent (sessions) associated with ESD is likely to be explained by the fact that entry into ESD requires hospital medical care and assessment of being fit for medical discharge. However, ESD teams do need, as well as usual GP care, prompt access to specialist medical review for patients who are still in the relatively acute stages of their stroke recovery. Rehabilitation assistants (unregistered healthcare workers delivering care under supervision) are an important part of the post-acute stroke care team workforce and require not just supervision but training in stroke care.

Other post-acute stroke services

A wide range of health care professionals are involved with 6 month review and family and carer support services, as well as non-clinical staff. This reflects the wide range of services that are currently providing both 6 month review, and family and carer support services.

5. Capacity and workload of services

Stroke is the commonest cause of severe adult neurological disability and comprises a significant, but not exclusive, element of post-acute care services that participated in the post-acute provider audit. Within post-acute services that are not considered to be 'stroke-specific' (excluding Early Supported Discharge (ESD) teams, Family and Carer Support services and 6 month review providers only), post-acute inpatient care services have the highest stroke patient coverage at 78%.

6. Staffing configurations

There is variation in how comprehensive multi-disciplinary services are organised across the different settings. The core multi-disciplinary team comprises occupational therapy, physiotherapy and rehabilitation assistants with stroke doctors being peripheral figures in non-inpatient services.

Social workers are particularly poorly represented in non-inpatient services.

Patients using post-acute stroke services will require access to Occupational Therapists, Physiotherapists, Speech and Language Therapists, rehabilitation assistants, Dietitians, Social Workers, medical care and Psychologists and this should be reviewed locally.

7. Time limits to service

Limits to on-going receipt of community services are common in clinical practice and implicit in some services such as Early Supported Discharge (ESD) which typically run for 2- 6 weeks after discharge.

Many of the services are not in fact limited however and where they are, it is usually by time. Stroke recovery is however often unpredictable and services should have clear policies for re-referral for review of new rehabilitation goals or complex disability management.

8. Staff education and information and training for staff and stroke survivors and their carers

Rehabilitation assistants (unregistered healthcare workers delivering care under supervision) are an important part of the post-acute stroke care team workforce and require not just supervision but training in stroke care and this opportunity is available in 91% (462/510) of services who have at least one rehabilitation assistant.

Stroke survivors appear to be given information on stroke and local and national patient organisations (e.g. Stroke Association) in over 90% of inpatient services. However information is not consistently being made available across the post-acute setting. Information relating to Department of Work and Pensions is being particularly poorly presented. Such information needs to be accessible and actively promoted.

9. Participation in the clinical component of SSNAP Participation in SSNAP clinical

The clinical component of SSNAP continuously collects data on the care received by stroke patients from admission to acute hospital up until 6 months review and outcomes. Over three quarters (76%) of ‘core’ services that took part in the post-acute stroke service provider audit, and are considered eligible to do so, are already registered with the SSNAP clinical audit. We hope that those services not yet registered will be encouraged to do so. It is essential for 6 month review providers to contribute to the national 6 month review follow-up dataset.

Across all service types there is potential for more involvement in SSNAP and we would encourage those services not currently registered and entering data on SSNAP to do so. It is essential for 6 month review providers to contribute to the national 6 month review follow-up dataset.

10. Review of patients six months after stroke

Location of services delivering six month reviews

There are still a number of areas - mainly in England, where 6 months reviews are not being performed. Without such outcome data it is difficult for services and their commissioners to judge clinical service improvements and patients are missing out on a vital review of their stroke secondary prevention, stroke recovery and disability management as well as any unmet clinical and social care needs.

Service types delivering six month reviews

6 month reviews are taking place in a number of different types of post-acute stroke services, reflecting a variation in commissioning arrangements.

However, only half of services carrying out these reviews are entering outcome data on SSNAP. There is wide variation in the extent to which services submit data on SSNAP (31% of family and carer support services compared with 78% of dedicated 6 month review services) suggesting that some services are finding this more difficult than others. Including 6 month outcome data on SSNAP is a fundamental part of the review in order to assess the success of stroke care in terms of changes in disability between hospital discharge and at 6 months after stroke.

We would encourage Clinical Commissioning Group (CCGs) in England, Local Commissioning Groups (LCGs) in Northern Ireland and Local Health Boards (LCGs) in Wales to review this where they are funding 6 month reviews.

Section 1: Introduction and methodology

Introduction

This is phase 2 of the post-acute organisational audit being carried out by the Sentinel Stroke National Audit Programme (SSNAP) to look at the organisation of stroke services provided for patients after the acute phase of care. Phase 1 of the audit obtained and reported on the commission of post-acute stroke services in England, Wales and Northern Ireland, as of 1 December 2014.
This report describes the methods and results for phase 2.

Sentinel Stroke National Audit Programme (SSNAP)

This is the second report produced as part of the Sentinel Stroke National Audit Programme (SSNAP) Post-acute Organisational Audit. The Clinical Effectiveness and Evaluation Unit in the Care Quality Improvement Department (CQID) of the Royal College of Physicians first conducted the National Sentinel Stroke Audit (NSSA) in 1998, carrying out both clinical and organisational audits for seven rounds between 1998-2012.

SSNAP comprises of two key elements, the SSNAP clinical audit and SSNAP organisational audits. The first element is the SSNAP clinical audit which collects data continuously on all stroke patients admitted to hospital following a stroke. Data collection extends into the community with the potential to follow the patient pathway through bed based intermediate care, domiciliary rehabilitation and up to six months after the initial stroke. It predominantly measures the processes of care but includes some outcomes including mortality and disability (Modified Rankin Scale). The second element is the Acute Organisational Audit which collects data and reports on the structure and organisational of acute stroke services every two years.
SSNAP is now the single source of stroke data for England, Wales and Northern Ireland.

SSNAP Post-acute Organisational Audit

Building on the successes of the SSNAP clinical audit, the Intercollegiate Stroke Working Party (ICSWP) has set out for the first time to audit stroke care organisation after acute stroke unit discharge. In order for the audit to capture as many post-acute stroke services as possible, it was divided into two phases. Phase 1 to approach Clinical Commissioning Groups (CCGs) in England, Local Health Boards (LHBs) in Wales and Local Commissioning Groups (LCGs) in Northern Ireland for information on the post-acute stroke services they commission for stroke survivors within their locality. The results from phase 1 of the audit were made publically available on 8 June 2015 and can be found on the SSNAP Results Portal (www.strokeaudit.org/results). The data from this phase has been used as a platform in Phase 2 for identifying the breadth of services open to stroke survivors in England, Wales and Northern Ireland. Organisational information was collected from each identified post-acute stroke service which is reported here.

The Aims of the SSNAP post-acute organisational audit – Phase 2

- To establish a baseline of current service organisation nationally to compare with processes of care (SSNAP clinical audit) and to monitor changes over time.
- To enable providers to benchmark the quality of the component elements of their service organisation nationally and regionally (e.g. Early Supported Discharge [ESD] teams/community rehabilitation teams [CRTs]).
- To provide timely, transparent information to patients, the public and professionals about the quality of stroke care organisation in the post-acute setting locally and nationally.
- To provide commissioners with evidence of the quality of commissioned services and to identify where improvements to services are needed and make recommendations.
- To identify services which are stroke specific compared to broader groups.
- To provide information on the demand and capacity and timeliness of treatment within identified services.

Organisation of the Audit

SSNAP is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and the Welsh Government as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and run by the Clinical Effectiveness and Evaluation unit (CEEu) of the Royal College of Physicians, London. The audit is guided by a multi-disciplinary steering group responsible for the RCP Stroke Programme – the Intercollegiate Stroke Working Party (ICSWP). Details of membership of the ICSWP can be found in Appendix 1 or www.rcplondon.ac.uk/stroke.

Availability of this report in the public domain

Individual post-acute reports will be made available to participants via the SSNAP webtool. After two weeks, information on all post-acute stroke services, including a Full Results Portfolio which will include results for all data items by named service, will be available to healthcare organisations; this includes NHS England and the Care Quality Commission in England, NHS Wales (Welsh Government), the Department of Health, Social Services and Public Safety in Northern Ireland and Clinical Networks in England. Approximately two months following this it is planned to make all data public, including individual commissioner level reports on the SSNAP results portal (www.strokeaudit.org/results), in line with the transparency agenda and the procedures agreed with the funders.

How to read this report

This report presents national and service level data for many important aspects of the organisation of post-acute stroke services. National results are presented as percentages, and service variation is summarised by the median and inter-quartile range (IQR). Ratios of staffing levels are given per 10 beds for post-acute inpatient services and per 100 stroke patients (annually) for all other service types. This allows for an interpretation more relevant to national standards and for comparison of services of different sizes and capacity. Maps, scattergraphs and histograms are also used to provide visualisation of results and any key findings within the main report are highlighted by the use of a green box.

Denominators

The denominators within the report vary depending on the number of each type of stroke service. To illustrate, denominators can include all services which participated (604) within the national section, the total number of service types (778) (excluding services offering vocational rehabilitation only) and services who offer a particular type of service e.g. Early Supported Discharge (ESD), Psychological Support.

Evidence

No references have been quoted in this report for reasons of space but are summarised in a clear outlined box. All relevant evidence and standards are available in the following:

- Stroke commissioning guide https://www.rcplondon.ac.uk/sites/default/files/documents/stroke_commissioning_guide_web.pdf within the National clinical guideline for stroke 4th edition (Royal College of Physicians, 2012) http://www.rcplondon.ac.uk/resources/stroke-guidelines
- CCG Outcome Indicator Set (CCG OIS) http://www.england.nhs.uk/ccg-ois/.
- National Stroke Strategy (2014) (http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_081059.pdf)

Presentation of results

Section 2 describes national figures including the comparison of the characteristics of different services and national results for key aspects of the audit.

Sections 3-8 describe the findings for each service type identified in the audit in the following order:

- post-acute inpatient services **(section 3)**
- outpatient (clinic based) services **(section 4)**
- domiciliary teams **(section 5)**
- single discipline services **(section 6)**
- other post-acute services (6 month review services and family and carer support services) **(section 7)**

All services were asked to complete a vocational rehabilitation questionnaire, the results for which can be found in section 8.

Methodology

Scope of Phase 2

756 services were identified as eligible to participate in the audit and the services were identified from the following sources:

- Post-acute stroke services identified by commissioners (Local Health Boards) in Phase 1
- Post-acute stroke services already participating in SSNAP Clinical Audit
- Post-acute stroke services who were identified during registration of Phase 2

This audit reports on 11 types of services for stroke survivors after the acute phase. These are:

Hospital based services (which provide on-going support and treatment within a hospital setting but not at an acute level)

1. Post-acute inpatient care (services which provide inpatient rehabilitation)
2. Outpatient (clinic based) care

Domiciliary services (those that treat patients at home and enable patients to return home early following inpatient care)

3. Early Support Discharge (ESD)
4. Community Rehabilitation Team (CRT)
5. Domiciliary (not ESD/CRT)

Single discipline services (services that provide a focussed service on one type of therapy or support)

6. Occupational Therapy
7. Physiotherapy
8. Speech and Language Therapy
9. Psychological support

Other post-acute service providers (services which provide either 6 month reviews only and organise future treatment and support if necessary and/or family and carer support)

10. 6 month review provider only
11. Family and carer support services

These 11 types of services include those which are currently eligible to be measured by the clinical component of SSNAP (services 1, 3, 4 and 5) and those which are not but are part of the post-acute care pathway. However all service types may provide 6 month reviews and if so should be submitting 6 month review data to the SSNAP clinical audit.

Inclusion criteria

Services were eligible if they provided post-acute stroke care (care outside of the acute hospital inpatient setting) at any point within the first year following stroke and treat at least 10 stroke patients a year.

Exclusion criteria

Inpatient services included in the 2014 Acute Organisational Audit were excluded.

Information collected

Participating services were asked to submit organisational information on each type of service they provided for stroke survivors, plus whether they offered vocational rehabilitation. The information submitted reflects the service structure as of **1 April 2015**.

Characteristics of the individual service types

- Stroke specific services or generic services
- Locations of service
- Waiting times for the service
- 7-day service working
- Staffing numbers
- Capacity and workload of services
- Staffing configurations
- Staff education
- Multi-disciplinary team (MDT) meetings
- Time limits to services
- Re-referral to services
- Treatment of patients in care homes
- Information and training for stroke survivors and their carers
- Participation in the clinical component of SSNAP
- Service commissioning

Within the 604 participating services, 780 individual types of services were offered (including two services which provided vocational rehabilitation only).

A service could carry out any number of the 11 types of service identified (with Family and carer support service counting as one type of service). For example, a post-acute stroke service identified by a commissioner could carry out post-acute inpatient, Early Supported Discharge (ESD) and community rehabilitation (CRT) services, whereas another service could carry out ESD only, therefore this would be 2 services and 4 service types (the two ESD services being counted individually).

Identified services were contacted about the audit in February 2015, asked to register their participation on the SSNAP webtool and identify audit leads who would be responsible for completing the audit questionnaire.

Data collection

The questionnaire (Appendix 2) was developed and piloted guided by the Intercollegiate Stroke Working Party (Appendix 1).

Data collection was carried out using a web-based questionnaire via a password protected secure website between 9 April and 29 May 2015. Participants were provided with a data definitions and context specific online help. A telephone and email helpdesk was provided

by the SSNAP team at the Royal College of Physicians. High data quality was ensured by built in validations to prevent illogical data being entered.

All data tables throughout this report include the question numbers for all questions (see appendix 2). Once data entry was completed, participating services were given a week to check the accuracy of their data, after which no changes were permitted. The checking week took place between 1 – 5 June 2015.

Participation in the audit of post-acute stroke service providers

Potentially eligible post-acute teams identified using the sources outlined on page 24, were contacted and asked to register for Phase 2. This included the 716 teams identified in Phase 1. During registration it was found that some teams either did not meet the inclusion criteria, were duplicates of other teams identified or were provided with incorrect contact details. Furthermore, since the Phase 1 data collection (November-December 2014) which is based on services commissioned on 1 December 2014 there had been certain reconfigurations including services that had been discontinued.

By the end of June 2015 it was found that 756 services were identified as eligible to participate in the audit. 613 (81%) registered to participate and 604 (80%) submitted data on the types of services they carried out. Lists of participating services and eligible non-participating services can be found within appendices 3 and 4 of this report respectively.

Data analysis

All data analysis was conducted in Stata 14.

Relationship between the Post-acute Organisational Audit and SSNAP Clinical Audit

The SSNAP clinical audit tracks stroke patient care pathways all the way through to 6 month review and outcome. In order to do this it works with many multi-disciplinary post-acute stroke services that provide data on the care received by their stroke patients during this period. In relation to this Phase 2 audit any of these services, six month review teams and family and carer teams may collect data on six month follow ups. Typically however, only inpatient and domiciliary teams collect data about on-going treatment.

However, the SSNAP team was aware that there were many other post-acute stroke services in existence treating stroke patients following discharge from acute hospital that were going unmeasured and unbenchmarked, such as single discipline teams.

Because the names, locations and types of services that these services carried out were unknown, one of the aims of Phase 1 and Phase 2 of the audit was to identify teams that are eligible to participate in SSNAP clinical. In addition, Phase 1 identified teams that were commissioned to provide six month reviews. With Phase 2 of the audit giving an idea of caseload it is now possible to recruit eligible teams to participate in SSNAP clinical and submit data on the processes of care (and six month reviews).

The identification of these additional services through the post-acute organisational audit has helped increase participation in the clinical component of SSNAP for the two latest reporting quarters.

Section 2. National results

Standards from the Stroke Guidelines (Fourth Edition)
3.7 Transfers of care – general
People who survive stroke will interact with several different services during the subsequent 6 months: general practice, specialist acute stroke services, specialist rehabilitation services, voluntary services, social services, housing and community-based services.

3.7.1 Recommendations
Transfers between different teams and between different organisations should:
- Occur at the appropriate time, without delay

For the first time we can now specify the range, proportion and structure of post-acute stroke services within England, Wales and Northern Ireland. This report provides information on the availability and organisation of participating services and includes data on staffing levels, ways of working, locality and access to services. It will complement the SSNAP clinical audit by showing relationships between the care patients are receiving by these services and the information we now have on their organisation.

This section provides a summary of the national results from the SSNAP audit of providers of post-acute stroke services (Phase 2). It aims to give a comprehensive overview of participation and the organisation and availability of post-acute stroke services.

More detailed results for each service type can be found within the relevant section (3-8) in this report. Each data item within these sections is benchmarked against the national average to allow for comparison against similar service types.

2.1 Participation

Services could carry out any number of each service type. A list of participating services and which types of service they carried out and therefore submitting data on can be found in appendix 3.

Table 2.1 presents the number of each service type identified as eligible and which of them participated.

National results

Table 2.1 Participation rate of eligible post-acute stroke services

Types of service		Number identified N=1086	National participation N=778*
Hospital based services (which provide on-going support and treatment within a hospital setting but not at an acute level)			
1.	Post-acute inpatient care	157	116 (73.8%)
2.	Outpatient (clinic based) care	81	50 (61.7%)
Domiciliary services (those that treat patients at home and enable patients to return home early following inpatient care)			
3.	Early Supported Discharge (ESD)	161	142 (88.1%)
4.	Community Rehabilitation Team (CRT)	210	166 (79.0%)
5.	Domiciliary (not ESD/CRT)	29	13 (44.8%)
Single discipline services (services that provide a focussed service on one type of therapy or support)			
6.	Occupational Therapy	44	16 (36.3%)
7.	Physiotherapy	61	28 (45.9%)
8.	Speech and Language Therapy	62	32 (51.6%)
9.	Psychological support	33	13 (39.4%)
Other post-acute service providers (services which provide either 6 month reviews only and organise future treatment and support if necessary and/or family and carer support)			
10.	6 month review provider only	47	36 (76.6%)
11.	Family and Carer Support Services	205	166 (80.8%)
	If Family and Carer Support Service, additionally carries out 6 month reviews		29

*This figure excludes the two services which provided a vocational rehabilitation service only.

All services were also asked to complete a short vocational rehabilitation questionnaire. 92 services confirmed they additionally carried out a vocational rehabilitation function, with two of these services carrying out vocational rehabilitation alone.

For the purposes of this report, the two services which provide vocational rehabilitation only will be excluded from the denominator in all sections but the vocational rehabilitation section.

2.1. 2 Summary of participation

By the end of June 2015, 756 post-acute services were identified as being eligible to participate in the audit of post-acute stroke services, 613 services had registered to participate and 604 (80%) had submitted data.

National results

Table 2.2 gives a summary of eligibility and participation for the audit of post-acute stroke service providers per service type and by England, Wales and Northern Ireland.

Table 2.2 Summary of participation by type of services

Service type	Total			England			Wales			Northern Ireland		
	Eligible	Participating		Eligible	Participating		Eligible	Participating		Eligible	Participating	
Total	1086	778	(71.6%)	998	710	(70.8%)	76	56	(73.7%)	12	12	(100.0%)
Hospital Based services (which provide on-going support and treatment within a hospital setting but not at an acute level)												
Post-acute inpatient service	157	116	(73.9%)	138	101	(73.2%)	15	11	(73.3%)	4	4	(100.0%)
Outpatient (clinic based) service	81	50	(61.7%)	69	39	(56.5%)	12	11	(91.7%)	0	0	
Domiciliary services (those that treat patients at home and enable patients to return home early following inpatient care)												
Early Supported Discharge (ESD)	161	142	(88.2%)	155	136	(87.7%)	4	4	(100.0%)	2	2	(100.0%)
Community Rehabilitation Team (CRT)	210	166	(79.0%)	194	154	(79.4%)	10	6	(60.0%)	6	6	(100.0%)
Domiciliary (not ESD/CRT)	29	13	(44.8%)	26	13	(50.0%)	3	0	(0.0%)	0	0	
Single discipline services (services that provide a focussed service on one type of therapy or support)												
Occupational Therapy	44	16	(36.4%)	40	13	(32.5%)	4	3	(75.0%)	0	0	
Physiotherapy	61	28	(45.9%)	53	21	(39.6%)	8	7	(87.5%)	0	0	
Speech and Language Therapy	62	32	(51.6%)	56	28	(50.0%)	6	4	(66.7%)	0	0	
Psychological support	33	13	(39.4%)	32	19	(59.4%)	1	0	(0.0%)	0	0	
Other post-acute service providers (services which provide either 6 month reviews only and organise future treatment and support if necessary and/or family and carer support)												
6 month review provider only	47	36	(76.6%)	44	33	(75.0%)	3	3	(100%)	0	0	
Family and carer support	205	166	(81.0%)	159	159	(100.0%)	10	7	(70.0%)	0	0	

Table excludes two services which carried out vocational rehabilitation only

National results

Figures 2.1, 2.2 and 2.3 shows the location of Inpatient teams, Early Supported Discharge teams and Community rehabilitation teams who submitted data for Phase 2 respectively.

Figure 2.1 Locations of participating and non-participating inpatient teams (Phase 2)

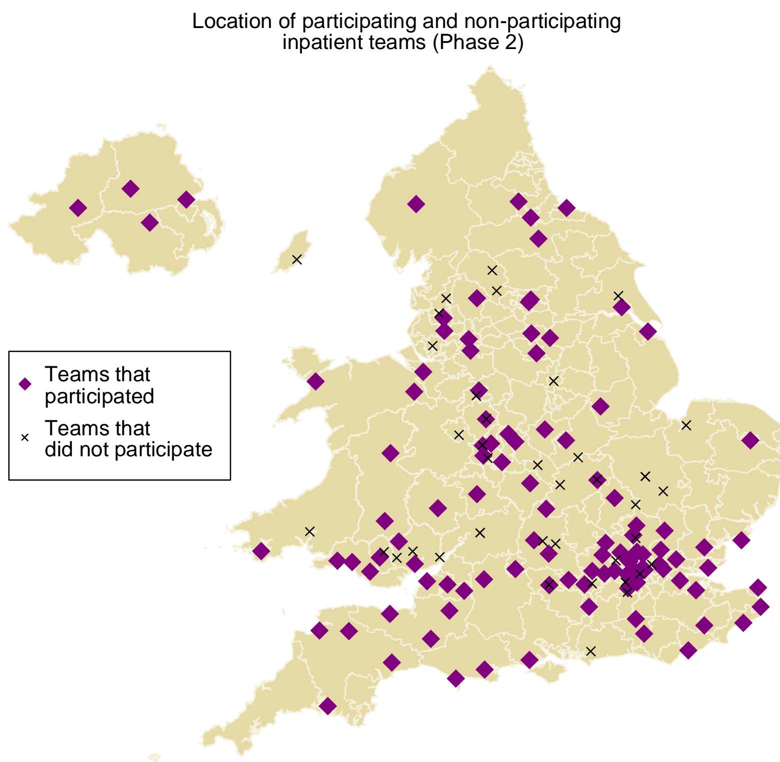
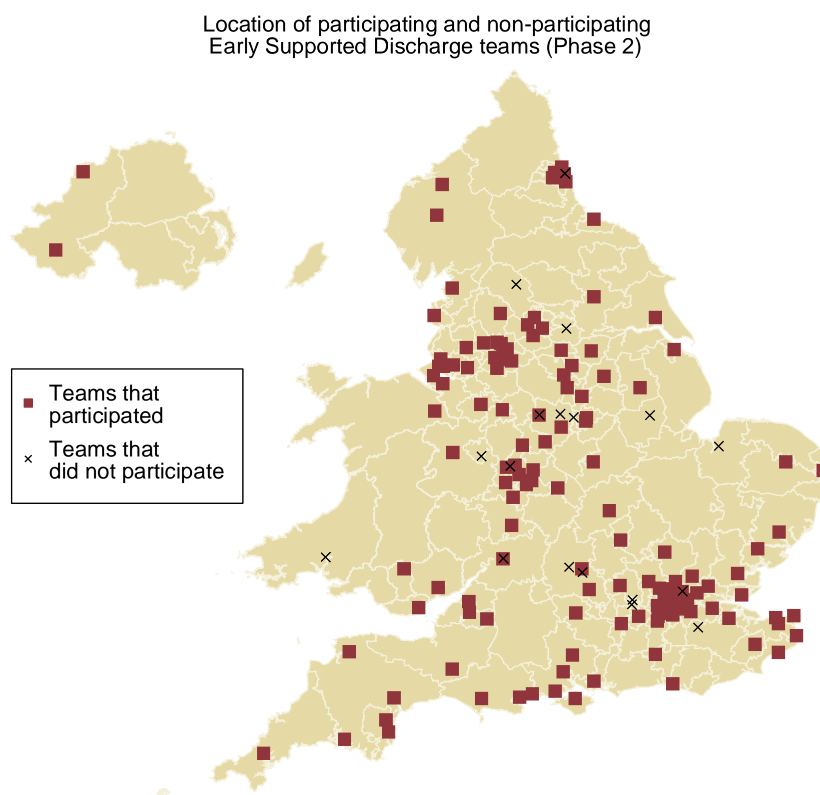


Figure 2.2 Locations of participating and non-participating Early Supported Discharge teams (Phase 2)



National results

Figure 2.3 Locations of participating and non- participating Community rehabilitation teams (Phase 2)

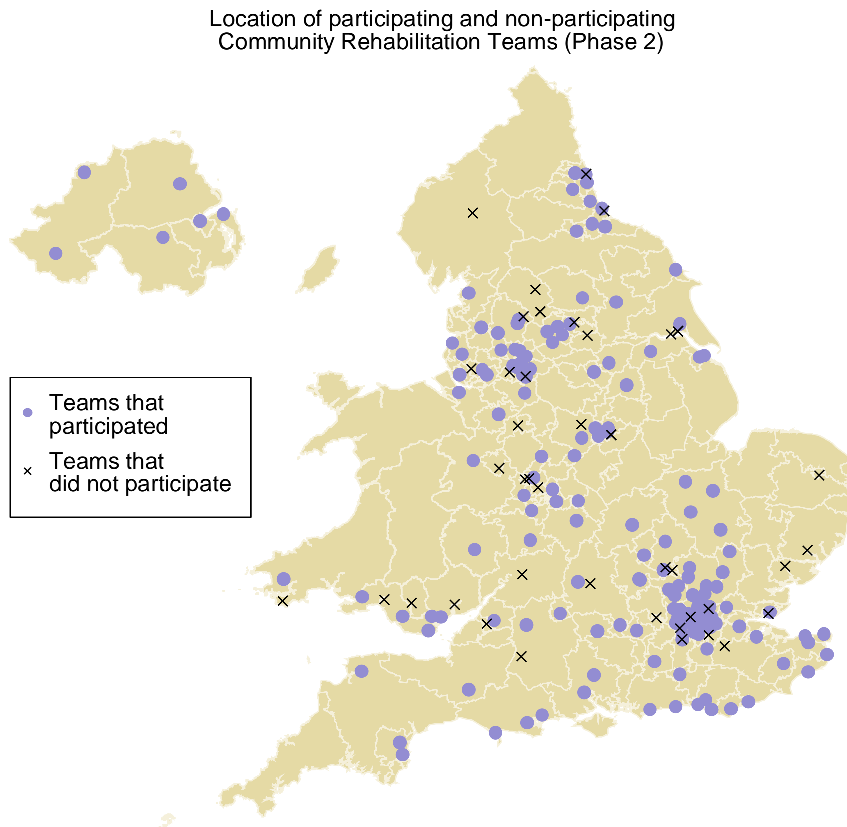
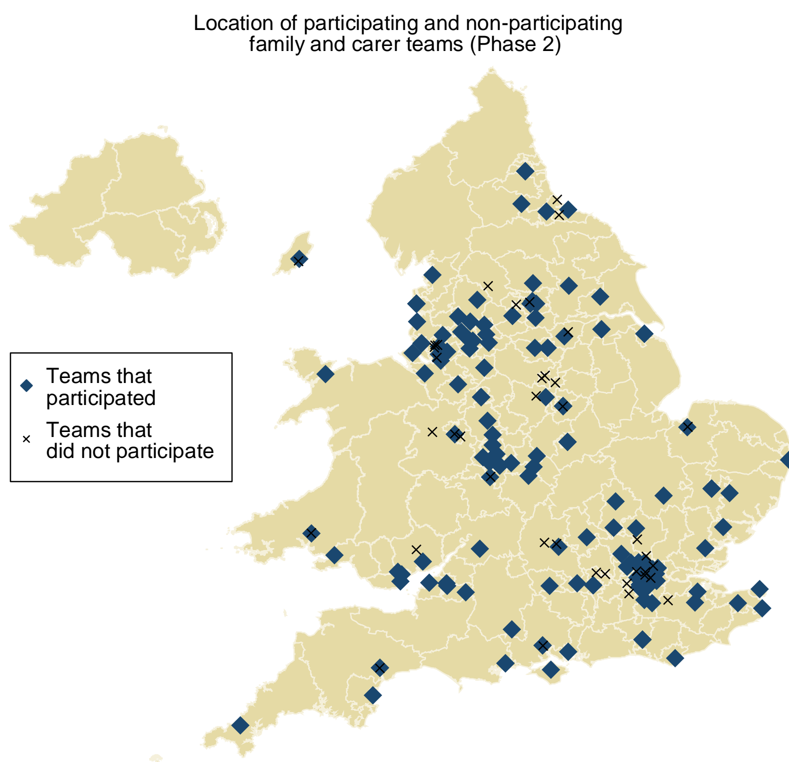


Figure 2.4 Locations of participating and non-participating Family and carer support services (Phase 2)



National results

80% (604/756) of post-acute stroke services participated in the post-acute organisational audit. This willingness by post-acute stroke services to be involved in improving the overall stroke pathway should be acknowledged and congratulated. Rates of participation were similar across the spectrum of post-acute stroke services, with the highest being by Early Supported Discharge (ESD) teams. Such high participation gives a reassuring overview of the service provision at a National level and a credible baseline to focus further service improvements which can be followed in subsequent audits.

2.2 Characteristics of the individual service types

This section summarises the key results for each type of service and compares them where applicable. It includes staffing levels, organisation of types of teams and services, and waiting times for all types of services. It compares what this report has found in terms of the structures of services with the response to the process audit based on patients being seen by these teams (SSNAP clinical audit).

2.2.1 Stroke specific services

Stroke specific services are able to offer stroke survivors access to specialist healthcare services and professionals. The national stroke guideline recommends that services such as Early Supported Discharge (ESD) teams are all stroke specific to ensure that these steps in the patient care pathway are robust and can support stroke survivors to return home as soon as possible. Generic services will treat many patient types and therefore see a greater number of patients.

Of the 778 service types more than half (461 (59%)) were stroke specific. 94% of ESD teams are stroke specific.

Table 2.3 shows the number and proportion of service types which are stroke specific, stroke/neurological specific or generic.

National results

Table 2.3 Proportion of stroke specific services which are stroke specific, stroke and neurology services and generic services.

Services which are stroke specific (Q1.2) (N=778)	Stroke Specific (N=461)	Stroke and Neurology (N=150)	Generic (N=167)
National total	461 (59.2%)	150 (19.3%)	167 (21.5%)
Post-acute inpatient care (N=116)	42 (36.2%)	28 (24.1%)	46 (39.7%)
Outpatient (clinic based) care (N=50)	15 (30.0%)	22 (44.0%)	13 (26.0%)
Early Supported Discharge (ESD)* (N=142)	134 (94.4%)	Not asked	8 (5.6%)
Community Rehabilitation Team (CRT) (N=166)	63 (38.0%)	55 (33.1%)	48 (28.9%)
Domiciliary (not ESD/CRT) (N=13)	1 (7.7%)	1 (7.7%)	11 (84.6%)
Services which are stroke specific (Q1.2) (N=778)	Stroke Specific (N=461)	Stroke and Neurology (N=150)	Generic (N=167)
Occupational therapy (Single discipline) (N=16)	4 (25.0%)	7 (43.8%)	5 (31.3%)
Physiotherapy (Single discipline) (N=28)	4 (14.3%)	17 (60.7%)	7 (25.0%)
Speech and Language Therapy (Single discipline) (N=32)	4 (12.5%)	8 (25.0%)	20 (62.5%)
Psychological Support N=13	4 (30.8%)	6 (46.2%)	3 (23.1%)
6 month review provider only (N=36)	34 (94.4%)	1 (2.8%)	1 (2.8%)
Family and Carer Support Services (N=166)	156 (94.0%)	5 (3.0%)	5 (3.0%)

* ESD services were only asked if they were stroke specific or generic.

Given the research evidence supporting stroke specific Early Supported Discharge (ESD) it is not surprising that over 94% of ESD services are stroke specific.
94% (34/36) of 6 month review providers are also stroke specific as they are commissioned to deliver this stroke patient focussed service. A similar high proportion of the 166 family and carer support services are stroke specific as they are largely provided by stroke specific voluntary sector organisations e.g. The Stroke Association, CONNECT.

National results

2.2.2 Waiting Times

Data on waiting times was collected about two time periods: the time between discharge or referral and the service first carrying out the initial assessment and the time between discharge or referral and the service starting to treat the patient. These are key indicators as to whether there are any significant delays being experienced in accessing certain types of services.

Assessment/triage reviews offer services the opportunity to review a patient and assess their needs before treatment takes place. Table 2.5 presents the median waiting times for each service type.

Table 2.4 Median waiting times by each service

Median Waiting Times (in days) (Q1.11a and b) N=662**	Between discharge/referral and assessment/triage review Median (IQR*)	Between discharge/referral and treatment Median (IQR*)
Outpatient (clinic based) services (N=50)	12 (2-42)	28 (10-46)
Early Supported Discharge (ESD) (N=142)	1 (1-2)	1 (1-2)
Community Rehabilitation Team (CRT) (N=166)	3 (1-5)	6 (3-14)
Domiciliary (not ESD/CRT) (N=13)	12 (1-21)	20 (6-56)
Occupational therapy (Single discipline) (N=16)	3 (1 – 17)	10.5 (1 – 29)
Physiotherapy (Single discipline) (N=28)	3 (1 – 14)	14 (7 – 35.5)
Speech and Language Therapy (Single discipline) (N=32)	7 (1 – 47)	22.5 (8.5 – 55.5)
Psychological support (Single discipline) (N=13)	56 (27 – 113)	73 (42 – 150)
6 month review provider only (N=36)	7 (3 – 30.5)	8.5 (4 – 138.5)
Family and Carer Support Services (N=166)	3 (3 – 3)	3 (3 – 5)

* Inter-Quartile Range

** Post-acute inpatient services were not asked for waiting times

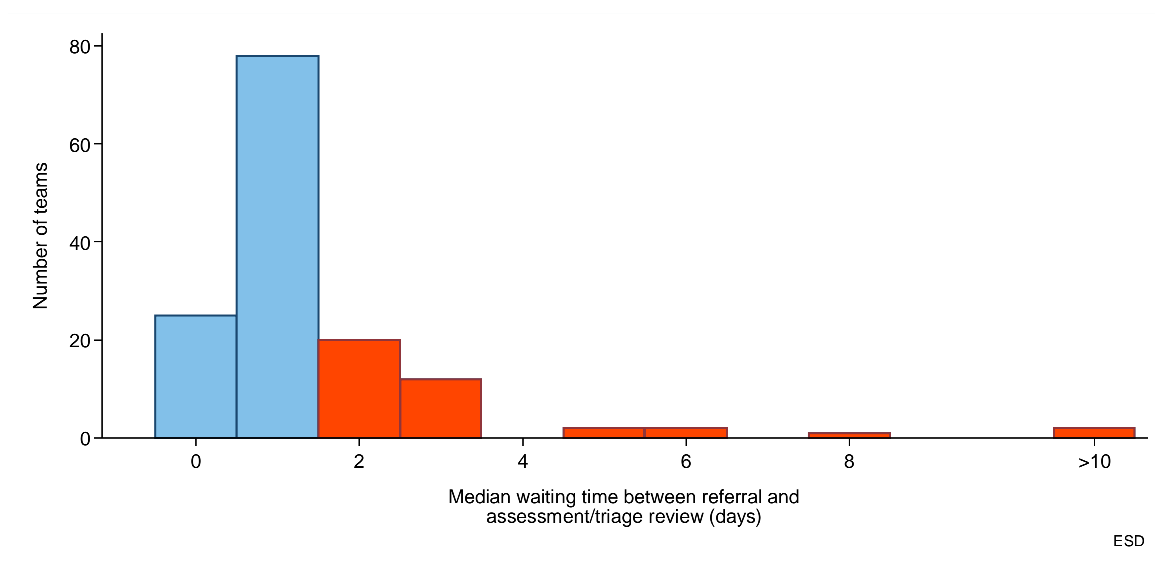
National results

Early Supported Discharge (ESD) teams have a single day median delay between referral and triage assessment and treatment. The inter-quartile range (IQR) is reassuringly tight (1-2 days) demonstrating that the ESD teams participating in the audit are set up to be responsive and timely as intended. Assessment and treatment in the same clinical episode is also characteristic of ESD teams but not appropriate in other services.
The longest delays are seen in accessing psychological support – with a median of over 10 weeks delay from referral to treatment (a quarter of services have a waiting time of 150 days or more). Such referrals are made based on need and often in crisis and such delays are likely to be associated with considerable patient, family and carer morbidity. This scenario highlights the difference in access to physical health and mental or psychological healthcare treatment seen in other conditions and is an on-going area for service improvement within the NHS (http://www.centreformentalhealth.org.uk/parity-of-esteem).

Standard for waiting times
Early Supported Discharge (ESD) teams should triage and treat the next day or within 24 hours of hospital discharge. All other post- acute stroke services should be triaging referrals within 14 days of receipt and offering treatment within 90 days of referral depending on individual patient need.

Figures 2.5 – 2.10 show the national spread of waiting times to assessment/triage review and treatment within the three largest non-inpatient service types, Early Supported Discharge (ESD), community rehabilitation and family and carer support services. Waiting times which fall within the new standard have been highlighted in blue.

Figure 2.5 Early Supported Discharge (ESD) - Waiting times from discharge or referral to assessment/triage review (National spread)



National results

Figure 2.6 Early Supported Discharge (ESD) - Waiting times from discharge or referral to treatment (National spread)

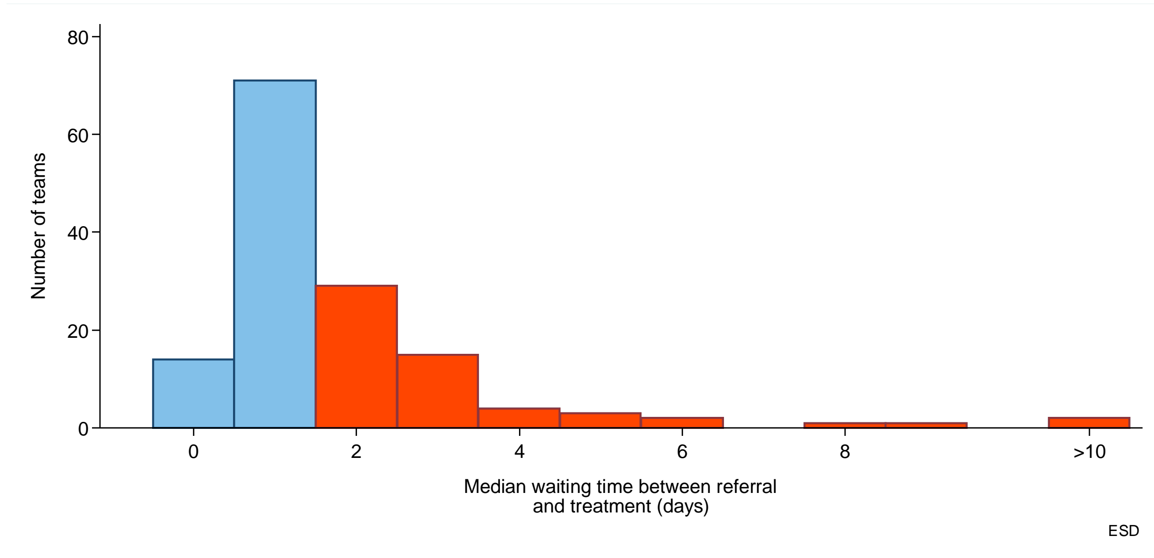


Figure 2.7 Community Rehabilitation Team (CRT) - Waiting times from discharge or referral to assessment/triage review (National spread)

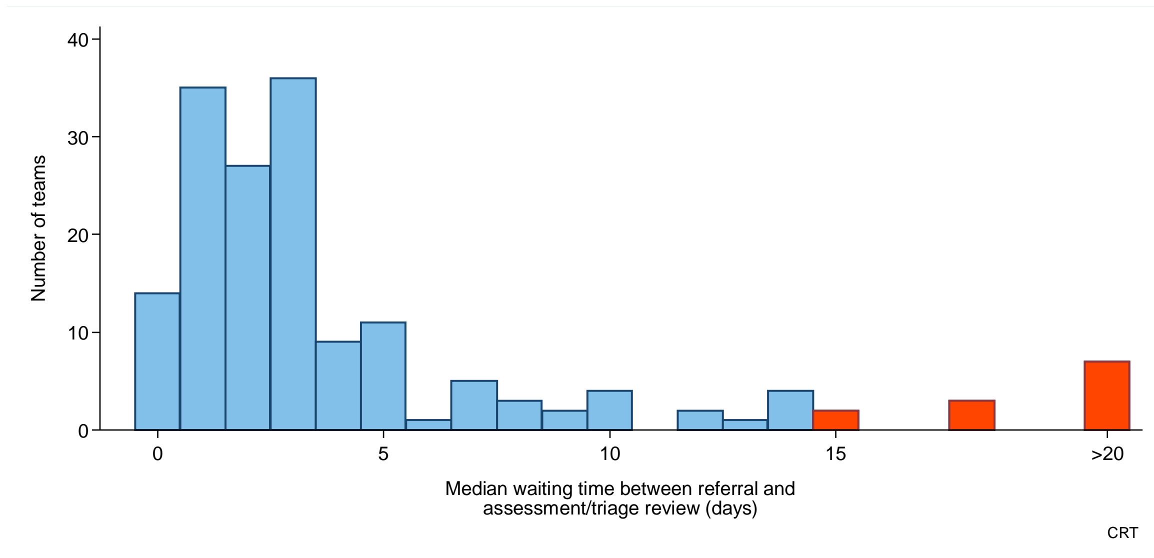


Figure 2.8 Community Rehabilitation Team (CRT) Waiting times from discharge or referral to treatment (National spread)

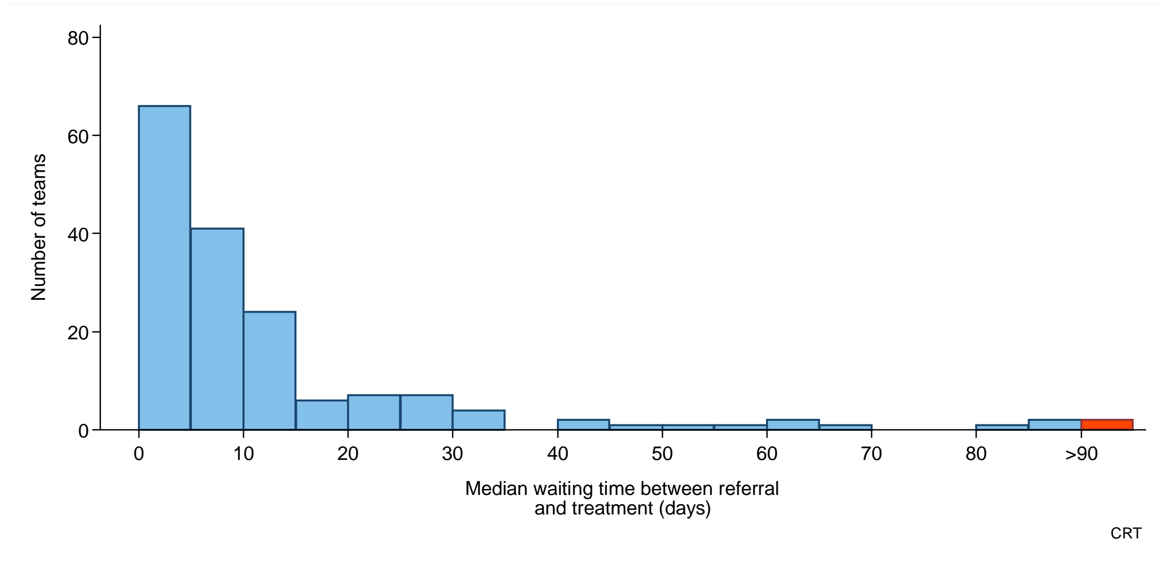
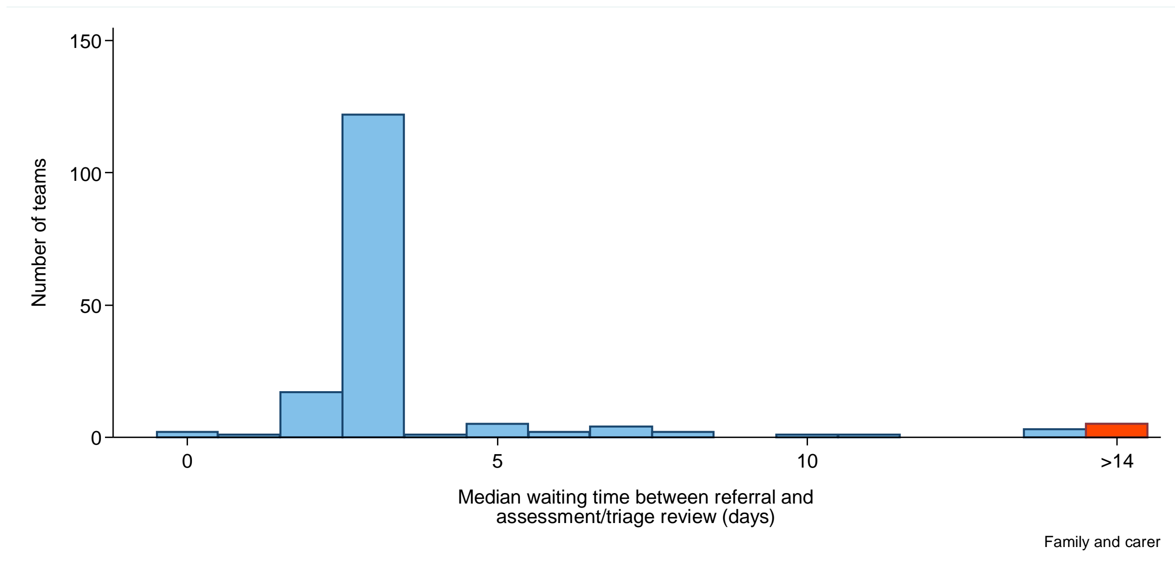


Figure 2.9 Family and Carer Support services - Waiting times from discharge or referral to assessment/triage review (National spread)



National results

Figure 2.10 Family and Carer Support services - Waiting times from discharge or referral to treatment (National spread)

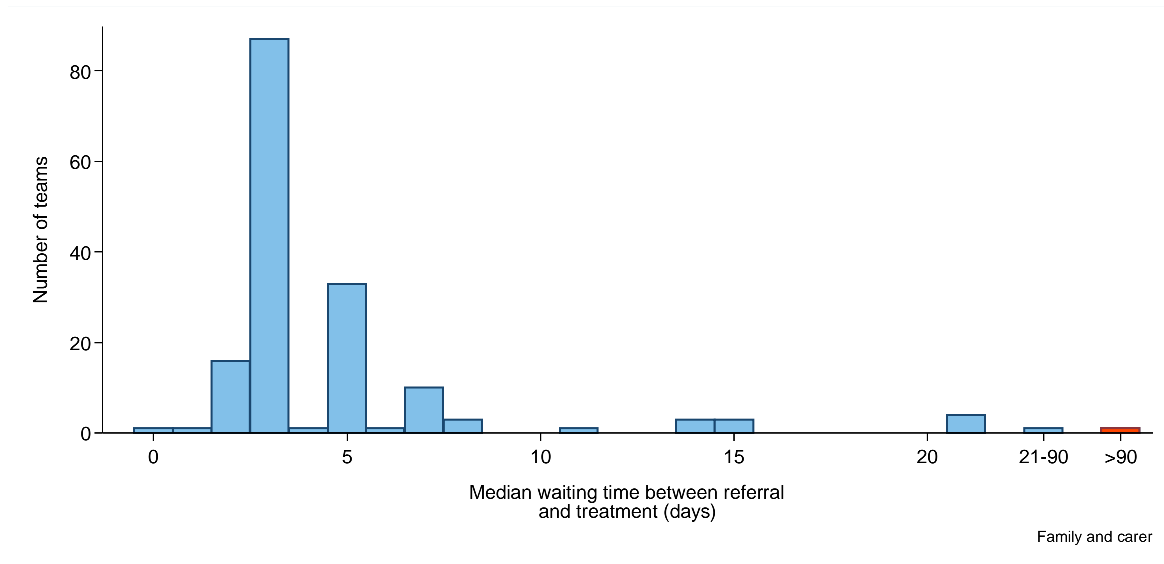
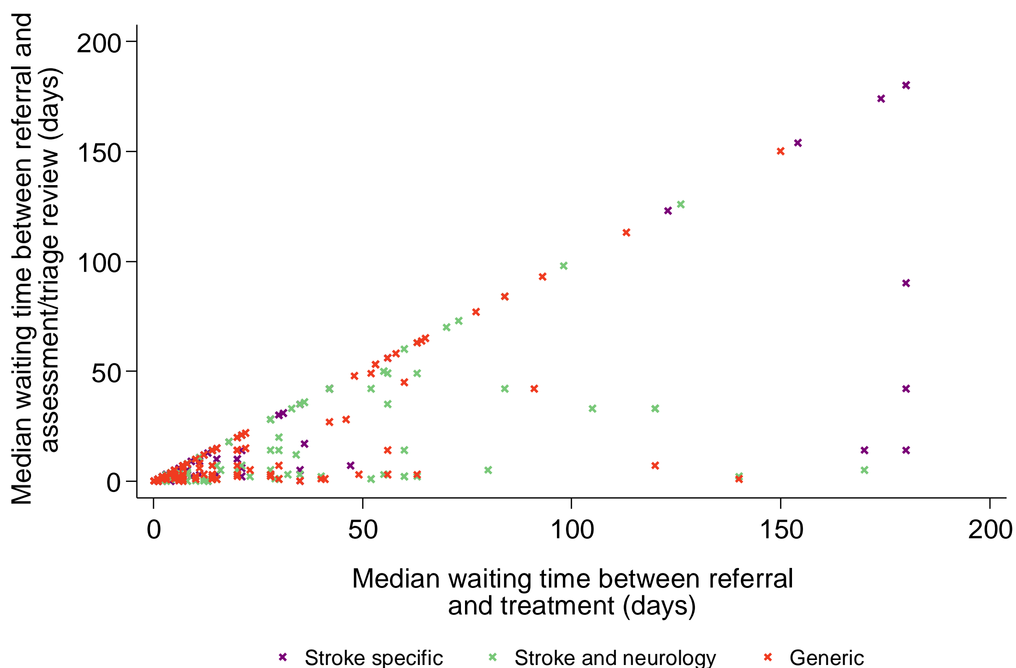


Figure 2.11 shows the relationship between waiting times for assessment/triage reviews and waiting times for treatment for all non-inpatient services.

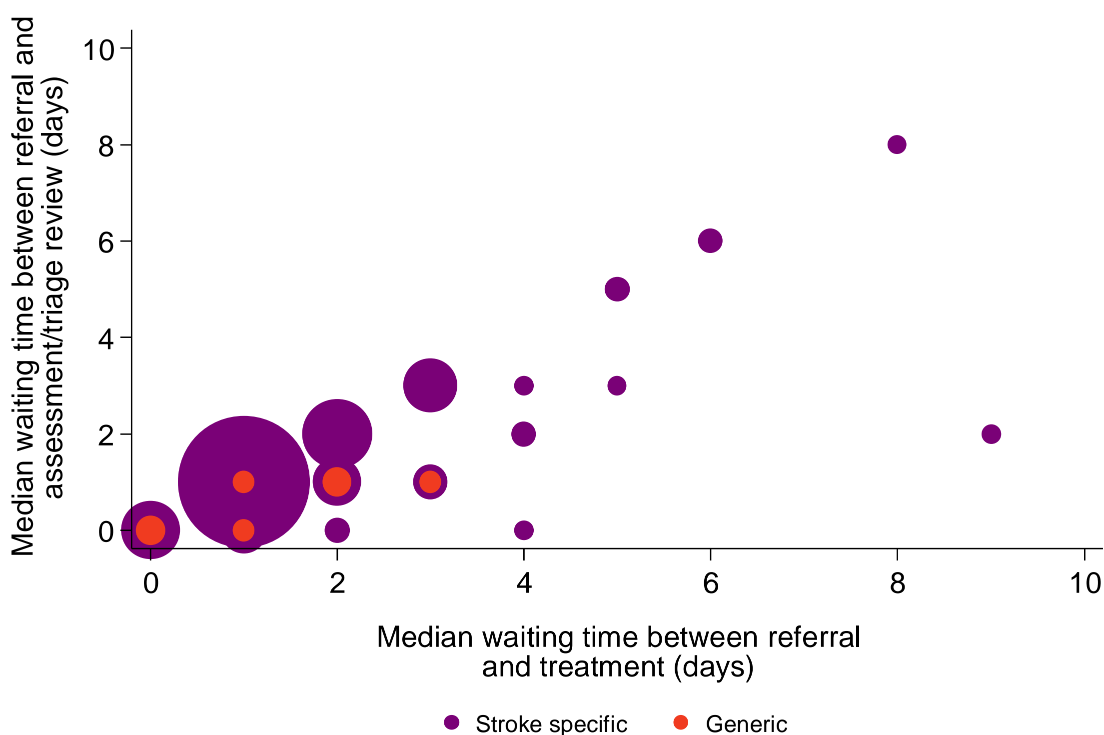
Figure 2.11 Non-inpatient services (classified according to Stroke Specific, Stroke/Neurological Specific or Generic) – Relationship between waiting times to assessment/triage review and to treatment



National results

Figures 2.12 and 2.13 shows the correlation of median waiting times between assessment/triage reviews and treatment for Early Supported Discharge (ESD) and community rehabilitation teams (CRT). Because many ESD and community rehabilitation teams had the same waiting time for both assessment/triage review and treatment these been shown as frequency scattergraphs. The bigger the dot the more teams had the same combination of waiting times.

Figure 2.12 Early Supported Discharge (ESD) – Relationship between waiting times from discharge/referral to assessment/triage review and to treatment (classified according to Stroke Specific or Generic)



National results

Figure 2.13 Community Rehabilitation Team (CRT) - Relationship between waiting times from discharge/referral to assessment/triage review and to treatment (classified according to Stroke Specific, Stroke/Neurological Specific or Generic)

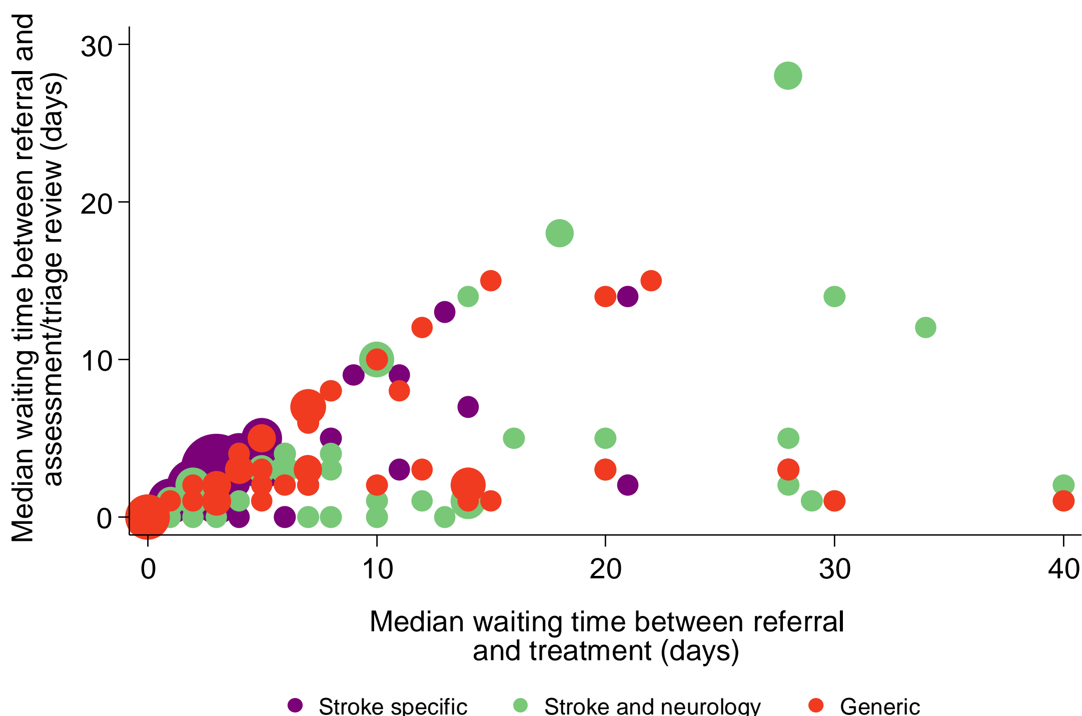


Figure 2.14 shows waiting times for all domiciliary services by service type. The bigger the dot the more of that service type has the same combination of waiting times. Figure 2.14 shows the relationship between waiting times for assessment/triage review and for treatment within outpatient, single discipline and other post-acute services.

National results

Figure 2.14 All domiciliary services (by service type) - Relationship between waiting times from discharge/referral to assessment/triage review and to treatment

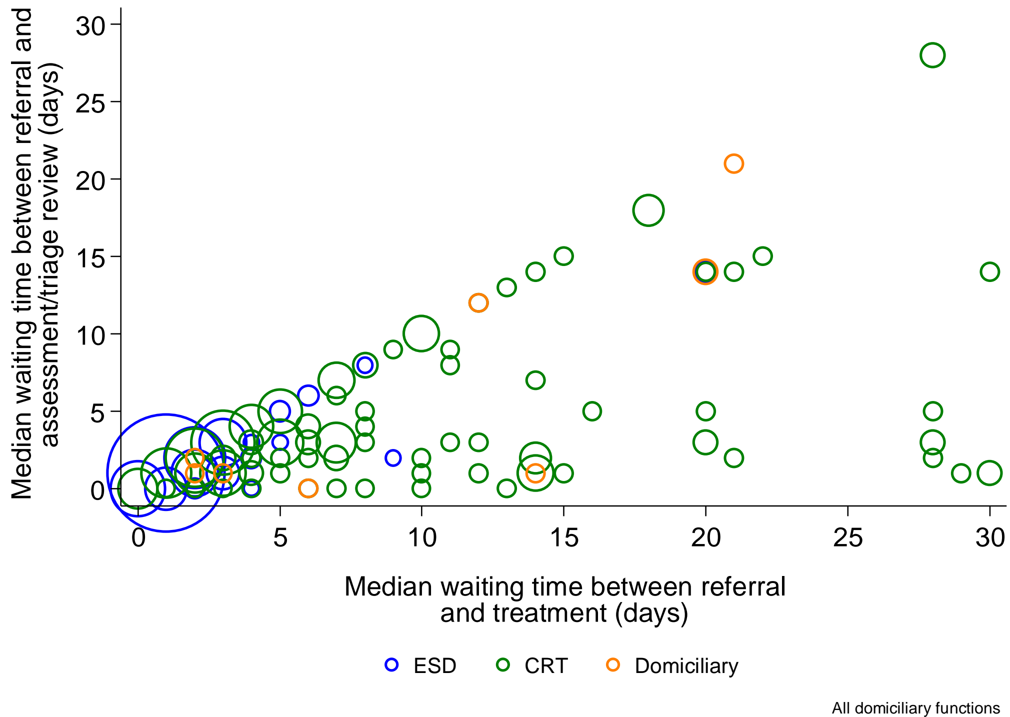
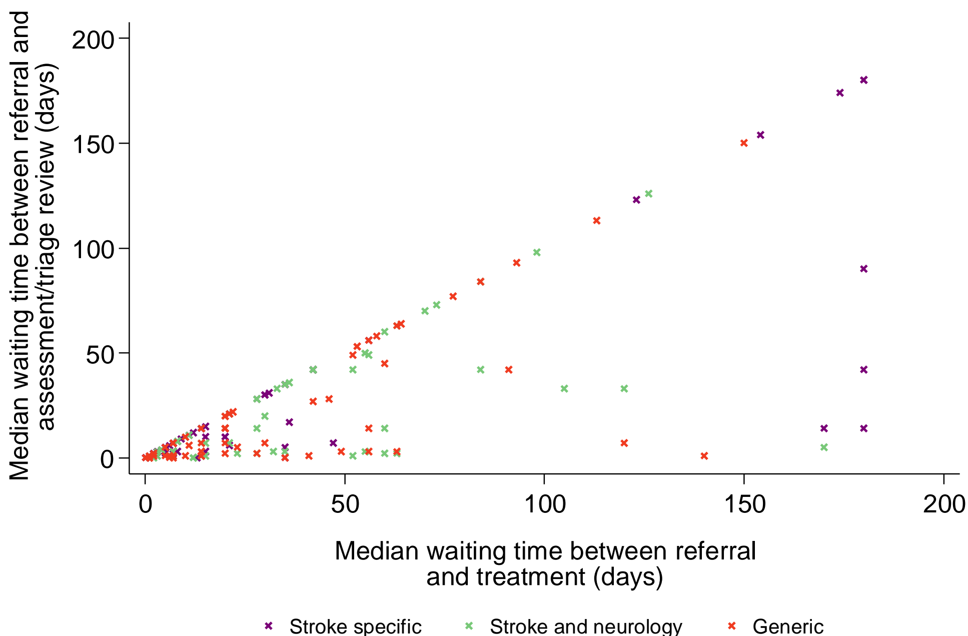


Figure 2.15 Outpatient, single discipline and other post-acute services (by Stroke Specific, Stroke/Neurological Specific or Generic) - Relationship between waiting times from discharge/referral to assessment/triage review and to treatment



National results

Figure 2.16 presents the relationship between waiting times from discharge/referral to assessment/triage reviews and to treatment for all non-inpatient services, within a 30 day period in order to show in more detail the more frequent waiting times. The bigger the dot the more services had the same combination of waiting times.

Figure 2.16 All non-inpatient services (by Stroke Specific, Stroke/neurological specific or Generic) - Relationship between waiting times for assessment/triage review and for treatment with 30 days

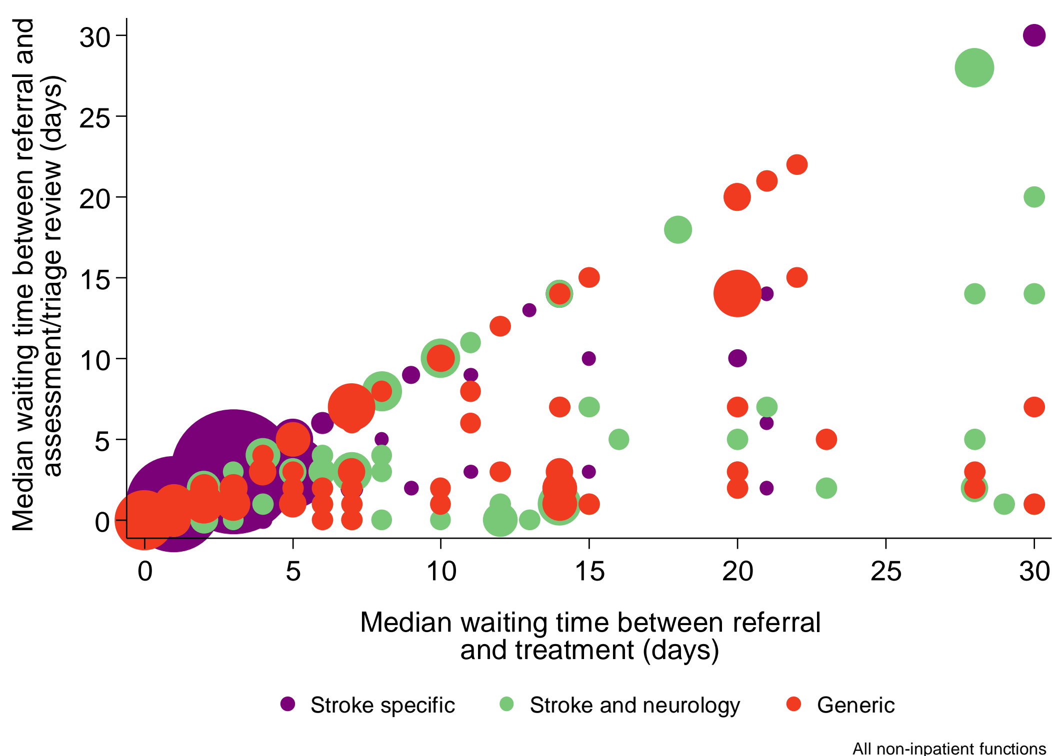


Figure 2.16 illustrates that broadly stroke specific services appear to have the shortest waiting time from referral to triage assessment and treatment – although there are clear variations. This can be largely explained by the number of stroke specific ESD teams in the audit.

2.2.3. 7-day working

With more healthcare services being required to cover more days in the week, all non-inpatient services were asked the number of days per week their service was accessible to stroke patients. The results show that 7 day working is still in the minority with only 16% of (109) services working 6 or 7 days a week. 541 (82%) services are available at least 5 days a week. It was assumed that post-acute inpatient care services would be available 7 days a week.

National results

Table 2.5 Number of days per week service is available

Number of days open per week (Q1.4) N=662	<5 days per week	5 days per week	6 days per week	7 days per week
Outpatient (clinic based) services (N=50)	16 (32.0%)	33 (66.0%)	0 (0.0%)	1 (2.0%)
Early Supported Discharge (ESD) (N=142)	2 (1.4%)	84 (59.2%)	15 (10.6%)	41 (28.9%)
Community Rehabilitation Team (CRT) (N=166)	5 (3.0%)	123 (74.1%)	4 (2.4%)	34 (20.5%)
Domiciliary (not ESD/CRT) (N=13)	0 (0.0%)	5 (38.5%)	1 (7.7%)	7 (53.8%)
Occupational therapy (Single discipline) (N=16)	1 (6.3%)	13 (81.3%)	0 (0.0%)	2 (12.5%)
Physiotherapy (Single discipline) (N=28)	5 (17.9%)	21 (75.0%)	0 (0.0%)	2 (7.1%)
Speech and Language Therapy (Single discipline) (N=32)	7 (21.9%)	25 (78.1%)	0 (0.0%)	0 (0.0%)
Psychological support (Single discipline) (N=13)	6 (46.2%)	7 (53.8%)	0 (0.0%)	0 (0.0%)
6 month review provider (N=36)	10 (27.8%)	24 (66.7%)	1 (2.8%)	1 (2.8%)
Family and Carer Support Services (N=166)	69 (41.6%)	97 (58.4%)	0 (0.0%)	0 (0.0%)

With the national agenda around 7 day services in the NHS, Early Supported Discharge (ESD) teams in particular need to increase the number of days they work. Given ESD teams are set up to reproduce hospital stroke unit care at home for eligible patients it is surprising that approximately 60% currently provide a service on 5 or less days a week. The 29% of ESD teams that do deliver a 7 day service reflect the equivalent service of inpatient services. *77% of community rehabilitation teams currently provide services on 5 or less days per week – compared to 61% of ESD – which may reflect capacity and respective team size. This re-enforces the need to review service provision locally and appraise whether 'economies of scale' can be made for example by integrated ESD and community rehabilitation teams.*

2.2.4 Staffing numbers

The multi-disciplinary team for stroke includes a wide variety of disciplines. In this audit we focussed on nurses, therapists, social workers and rehabilitation assistants and the median staffing levels for these disciplines are shown below.

Tables 2.6-2.11 summarises the Whole time equivalent (WTE) which staff disciplines to within each service type. Staffing levels have been given per 10 stroke beds within post-acute inpatient services and per 100 stroke patients (referred in the last 12 calendar months) within non-inpatient services to allow for more relevant interpretation and comparison with services of different sizes.

Table 2.6 Post-acute inpatient services WTE per 10 stroke beds

	Post-acute inpatient care staffing level (WTE) per 10 stroke beds							
Access to staff (WTE per 10 stroke beds) (Q1.7, 1.12.2, 1.13 & 1.16)	Registered nurse	Occupational Therapy	Physiotherapy	Speech & Language Therapy	Psychologist	Dietitian	Social Worker	Rehabilitation Assistant
WTE per 10 stroke beds Median (IQR)	7.1 (5.1-10.6)	1.3 (0.9-1.7)	1.5 (1.0-2.2)	0.5 (0.3-0.9)	0.3 (0.1-0.6)	0.2 (0.1-0.5)	0.5 (0.3-0.8)	1.4 (0.9-2.6)

This compares to the inpatient hospital care staffing Whole time equivalent (WTE) seen in the 2014 organisational audit:

Table 2.7 Acute organisational audit 2014 staffing levels (per 10 stroke beds)

	Acute hospital stroke unit organisational audit 2014 staffing levels (WTE) per 10 stroke beds					
Staffing levels in acute hospital stroke units (WTE) per 10 stroke beds	Registered nurse (Weekdays)	Occupational Therapy	Physiotherapy	Speech and Language Therapy	Psychologist	Dietitian
Median(IQR)	9.2 (7.6-10.9)	1.1 (0.8-1.5)	1.3 (1.1-1.6)	0.5 (0.3-0.8)	0.0 (0.0-0.2)	0.2 (0.1-0.3)

The medical cover that was available to stroke patients can be found within the post-acute inpatient section 3 of this report.

Staffing levels for therapy are comparable between hospital acute stroke units and post-acute inpatient services which is reassuring. There are slightly more physiotherapy and occupational therapists allocated in the post-acute inpatient units reflecting their role in facilitating the rehabilitation process. There are more nurses on duty in acute hospitals however, which will reflect the acuity of patient care in the first few days after stroke.
There is more psychologist input in the post-acute inpatient beds compared to the acute hospital stroke unit beds – although this is still low at 0.3 WTE per 10 stroke beds compared to other allied health professions.

Table 2.8 Outpatient (clinic based) services

		Staffing levels (WTE) per 100 stroke patients (referred within the last 12 months)									
Access to staff (WTE per 100 stroke patients) (Q1.10, Q1.7)		Registered nurse	Doctor	Occupational Therapy	Physiotherapy	Speech and Language Therapy	Psychologist	Dietitian	Social Worker	Rehabilitation Assistant	Family and Carer Support Worker
Outpatient	Median	1.0	0.7	1.4	2.2	0.6	0.5	0.7	0.4	1.6	0.9
	IQR	(0.4 - 2.5)	(0.1-1.3)	(0.4 - 2.1)	(1.0 - 3.4)	(0.3 - 0.7)	(0.2 - 0.7)	(0.3 - 2.1)	(0.4 - 0.4)	(0.8 - 3.6)	(0.5 - 1.1)

Table 2.9 Domiciliary services

	Staffing levels (WTE) per 100 stroke patients (referred within the last 12 months)									
Access to staff (WTE per 100 stroke patients) (Q1.10, Q1.7)	Registered nurse Median (IQR)	Doctor Median (IQR)	Occupational Therapy Median (IQR)	Physiotherapy Median (IQR)	Speech and Language Therapy Median (IQR)	Psychologist Median (IQR)	Dietitian Median (IQR)	Social Worker Median (IQR)	Rehabilitation Assistant Median (IQR)	Family and Carer Support Worker Median (IQR)
Early Supported Discharge (ESD)	0.6 (0.3 - 0.9)	0.1 (0.0-0.2)	1.0 (0.7 - 1.7)	1.2 (0.8 - 1.7)	0.5 (0.3 - 0.9)	0.3 (0.2 - 0.7)	0.2 (0.1 - 0.4)	0.8 (0.5 - 1.0)	1.6 (1.0 - 2.5)	0.8 (0.5 - 1.1)
Community Rehabilitation Team	0.7 (0.3 - 6.2)	0.5 (0.1- 1.3)	1.3 (0.7 - 3.4)	1.6 (0.8 - 4.9)	0.7 (0.4 - 1.6)	0.3 (0.1 - 0.7)	0.3 (0.1 - 0.8)	0.5 (0.3 - 1.9)	1.6 (1.0 - 3.7)	0.5 (0.4 - 0.8)
Domiciliary (not ESD/CRT)	0.9 (0.9 - 2.6)	0.4 (0.1- 0.6)	4.8 (1.1 - 8.8)	3.4 (1.4 - 10.8)	0.7 (0.5 - 0.9)	0.2 (0.1 - 0.9)	0.6 (0.3 - 0.9)	1.9 (0.4 - 5.1)	3.7 (1.8 - 10.1)	0.9 (0.9 - 0.9)

National results

Early Supported Discharge (ESD) teams describe poor access to medical and nursing expertise compared with the other domiciliary services. The low number of doctor WTE (sessions) associated with ESD is likely to be explained by the fact that entry into ESD requires hospital medical care and assessment of being fit for medical discharge. However, ESD teams do need, as well as usual GP care, prompt access to specialist medical review for patients who are still in the relatively acute stages of their stroke recovery.
Rehabilitation assistants (unregistered healthcare workers delivering care under supervision) are an important part of the post-acute stroke care team workforce and require not just supervision but training in stroke care.

Table 2.10 Staffing levels of Single discipline services

Staffing levels (WTE) per 100 stroke patients (referred within the last 12 months)										
Access to staff (WTE per 100 stroke patients in last 12 calendar months) (Q1.10, Q1.7)	Registered nurse Median (IQR)	Doctor Median (IQR)	Occupational Therapy Median (IQR)	Physiotherapy Median (IQR)	Speech and Language Therapy Median (IQR)	Psychologist Median (IQR)	Dietitian Median (IQR)	Social Worker Median (IQR)	Rehabilitation Assistant Median (IQR)	Family and Carer Support Worker Median (IQR)
Occupational therapy (Single Disc.)			1.4 (0.9 - 3.4)						1.0 (0.5 - 2.2)	
Physiotherapy (Single Disc.)				2.6 (1.2 - 7.1)					1.1 (0.5 - 3)	
Speech and Language Therapy (Single Disc.)					1.5 (0.9 - 2.7)				0.7 (0.3 - 1.1)	
Psychological support (Single Disc.)						1.4 (0.8 - 2.2)			1.1 (0.4 - 1.7)	

Table 2.11 Other post-acute services

	Staffing levels (WTE) per 100 stroke patients (referred within the last 12 months)									
Access to staff (WTE per 100 stroke patients in last 12 calendar months) (Q1.10, Q1.7)	Registered nurse Median (IQR)	Doctor Median (IQR)	Occupational Therapy Median (IQR)	Physiotherapy Median (IQR)	Speech and Language Therapy Median (IQR)	Psychologist Median (IQR)	Dietitian Median (IQR)	Social Worker Median (IQR)	Rehabilitation Assistant Median (IQR)	Family and Carer Support Worker Median (IQR)
6 month review provider only	0.3 (0.2 - 0.6)	0.4 (0.1- 0.8)	0.3 (0.1 - 0.5)	0.2 (0.1 - 0.6)	0.2 (0 - 0.8)	0.2 (0.1 - 0.4)	0.5 (0.4 - 1.4)	0.4 (0.3 - 2.6)	0.7 (0.3 - 0.8)	0.5 (0.3 - 0.9)
Family and Carer Support Services	0.3 (0.2 - 0.6)	0.4 (0.1- 0.8)	0.3 (0.1 - 0.5)	0.2 (0.1 - 0.6)	0.2 (0 - 0.8)	0.2 (0.1 - 0.4)	0.5 (0.4 - 1.4)	0.4 (0.3 - 2.6)	0.7 (0.3 - 0.8)	0.5 (0.3 - 0.9)

A wide range of health care professionals are involved with 6 month review and family and carer support services, as well as non-clinical staff. This reflects the wide range of services that are currently providing both 6 month review, and family and carer support services.

National results

2.2.5 Capacity and workload of services

Each type of service was asked the number of stroke patients treated in the previous 7 calendar days. To see the variation in workload services were also asked for the total number of patients referred between 1 April 2014- 31 March 2015 and include:

(a) Referrals from all diagnostic groups and
(b) Referrals for stroke patients only

This excludes patients referred more than once in the same year. This variation may depend on the size of the team and therefore comparisons of caseload and staffing levels are displayed graphically to illustrate the relationship between the two (figures 2.17-2.20).

Table 2.12 Capacity of service types

	Treatment	Referral		
The capacity of services (Q1.4, 1.5 & 1.6 Inpatient and Q1.6, 1.7 & 1.8 Other) (N=778)	Number of stroke patients treated in last 7 calendar days Median (IQR*)	Number of all patient referrals in last 12 calendar months Median (IQR*)	Number of stroke patient referrals in last 12 calendar months Median (IQR*)	Median percentage of total referrals that were stroke (%)
Post-acute inpatient care (N=116)	9 (4-16.5)	178.5 (86-315)	76 (37.7-145.5)	77.6%
Outpatient (clinic based) services (N=50)	10.5 (5 - 21)	357.5 (190 - 735)	86.5 (48 - 182)	24.8%
Early Supported Discharge (ESD) (N=142)	15 (7 - 27)	153.5 (95 - 291)	138.5 (85 - 220)	100.0%
Community Rehabilitation Team (CRT) (N=166)	20.5 (8 - 34)	438 (202 - 859)	138 (70 - 235)	42.6%
Domiciliary (not ESD/CRT) (N=13)	3 (3 - 6)	876 (346 - 1557)	59 (36 - 106)	14.0%
Occupational therapy (Single discipline) (N=16)	7.5 (1.5 - 11.5)	297.5 (151 - 383.5)	90.5 (42 - 111.5)	28.1%
Physiotherapy (Single discipline) (N=28)	8 (4 - 11.5)	301.5 (175.5 - 742.5)	58.5 (40.5 - 105.5)	24.7%
Speech and Language Therapy (Single discipline) (N=32)	7.5 (4 - 15)	416 (275.5 - 732)	130.5 (68 - 190.5)	28.1%
Psychological support (Single discipline) (N=13)	4 (2 - 6)	140 (90 - 360)	64 (36 - 122)	40.0%
6 month review provider (N=36)	7 (4.5 - 16)	274 (144.5 - 583)	268 (144.5 - 501)	100.0%
Family and Carer Support Services (N=166)	21.5 (10 - 49)	185.5 (90 - 364)	175 (90 - 356)	100.0%

* Inter-Quartile Range

National results

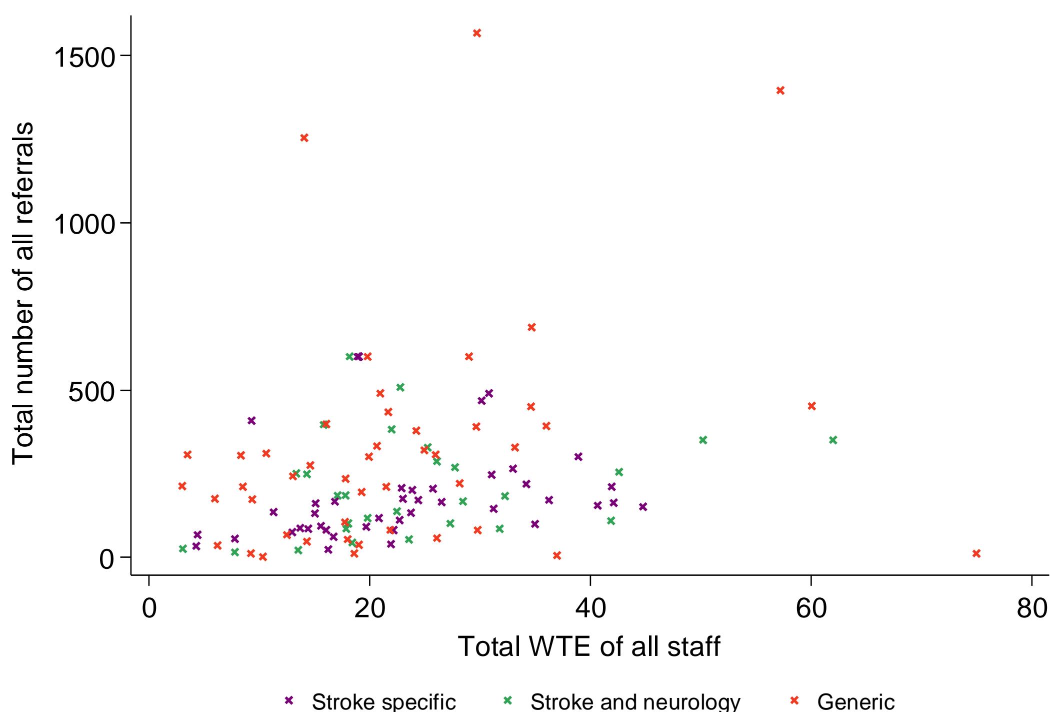
Stroke is the commonest cause of severe adult neurological disability and comprises a significant, but not exclusive, element of post-acute care services that participated in the post-acute provider audit. Within post-acute services that are not considered to be 'stroke-specific' (excluding Early Supported Discharge (ESD) teams, Family and Carer Support services and 6 month review providers only), post-acute inpatient care services have the highest stroke patient coverage at 78%.

2.2.5.1 Relationship between the total number of referrals and staffing numbers

The results in this section display the comparison of workload with the total number of staff for each type of service separately.

Figures 2.17 – 2.20 show the correlation between total patient referrals within the following service types, post-acute inpatient, Early Supported Discharge (ESD), community rehabilitation and family and carer support services and the total Whole time equivalent (WTE) of staff within each service.

Figure 2.17 Post-acute inpatient services - Relationship between total referrals and total WTE of staff



National results

Figure 2.18 Early Supported Discharge (ESD) - Relationship between total referrals and total WTE of staff

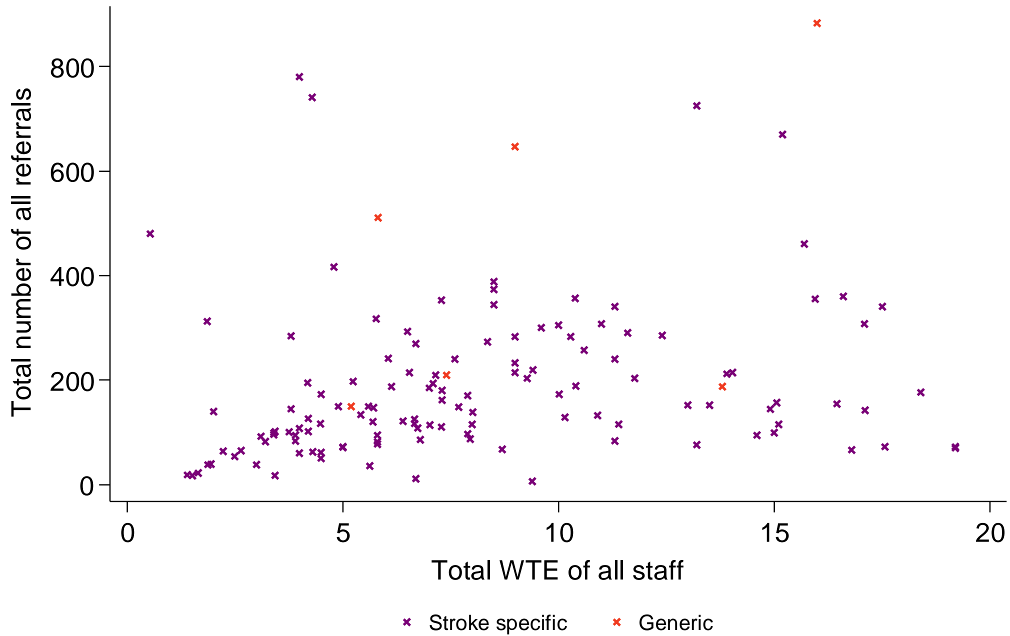
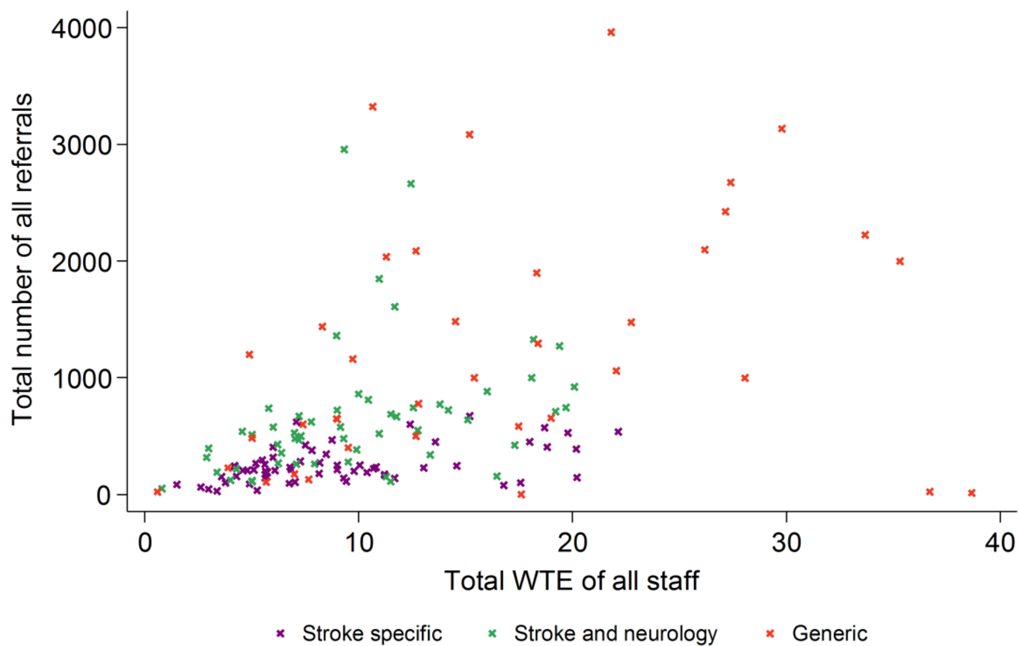


Figure 2.19 Community Rehabilitation Team (CRT) - Relationship between total referrals and total WTE of staff



National results

Figure 2.20 Family and Carer Support services - Relationship between total referrals and total WTE of staff

There are many reasons why some services will see more patients than others. Reasons may include the complexity of the patients' needs that they are seeing or the staffing levels they have within the service enabling them to have a higher service capacity than other services.

Figures 2.21-2.24 show the national spread of number of patients treated in the 7 days preceding the audit date (1 April 2015). A ratio of this has been given by 100 stroke patient referrals in the last 12 calendar months to enable comparison of services of different sizes and capacity. These figures give an indication of turnover of patients throughout the year.

National results

Figure 2.21 Post-acute inpatient services - National spread of patients treated in the last 7 days per 100 stroke patient referrals

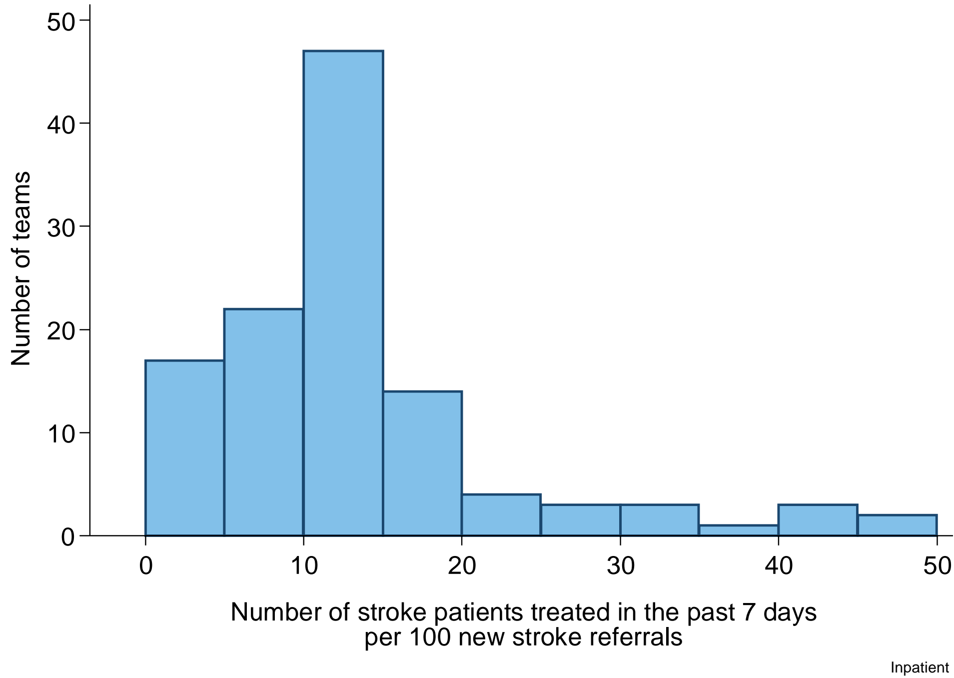
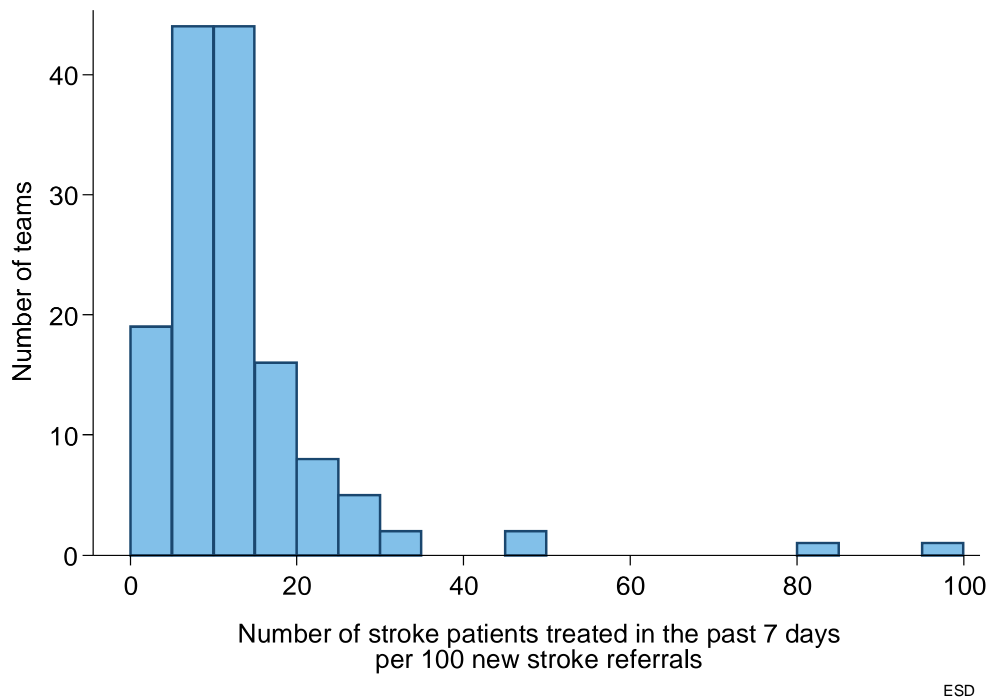


Figure 2.22 Early Supported Discharge (ESD) - National spread of patients treated in the last 7 days per 100 stroke patient referrals



National results

Figure 2.23 Community Rehabilitation Team (CRT) - National spread of patients treated in the last 7 days per 100 stroke patient referrals

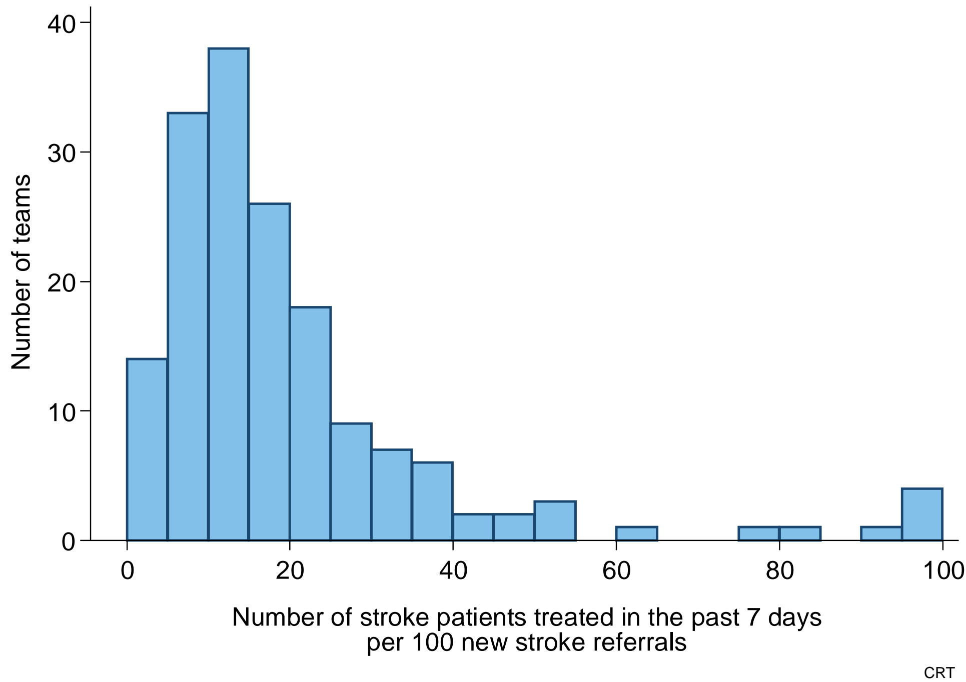
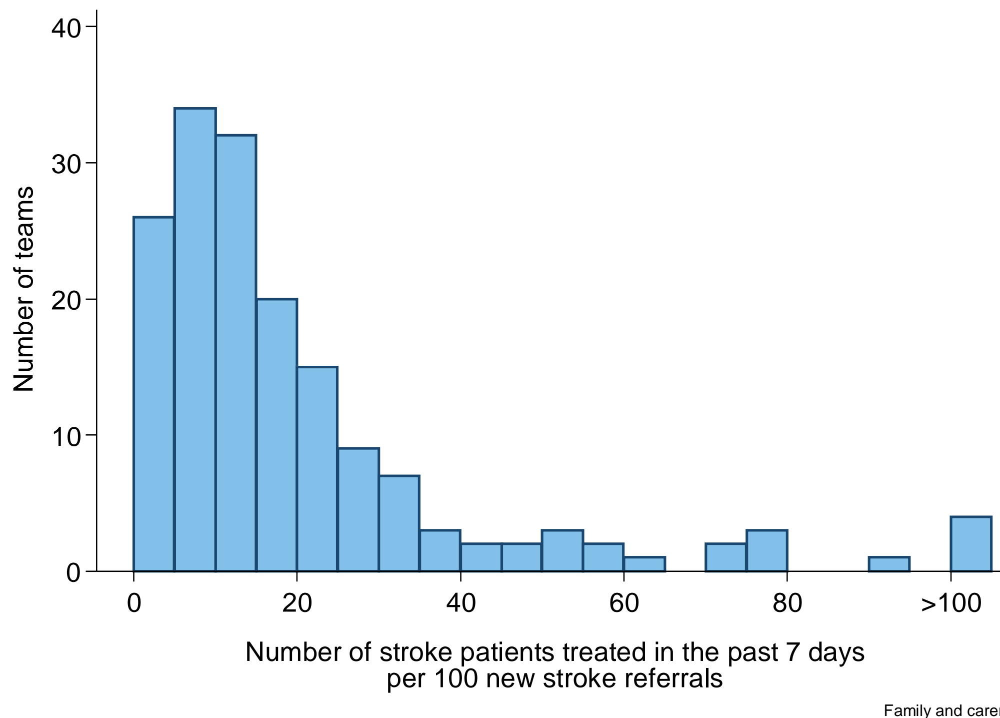


Figure 2.24 Family and Carer Support services - National spread of patients treated in the last 7 days per 100 stroke patient referrals



National results

2.2.6 Staffing configurations

The 2014 Acute Organisational Audit SSNAP reported on the composite of disciplines within Early Supported Discharge (ESD) and Community Rehabilitation Teams (CRT). Ensuring that stroke patients have access to key staffing disciplines within a service can determine that service's ability to treat and support stroke patients as effectively as possible.

Tables 2.13, 2.14 and 2.15 give the staffing composite for post-acute inpatient, Early Supported Discharge and Community Rehabilitation teams. They show how many of each type of service has what is considered to be the 'core' staffing disciplines (Occupational Therapist, Physiotherapist and rehabilitation assistant) and then those core staff plus at least one of each of the additional staffing disciplines listed.

Nearly all three service types are able to give access to the core staffing disciplines, with the lowest being ESD services at 93%. The next most frequent combination of staff is the core staffing disciplines with a Speech and Language Therapist. Combinations for all other disciplines within post-acute inpatient service are consistently over 50%, with dietitian in the mid 80's. Whereas, within ESD and community rehabilitation teams combinations for all other disciplines are all below half.

Table 2.13 Post-acute inpatient service staffing configurations

Professional group included in post-acute inpatient staffing access:	Total number of services within this composite N= 116
Occupational therapist, Physiotherapist and rehabilitation assistant (core disciplines)	114 (98.3%)
Speech and Language therapist plus core	105 (90.5%)
a dietitian plus core	98 (84.5%)
a Social worker plus core	81 (69.8%)
any or all of orthotics, orthoptics and podiatry plus core	79 (68.1%)
a stroke doctor plus core	69 (59.5%)
a Psychologist plus core	59 (50.9%)

National results

Table 2.14 Early Supported Discharge (ESD) service staffing configurations

Professional group included in Early Supported Discharge teams:	Total number of services within this composite N=142
Occupational therapist, Physiotherapist and rehabilitation assistant (core discipline)	132 (93.0%)
a Speech and Language therapist plus core	129 (90.8%)
a Psychologist plus core	60 (42.3%)
a dietitian plus core	43 (30.3%)
a doctor plus core	26 (18.3%)
any or all of orthotics, orthoptics and podiatry plus core	26 (18.3%)
a Social worker plus core	15 (10.6%)

Table 2.15 Community Rehabilitation (CRT) service staffing configurations

Professional group included in community rehabilitation teams:	Total number of services within this composite N= 166
Occupational therapist, Physiotherapist and rehabilitation assistant (core disciplines)	157 (94.6%)
a Speech and Language therapist plus core	118 (71.1%)
a Psychologist plus core	73 (44.0%)
a dietitian plus core	55 (33.1%)
any or all of orthotics, orthoptics and podiatry plus core	25 (15.1%)
a Social worker plus core	23 (13.9%)
a doctor plus core	13 (7.8%)

There is variation in how comprehensive multi-disciplinary services are organised across the different settings. The core multi-disciplinary team comprises occupational therapy, physiotherapy and rehabilitation assistants with stroke doctors being peripheral figures in non-inpatient services.
Social workers are particularly poorly represented in non-inpatient services.
Patients using post-acute stroke services will require access to occupational therapists, physiotherapists, speech and language therapist, rehabilitation assistants, dietitians, social workers, medical care and psychologists and this should be reviewed locally.

National result

2.2.7 Time limits to services

It is common practice to specify the maximum duration for which treatment will continue and this may be appropriate. Overall, of the types of service asked, just under half (42%) had a time limit to their service. 93% of those which did measured this limit by duration (months). The remainder specified a limit by number of appointments.

Table 2.16 Time limits for services

Time limit to service types (Q1.16) N=662*	Is there a time limit to this service N=275	If time limited measured by duration (months) N=256	If time limited measured by appointments N=19
Outpatient (clinic based) services (N=50)	5 (10.0%)	3 (60.0%)	2 (40.0%)
Early Supported Discharge (ESD) (N=142)	117 (82.4%)	112 (95.7%)	5 (4.3%)
Community Rehabilitation Team (CRT) (N=166)	65 (39.2%)	61 (93.8%)	4 (6.2%)
Domiciliary (not ESD/CRT) (N=13)	8 (61.5%)	7 (87.5%)	1 (12.5%)
Occupational therapy (Single discipline) (N=16)	3 (18.8%)	3 (100.0%)	0 (0.0%)
Physiotherapy (Single discipline) (N=28)	3 (10.7%)	3 (100.0%)	0 (0.0%)
Speech and Language Therapy (Single discipline) (N=32)	4 (12.5%)	3 (75.0%)	1 (25.0%)
Psychological support (Single discipline) (N=13)	7 (53.8%)	2 (28.6%)	5 (71.4%)
6 month review provider only (N=36)	18 (50.0%)	17 (94.4%)	1 (5.6%)
Family and Carer Support Services (N=166)	45 (27.1%)	45 (100.0%)	0 (0.0%)

*Only non-inpatient services were asked about time limits to services.

Information on the range of time periods which services measured their time limit by duration (months) can be found in table 2.17.1.

National results

Table 2.16.1 Time limits to service by duration within service types

By duration (Q1.16) N =256	1-3 months	4-6 months	7-12 months	>12 months
Outpatient (N=3)	2 (66.7%)	1 (33.3%)	-	-
Early Supported Discharge (ESD) (N=112)	105 (93.8%)	4 (3.6%)	1 (0.9%)	2 (1.8%)
Community Rehabilitation Team (CRT) (N=61)	39 (63.9%)	13 (21.3%)	3 (4.9%)	6 (9.8%)
Domiciliary (not ESD/CRT) (N=7)	6 (85.7%)	1 (14.3%)	0 (0.0%)	0 (0.0%)

Of the single discipline teams with a time limit to their service (occupational therapy, physiotherapy, speech and language therapy and psychological support) all but two had a time limit of 1-3 months. The two single discipline services that had a time limit of more than 12 months were a physiotherapy service and psychological support service.

By duration (Q1.16) N =256	1-3 months	4-6 months	7-12 months	>12 months
6 month review provider only (N=17)	1 (5.9%)	3 (17.6%)	6 (35.3%)	7 (41.2%)
Family and Carer Support Services (N=45)	2 (4.4%)	1 (2.2%)	30 (66.7%)	12 (26.7%)

Only 19 services (7%) limited their service by number of appointments. For over half of these (58%) the limit was between 6-10 appointments.

Limits to on-going receipt of community services are common in clinical practice and implicit in some services such as Early Supported Discharge (ESD) which typically run for 2- 6 weeks after discharge.
Many of the services are not in fact limited however and where they are, it is usually by time. Stroke recovery is however often unpredictable and services should have clear policies for re-referral for review of new rehabilitation goals or complex disability management.

National results

2.2.8 Treatment of patients in care homes

Phase 1 of this audit published in June 2015, reported that only 33% of service types treated patients based within care homes. The results shown in table 2.18 from Phase 2 are reported to be a lot higher. We are unable to say whether this is due to a change in policy following the recommendations made within Phase 1 report or if the data submitted for Phase 1 of the audit was incorrect. However there still remain 14% of outpatient and domiciliary services still not treating patients in care homes.

Table 2.17 Types of services treating patients in care homes

Treatment of patients within care homes (Q1.12) N=662	National
Outpatient (clinic based) (N=50)	41 (82%)
Early Supported Discharge (ESD) (N=142)	129 (91%)
Community Rehabilitation Team (CRT) (N=166)	158 (95%)
Domiciliary (not ESD/CRT) (N=13)	11 (85%)
Occupational therapy (Single discipline) (N=16)	13 (81%)
Physiotherapy (Single discipline) (N=28)	20 (71%)
Speech and Language Therapy (Single discipline) (N=32)	28 (88%)
Psychological support (Single discipline) (N=13)	11 (85%)
6 month review only (N=36)	33 (92%)
Family and Carer Support Services (N=166)	123 (74%)

2.2.9 Staff education and information and training for stroke survivors and their carers

2.2.9.1 Staff education

The opportunity for staff to attend regular internal and external training allows them to maintain their knowledge on how best to treat and care for stroke patients. This is particularly important for nurses, therapists and rehabilitation assistants who will often be responsible for the care of stroke patients on a day to day basis within most types of service.

Table 2.18 presents how many post-acute service types provide their nurses, therapists and rehabilitation assistants with the training opportunities. Please note the denominator given is out of how many of that service type had access to at least one of that staffing discipline.

Information is provided on them median number of training sessions attended by each group within the service specific sections (3-7) of this report.

National results

Table 2.18 Staff education

Staff education (Q1.22 Inpatient, Q1.20 Other) N=778	Opportunity for nurses to attend training	Opportunity for therapists to attend training	Opportunity for rehabilitation assistants to attend training
Post-acute inpatient care	95/116 (81.9%)	107/116 (92.2%)	101/114 (88.6%)
Outpatient (clinic based) services	12/16 (75.0%)	36/39 (92.3%)	24/28 (85.7%)
Early Supported Discharge (ESD)	80/86 (93.0%)	136/142 (95.8%)	121/132 (91.7%)
Community Rehabilitation Team (CRT)	72/87 (82.8%)	158/165 (95.8%)	149/158 (94.3%)
Domiciliary (not ESD/CRT)	3/5 (60.0%)	11/12 (91.7%)	11/12 (91.7%)
Occupational therapy (Single discipline) *		14/16 (87.5%)	9/12 (75.0%)
Physiotherapy (Single discipline) *		25/28 (89.3%)	18/22 (81.8%)
Speech and Language Therapy (Single discipline) *		29/32 (90.6%)	15/17 (88.2%)
Psychological support (Single discipline) *		9/13 (69.2%)	2/2 (100%)
6 month review provider only *		12/36 (92.3%)	9/9 (100%)
Family and Carer Support Services *		5/7 (71.4%)	3/4 75.0%)

* Single discipline and other post—acute services were not asked about training for nurses

Rehabilitation assistants (unregistered healthcare workers delivering care under supervision) are an important part of the post-acute stroke care team workforce and require not just supervision but training in stroke care and this opportunity is available in 91% (462/510) of services who have at least one rehabilitation assistant.

2.2.9.2 Information and training for stroke survivors and their carers

Information and training refers to literature that seeks to promote patients'/carers' understanding and enable shared decision-making when treatment options are involved.

National results

Table 2.19 Training for stroke survivors and their carers

Hospital based services		
Self-management tools (Q1.21 Inpatient, Q1.19 Other)	Patients offered access to self-management tools and courses	Carers routinely offered training**
Post-acute inpatient care * (N=116)	68 (58.6%)	85 (73.3%)
Outpatient (clinical based) services (N=50)	32 (64.0%)	

Domiciliary services	
Early Supported Discharge (ESD) (N=142)	109 (76.8%)
Community Rehabilitation Team (CRT) (N=166)	115 (69.3%)
Domiciliary (not ESD/CRT) N=13)	7 (53.8%)

Single disciplines	
Occupational Therapy (N=16)	13 (81.3%)
Physiotherapy (N=28)	23 (82.1%)
Speech and Language Therapy (N=32)	25 (78.1%)
Psychological Therapy (N=13)	10 (76.9%)

Other post-acute service providers	
6 month review providers only (N=36)	29 (80.6%)
Family and Carer Support services (N=166)	132 (79.5%)

*Q1.20 for the inpatient section only

** Only post-acute inpatient care teams were asked if they offered routine training for carers, and Q1.21 for the inpatient section only

National results

Table 2.20 Information available for stroke patients

Information which is made available to stroke patients *(more than one option could be selected)* (Q1.18)	Patient versions of national and local guidelines/ standards	Social Services local Community Care arrangements	The Department for Work and Pensions	Information on Stroke	Secondary prevention advice	Local and national patient organisations (eg Stroke Association)
Post-acute inpatient care N=116	66 (56.9%)	93 (80.2%)	63 (54.3%)	110 (94.8%)	102 (87.9%)	110 (94.8%)
Outpatient (clinic based) care N=50	22 (44.0%)	29 (58.0%)	24 (48.0%)	45 (90.0%)	41 (82.0%)	44 (88.0%)
Early Supported Discharge (ESD) N=142	64 (45.1%)	101 (71.1%)	84 (59.2%)	142 (100%)	139 (97.9%)	140 (98.6%)
Community Rehabilitation Team (CRT) N=166	70 (42.2%)	112 (67.5%)	95 (57.2%)	153 (92.2%)	141 (84.9%)	154 (92.8%)
Domiciliary only (not ESD/CRT) N=13	6 (46.2%)	10 (76.9%)	7 (53.8%)	9 (69.2%)	9 (69.2%)	9 (69.2%)
Occupational Therapy (Single discipline) N=16	10 (62.5%)	12 (75.0%)	13 (81.3%)	16 (100%)	14 (87.5%)	15 (93.8%)
Physiotherapy (Single discipline) N=28	10 (35.7%)	18 (64.3%)	14 (50.0%)	25 (89.3%)	21 (75.0%)	25 (89.3%)
Speech and Language Therapy (Single discipline) N=32	13 (40.6%)	13 (40.6%)	10 (31.3%)	31 (96.9%)	22 (68.8%)	31 (96.9%)
Psychological Support (Single discipline) N=13	7 (53.8%)	7 (53.8%)	6 (46.2%)	11 (84.6%)	6 (46.2%)	11 (84.6%)
6 month review provider only N=36	31 (86.1%)	35 (97.2%)	32 (88.9%)	36 (100%)	36 (100%)	36 (100%)
Family and Carer Support service N=166	143 (86.1%)	147 (88.6%)	146 (88.0%)	165 (99.4%)	162 (97.6%)	163 (98.2%)

National results

Stroke survivors appear to be given information on stroke and local and national patient organisations (e.g. Stroke Association) in over 90% inpatient services. However information is not consistently being made available across the post-acute setting. Information relating to Department of Work and Pensions is being particularly poorly presented. Such information needs to be accessible and actively promoted.

2.2.10 Participation in the clinical component of SSNAP

The SSNAP clinical audit measures the care received by stroke patients from admission, through the acute care and into the post-acute care pathway, up to and including 6 month review and outcome. Any multi-disciplinary post-acute service which treats 10 or more stroke patients a year is eligible to participate in the clinical component of SSNAP.

423 ‘core’ services in the post-acute audit that were identified as eligible to participate in the SSNAP clinical audit (post-acute inpatient, Early Supported Discharge (ESD), community rehabilitation (CRT) and Domiciliary only (not ESD or CRT)). This excludes services who are single discipline, and services who see less than 10 patients a year. Of this core group, 323 (76%) say they are registered on SSNAP clinical and 247 actually submitted records to SSNAP clinical in the year preceding the audit date (1 April 2014-31 March 2015).

The post-acute stroke service provider audit has identified a further 100 ‘core’ services which are not currently registered on SSNAP but which are eligible to participate in the SSNAP clinical audit. This excludes single discipline services and services which have stated they see fewer than 10 stroke patients a year.

Over three quarters (76%) of ‘core’ services that took part in the post-acute stroke service provider audit, and are considered eligible to do so, are already registered with the SSNAP clinical audit. We hope that those services not yet registered will be encouraged to do so.

National results

Table 2.21 presents the number of service types submitting patient records to the SSNAP Clinical Audit.

Table 2.21 Types of services submitting patient records to SSNAP

Participating service types submitting patient records to SSNAP N = 689	Number of service types eligible to participate**	Number of service types registered on SSNAP	Number of service types which submitted patient records to SSNAP in the 12 calendar months preceding the audit (1 April 2014 – 31 March 2015)
Inpatient (N=116)	108 (93.1%)	95 (88.0%)	80 (74.1%)
Outpatient (clinic based) (N=50)	50 (100.0%)	24 (48.0%)	17 (34.0%)
Early Supported Discharge (ESD) (N=142)	141 (99.3%)	120 (85.1%)	90 (63.8%)
Community Rehabilitation Team (CRT) (N=166)	161 (97.0%)	102 (63.4%)	73 (45.3%)
Domiciliary (not ESD/CRT) (N=13)	13 (100.0%)	6 (46.2%)	4 (30.8%)
6 month review provider (N=36)	36 (100.0%)	32 (88.9%)	28 (77.8%)
Family and Carer Support Services (N=166)*	165 (99.4%)	23 (13.9%)	11 (6.7%)

Where more than one service used the same SSNAP code, participation has been counted for each individual service.

* All family and carer support services who see 10 or more stroke patients a year are considered eligible to participate in SSNAP as many have the potential to carry out 6 month reviews

** Multi-disciplinary services treating 10 or more stroke patients a year

Single discipline services have been removed from table 2.21 as they are not eligible to participate in the clinical component of SSNAP.

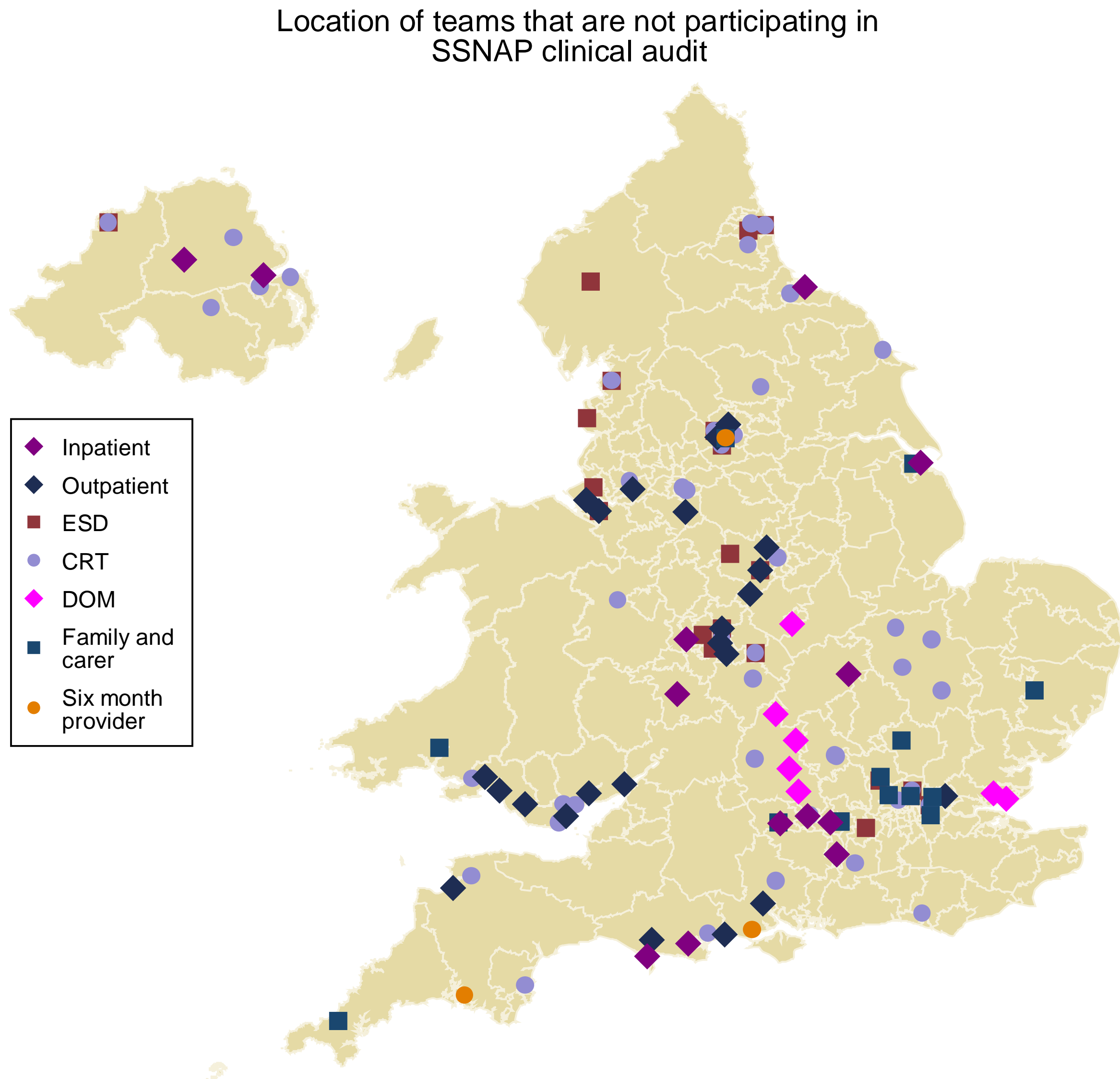
There remain 99 types of service which are registered on SSNAP and eligible to participate but have not submitted data in the 12 calendar months preceding the post-acute stroke service provider audit.

Across all service types there is potential for more involvement in SSNAP and we would encourage those services not currently registered and entering data on SSNAP to do so. It is essential for 6 month review providers to contribute to the national 6 month review follow-up dataset.

National results

Figure 2.25 shows the location of services that are considered eligible to participate in the clinical component of SSNAP, but are currently not doing so.

Figure 2.25 Location of services not participating in SSNAP clinical audit but are eligible to do so



National results

2.2.11 Six month reviews

Six month reviews are an essential part of the stroke patient pathway, ensuring that patients' needs are met, their progress reviewed and future goals set if further support is needed. The National Stroke Strategy for England recommends that every stroke patient is reviewed at 6 months post stroke, in addition to 6 weeks, 3 months and 1 year. It is now also a measured indicator on the Clinical Commissioning Group Outcome Indicator Set (OIS).

As well as providing six month reviews it is also important that these services are effective. Below is a case study from Chester Stroke Association – 6 Month Assessment Provider who participate in SSNAP and ensure that patients receive their 6 month follow up.

The service for Western Cheshire CCG is provided by 4 part time coordinators and is commissioned by the acute trust to provide 6 month reviews.
The team link closely with the Stroke coordinators sharing information and contributing to changes for improvement as the service develops.

Regular meetings between the acute trust and the stroke association have been developed and this ensures that activity and progress with the delivery of 6 month reviews is discussed and any issues identified quickly.

Take up rate is excellent with 184 people having a review to date. Patients in Nursing Homes will be offered a review with input where required by care staff or family.

The administrative staff within the team input the information into SSNAP and produces regular reports to share with the acute trust.

A traffic light spread sheet is used in conjunction with the SSNAP information to ensure the coordinators plan the reviews in a timely way.
The teams are constantly identifying unmet needs and sign posting and referring as appropriate.

Chester Stroke Association – 6 Month Assessment Provider

The SSNAP clinical audit collects 6 month review and outcome data. Approximately 60,000 patients are eligible for 6 month reviews per year. In the latest annual report (April 2014 – March 2015) approximately 12,600 patients had their review information entered onto SSNAP clinical audit by both acute and post-acute teams.

National results

Participating services were asked for information on whether that service type carried out 6 month reviews. 246 functions reported that at least one member of staff is carrying out six month reviews. Approximately 7400 reviews of the 12,600 reviews carried out and entered onto SSNAP clinical were completed by the SSNAP teams identified by the participating post-acute teams in this audit.

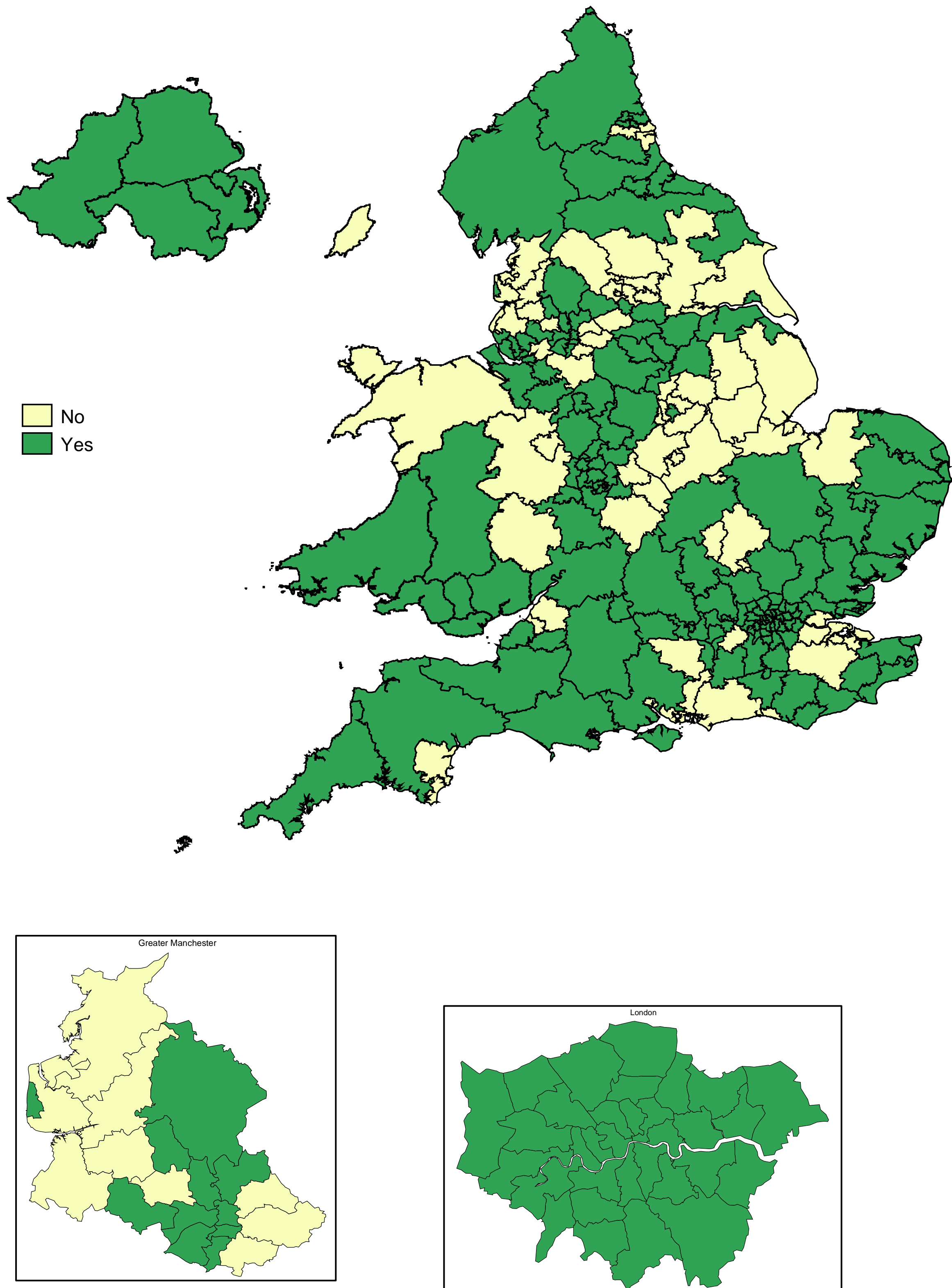
2. 2.11.1 Location of 6 month review providers

Figure 2.26 shows the areas of England, Wales and Northern Ireland (based on the CCG, LHB and LCG commissioning boundaries) which has at least one service carrying out six month reviews. Zoomed in versions of the Greater Manchester and London areas are also given.

Where a service was not commissioned by a Clinical Commissioning Group (CCG), Local Health Board (LHB) or Local Commissioning Group (LCG) their location post-code was used to place them within the appropriate boundary.

National results

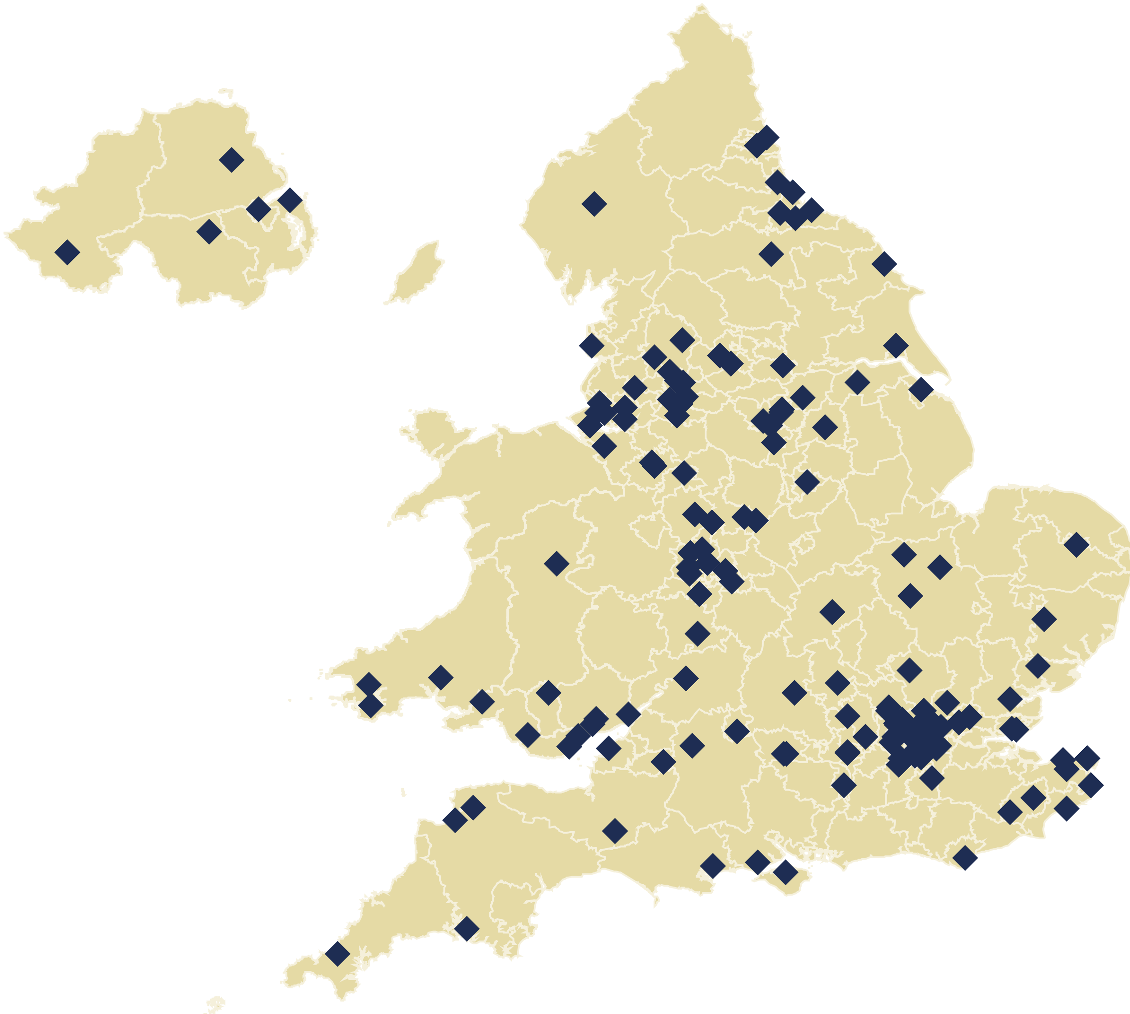
Figure 2.26 Areas where at least one member of staff is carrying out 6 month reviews



National results

Figure 2.27 shows the location of non-inpatient services with at least one staffing discipline carrying out six month reviews.

Figure 2.27 Location of non-inpatient services with at least one staffing discipline carrying out six month reviews



There are still a number of areas - mainly in England, where 6 months reviews are not being performed. Without such outcome data it is difficult for services and their commissioners to judge clinical service improvements and patients are missing out on a vital review of their stroke secondary prevention, stroke recovery and disability management as well as any unmet clinical and social care needs.

National results

2.2.11.2 Service types carrying out 6 month reviews

Table 2.22 shows the number of service types carrying out six month reviews and entering this information onto SSNAP clinical. The table is broken down by the number of services that have entered data onto the SSNAP clinical in the 12 months preceding the audit date (1 April 2015).

Of the 246 service who had at least one member of staff carrying out 6 month reviews, 194 (79%) say they are registered on the SSNAP clinical audit and 106 actually submitted six month data information to SSNAP clinical in the year preceding the audit date (April 2014-March 2015).

Table 2.22 Delivery of 6 month reviews within service types

Participating service types with at least one discipline carrying out 6 month reviews N = 778 (All services can potentially carry out 6 month assessment reviews)		Number of service types which entered 6 month review data onto SSNAP clinical in the 12 calendar months preceding the audit (1 April 2014 – 31 March 2015)
Inpatient (N=116)	27 (23.3%)	12 (44.4%)
Outpatient (clinic based) (N=50)	20 (40.0%)	5 (25.0%)
Early Supported Discharge (ESD) (N=142)	65 (45.8%)	30 (46.2%)
Community Rehabilitation Team (CRT) (N=166)	64 (38.6%)	22 (34.4%)
Domiciliary (not ESD/CRT) (N=13)	3 (23.1%)	0 (0%)
Speech and Language Therapy (Single discipline) (N=32)	2 (6.3%)	0 (0%)
6 month review provider (N=36)	36 (100%)	28 (77.8%)
Family and Carer Support Services (N=166)	29 (17.5%)	9 (31.0%)

Service types who did not have any disciplines carrying out 6 month reviews have not been listed.

National results

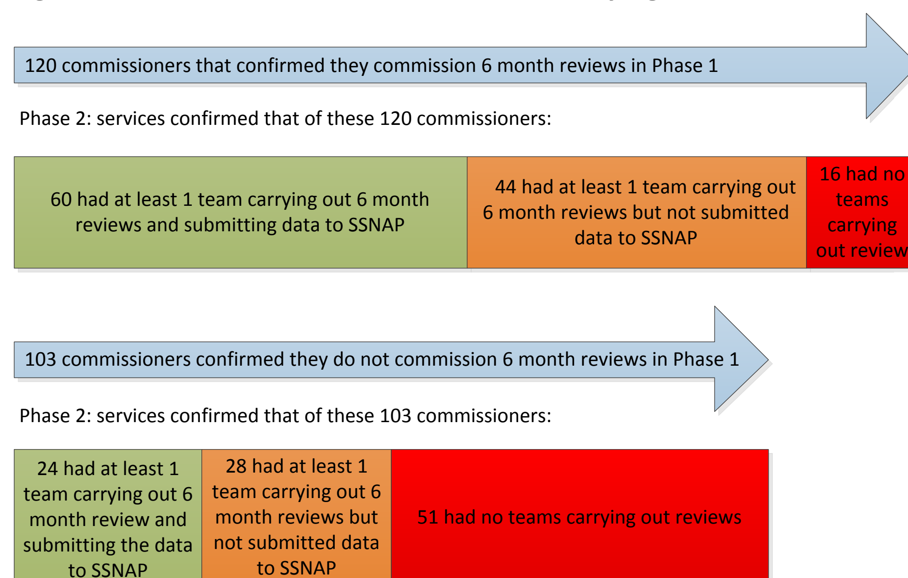
6 month reviews are taking place in a number of different types of post-acute stroke service, reflecting a variation in commissioning arrangements.
However, only half of services carrying out these reviews are entering outcome data on SSNAP. There is wide variation in the extent to which services submit data on SSNAP (31% of family and carer support services compared with 78% of dedicated 6 month review services) suggesting that some services are finding this more difficult than others. Including 6 month outcome data on SSNAP is a fundamental part of the review in order to assess the success of stroke care in terms of changes in disability between hospital discharge and at 6 months after stroke. We would encourage Clinical Commissioning Groups (CCGs), Local Commissioning Groups (LCGs) and Local Health Boards (LHBs) to review this where they are funding 6 month reviews.

2.2.11.3 Commissioning of 6 month reviews
Phase 1 identified 120 commissioners who said that they commission 6 month reviews and 103 who said they did not.

Phase 2 has now confirmed that 156 commissioners have at least 1 team carrying out 6 month reviews, with 84 of these submitting this data to the SSNAP clinical audit.

Figure 2.28 presents the number of commissioners (both who said they commission 6 month reviews in Phase 1 and those that said they did not) who 1) have services in Phase 2 with at least one staffing discipline carrying out 6 month reviews, 2) have services in Phase 2 with at least one discipline carrying out 6 month reviews and entering this data onto SSNAP and 3) do not have any services carrying out 6 month reviews.

Figure 2.28 Commissioners with services carrying out 6 month reviews



National results

2.2.12 Service commissioning

Table 2.23 Commissioning of types of post-acute stroke services

Organisations in England, Wales or Northern Ireland	CCG	LHB	LCG	Local Authority	Combinations*
Post-acute inpatient care	101	9	4	1	2

* CCG and NHS England

Organisations in England, Wales or Northern Ireland)	CCG	LHB	LCG	Local Authority
Outpatient (clinic based) care	39	11	0	1

Organisations in England, Wales or Northern Ireland	CCG	LHB	LCG	Local Authority	Trust
Early Supported Discharge (ESD)	137	3	2	1	0
Community Rehabilitation Team (CRT)	153	6	6	1	1
Domiciliary (not ESD/CRT)	13	0	0	1	0

Organisations in England, Wales or Northern Ireland	CCG	LHB	LCG	Local Authority
Psychological support (Single discipline)	13	0	0	1
Physiotherapy (Single discipline)	21	7	0	1
Occupational therapy (Single discipline)	13	3	0	1
Speech and Language Therapy (Single discipline)	28	4	0	1

Organisations in England, Wales or Northern Ireland	CCG	LHB	LCG	Trust	Grant Trust	Local Authority	Social Services	Other*	Combinations **
6 month review provider	32	3	0	0	0	1	1	0	0
Family and Carer Support Services	137	6	0	3	2	15	0	1	3

* Donations only

* CCG and Local Authority

Two Clinical Commissioning Groups (CCGs) were not identified as a commissioner by any of the participating services.

Is your service included in this section: . **Next section on page 94.**

Section 3. Post-acute inpatient care services

Post-acute inpatient services are defined as services which provide on-going care to stroke survivors who no longer require acute hospital care but continue to require medical support from consultants and access to nurses and are not yet able to return home. These services are often provided within places such as community hospitals and care homes and if within a care home the care being received is separate from the care home residents.

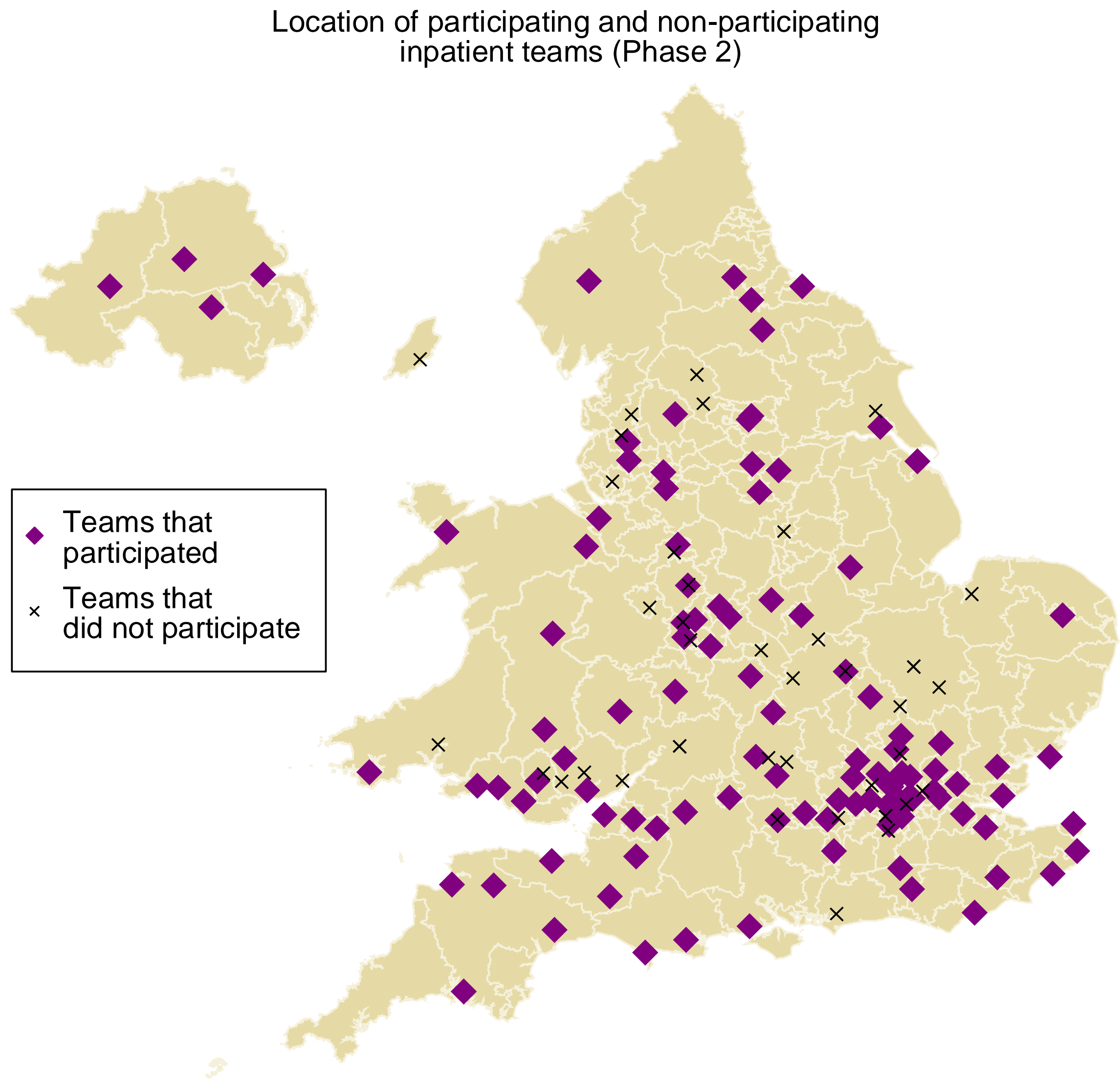
116 post-acute inpatient service types were identified in the audit, with this either being a stand-alone service (Community Hospital) or beds which are used as part of a domiciliary service such as Early Supported Discharge (ESD).

3.1. Participation

Figure 3.1 gives the location of participating post-acute inpatient services. 41 post-acute inpatient services were identified for the audit but did not provide any data. A zoomed in version of the London area is also given. Some post-acute inpatient services had multiple bases within the same area. Where this was the case we have given the first post-code submitted to create the point on this map.

Post-acute inpatient care service results

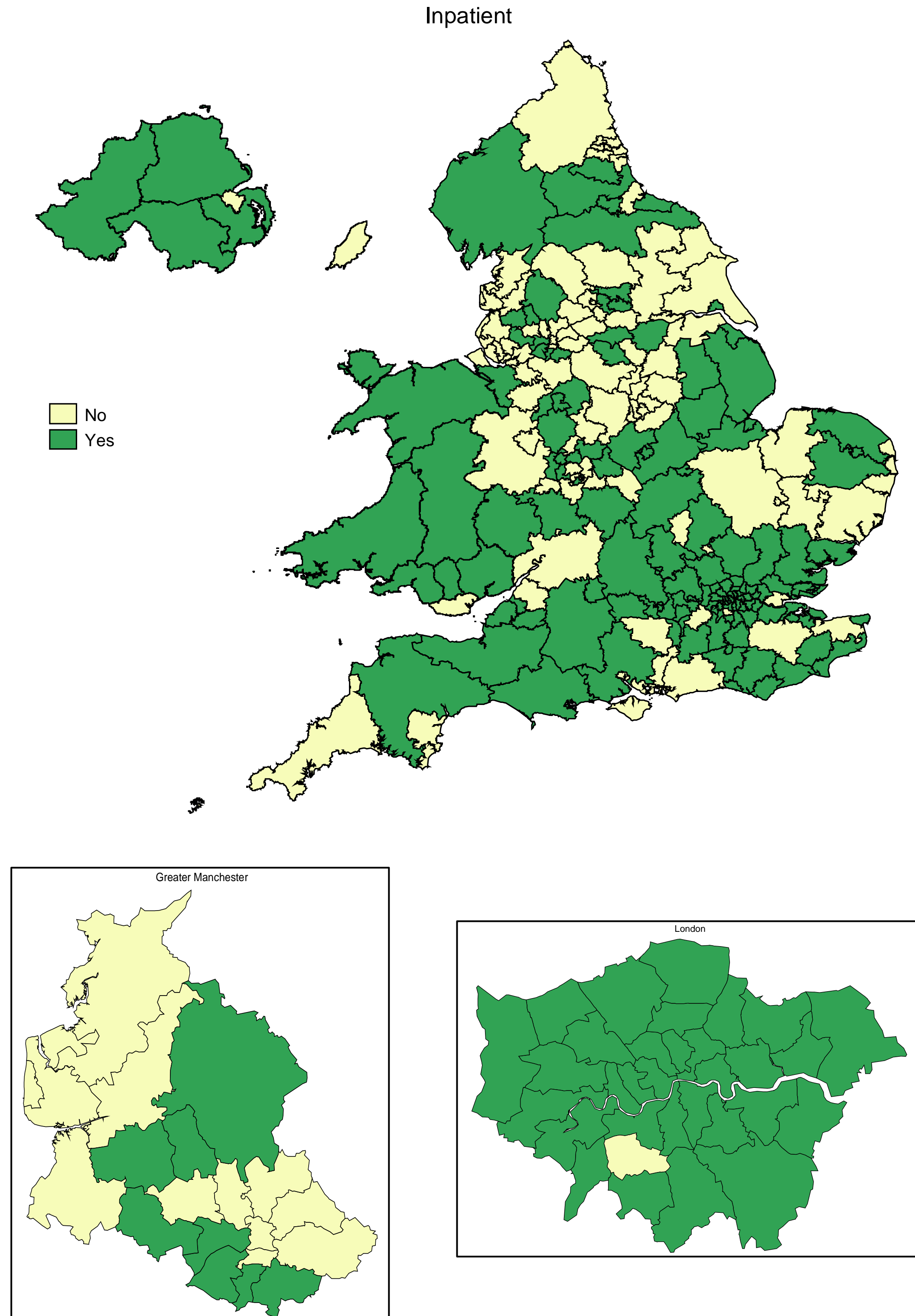
Figure 3.1 Location of participating and non-participating post-acute inpatient care services



Post-acute inpatient care service results

Figure 3.2 shows the areas of England, Wales and Northern Ireland with participating post-acute inpatient care services.

Figure 3.2 Areas with at least one participating post-acute inpatient care service

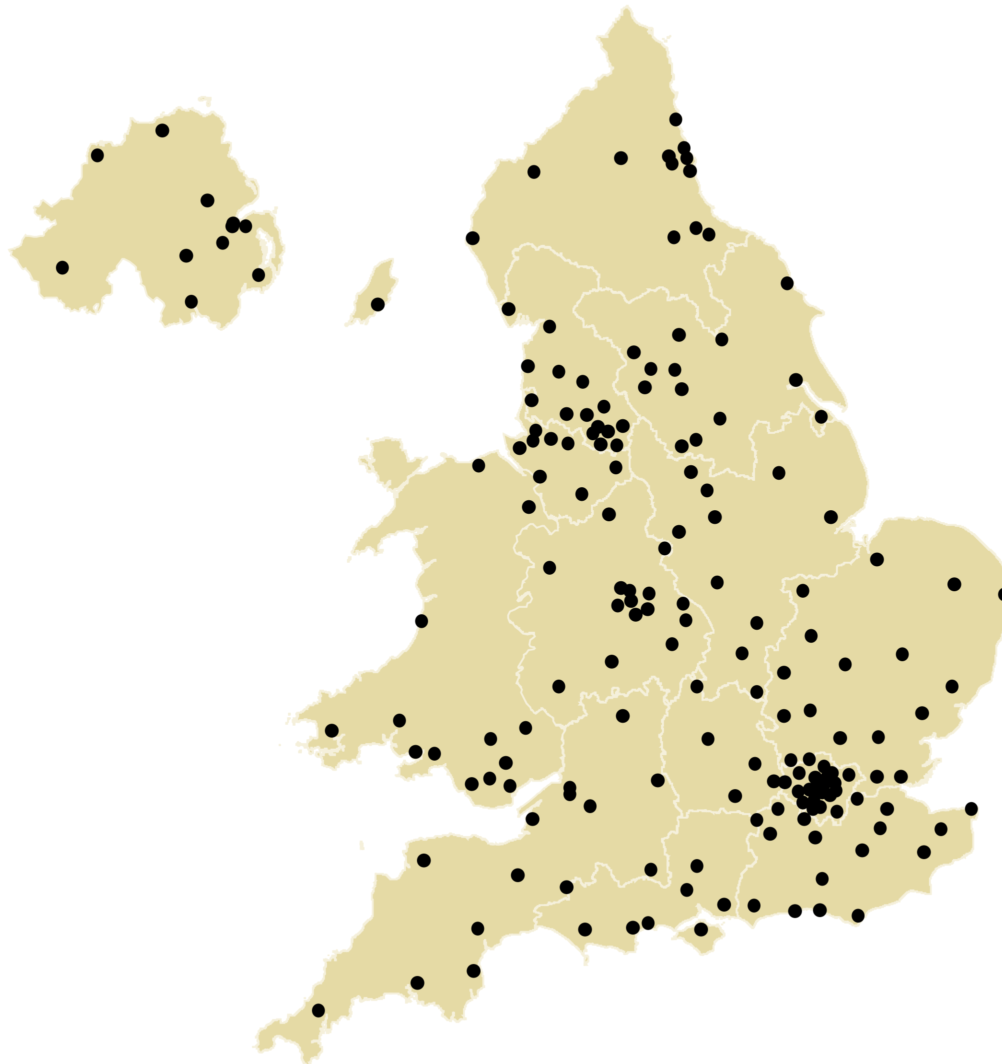


Zoomed in versions of the Greater Manchester and London areas have also be given.

Post-acute inpatient care service results

There were also a number of rehabilitation (type 2 and type 3) inpatient beds identified in the 2014 Acute Organisational Audit. The location of these beds, which may also be used by stroke survivors during their post-acute rehabilitation period, has been mapped below. For the full organisational information for these rehabilitation beds please go to https://www.strokeaudit.org/results/Organisational/National-Organisational.aspx.

Figure 3.3 Location of type 2 beds identified within 2014 Acute Organisational Audit



Source: SSNAP Acute Organisational Audit 2014

We hope that those inpatient providers of post-acute services who did not participate in the audit this time will in the meanwhile register with the SSNAP clinical audit.

3.2 Post-acute inpatient service characteristics

3.2.1 Stroke Specific Services

One third (36%) of the post-acute inpatient services are stroke specific, with another quarter (24%) being stroke/neurology specific. The remaining 40% are generic services, but of these 33% do have a dedicated stroke unit.

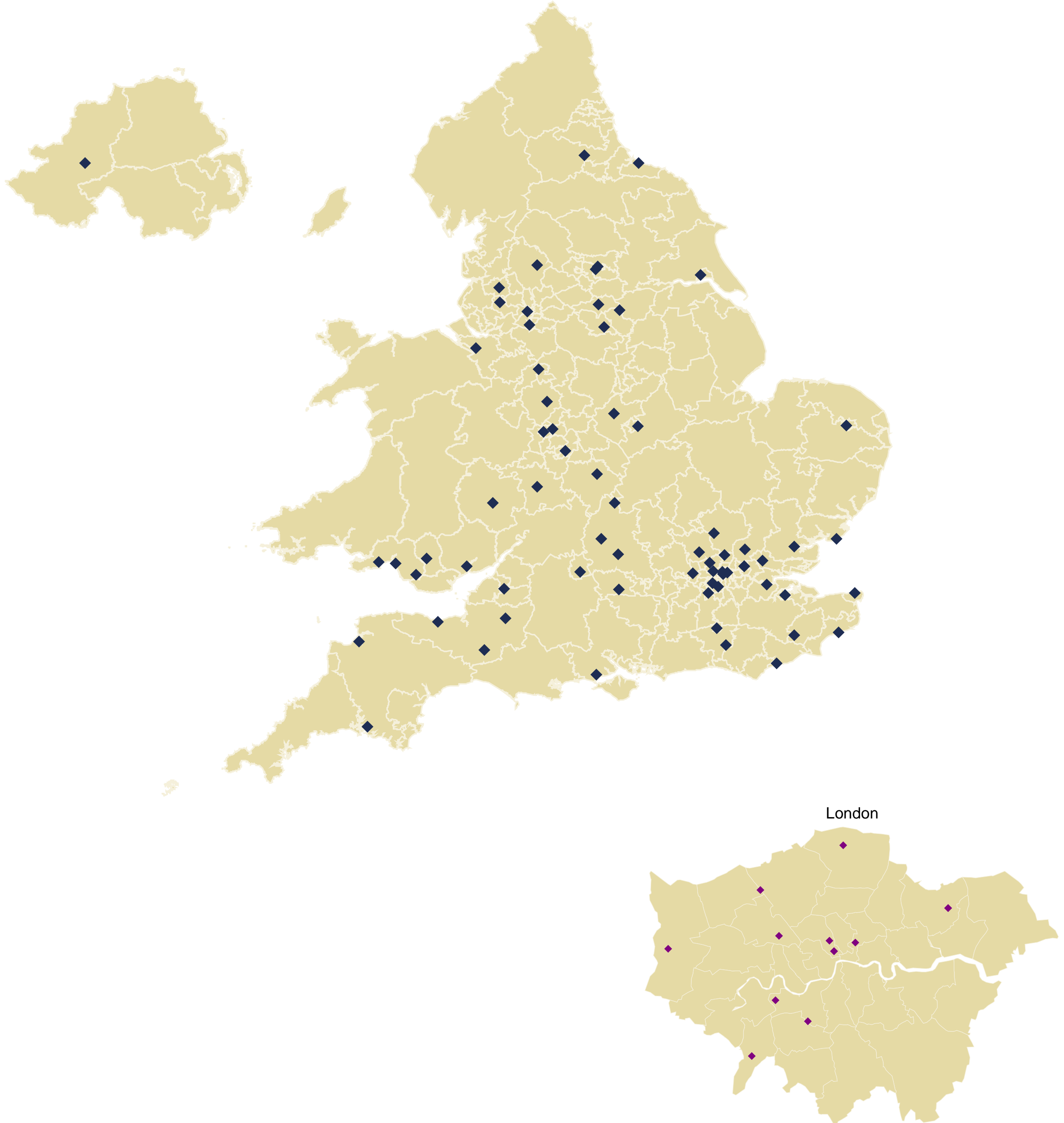
Table 3.1 Proportion of stroke specific services

Stroke specific services (Q1.2)	National N=116	Your service
Stroke specific	42 (36.2%)	
Stroke and neurology	28 (24.1%)	
Generic	46 (39.7%)	
	National N = 46	Your service
If Generic, service has a dedicated unit for stroke patients	15 (32.6%)	

Figure 3.4 gives the location of stroke/neurological specific post-acute inpatient services which participated in the audit.

Post-acute inpatient care service results

Figure 3.4 Location of participating post-acute inpatient stroke/neurological specific services



A zoomed in version of the London area has also been given.

Post-acute inpatient care service results

3.2.2 Location of service

Over half (62%) of post-acute inpatient service types are based within community hospitals, with just over a third (36%) based within acute hospital. However, this does not included those rehabilitation beds included in the 2014 Acute Organisational Audit.

Table 3.2 Location of post-acute inpatient services

Where stroke service is provided (Q1.17)	National N=116	Your service
Acute hospital	39 (33.6%)	
Community hospital	68 (58.6%)	
Private sector provider	5 (4.3%)	
Acute and Community hospital	3 (2.6%)	
Community hospital and Private sector provider	1 (0.9%)	

Acute hospital inpatient facilities should be considered as stroke units. There is concern from the Intercollegiate Stroke Working Party (ICSWP) that 'step down' beds for stroke patients within hospital introduce an unnecessary transfer of care for the patients. There may be local operational rationale for this but such clinical practice is likely to create unnecessary clinical risk and is inefficient in terms of continuity of care. Stroke units should be geographically defined and ideally all stroke care beds within a hospital should be co-located.

3.2.3 Number of beds and consultant ward rounds

In 14% of services, there are no consultant ward rounds, and in a further 43% of services consultants are conducting ward rounds only once a week.

Table 3.3 Number of beds and consultant ward rounds

Number of beds for stroke patients and consultant led ward rounds (Q1.7 & Q1.9)	National Median (IQR)*	Your service
Number of beds for use by stroke patients	16 (10-23)	
Number of days with a consultant led ward round for these beds	1 (1-2)	

* Inter-Quartile Range

3.2.4 Staffing numbers

Staffing levels (excluding medical cover) have been given per 10 stroke beds to allow for more relevant interpretation and comparison with services of different sizes.

3.2.4.1 Medical cover

Stroke patients are accessing more stroke specialist doctors than any other medical discipline; however there are still one third of patients not receiving access to specialist medical input.

Post-acute inpatient care service results

Table 3.4 Medical cover available for stroke patients

Medical cover for stroke patients *(more than one option could be selected)* (Q1.8)	National N = 116	Your service
Stroke specialist doctor (Consultant level/Staff Grade)	70 (60.3%)	
Non-specialist doctor (Consultant level/Staff Grade)	47 (40.5%)	
Junior doctor	36 (31.0%)	
GP	40 (34.5%)	
Other*	20 (17.2%)	

* Clinical Fellow, (Advanced) Nurse Practitioner (6), General Medical Team, Stroke Nurse, Neurology Rehabilitation Consultant, Consultant in Rehabilitation Medicine, CMT2, Specialist Doctor (2), GP (out of hours), Associate Specialist, Consultant Physician, Healthcare Assistant

3.2.4.2 Access to registered nurses

SSNAP has been collecting information on registered nurse staffing levels in the Acute Organisational Audit for many years now. The information we now have on nurse staffing levels within post-acute inpatient care service enables comparison of the two service types within the inpatient care pathway.

The nursing levels within post-acute inpatient care services are only just lower than those reported in the 2014 Acute Organisational audit for Type 2 (rehabilitation) beds, with a median of 3 nurses on duty at 10am and 2 at 10pm for stroke patients in post-acute inpatient beds. The 109 sites which had Type 2 beds (rehabilitation) in the Acute Organisational Audit had a median of 3 nurses on duty at 10am and 2 on at 10pm.

Table 3.5 Total number of registered nurses

Registered nurses stroke patients have access to (Q1.12)	National Median (IQR)*	Your service
Number of nurses stroke patients have access to	14 (10-20)	
WTE** of nurses stroke patients have access to	11.9 (7.7 – 16.4)	

* Inter-Quartile Range

** Whole time equivalent

Table 3.6 Registered nurses on duty at 10AM and trained in swallow screening and stroke management

Registered nurses on duty at 10AM (Q1.10)	National Median (IQR)*	Your service
Number of registered nurses on duty at 10AM	3 (2-4)	
Number of registered nurses on duty at 10AM per 10 beds	1.7 (1.3-2.2)	
Training in swallow screening and stroke management		
Of nurses on duty at 10AM how many are trained in:		
Swallow screening	0 (0-2)	
Swallow screening per 10 beds	0.0 (0.0-1.3)	
Stroke management	2 (0-3)	
Stroke management per 10 beds	1.3 (0.0-1.8)	

* Inter-Quartile Range

Post-acute inpatient care service results

Whilst it is reassuring that there is a median number of stroke trained nurses on shift at 10AM of 3 this is inconsistent with the number of those trained in swallow screening (median 0). Swallow screening is a core competency of stroke nurse training and this raises concerns of quality of stroke training for nursing staff in the inpatient post-acute stroke services in the audit. This should be reviewed locally as a priority.

Table 3.7 Registered nurses on duty at 10PM

Registered nurses on duty at 10PM (Q1.11)	National Median (IQR)*	Your service
Number of registered nurses on duty at 10PM	2 (1-2)	
Number of registered nurses on duty at 10PM per 10 beds	1.3 (0.9-1.7)	

*Inter-Quartile Range

3.2.4.3 Access to therapy staff

All post-acute inpatient service types can provide access to Occupational Therapists and Physiotherapists, with 92% providing access to Speech and Language Therapists.

Table 3.8 Access to therapy staff

Therapy staff stroke patients have access to (Q1.13)		National N=116	Your service
Occupational therapy	n (% YES)	116 (100.0%)	
	n (% access <5 days)	4 (3.4%)	
	n (% access 5 days)	97 (83.6%)	
	n (% access 7 days)	15 (12.9%)	
	Individuals (Median (IQR*))	3 (2-3)	
	WTE (M (IQR))	2.0 (1.2-2.8)	
	WTE per 10 beds (Median (IQR)	1.3 (0.9-1.7)	
Physiotherapy	n (% YES)	116 (100.0%)	
	n (% access <5 days)	2 (1.7%)	
	n (% access 5 days)	97 (83.6%)	
	n (% access 7 days)	17 (14.7%)	
	Individuals (Median (IQR*))	3 (2-4)	
	WTE (M (IQR))	2.0 (1.4-3.0)	
	WTE per 10 beds (Median (IQR*)	1.5 (1.0-2.2)	
Speech and Language Therapy	n (% YES)	107 (92.2%)	
	n (% access <5 days)	39 (36.4%)	
	n (% access 5 days)	67 (62.6%)	
	n (% access 7 days)	1 (0.9%)	
	Individuals (Median (IQR*))	2 (1-2)	
	WTE (M (IQR))	0.9 (0.4-1.2)	
	WTE per 10 beds (Median (IQR*)	0.5 (0.3-0.9)	

* Inter-Quartile Range

Post-acute inpatient care service results

3.2.4.4 Access to other staffing disciplines

Table 3.9 Access to other staffing disciplines

Other disciplines stroke patient have access to (Q1.16)		National N=116	Your service
Clinical Psychology	n (% YES)	59 (50.9%)	
	n (% access within 5 days)	34 (57.6%)	
	n (% access within 6 or 7 days)	12 (20.3%)	
	n (% access within >7 days)	13 (22.0%)	
	Individuals (Median (IQR*))	1 (1-2)	
	WTE (Median (IQR*))	0.4 (0.2-1.0)	
	WTE per 10 beds (Median (IQR*)	0.3 (0.1-0.6)	
Social Worker	n (% YES)	82 (70.7%)	
	n (% access within 5 days)	56 (68.3%)	
	n (% access within 6 or 7 days)	15 (18.3%)	
	n (% access within >7 days)	11 (13.4%)	
	Individuals (Median (IQR*))	1 (1-2)	
	WTE (Median (IQR*))	1.0 (0.5-1.0)	
	WTE per 10 beds (Median (IQR*)	0.5 (0.3-0.8)	
Rehabilitation/Therapy Assistant	n (% YES)	114 (98.3%)	
	n (% access within 5 days)	114 (100.0%)	
	Individuals (Median (IQR*))	3 (2-4)	
	WTE (Median (IQR*))	2.0 (1.5-3.0)	
	WTE per 10 beds (Median (IQR*)	1.4 (0.9-2.6)	
Dietitian	n (% YES)	100 (86.2%)	
	n (% access within 5 days)	78 (78.0%)	
	n (% access within 6 or 7 days)	17 (17.0%)	
	n (% access within >7 days)	5 (5.0%)	
	Individuals (Median (IQR*))	1 (1-1)	
	WTE (Median (IQR*))	0.3 (0.2-0.7)	
	WTE per 10 beds (Median (IQR*)	0.2 (0.1-0.5)	

Access to rehabilitation assistants did not exceed 5 days.

Orthotics	n (% YES)	67 (57.8%)	
	n (% access within 5 days)	23 (34.3%)	
	n (% access within 6 or 7 days)	9 (13.4%)	
	n (% access within >7 days)	35 (52.2%)	
Orthoptics	n (% YES)	66 (56.9%)	
	n (% access within 5 days)	19 (28.8%)	
	n (% access within 6 or 7 days)	14 (21.2%)	
	n (% access within >7 days)	33 (50.0%)	
Podiatry	n (% YES)	69 (59.5%)	
	n (% access within 5 days)	12 (17.4%)	
	n (% access within 6 or 7 days)	17 (24.6%)	
	n (% access within >7 days)	40 (58.0%)	

Post-acute inpatient care service results

Table 3.9 continued Access to other staffing disciplines

Other disciplines stroke patient have access to (Q1.16)		National N=116	Your service
Other**	n (% YES)	25 (21.6%)	
	n (% access within 5 days)	13 (52.0%)	
	n (% access within 6 or 7 days)	5 (20.0%)	
	n (% access within >7 days)	7 (28.0%)	

* Inter-Quartile Range

** Psychiatry (3), Research Nurse, Stroke Co-ordinators (3), Continence CNS (2), Benefits officer, Vocational Rehabilitation OT, Nutrition Nurses (2), Spasticity Team, Pain Team, Radiology, Stroke Association (Peer) Support (3), Age UK (on discharge), Link Worker, Activity Volunteers, Stroke Support Services, Dental Services, Assistant Psychologist, Spiritual Support, Pharmacy, Stroke Specialist Nurse (3)

Patients recovering from stroke require access to all the services audited here. Given that patients in inpatient post-acute care will have complex health and social care issues it is particularly striking that only 71% of services have access to social work support. This needs to be reviewed locally and service provider agreements reviewed accordingly.

3.2.5 Capacity and workload of services

Table 3.10 Number of patients referred and treated

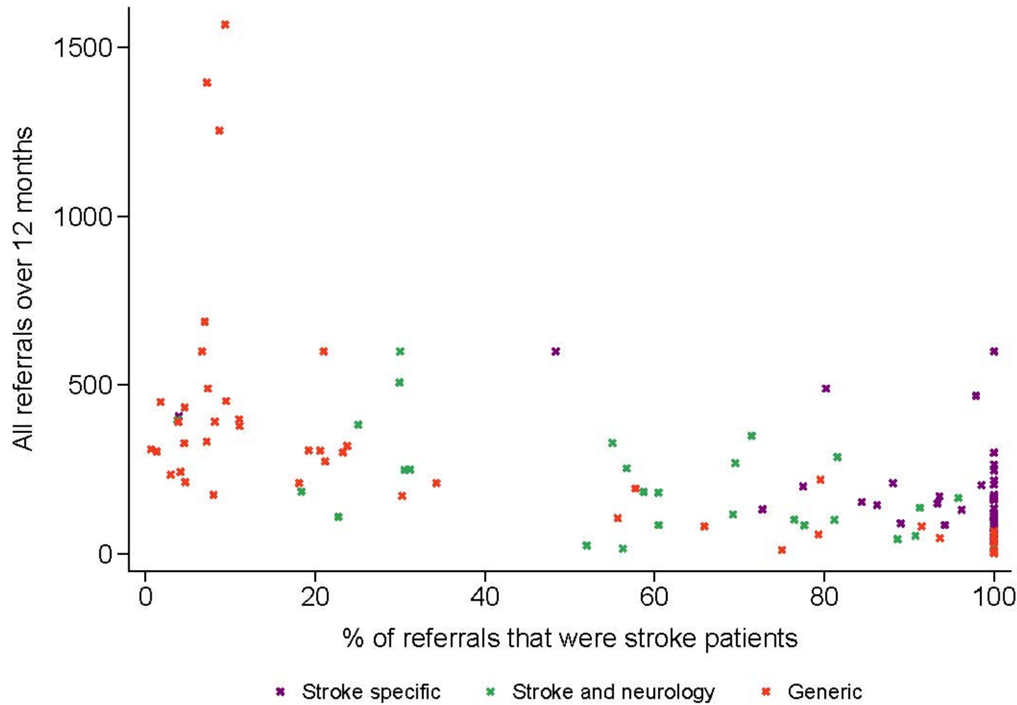
Number of patient referrals (Q1.4, 1.5 & 1.6)	National Median (IQR)*	Your service
Number of stroke patients treated in last calendar 7 days	9 (4-17)	
Number of ALL patients referred in last 12 calendar months	179 (86-315)	
Number of stroke patients referred in last 12 calendar months	76 (38-146)	
Percentage of total referrals that were stroke	77.6% (21.9-100.0%)	

*Inter-Quartile Range

Figure 3.5 provides visualisation of the correlation between the total number of referrals and the percentage of stroke patient referrals in the last 12 calendar months for all post-acute inpatient service types.

Post-acute inpatient care service results

Figure 3.5 Post-acute inpatient services – Relationship between total referrals and percentage of stroke patients



Stroke patients are being transferred from hospital based stroke units to a number of different inpatient services. Where stroke care forms a minority of such services' caseloads the appropriateness of this pathway needs to be questioned – particularly with respect to the clinical expertise and on-going experience of stroke care within such units.

Figure 3.6 shows the correlation of total referrals to post-acute inpatient services within the 12 calendar months preceding the audit date (1 April 2015), against the total Whole time equivalent (WTE) of staff.

Post-acute inpatient care service results

Figure 3.6 Post-inpatient services – Relationship between total referrals and total WTE of staff

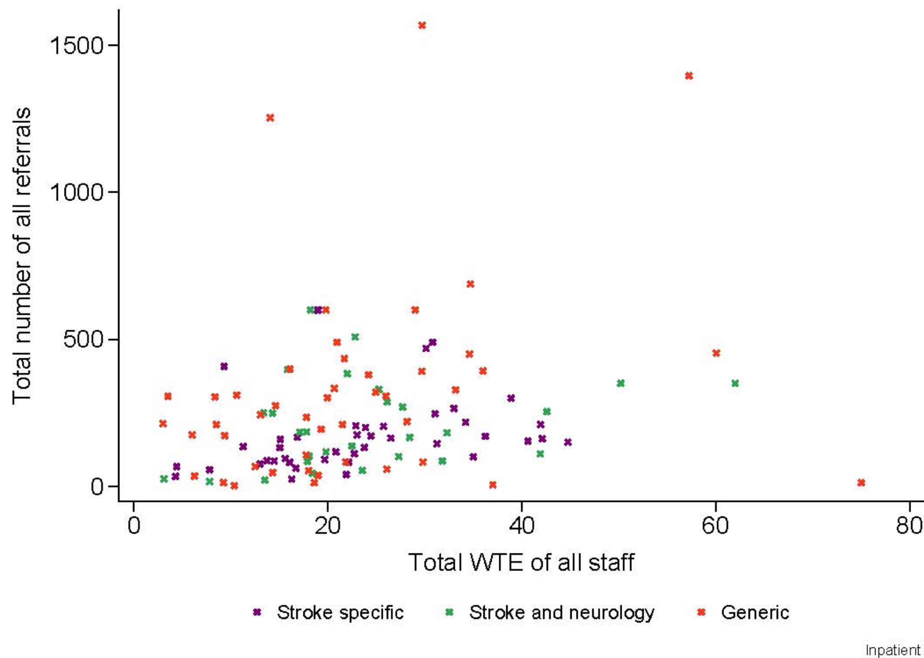
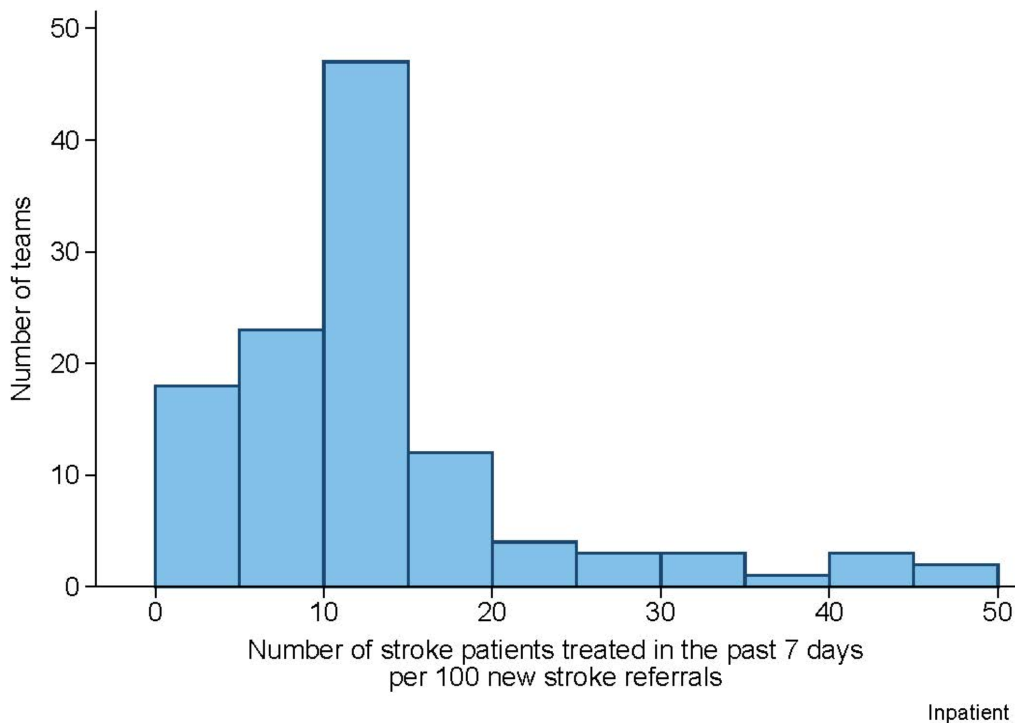


Figure 3.7 shows the national spread of number of patients treated in the last 7 days preceding the audit date (1 April 2015) per 100 stroke patient referrals and gives an indication of turnover of patients throughout the year.

Figure 3.7 Post-acute inpatient services - National spread of number of patients treated in the last 7 days per 100 stroke patient referrals



Post-acute inpatient care service results

3.2.6 Staffing configurations

Nearly all post-acute inpatient services had staffing combinations which included the three core staffing disciplines (Occupational Therapists, Physiotherapists and rehabilitation assistants). 92% of post-acute inpatient services have the core plus a Speech and Language therapist and 86% have the core plus a dietitian. Although, all other combinations of the core plus one other staff member are above 50%.

Table 3.11 Post-acute inpatient service staffing configurations

Professional group included in post-acute inpatient staffing access:	Total number of services within this composite N= 116	Your service
Occupational therapist, Physiotherapist and rehabilitation assistant	114 (98.3%)	
a Speech and Language therapist	105 (90.5%)	
a dietitian	98 (84.5%)	
a Social worker	81 (69.8%)	
any or all of orthotics, orthoptics and podiatry	79 (68.1%)	
a stroke doctor	69 (59.5%)	
a Psychologist	59 (50.9%)	

3.2.7 Staff education

Table 3.12 Training for nurses, therapists and rehabilitation assistants

Training for nurses, therapists and rehabilitation/therapy assistants (Q1.22, 1.23 & 1.24)	National	Your service
Opportunity for nurses to attend training (N=116)	95 (81.9%)	
Median number of sessions attended in last 12 calendar months	6 (2-16)	
Opportunity for therapists to attend training (N=116)	107 (92.2%)	
Median number of sessions attended in last 12 calendar months	8 (3-22)	
Opportunity for rehabilitation/therapy assistants to attend training (N=114)	101 (88.6%)	
Median number of sessions attended in last 12 calendar months	4 (2-10)	

Post-acute inpatient care service results

3.2.7 Multi-disciplinary team (MDT) meetings

All post-acute inpatient services discuss their stroke patients at multi-disciplinary team meetings, with 100% of these taking place at least once a week.

Table 3.13 Multi-disciplinary team meetings – frequency and representation

Frequency and representation of MDT meetings (1.25)		National N=116	**Your service**
Stroke patients discussed at a MDT meeting	Yes	116 (100.0%)	
If yes, how frequently do these meetings take place	Once a week	79 (68.1%)	
	Twice a week	18 (15.5%)	
	More than twice a week	19 (16.4%)	
Disciplines regularly attend these meeting *(more than one option could be selected):*		National N=116	
	Clinical psychologists	41 (35.3%)	
	Dietitian	31 (26.7%)	
	Occupational Therapist	113 (97.4%)	
	Physiotherapists	114 (98.3%)	
	Social Worker	74 (63.8%)	
	Doctor	96 (82.8%)	
	Nurse	113 (97.4%)	
	Speech & Language Therapy	81 (69.8%)	
	Rehabilitation/Therapy assistant	33 (28.4%)	
	Family/Carer support worker	16 (13.8%)	
	Orthoptics	2 (1.7%)	
	Orthotics	2 (1.7%)	
	Podiatry/foot health	2 (1.7%)	
	Other*	30 (25.9%)	

* Discharge manager/Co-orindator (5), Pharmacist (3), Consultant Nurse (4), Service Lead, (Stroke) Consultant/Clinical Lead (2), Manager (2), (Community) Matron (3), ESD team representative (4), Care Home ICT manager, Link Worker, Age UK, Stroke Co-ordinator (2), (Stroke) Specialist Nurse (3), Complex Care team member, Consultant Therapist, District Nurse Lead

No post-acute inpatient care services held meetings less than once a week.

3.2.8 Information and training for stroke survivors and their carers

3.2.8.1 Joint care plan and access to written rehabilitation plan

Table 3.14 Access to joint care and written rehabilitation plans

Access to joint care plans and written rehabilitation plan (Q1.14 & Q1.15)	National N=116	Your service
Patients are discharged with a joint care plan	99 (85.3%)	
Patients given access to their written rehabilitation plan	89 (76.7%)	

3.2.8.2 Information availability

NICE Quality Standard: Carers of people with stroke are provided with written information about the patient's diagnosis and management plan, and sufficient practical training to enable them to provide care.

Table 3.15 Information for stroke patients

Information which is made able to stroke patients *(more than one option could be selected)* (Q1.18)	National N=116	Your service
Patient versions of national and/or local guidelines/standards	66 (56.9%)	
Social Services local Community Care arrangements	93 (80.2%)	
The Department for Work and Pensions	63 (54.3%)	
Information on stroke	110 (94.8%)	
Secondary prevention advice	102 (87.9%)	
Local and national patient organisations (Eg Stroke Association)	110 (94.8%)	

3.2.8.3 Training and self-management

Recommendation – Stroke Guidelines (Fourth Edition)
Self-efficacy training
All patients should be offered training in self-management skills, to include active problem-solving and individual goal setting.

Nearly three quarters (73%) of post-acute inpatient services are routinely offering carers training and just over half (59%) offer stroke survivors' access to self-management tools and courses.

Table 3.16 Training for carers

Training for carers (Q1.20)	National N=116	Your service
Carers routinely offered training	85 (73.3%)	

Post-acute inpatient care service results

Table 3.17 Self-managements tools

Self-management tools (Q1.21)	N=116	Your service
Patients offered access to self-management tools and courses	68 (58.6%)	

3.2.9 Participation in the clinical component of SSNAP

Of the 116 post-acute inpatient services who participated in the audit, 100 (86%) were already registered to participate in the SSNAP clinical audit describing their processes of care.

Your service is participating in SSNAP:

3.2.10 Six month reviews

Table 3.18 Disciplines carrying out 6 month reviews

Disciplines carrying out 6 month reviews (Q1.19)	National N = 116	Your service
Service has at least one discipline carrying out 6 month reviews	27 (23.3%)	
If yes, discipline carrying out review *(more than one option could be selected):*		
Stroke specialist doctor (consultant level/Staff Grade)	10 (37.0%)	
Non-specialist doctor (consultant level/Staff Grade)	4 (14.8%)	
Junior doctor	2 (7.4%)	
Nurse	10 (37.0%)	
Occupational therapy	7 (25.9%)	
Physiotherapy	8 (29.6%)	
Speech and Language Therapy	5 (18.5%)	
Clinical Psychology	2 (7.4%)	
Social Worker	1 (3.7%)	
Dietitian	2 (7.4%)	
Orthotics	1 (3.7%)	
Orthoptics	1 (3.7%)	
Podiatry	1 (3.7%)	
Other*	7 (25.9%)	

* Stroke Co-ordinators (3), Stroke Association, Community Nurses, Stroke Specialist Nurse (2)

No General Practitioners (GPs) carried out six month reviews.

3.2.11 Service commissioning

Your service is commissioned by:

Is your service included in this section: . **Next section on page 105**

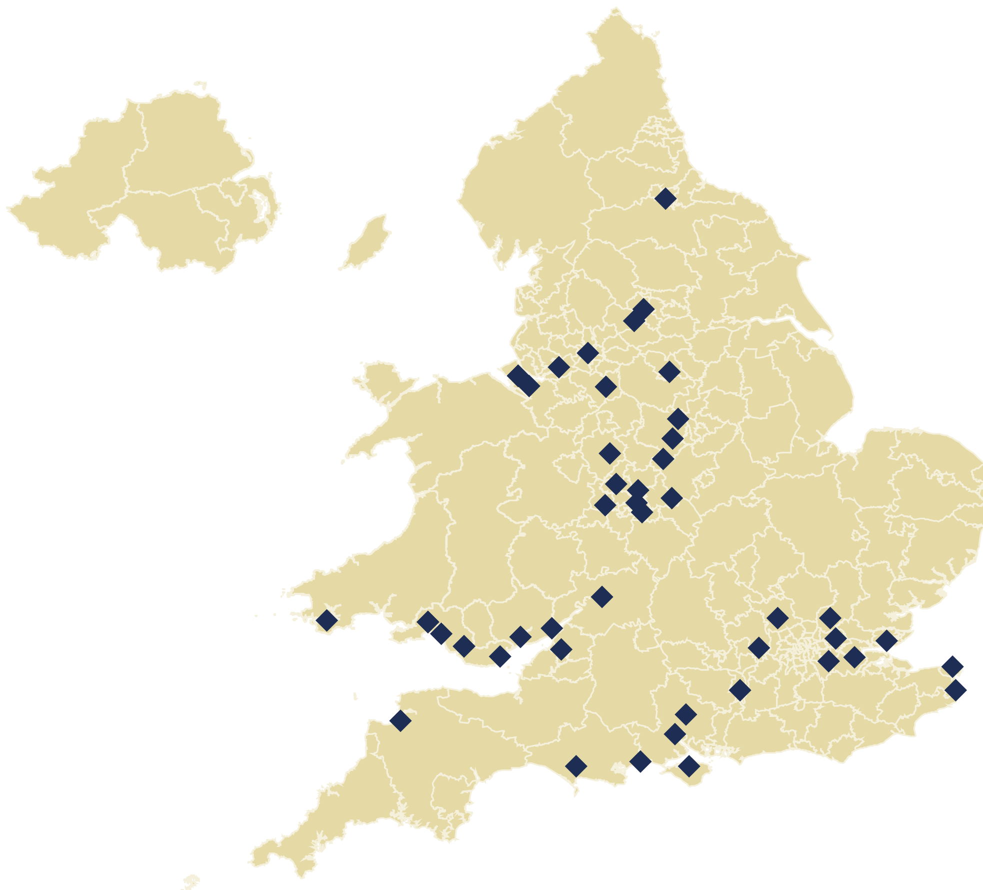
Section 4. Outpatient (clinic based) services

Outpatient services are healthcare services which provide patients who are not based within a bed based facility with a place to go for on-going therapy and access to specialists such as consultants and nurses if they need them. They are often based within a doctor's office, clinic or hospital outpatient department and appointments are normally necessary.

4.1 Participation

Figure 4.1 shows the location of participating outpatient services. 31 outpatient care services were identified for this audit which did not submit data, therefore the results for this section cannot be taken as a comprehensive overview of the outpatient (clinic based) services stroke patients have access to. The results below relate to 62% of outpatient services that participated in Phase 2.

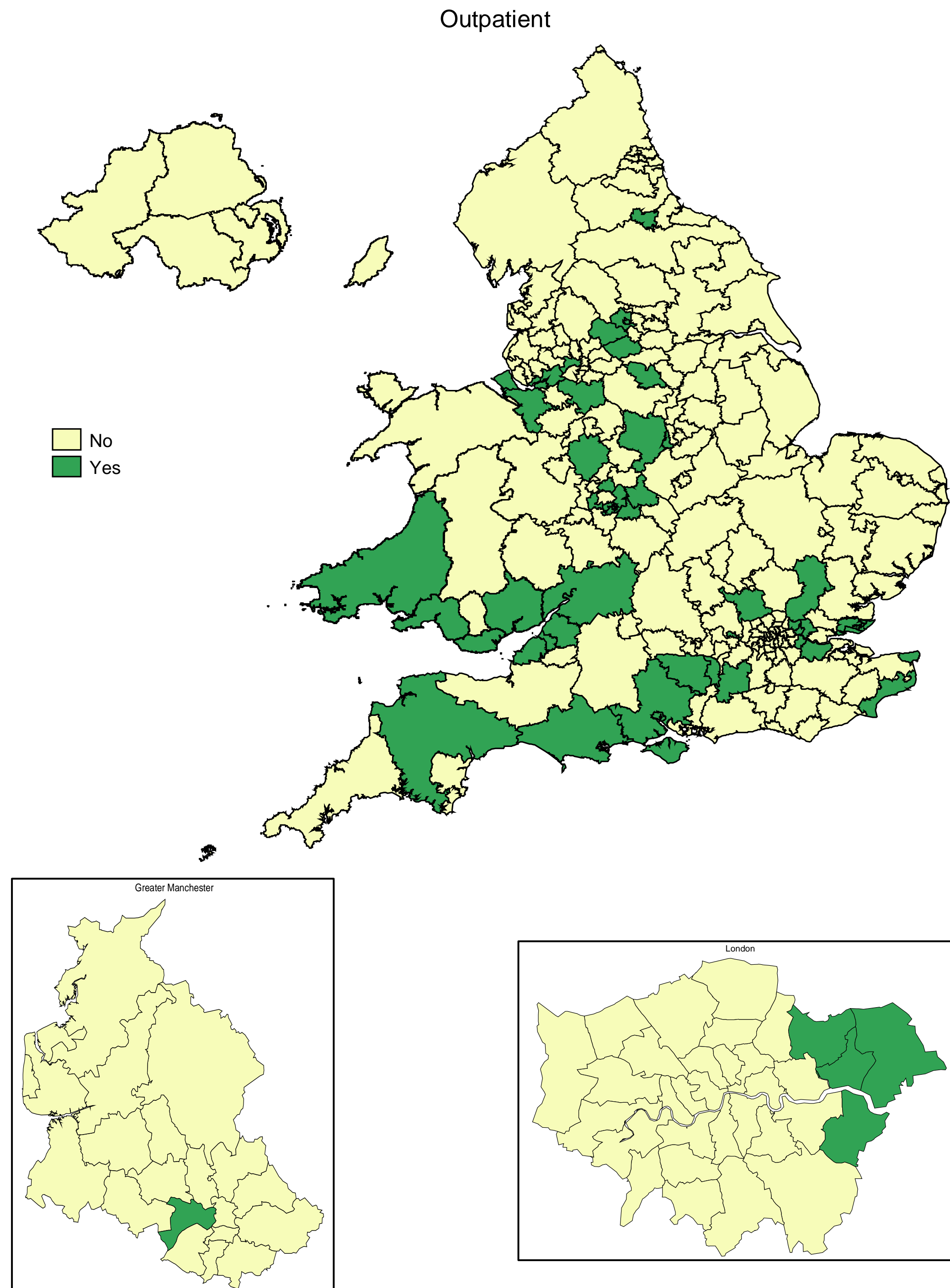
Figure 4.1 Location of participating outpatient (clinic based) services



Outpatient (clinic based) service results

Figure 4.2 presents the areas of England, Wales and Northern Ireland which have no participating outpatient services. Where a service was not commissioned by a Clinical Commissioning Groups (CCG), Local Health Board (LHB) or Local Commissioning Group (LCG) their post-code was used to place them within the appropriate boundary.

Figure 4.2 Areas with at least one participating outpatient (clinic based) service



Zoomed in versions of the Greater Manchester and London areas have also been given

Outpatient (clinic based) service results

4.2 Outpatient service characteristics

4.2.1 Stroke Specific Services

Almost three quarters (74%) of the participating outpatient services were stroke and/or neurology specific representing the specialist nature of the outpatient services being provided.

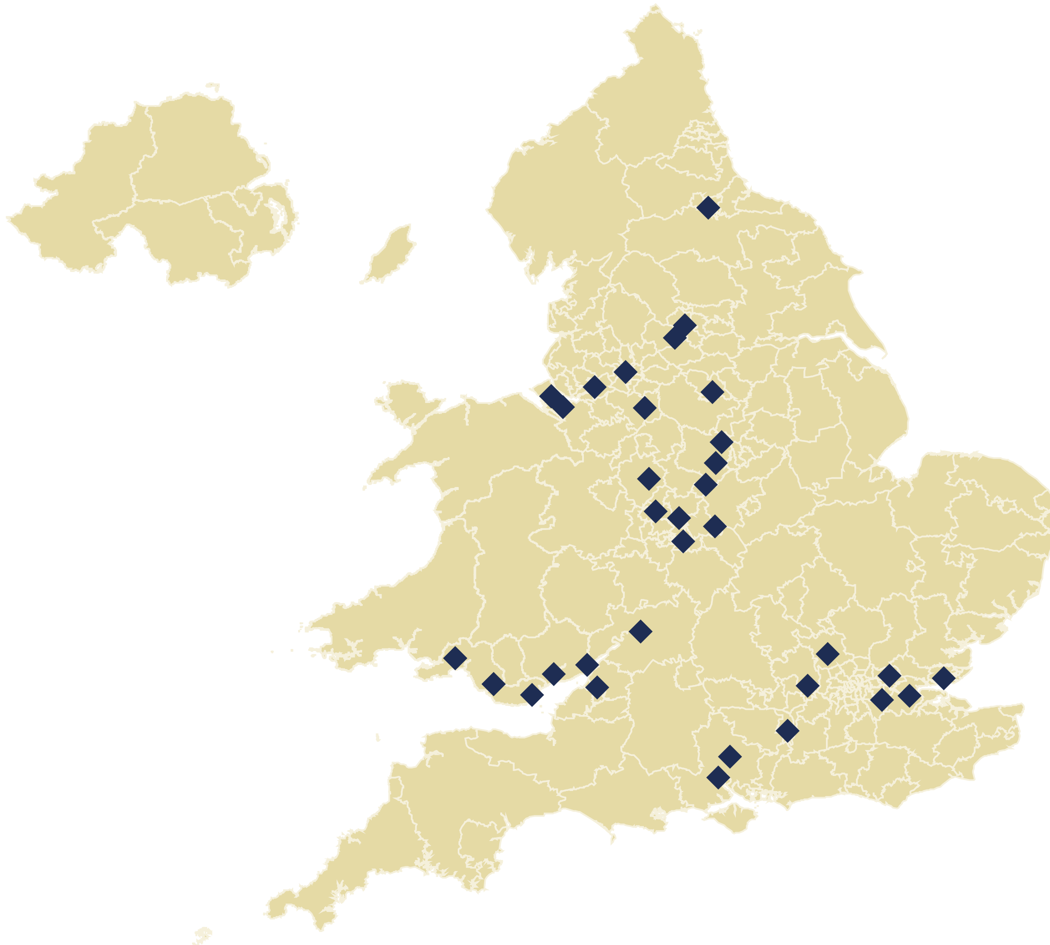
Table 4.1 Stroke specific services

Stroke specific services (Q 1.2 & 1.3)	National N=50	Your service
Stroke Specific	15 (30%)	
Stroke and Neurology	22 (44%)	
Generic	13 (26%)	

Figure 4.3 shows the location of stroke/neurological specific outpatient service which participated in the audit.

Figure 4.3 Location of outpatient care stroke/neurological specific services

Location of stroke/neurological specific outpatient care services



Outpatient (clinic based) service results

4.2.2 Spasticity clinic

Table 4.2 Spasticity clinic

Spasticity clinic located within Outpatient clinics (Q1.5)	National N=50	Your service
Yes	17 (34.0%)	
No	33 (66.0%)	

Complex spasticity management is an uncommon but extremely challenging condition. With the advent of more complex proven interventions in the management of spasticity after stroke such clinics are increasingly in demand as part of a portfolio of specialist outpatient stroke services.

4.2.3 Location of service

The majority of outpatient services were based within Acute and/or Community hospitals, no services were based within doctors' surgeries and very few within Health and/or Leisure Centres. Some services stated within the Other category that they also treated patients within their own homes.

Table 4.3 Location of outpatient services

Where is this stroke service provided? *(more than one option could be selected)* (Q1.17)	National N=50	Your service
Acute hospital	23 (46.0%)	
Community Hospital	23 (46.0%)	
Health centre	4 (8.0%)	
Leisure Centre/Gym facility	3 (6.0%)	
Other*	12 (24.0%)	

**Community Centre, Patient's home (7), Care Home (3), Day Hospital, Health Centres, Community, (Neurological) Rehabilitation Unit*

No services selected GP surgery

4.2.4 Waiting Times

Stroke patients have a median waiting time of 12 days from discharge/referral to a assessment/triage review within outpatient services and 28 days to treatment.

Table 4.4 Outpatient service median waiting times

Waiting times between discharge/referral and assessment/triage review (in days) (Q1.11a)	National Median (IQR*)	Your service
Waiting time between discharge/referral and triage review	12 (2 – 42)	

Waiting times between discharge/referral and treatment (in days) (Q1.11b)	National Median (IQR*)	Your service
Waiting time between discharge/referral and treatment	28 (10 – 46)	

* Inter-Quartile Range

Outpatient (clinic based) service results

4.2.5. 7-day working

Nearly a third (32%) of participating outpatient services are only able to see patients less than 5 days a week, with only one accessible over the weekend.

Table 4.5 Availability of outpatient services

Number of days per week service is available (Q1.4)	National N=50	Your service
Less than 5 days	16 (32.0%)	
5 days per week	33 (66.0%)	
7 days per week	1 (2.0%)	

No outpatient services held a service 6 days a week.

4.2.6 Staffing numbers

In order to enable staffing levels to be comparable across different sized services they have been additionally presented as ratios of staff per 100 stroke patient referrals in the last 12 calendar months.

Services were asked to provide details on what staffing disciplines their stroke patients had access to. This information includes the number of individuals for that discipline and their Whole time equivalent (WTE). Where service staff work over multiple service types, services were asked to split the WTE according to how much time disciplines were spending working within each type of service. Also, where SSNAP was informed that access was via formal arrangements with other services/organisations, audit leads were asked to provide the WTE for the time spent within their service alone.

4.2.6.1 Medical and nursing cover

Only approximately one third of participating outpatient services are able to give their stroke patients access to either doctors (34%) or nurses (32%). However, nearly 70% of the nurses within outpatient services are carrying out 6 month reviews.

Table 4.6 Medical and nurse access

Access to doctor and nursing staffing (Q1.10)		National N = 50	Your service
Doctor	n (% YES)	17 (34.0%)	
	Number of individuals (Median (IQR*))	2 (2 – 5)	
	WTE (Median (IQR*))	0.4 (0.1 – 2.0)	
	WTE per 100 stroke patients (Median (IQR*)	0.7 (0.1 - 1.3)	
	Carries out 6 month reviews (n (% YES))	7 (41.2%)	
Nurse	n (% YES)	16 (32.0%)	
	Individuals (Median (IQR*))	2 (1 – 2.5)	
	WTE (Median (IQR*))	1.0 (0.9 – 2.2)	
	WTE per 100 stroke patients (Median (IQR*)	1.0 (0.4 - 2.5)	
	Carries out 6 month reviews	11 (68.8%)	

* Inter-Quartile Range

Outpatient (clinic based) service results

4.2.6.2 Access to therapy staff

Therapy representation within outpatient services appears to be highest within the physiotherapy discipline with 70% of outpatient functions having at least one physiotherapist. Access to Occupational therapy and Speech and Language Therapy is lower at 44% and 36% respectively; with the number of Speech and Language Therapists Whole Time Equivalent (WTE) appearing to be much lower per 100 stroke patients. Access to clinical psychology was reported in only 24% of services.

Table 4.7 Access to therapy staff

Access to therapy staff (Q1.10)		National N = 50	Your service
Occupational Therapists	n (% YES)	22 (44.0%)	
	Individuals (Median (IQR*))	2 (1 - 3)	
	WTE (Median (IQR*))	1.0 (0.5 - 2.2)	
	WTE per 100 stroke patients (Median (IQR*)	1.4 (0.4 - 2.1)	
	Carries out 6 month reviews	4 (18.2%)	
Physiotherapists	n (% YES)	35 (70.0%)	
	Individuals (Median (IQR*))	3 (2 - 4)	
	WTE (Median (IQR*))	1.8 (0.8 - 2.5)	
	WTE per 100 stroke patients (Median (IQR*)	2.2 (1.0 - 3.4)	
	Carries out 6 month reviews	7 (20.0%)	
Speech and Language Therapists	n (% YES)	18 (36.0%)	
	Individuals (Median (IQR*))	2 (1 - 2)	
	WTE (Median (IQR*))	0.7 (0.5 - 1.0)	
	WTE per 100 stroke patients (Median (IQR*)	0.6 (0.3 - 0.7)	
	Carries out 6 month reviews	1 (5.6%)	

* Inter-Quartile Range

Outpatient (clinic based) service results

4.2.6.3 Access to other disciplines

Table 4.8 Access to other staffing disciplines

Access to other disciplines (Q1.10)		National	Your service
Clinical Psychologist	n (% YES)	12 (24.0%)	
	Individuals (Median (IQR*))	1 (1 - 2)	
	WTE (Median (IQR*))	0.6 (0.3 - 1.0)	
	WTE per 100 stroke patients (Median (IQR*)	0.5 (0.2 - 0.7)	
Rehabilitation/Therapy Assistant	n (% YES)	28 (56.0%)	
	Individuals (Median (IQR*))	2 (1.5 - 4)	
	WTE (Median (IQR*))	1.5 (0.5 - 2.5)	
	WTE per 100 stroke patients (Median (IQR*)	1.6 (0.8 - 3.6)	
Dietitian	n (% YES)	7 (14.0%)	
	Individuals (Median (IQR*))	1 (1 - 2)	
	WTE (Median (IQR*))	0.8 (0.3 – 2.0)	
	WTE per 100 stroke patients (Median (IQR*)	0.7 (0.3 - 2.1)	
Family and Carer Support Worker	n (% YES)	8 (16.0%)	
	Individuals (Median (IQR*))	1.5 (1 – 2)	
	WTE (Median (IQR*))	1.0 (0.9 – 1.4)	
	WTE per 100 stroke patients (Median (IQR*)	0.9 (0.5 - 1.1)	
	Carries out 6 month reviews	2 (25.0%)	
Orthotics	n (% YES)	10 (20.0%)	
Orthoptics	n (% YES)	8 (16.0%)	
Podiatry	n (% YES)	7 (14.0%)	
Other**	n (% YES)	1 (2.0%)	

* Inter-Quartile Range
** Rehabilitation Consultant
Six month reviews were not carried out by Clinical psychologists, rehabilitation assistants, Dietitians, Orthotics, Orthoptics, Podiatry or Other disciplines.

Only one outpatient service reported being able to give their stroke patients access to a social worker. You are this service:

Outpatient (clinic based) service results

4.2.7 Capacity and workload of services

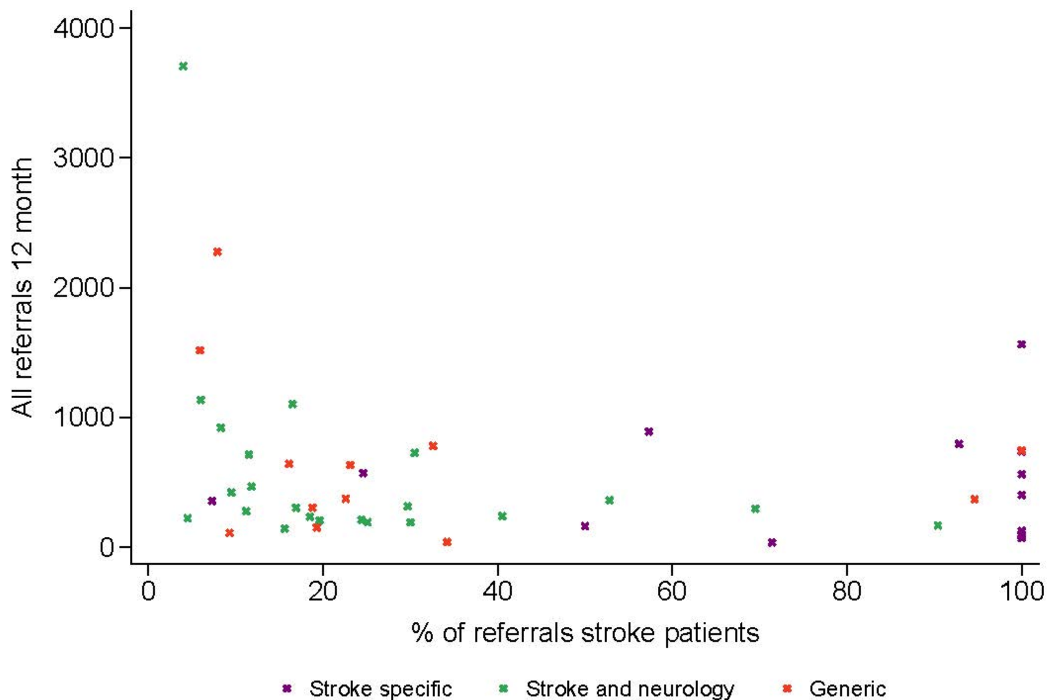
Table 4.9 Number of patients referred and treated

Number of patient referrals (Q1.6, 1.7 & 1.8)	National Median (IQR*)	Your service
Number of stroke patients treated in last 7 days	10.5 (5 - 21)	
Number of ALL patients referred in last 12 calendar months	357.5 (190 - 735)	
Number of stroke patients referred in last 12 calendar months	86.5 (48 - 182)	
Percentage of total referrals that were stroke	24.8% (11.8% - 90.4%)	

*Inter-Quartile Range

Figure 4.4 shows the relationship between the total number of referrals received by outpatient services and the percentage of those that were stroke.

Figure 4.4 Outpatient care - Relationship between total referrals and percentage of stroke referrals



Stroke patients make up a variable proportion of total numbers of referrals in the different services described – even in some 'stroke specific' services.

Outpatient (clinic based) service results

4.2.8 Staff education

Percentages within this section are given out of those services which had at least one nurse, therapist and rehabilitation assistant.

Table 4.10 Training for nurses, therapists and rehabilitation assistants

Training for nurses, therapists and rehabilitation/therapy assistants (Q1.20, 1.21 & 1.22)	National	Your service
Opportunity for nurses to attend training (N=16)	12 (75.0%)	
Median number of sessions	2 (1.5 – 4)	
Opportunity for therapists to attend training (N=39)	36 (92.3%)	
Median number of sessions	5.5 (3 – 11)	
Opportunity for rehabilitation/therapy assistants to attend training (N=28)	24 (85.7%)	
Median number of sessions	2.5 (2 – 4)	

4.2.9 Multi-disciplinary team (MDT) meetings

Under half (40%) of outpatient service functions are discussing their patients at formal multi-disciplinary team meetings. This is likely to reflect the uni-disciplinary nature of such services – with physiotherapy as a single discipline being predominant.

Table 4.11 Multi-disciplinary team meetings – frequency and representation

Frequency and representation of MDT meeting (Q1.23)		National N = 50	Your service
Patients discussed at a MDT meeting	Yes	20 (40.0%)	
	No	30 (60.0%)	
If yes, how frequently do these meetings take place	Less than once a week	5 (25.0%)	
	Once a week	13 (65.0%)	
	Twice a week	2 (10.0%)	
Disciplines which regularly attend these meetings *(more than one option could be selected)*:		National N = 20	Your service
	Clinical psychologists	5 (25.0%)	
	Dietitian	2 (10.0%)	
	Occupational Therapist	15 (75.0%)	
	Physiotherapists	16 (80.0%)	
	Social Worker	1 (5.0%)	
	Doctor	6 (30.0%)	
	Nurse	9 (45.0%)	
	Speech & Language Therapy	6 (30.0%)	
	Rehabilitation/Therapy assistant	12 (60.0%)	
	Family/Carer support worker	3 (15.0%)	
	Other*	2 (10.0%)	

* Neuroradiologist and Stroke Specialist Nurse

No outpatient services held multi-disciplinary team meetings more than twice a week.

Orthotics, Orthoptics and Podiatry disciplines did not attend multi-disciplinary meetings within Outpatient services.

Outpatient (clinic based) service results

4.2.10 Time limits to service

Only five (10%) of the outpatient services stated a time limit to their service, with 3 of these being measured by duration (between 1-6 months) and 2 by number of appointments. This reflects the nature of specialist outpatient services managing long term conditions which continue to follow patients on the basis of clinical need.

Table 4.12 Time limits to outpatient services

Time limits to service (Q1.16)	National N=50	Your service
Outpatient functions with a time limit to their service	5 (10.0%)	
If time limited is measured by duration (months):	3 (60.0%)	
1-3 Months	*2 (66.7%)*	
4-6 Months	*1 (33.3%)*	
If time limit is measured by number of appointments:	2 (40.0%)	
6-10 Sessions	*2 (100.0%)*	

Time limits (by duration and appointments) which were not selected by any outpatient services have not been shown in this table.

4.2.11 Treatment of patients in care homes

Many (82%) outpatient services are treating stroke patients residing within care homes.

Table 4.13 Outpatient service in-reaching into care homes

Treatment of patients within care homes (Q1.12)	**National N=50**	**Your service**
Yes	41 (82.0%)	
No	9 (18.0%)	

4.2.12 Information and training for stroke survivors and their carers

4.2.12.1 Joint care plan and access to written rehabilitation plan

Table 4.14 Access to joint care and written rehabilitation plans

Access to discharge plan and written rehabilitation plan (Q1.14 & 1.15)	National N = 50	Your service
Patients discharged with a joint care plan	19 (38.0%)	
Patients given access to their written rehabilitation plan	34 (68.0%)	

4.2.12.2 Information availability

NICE Quality Standard: Carers of people with stroke are provided with written information about the patient's diagnosis and management plan, and sufficient practical training to enable them to provide care.

Outpatient (clinic based) service results

Table 4.15 Information for stroke patients

Information which is made able to patients *(more than one option could be selected)* (Q1.18)	National N = 50	Your service
Patient versions of national and/or local guidelines/standards	22 (44.0%)	
Social Services local Community Care arrangements	29 (58.0%)	
The Department for Work and Pensions	24 (48.0%)	
Information on stroke	45 (90.0%)	
Secondary prevention advice	41 (82.0%)	
Local and national patient organisations (eg Stroke Association)	44 (88.0%)	

The outpatient environment is an ideal opportunity for patients to access patient related information and given the widely available nature of such written materials it is a 'lost opportunity' that such information is not provided in all outpatient settings. This is a priority for services to review locally.

4.2.12.3 Self-management and training

Recommendation – Stroke Guidelines (Fourth Edition)
Self-efficacy training
All patients should be offered training in self-management skills, to include active problem-solving and individual goal setting.

Within outpatient services over half (64%) are offering their stroke patients access to self-management tools and courses.

Table 4.16 Access to self-management tools

Access to self-management tools and courses (Q1.19)	National N = 50	Your service
Patients offered access to self-management tools and courses	32 (64.0%)	

4.2.13 Participation in the clinical component of SSNAP

Of the 50 outpatient services who participated in the audit, 24 (48%) were already registered and/or submitting data to the SSNAP clinical audit.

Your service is participating in SSNAP:

4.2.14 Service Commissioning

Your service is commissioned by:

Is your service included in this section: **Next section on page 136.**

Section 5. Domiciliary services

Early Supported Discharge, Community Rehabilitation Team and Domiciliary only service data

Recommendation – Stroke Guidelines (Fourth Edition) *Early Supported Discharge (ESD) services* *Transfers of care – discharge from hospital* 3.8, 3.8.1 - E Provide early supported discharge to patients who are able to transfer independently or with the assistance of one person. Early supported discharge should be considered a specialist stroke service and consist of the same intensity and skill mix as available in hospital, without delay in delivery.

Domiciliary services are multi-disciplinary services which treat stroke survivors within their own homes or the home of their family/carer. They are often divided into three distinct groups – Early Supported Discharge (ESD), longer term Community Rehabilitation Teams (CRT) and domiciliary only (not ESD/CRT) services. The services they provide should be designed around the needs of each individual stroke survivor and their family and be appropriate for all ages.

Early Supported Discharge (ESD)
ESD services treat patients immediately after discharge from inpatient care and offer therapy at the same level of intensity as inpatient care (45 minutes, every working day). They should be stroke specific and delivered by a multi-disciplinary team with specialist stroke skills.
Community Rehabilitation Teams (CRT)
Community Rehabilitation Teams are often considered a step down from ESD, although where a patient does not require that higher level of therapy intensity they can be referred straight to a community rehabilitation team from inpatient care. They provide access to a variety of disciplines for longer term rehabilitation.
Domiciliary only (not ESD/CRT)
Domiciliary only teams are more generic intermediate care and reablement services who often have no stroke or neurology specific inclusion criteria.

Domiciliary service results

Case studies

It is important to encourage active participation of ESD teams in the clinical component of SSNAP. For those that do, SSNAP provides an array of bespoke reporting outputs on the care patients are receiving by these services and all participating services are benchmarked nationally in order to facilitate continuous service improvement.

Below are two case studies from ESD teams that participate in the SSNAP clinical audit outlining processes they follow to ensure an effective service.

Case Study 1

The Stroke ESD Team at Royal Bournemouth Hospital was established in 2011. Since its launch, the team has consistently supported over 40% of all stroke discharges, leading to a reduction in overall length of stay (from an average of 21 down to 13 days) and contributing to the closure of 20 inpatient beds. The team believe that their effectiveness is the result of many factors. However, key to this is that the team composition broadly follows CLAHRC1 recommendations in terms of both specialism and whole time equivalents. A relatively high proportion of qualified staff allows for a very interdisciplinary, responsive and flexible approach to patient care, which is facilitated by the use of the Goal Attainment Scale2. In addition, staff members are part of a wider stroke and neurology rotation, which builds understanding of the whole pathway and breaks down barriers relating to earlier discharge from hospital.

Although ESD is a dedicated and defined team, they are also fully integrated within the inpatient service. They attend daily ward meetings, and are present on the stroke unit to support with identifying and planning discharge for eligible patients. Crucially, the service works towards a 2 week length of stay; this focusses resources to the immediate post discharge period. The team can therefore provide rehabilitation in the home that truly mimics the intensity that would be provided on a stroke unit, before ensuring a seamless transition into longer term community based rehabilitation and support, for those who need it. In the most recent patient satisfaction survey, 92% of patients were extremely satisfied, and the remaining 8% were satisfied, with the ESD service at Royal Bournemouth Hospital!

1. Fisher, RJ., Gaynor, C., Kerr, M. et al (2011) A Consensus on Stroke – Early Supported Discharge. Stroke, 42, 1392-1397.
2. Turner-Stroke, L (2009) Goal attainment scaling (GAS) in rehabilitation: a practical guide. Clinical Rehabilitation, 23 (4), 362-370

Royal Bournemouth Hospital Early Supported Discharge Team

Domiciliary service results

Case Study 2

Gloucestershire Care Services NHS Trust Early Supported Discharge Team have been participating in the SSNAP post-acute audit process for almost 2 years now. We have been very pleased with our results, which have been useful in demonstrating how we are meeting our key performance indicators. This has been particularly useful as we have changed to a new paperless records system and are working on ways to pull the data efficiently from that. The reports have been pulled from the SSNAP website which we have used at team meetings to feedback to all staff which has provided to be very positive.

We have a dedicated discharge planner who facilitates discharges from the acute wards to ESD and does the planning and timetabling for the team. This frees up a huge amount of clinical time for both the therapists and rehabilitation assistants, and allows us to spend longer visiting our patients. We have also commenced mobile working, so each team member has a laptop and can do all necessary paperwork 'out in the field' – be that in the patient's home, the car, a community hospital or their own home. Everyone comes back to base for weekly team meetings and for supervision etc but this has increased the efficiency, especially considering the large distances covered in our rural patch.

We input all of our SSNAP data as we discharge the patients from the ESD service, where they will have had up to 6 weeks of input. In the patients home packs we keep a record sheet for staff to complete on each visit with how long they were with the patient and a brief description of the activities completed. This allows our administration staff to input the data on to SSNAP with precisely how many sessions and how many minutes of each therapy the patient received. On our electronic records we record the Rankin score when we discharge the patient so that is also easily accessible.
We have found SSNAP to be a useful audit to participate in and it adds to our data production.

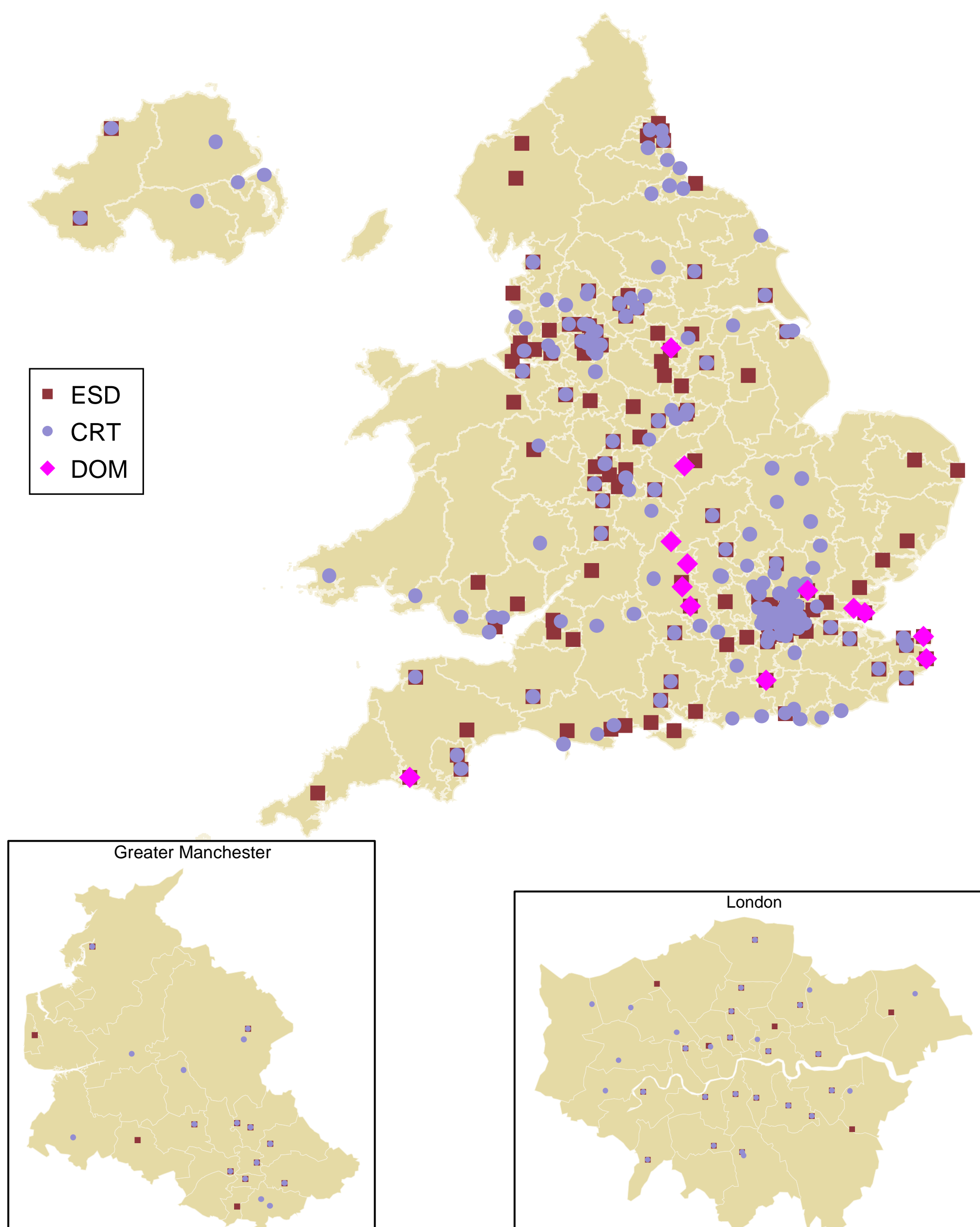
Gloucestershire Care services NHS Trust Early Supported Discharge Team

Domiciliary service results

5.1 Participation and location of services

Figure 5.1 shows the location of participating domiciliary services. 20 Early Supported Discharge (ESD) services, 43 community rehabilitation teams and 16 domiciliary only services were identified for the post-acute provider audit but did not submit data. Some domiciliary services (ESD and Community Rehabilitation Teams) had multiple bases within the same area. Where this was the case we have given the first post-code submitted to create the point on this map. Zoomed in versions of the Greater Manchester and London areas have also be given.

Figure 5.1 Location of participating domiciliary services



Domiciliary service results

5.2 Domiciliary service characteristics

5.2.1 Stroke Specific Services

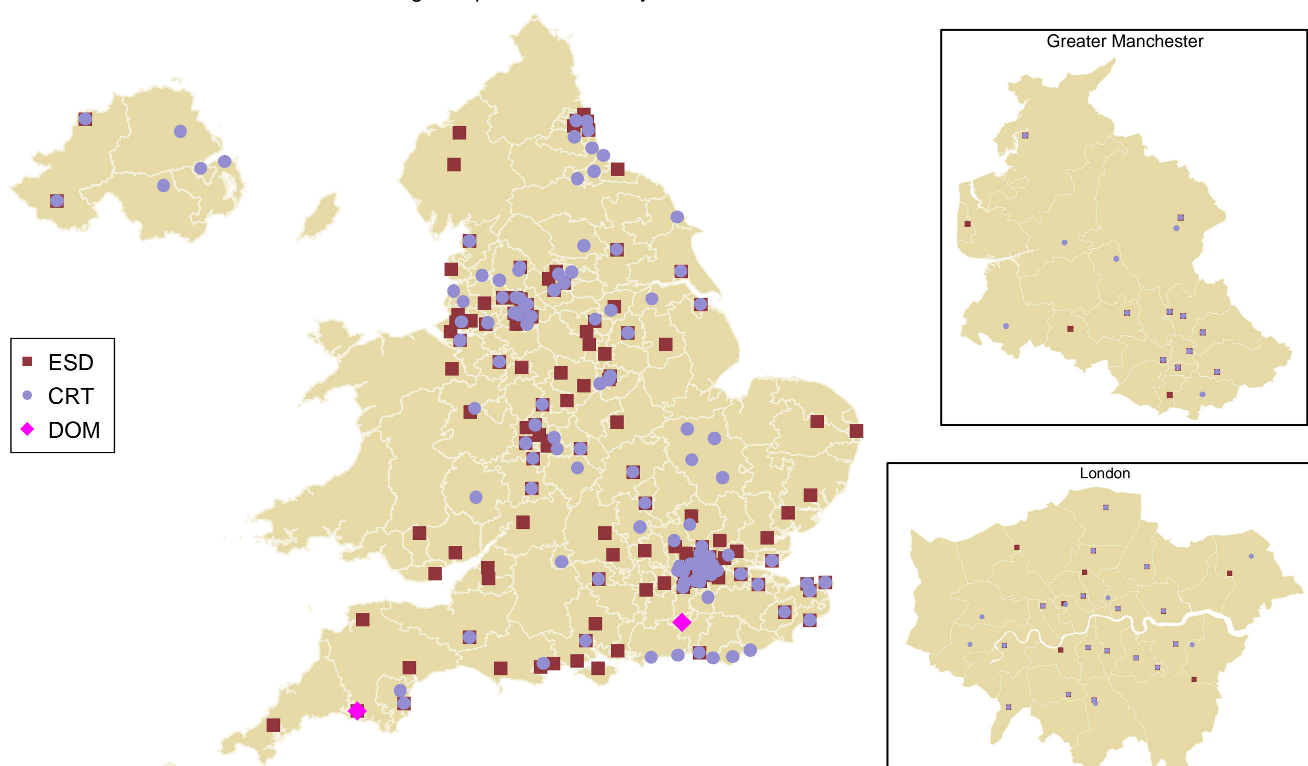
The National Stroke Guidelines published in 2012 recommend that all ESD services should be stroke specific. Of those that participated 8 (6%) are currently offering a generic service. However, it was reported by commissioners in Phase 1 of the post-acute organisational audit that 16% of ESD services were generic, so this is an improvement.

Just under three quarters (71%) of community rehabilitation teams are stroke and/or neurological specific, and domiciliary only services are predominately generic (85%). Figure 5.2 shows the location of participating stroke specific services.

Table 5.1 Stroke specific services

Stroke specific services (Q 1.2 & 1.3)		National	Your service(s)
Early Supported Discharge N=142	Stroke Specific	134 (94.4%)	
	Generic	8 (5.6%)	
Community Rehabilitation N=166	Stroke Specific	63 (38.0%)	
	Stroke and Neurology	55 (33.1%)	
	Generic	48 (28.9%)	
Domiciliary only N=13	Stroke Specific	1 (7.7%)	
	Stroke and Neurology	1 (7.7%)	
	Generic	11 (84.6%)	

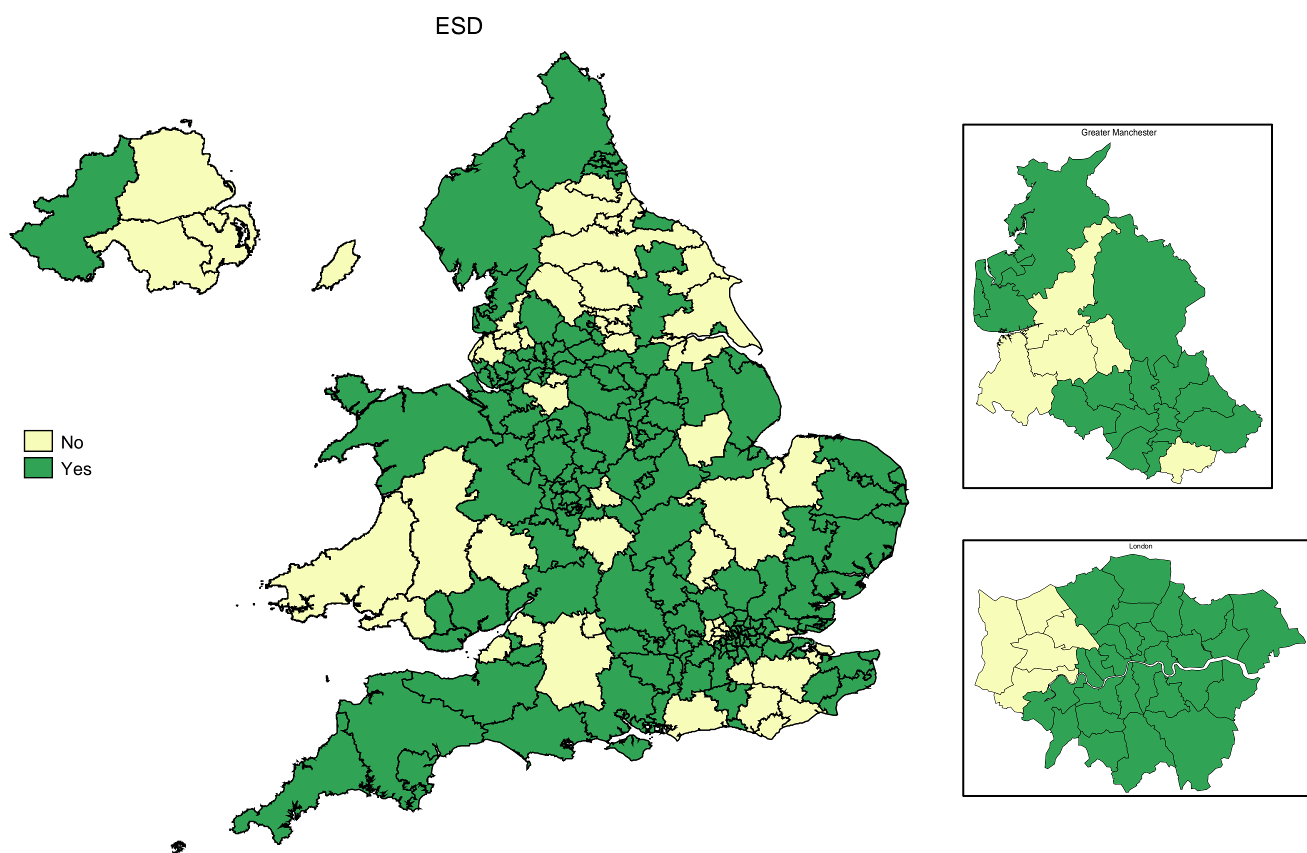
Figure 5.2 Location of stroke/neurological specific domiciliary services.



Domiciliary service results

Figures 5.3, 5.4 and 5.5 show the areas of England, Wales and Northern Ireland which have at least one participating ESD, community rehabilitation or domiciliary only services. The area boundaries are based on commissioner boundaries. For those services not commissioned by a Clinical Commissioning Group (CCG), Local Health Board (LHB) or Local Commissioning Groups (LCG), the service's post-code was used to place them within a boundary.

Figure 5.3 Areas with at least one participating ESD services



Domiciliary service results

Figure 5.4 Areas with at least one participating Community Rehabilitation Teams

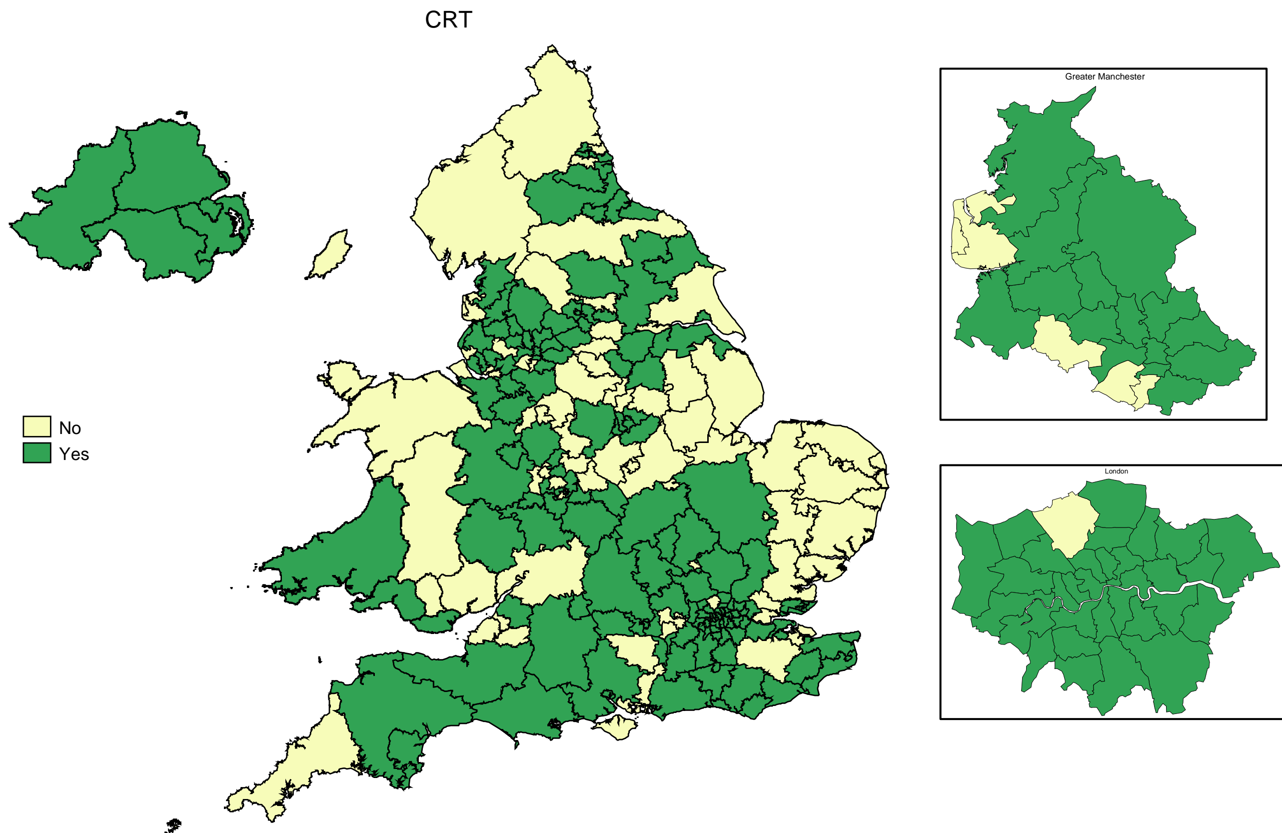
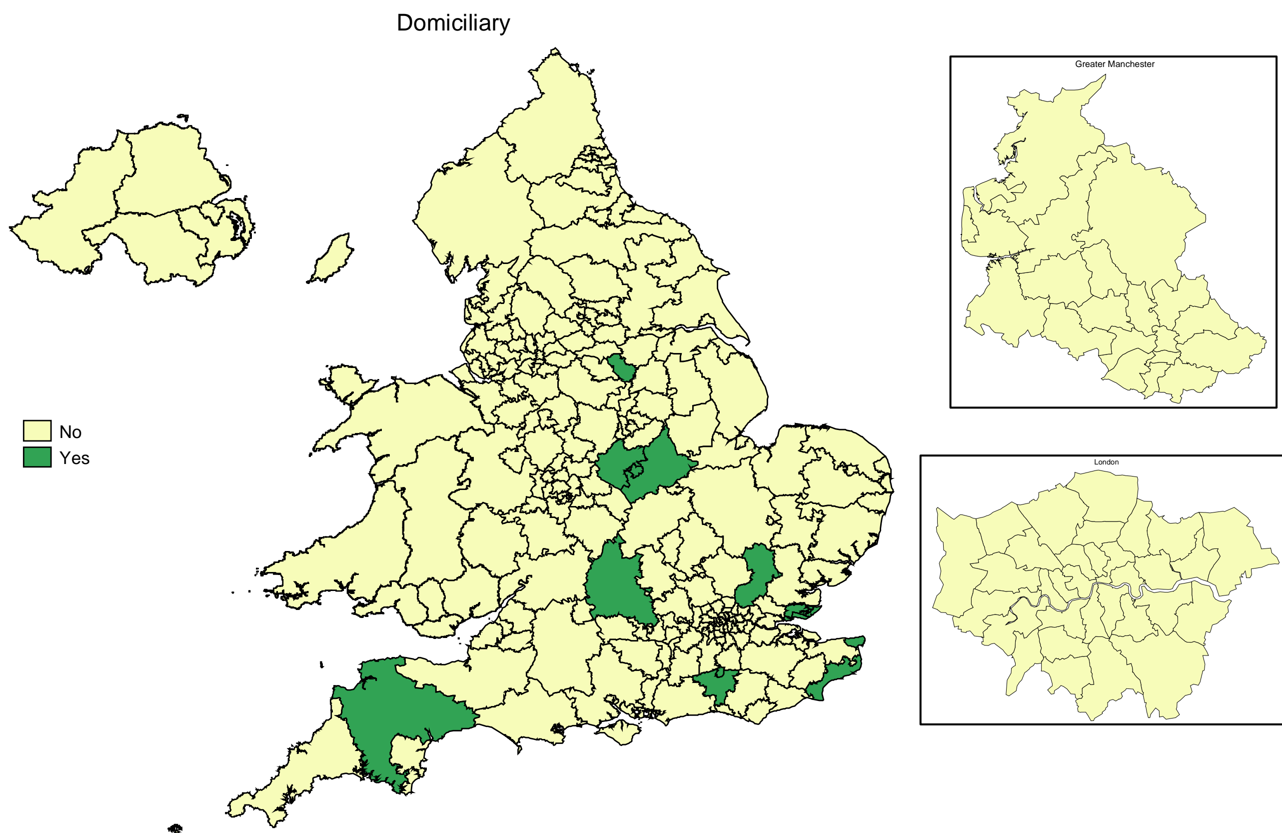


Figure 5.5 Areas with at least one participating Domiciliary only (not ESD/CRT) services



Domiciliary service results

5.2.2 Waiting Times

Domiciliary only services have the longest median waiting time for both assessment/triage review and treatment following discharge/referral from other services. Median waiting times for both are three or four times longer than those for ESD and community rehabilitation, who are reviewing and treating their stroke patients very quickly.

Table 5.2 Domiciliary service median waiting times

Waiting times between discharge/referral and triage review (in days) (Q1.11)	National Median (IQR*)	**Your service(s)**
Early Supported Discharge (ESD) N=142	1 (1 – 2)	
Community Rehabilitation Team (CRT) N=166	3 (1 – 5)	
Domiciliary only N=13	12 (1 – 21)	

Waiting times between discharge/referral and treatment (in days) (Q1.11)	National Median (IQR*)	**Your service(s)**
Early Supported Discharge (ESD) N=142	1 (1 – 2)	
Community Rehabilitation Team (CRT) N=166	6 (3 – 14)	
Domiciliary only N=13	20 (6 – 56)	

* Inter-Quartile Range

Standard for waiting times

Early Supported Discharge (ESD) teams should triage and treat the next day or within 24 hours of hospital discharge. All other post- acute stroke services should be triaging referrals within 14 days of receipt and offering treatment within 90 days of referral depending on individual patient need.

Figures 5.6 - 5.9 show the national spread of waiting times to assessment/triage review and treatment for ESD and community rehabilitation services. Waiting times which fall within the new standard have been highlighted in blue in each of these figures. The dashed line indicates your service.

Domiciliary service results

Figure 5.6 Early Supported Discharge (ESD) – National spread of waiting times to assessment/triage review

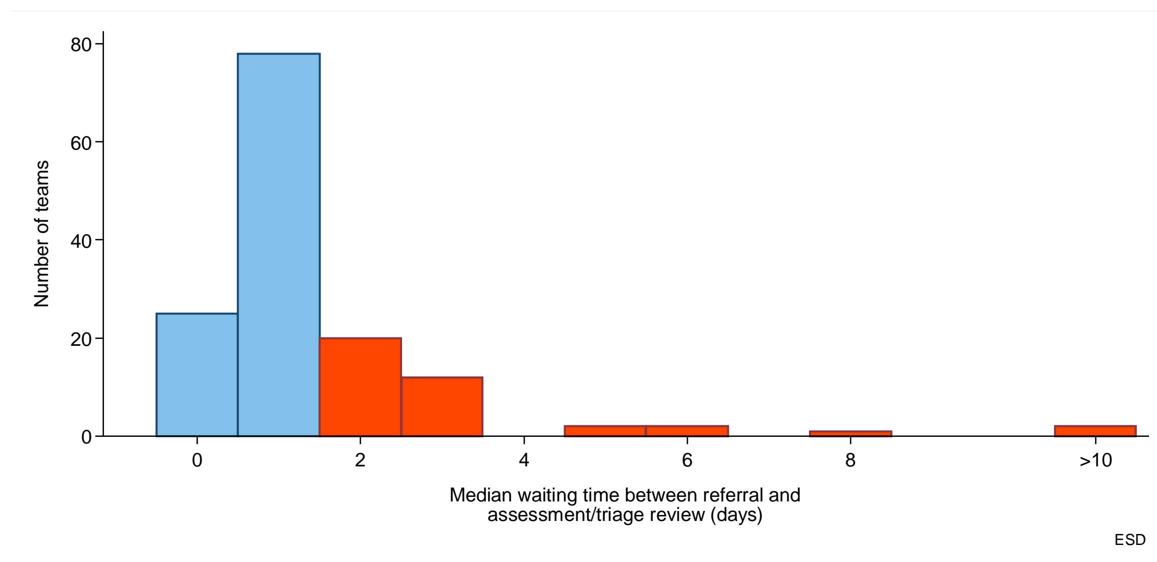
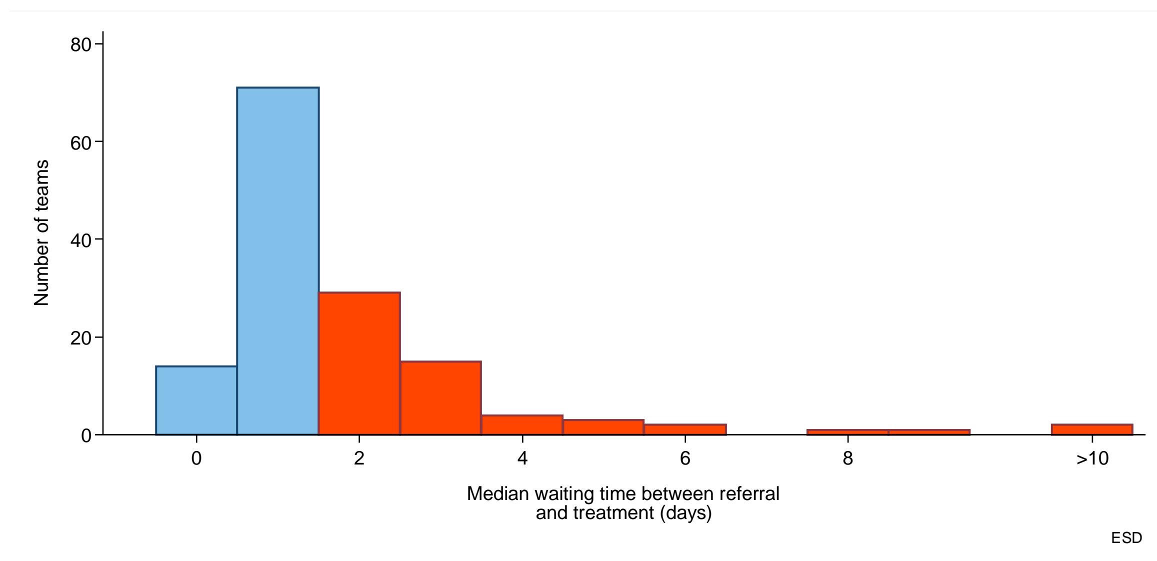


Figure 5.7 Early Supported Discharge (ESD) - National spread of waiting times to treatment



Domiciliary service results

Figure 5.8 Community Rehabilitation Team (CRT) - National spread of waiting times to assessment/triage review

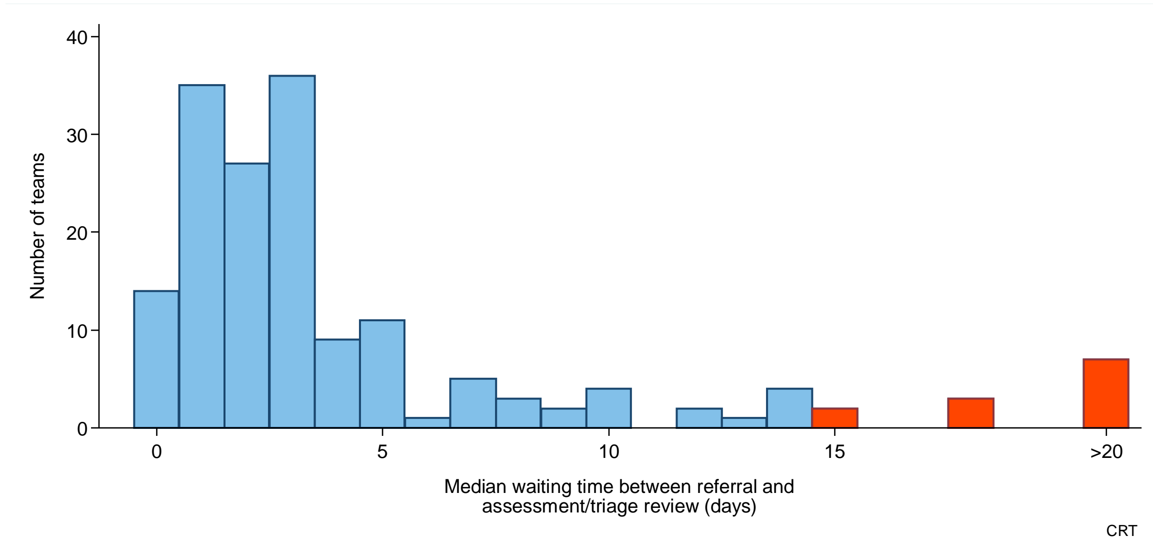


Figure 5.9 Community Rehabilitation Team (CRT) - National spread of waiting times to treatment

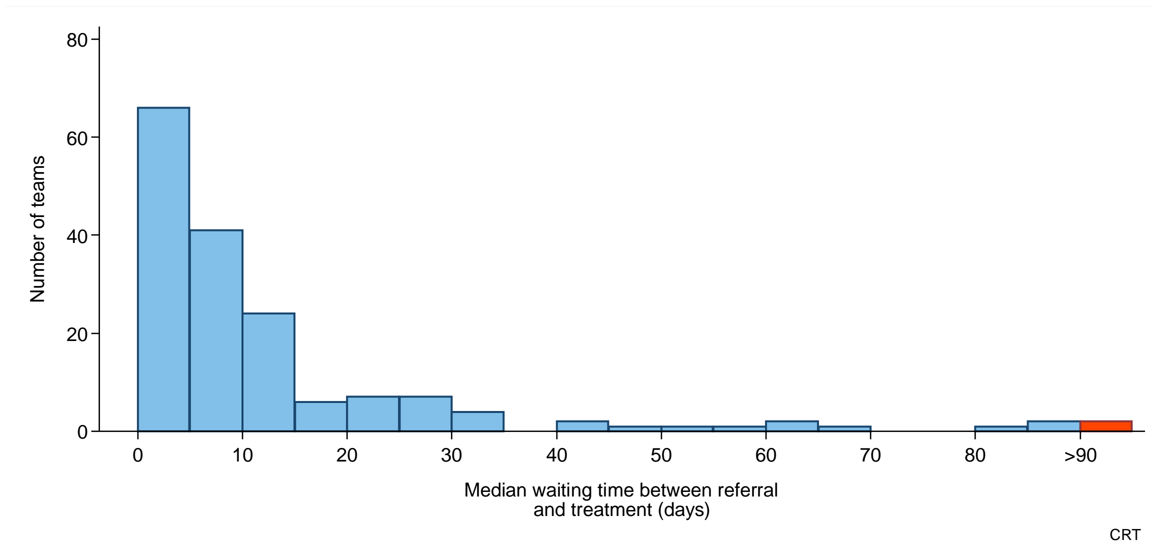
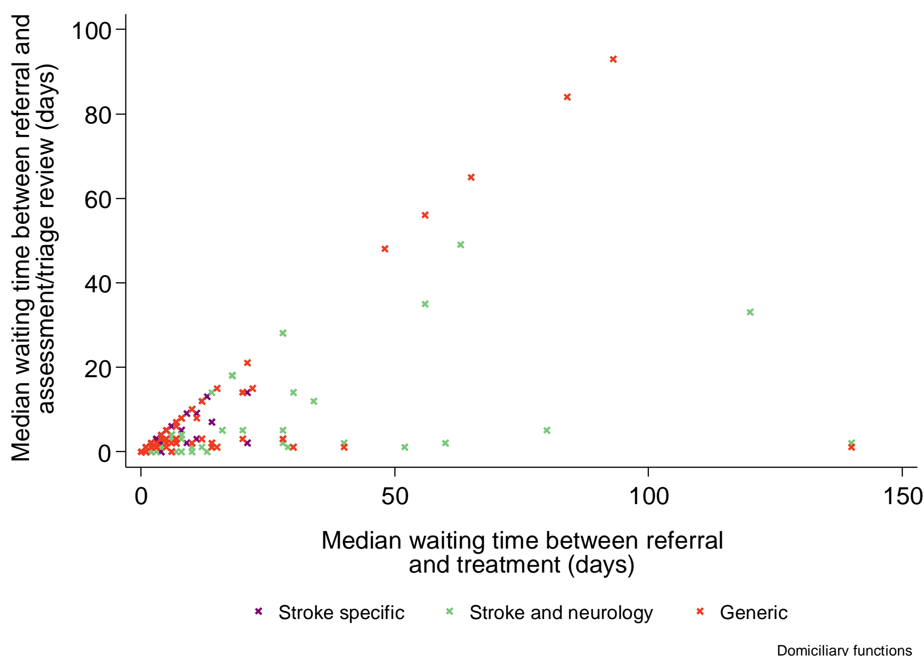


Figure 5.10 shows the correlation between waiting times to assessment/triage review and to treatment for all domiciliary services.

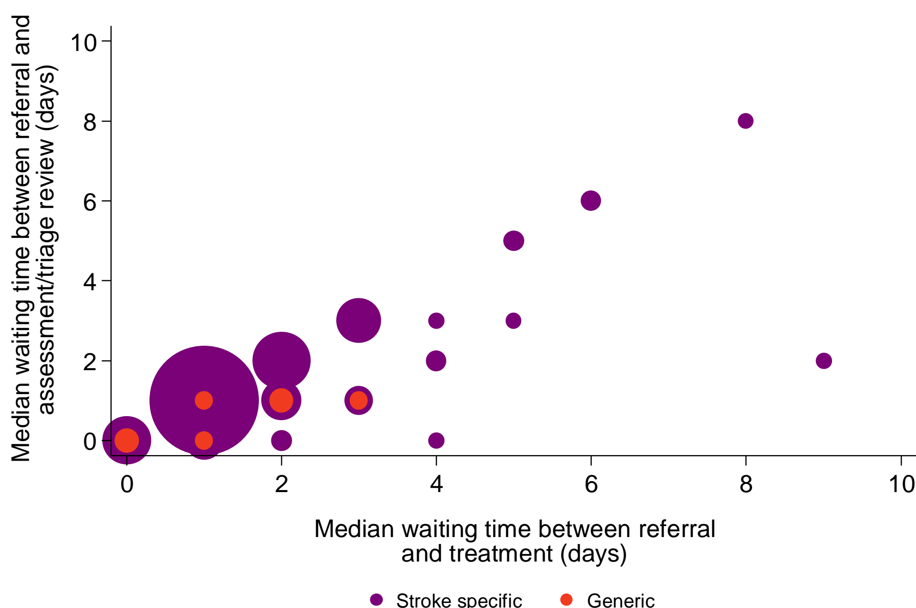
Domiciliary service results

Figure 5.10 All domiciliary services - Relationship between waiting times for assessment/triage review and for treatment



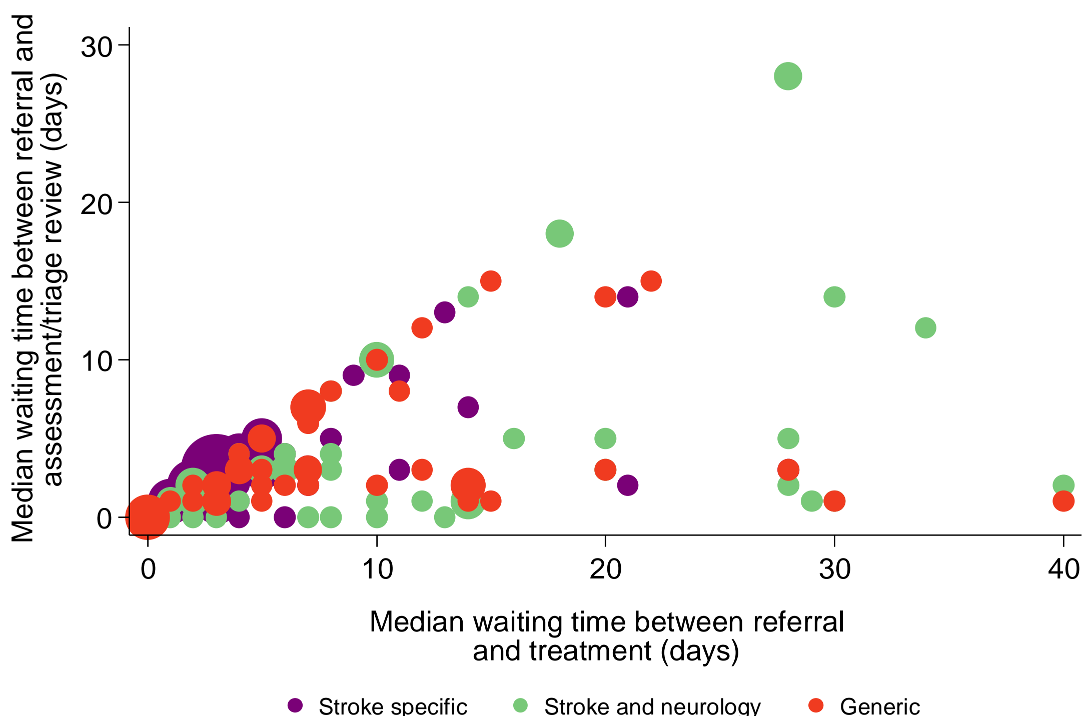
The frequency scattergraphs in figures 5.11 and 5.12 show the correlation between waiting times to assessment/triage review and to treatment specifically for ESD and community rehabilitation teams. The bigger the dot the more teams have the same combinations of waiting times.

Figure 5.11 Early Supported Discharge (ESD) – Relationship between waiting times to assessment/triage review and to treatment



Domiciliary service results

Figure 5.12 Community Rehabilitation Team (CRT) - Relationship of waiting times to assessment/triage review and to treatment



Median waiting time between discharge/referral and assessment/triage review (and treatment in many ESDs) appear to match the results coming through from the SSNAP clinical audit and the number of days between discharge from inpatient care to first direct contact with domiciliary teams. The results from the SSNAP clinical audit for October 2014 to March 2015 show a median waiting time for patients of 1 day (0-3 Inter-Quartile Range).

Domiciliary service results

5.2.3. 7-day working

Nearly all domiciliary services identified in the audit offer a service to their stroke patients 5 or more days a week.

Table 5.3 Availability of domiciliary services

Number of days per week service is available (Q1.4)		National	Your service(s)
Early Supported Discharge (ESD) N=142	Less than 5 days	2 (1.4%)	
	5 days per week	84 (59.2%)	
	6 days per week	15 (10.6%)	
	7 days per week	41 (28.9%)	
Community Rehabilitation Team (CRT) N=166	Less than 5 days	5 (3.0%)	
	5 days per week	123 (74.1%)	
	6 days per week	4 (2.4%)	
	7 days per week	34 (20.5%)	
Domiciliary only N=13	5 days per week	5 (38.5%)	
	6 days per week	1 (7.7%)	
	7 days per week	7 (53.8%)	

No domiciliary only services offered a service on less than 5 days per week.

5.2.4 Staffing numbers

Services reported on the range and availability of staffing disciplines their stroke patients had access to. This information includes the number of individuals for that discipline and their Whole Time Equivalent (WTE). Where staff cover multiple service types, services were asked to split the WTE according to how much time disciplines were spending working within each function. Where access was by formal arrangement with other services/organisations audit leads were asked to provide the WTE for the time that discipline spent working as part of their service alone.

In order to enable staffing levels to be comparable across different sized services they have been additionally presented as ratios of staff per 100 stroke patient referrals in the last 12 calendar months.

5.2.4.1 Access to medical and nursing cover

Only a few domiciliary services were able to provide their stroke patients with access to doctors and around half with access to nurses.

Table 5.4: Access to medical and nursing cover

Access to medical and nursing cover (Q1.10)		Early Supported Discharge (ESD) N=142)	Your service	Community Rehabilitation N=166	Your service	Domiciliary only N=13	Your service
Doctor	n (% YES)	27 (19.0%)		14 (8.4%)		2 (15.4%)	
	Individuals (Median (IQR*))	1 (1 – 2)		1 (1 – 1)		1 (1 – 1)	
	WTE (Median (IQR*))	0.1 (0.1 – 0.2)		0.2 (0.1 – 0.6)		0.1 (0.1 – 0.1)	
	WTE per 100 stroke patients Median (IQR*)	0.1 (0.0 - 0.2)		0.5 (0.1 - 1.3)		0.4 (0.1 - 0.6)	
	Carries out 6 month reviews	2 (7.4%)		1 (7.1%)		0 (0.0%)	
Nurse	n (% YES)	86 (60.6%)		87 (52.4%)		5 (38.5%)	
	Individuals (Median (IQR*))	1 (1 – 2)		2 (1 – 3)		1 (1 – 1)	
	WTE (Median (IQR*))	1.0 (0.5 – 1.4)		1.0 (0.6 – 2.6)		1.0 (1.0 – 1.0)	
	WTE per 100 stroke patients Median (IQR*)	0.6 (0.3 - 0.9)		0.7 (0.3 - 6.2)		0.9 (0.9 - 2.6)	
	Carries out 6 month reviews	40 (46.5%)		35 (40.2%)		2 (40.0%)	

5.2.4.2 Access to therapy staff

Again, access to Speech and Language therapists is lower than access to Occupational Therapy and Physiotherapy, more significantly in the domiciliary only services. Per 100 stroke patients, WTE for speech and language therapy appears to be around half that of Occupational Therapy and Physiotherapy, or less.

Table 5.5: Access to therapy staff

Access to therapy staff (Q1.10)		Early Supported Discharge (ESD) N=142)	Your service	Community Rehabilitation N=166	Your service	Domiciliary only N=13	Your service
Occupational Therapists	n (% YES)	142 (100.0%)		164 (98.8%)		12 (92.3%)	
	Individuals (Median (IQR*))	2 (1 – 3)		3 (2 – 4)		3.5 (2 - 5)	
	WTE (Median (IQR*))	1.6 (1.0 – 2.2)		2.0 (1.1 – 3.0)		3.0 (1.5 - 3.8)	
	WTE per 100 stroke patients (Median (IQR*))	1.0 (0.7 - 1.7)		1.3 (0.7 - 3.4)		4.8 (1.1 - 8.8)	
	Carries out 6 month reviews	20 (14.1%)		24 (14.6%)		1 (8.3%)	
Physiotherapists	n (% YES)	142 (100.0%)		165 (99.4%)		12 (92.3%)	
	Individuals (Median (IQR*))	2 (2 – 3)		3 (2 – 6)		3.5 (2 - 5.5)	
	WTE (Median (IQR*))	1.8 (1.0 – 2.4)		2.4 (1.4 – 4.0)		2.7 (2.0 - 4.6)	
	WTE per 100 stroke patients (Median (IQR*)	1.2 (0.8 - 1.7)		1.6 (0.8 - 4.9)		3.4 (1.4 - 10.8)	
	Carries out 6 month reviews	20 (14.1%)		23 (13.9%)		1 (8.3%)	
Speech and Language Therapists	n (% YES)	138 (97.2%)		124 (74.7%)		3 (23.1%)	
	Individuals (Median (IQR*))	1 (1 – 2)		2 (1 – 3)		2 (1 - 2)	
	WTE (Median (IQR*))	1.0 (0.5 – 1.0)		1.0 (0.6 – 1.8)		1.0 (0.5 - 1.5)	
	WTE per 100 stroke patients (Median (IQR*)	0.5 (0.3 - 0.9)		0.7 (0.4 - 1.6)		0.7 (0.5 - 0.9)	
	Carries out 6 month reviews	16 (11.6%)		19 (15.3%)		1 (33.3%)	

** Inter-Quartile Range*

Domiciliary service results

5.2.4.3 Access to other staffing disciplines

Table 5.6: Access to other staffing disciplines

Access to other staffing disciplines (Q1.10)		Early Supported Discharge (ESD) N=142	Your service	Community Rehabilitation N=166	Your service	Domiciliary only N=13	Your service
Clinical Psychology	n (% YES)	64 (45.1%)		74 (44.6%)		3 (23.1%)	
	Individuals (Median (IQR*))	1 (1 - 2)		1 (1 - 2)		1 (1 - 1)	
	WTE (Median (IQR*))	0.5 (0.2 - 0.7)		0.5 (0.3 – 1.0)		0.6 (0.1 – 1.0)	
	WTE per 100 stroke patients (Median (IQR*)	0.3 (0.2 - 0.7)		0.3 (0.1 - 0.7)		0.2 (0.1 - 0.9)	
	Carries out 6 month reviews	6 (9.4%)		6 (8.1%)		0 (0.0%)	
Social Worker	n (% YES)	17 (12.0%)		24 (14.5%)		4 (30.8%)	
	Individuals (Median (IQR*))	1 (1 - 2)		1 (1 - 2)		1.5 (1 - 3.5)	
	WTE (Median (IQR*))	0.8 (0.5 – 1.0)		1.0 (0.5 - 1.3)		1.5 (0.7 – 3.0)	
	WTE per 100 stroke patients (Median (IQR*)	0.8 (0.5 - 1.0)		0.5 (0.3 - 1.9)		1.9 (0.4 - 5.1)	
	Carries out 6 month reviews	1 (5.9%)		2 (8.3%)		0 (0.0%)	

Domiciliary service results

Table 5.6 continued: Access to other staffing disciplines

Access to other staffing disciplines (Q1.10)		Early Supported Discharge (ESD) N=142	Your service	Community Rehabilitation N=166	Your service	Domiciliary only N=13	Your service
Rehabilitation/ Therapy Assistant	n (% YES)	132 (93.0%)		158 (95.2%)		12 (92.3%)	
	Individuals (Median (IQR*))	3 (2 - 5)		3 (2 - 5)		2 (2 - 12)	
	WTE (Median (IQR*))	2.0 (1.5 - 3.9)		2.6 (1.5 – 4.0)		2.0 (1.7 - 10.1)	
	WTE per 100 stroke patients (Median (IQR*)	1.6 (1.0 - 2.5)		1.6 (1.0 - 3.7)		3.7 (1.8 - 10.1)	
	Carries out 6 month reviews	17 (12.9%)		15 (9.5%)		0 (0.0%)	
Dietitian	n (% YES)	47 (33.1%)		58 (34.9%)		2 (15.4%)	
	Individuals (Median (IQR*))	1 (1 - 1)		1 (1 - 1)		1 (1 - 1)	
	WTE (Median (IQR*))	0.3 (0.2 - 0.6)		0.5 (0.2 – 1.0)		1.0 (1.0 – 1.0)	
	WTE per 100 stroke patients (Median (IQR*)	0.2 (0.1 - 0.4)		0.3 (0.1 - 0.8)		0.6 (0.3 - 0.9)	
	Carries out 6 month reviews	1 (2.1%)		3 (5.2%)		0 (0.0%)	
Family and Carer Support Worker	n (% YES)	35 (24.6%)		33 (19.9%)		1 (7.7%)	
	Individuals (Median (IQR*))	1 (1 – 2)		1 (1 – 2)		1 (1 – 1)	
	WTE (Median (IQR*))	1.0 (0.8 – 1.0)		1.0 (0.8 – 1.0)		1.0 (1.0 – 1.0)	
	WTE per 100 stroke patients (Median (IQR*)	0.8 (0.5 - 1.1)		0.5 (0.4 - 0.8)		0.9 (0.9 - 0.9)	
	Carries out 6 month reviews	8 (22.9%)		4 (12.1%)		0 (0.0%)	

Domiciliary service results

Table 5.6 continued: Access to other staffing disciplines

Access to other staffing disciplines (Q1.10)		Early Supported Discharge (ESD) N=142	Your service	Community Rehabilitation N=166	Your service	Domiciliary only N=13	Your service
Orthotics	n (% YES)	24 (16.9%)		23 (13.9%)		0 (0.0%)	
Orthoptics	n (% YES)	23 (16.2%)		13 (7.8%)		0 (0.0%)	
Podiatry	n (% YES)	16 (11.3%)		16 (9.6%)		0 (0.0%)	
Other	n (% YES)	25 (17.6%)*		29 (17.5%)**		3 (23.1%)***	
	Carries out 6 month reviews	9 (36.0%)		11 (37.9%)		1 (33.3%)	

* Spasticity clinic, CBT, Counsellor (2), Psychological therapist (2), Outreach team, Stroke Association (4), Peer Supporters, Locum Staff (2), 6 month assessment review team, Stroke Co-ordinator, Stroke Navigator, Social Services, District Nurse, Continence Advisor, Complex Case Management, Clinical Team Leader and Administrator, Re-referral Co-ordinator, Stroke Specialist Nurse (3), Specialist Mental Health Nurse, Consultant, Healthcare Assistant

** CBT, Red Cross, Stroke Co-ordinator (3), Clinical Support Workers, Carers, (Stroke) 6 month reviewer (2), Mental Health professionals (3), Stroke Association (3), Counsellor (2), Stroke Navigator, Social Services, Community Matron, GP with specialist interest, Rehabilitation Consultant, Administrator (2), Continence Advisor, Complex Case Manager, Clinical Team leader, Age Connects (2), Work Placement Consultant, Stroke Specialist Nurse (2), Secretary, Assistant Psychologist

*** Assistant practitioner (2), Social Service Officer

Orthotics, Orthoptics and Podiatry disciplines did not carry out 6 month reviews in any of the domiciliary services.

Access to a full multi-disciplinary team is generally lacking in all three types of domiciliary service. Strikingly there is very poor access to nursing as part of Early Supported Discharge teams. Nursing expertise plays a key role in rehabilitation after stroke and especially in the management of common co-morbidities such as incontinence, medicine and pain management. Social work access is also poor. Introduction of joint health and social care budgets may be useful in trying to address this.

Domiciliary service results

5.2.5 Capacity and workload of services

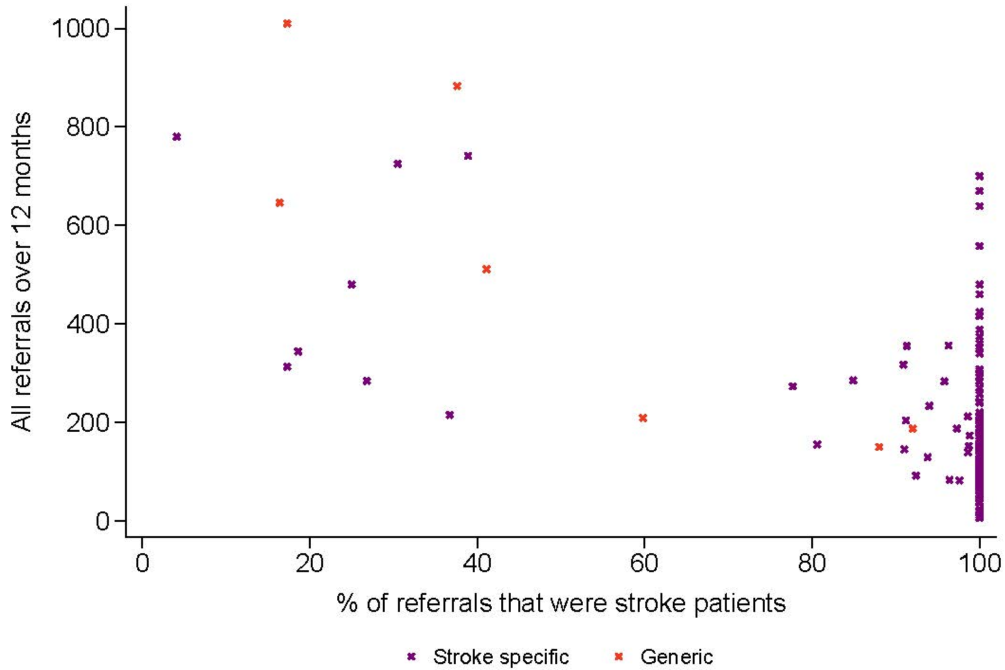
Table 5.7 Number of patients referred and treated

Number of patient referrals (Q1.6, 1.7 & 1.8)		National M (IQR)	Your service(s)
Early Supported Discharge (ESD) N=142	Number of stroke patients treated in last 7 calendar days	15 (7 - 27)	
	Number of ALL patients referred in last 12 calendar months	153.5 (95 - 291)	
	Number of stroke patients referred in last 12 calendar months	138.5 (85 - 220)	
	Percentage of total referrals that were stroke	100.0% (98.8%-100%)	
Community Rehabilitation Team (CRT) N=166	Number of stroke patients treated in last 7 calendar days	20.5 (8 - 34)	
	Number of ALL patients referred in last 12 calendar months	438 (202 - 859)	
	Number of stroke patients referred in last 12 calendar months	138 (70 - 235)	
	Percentage of total referrals that were stroke	42.6% (10.2%-100%)	
Domiciliary only N=13	Number of stroke patients treated in last 7 calendar days	3 (3 - 6)	
	Number of ALL patients referred in last 12 calendar months	876 (346 - 1557)	
	Number of stroke patients referred in last 12 calendar months	59 (36 - 106)	
	Percentage of total referrals that were stroke	14.0% (4.1%-30.6%)	

Figures 5.13 and 5.14 below show the correlation between the total number of patient referrals and the percentage of stroke patients referred in the last 12 months for ESD and community rehabilitation services.

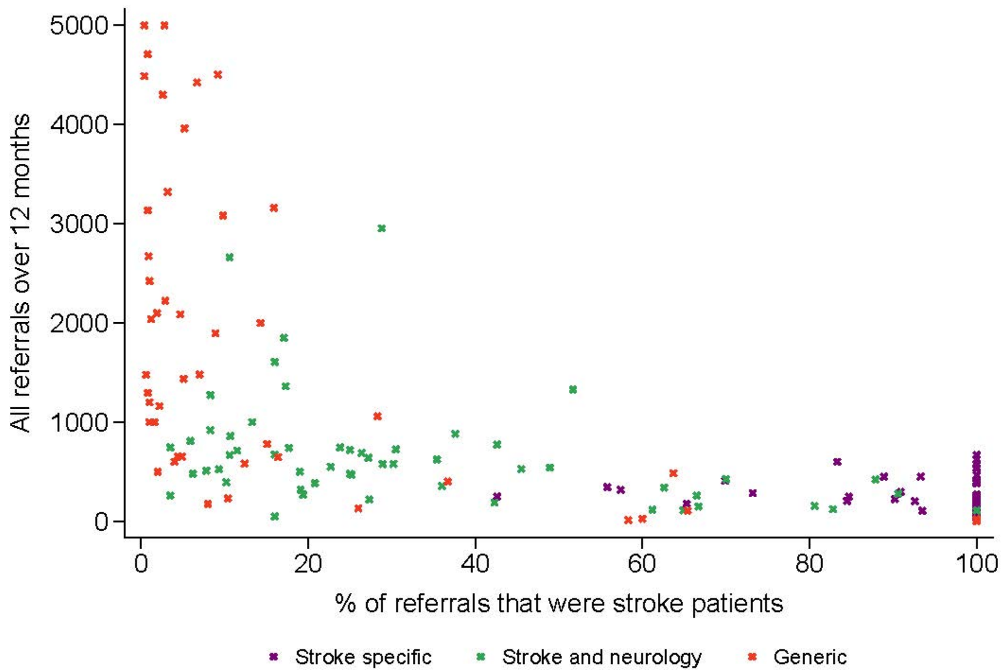
Domiciliary service results

Figure 5.13 Early Supported Discharge (ESD) - Relationship between total referrals and percentage of stroke patients



*2 teams with all referrals greater than 2000 patients have not been plotted ESD

Figure 5.14 Community Rehabilitation Teams (CRT) - Relationship between total referrals and percentage of stroke patients



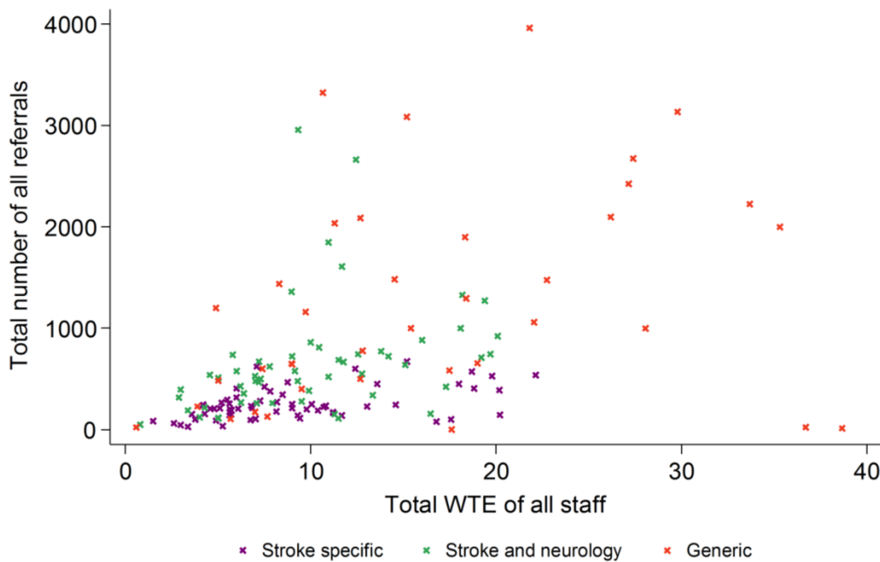
*2 teams with all referrals greater than 5000 patients have not been plotted CRT

Domiciliary service results

Figures 5.15 and 5.16 show the relationship between total patient referrals (in the 12 calendar months preceding the audit day of 1 April 2015) to ESD and community rehabilitation teams against total Whole Time Equivalent (WTE) staff.

Figure 5.15 Early Supported Discharge (ESD) - Relationship between total referrals and total WTE of staff

Figure 5.16 Community Rehabilitation Team (CRT) – Relationship between total referrals and total WTE of staff



Domiciliary service results

Figures 5.17 and 5.18 show the national spread of number of patients treated in the 7 days preceding the audit date (1 April 2015). A ratio of this has been given by 100 stroke patient referrals in the last 12 calendar months to enable comparison of services of different sizes and capacity. These figures give an indication of turnover of patients throughout the year.

Figure 5.17 Early Supported Discharge (ESD) - National range of patients treated in the last 7 days per 100 stroke patient referrals

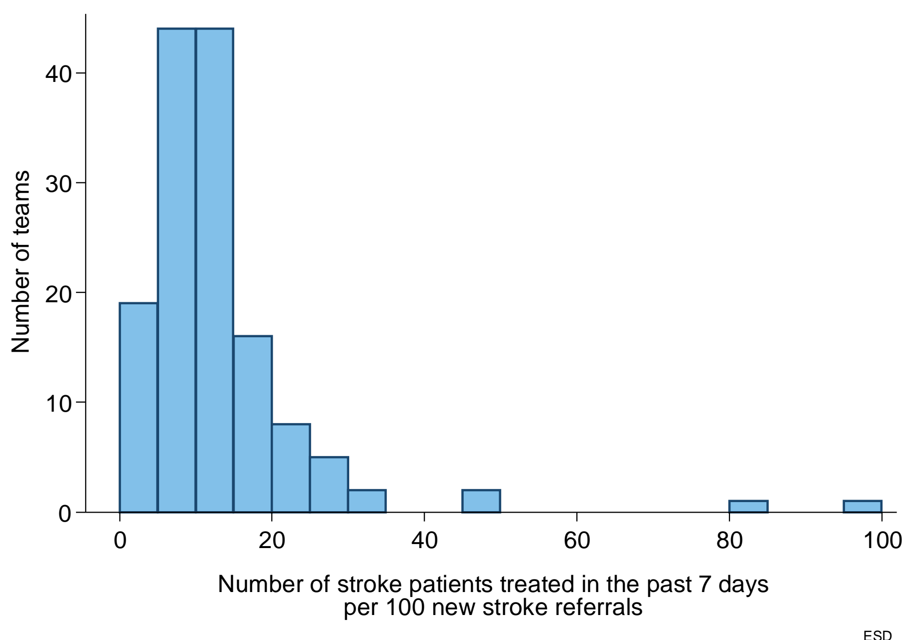
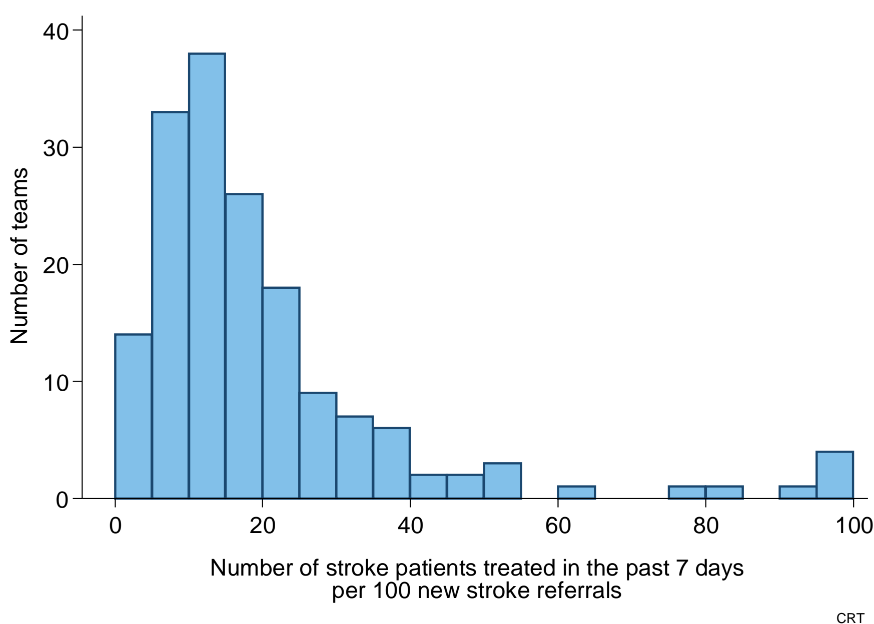


Figure 5.18 Community Rehabilitation Team (CRT) - National range of patients treated in the last 7 days per 100 stroke patient referrals



Domiciliary service results

If you have an ESD and/or community rehabilitation service, the vertical black line shows your service's location within the national range in each of the figures above.

5.2.6 Staffing configurations

Early Supported Discharge (ESD) and community rehabilitation (CRT) services have 93% and 95% with access to what is considered to be the core staffing disciplines (Occupational Therapists, Physiotherapists and rehabilitation assistants). For both types of service a high proportion have the core staff plus a Speech and Language Therapist. Combinations which include the core staff and other staffing disciplines are under 50% for all.

Table 5.8 shows what staffing combinations are found with Early Supported Discharge services. Table 5.9 shows that of community rehabilitation teams.

Table 5.8 Early Supported Discharge (ESD) service staffing combinations

Professional group included in Early Supported Discharge staffing access:	Total number of services within this composite N=142	**Your service(s)**
Occupational therapist, Physiotherapist and rehabilitation assistant	132 (93.0%)	
+ a Speech and Language therapist	129 (90.8%)	
+ a Psychologist	60 (42.3%)	
+ a dietitian	43 (30.3%)	
+ a doctor	26 (18.3%)	
+ any or all of orthotics, orthoptics and podiatry	26 (18.3%)	
+ a Social worker	15 (10.6%)	

Table 5.9 Community Rehabilitation (CRT) service staffing combinations

Professional group included in community rehabilitation staffing access:	Total number of services within this composite N= 166	**Your service(s)**
Occupational therapist, Physiotherapist and rehabilitation assistant	157 (94.6%)	
+ a Speech and Language therapist	118 (71.1%)	
+ a Psychologist	73 (44.0%)	
+ a dietitian	55 (33.1%)	
+ any or all of orthotics, orthoptics and podiatry	25 (15.1%)	
+ a Social worker	23 (13.9%)	
+ a doctor	13 (7.8%)	

Domiciliary service results

5.2.7 Staff education

Over 80% of Early Supported Discharge (ESD) and Community Rehabilitation Teams (CRT) are offering their nurses access to training, with the median number of sessions being attended also lower than that of therapists and rehabilitation assistants.

The denominator used in table 5.10 is the total number of each service type which had at least one nurse, therapist and rehabilitation assistant.

Table 5.10 Training for nurses, therapists and rehabilitation assistants

Training for nurses, therapists and rehabilitation/therapy assistants in the last 12 calendar months (Q1.20, 1.21 & 1.22)		National	**Your service(s)**
Early Supported Discharge (ESD)	Opportunity for nurses to attend training (N=86)	80 (93.0%)	
	Median number of sessions	4 (2 – 8)	
	Opportunity for therapists to attend training (N=142)	136 (95.8%)	
	Median number of sessions	13.5 (6 – 30)	
	Opportunity for rehabilitation/therapy assistants to attend training (N=132)	121 (91.7%)	
	Median number of sessions	6 (3 – 16)	
Community Rehabilitation Team (CRT)	Opportunity for nurses to attend training (N=87)	72 (82.8%)	
	Median number of sessions	2 (1 – 6)	
	Opportunity for therapists to attend training (N= 165)	158 (95.8%)	
	Median number of sessions	10 (4 – 22)	
	Opportunity for rehabilitation/therapy assistants to attend training (N= 158)	149 (94.3%)	
	Median number of sessions	4 (2 – 8)	
Domiciliary only	Opportunity for nurses to attend training (N= 5)	3 (60.0%)	
	Median number of sessions	1 (1 – 2)	
	Opportunity for therapists to attend training (N= 12)	11 (91.7%)	
	Median number of sessions	5 (1 – 14)	
	Opportunity for rehabilitation/therapy assistants to attend training (N= 12)	11 (91.7%)	
	Median number of sessions	2 (1 – 10)	

Domiciliary service results

5.2.8 Multidisciplinary team (MDT) meetings

Nearly all Early Supported Discharge (ESD) services (98%) discuss their stroke patients at MDT meetings, with 95% of these taking place at least once a week. Representatives from 73% of ESD teams also attend MDT meetings within acute hospitals in order to discuss patients who will be referred to their service.

82% of Community Rehabilitation Teams (CRT) are holding MDT meetings, with 82% taking place at least once a week. Less than half (46%) of domiciliary only services are holding MDT meetings, however where they do, they are taking place at least once or twice a week.

Table 5.11 Early Supported Discharge (ESD) multi-disciplinary team meetings

Frequency and representation of MDT meetings (Q1.23)		National N = 142	Your service(s)
Patients discussed at a MDT meetings	Yes	139 (97.9%)	
	No	3 (2.1%)	
If yes, how frequently do these meetings take place	Less than once a week	7 (5.0%)	
	Once a week	118 (84.9%)	
	Twice a week	10 (7.2%)	
	More than twice a week	4 (2.9%)	
Disciplines regularly attending these meetings *(more than one option could be selected):*		National N = 139	Your service(s)
	Clinical psychologists	50 (36.0%)	
	Dietitian	23 (16.5%)	
	Occupational Therapist	137 (98.6%)	
	Physiotherapists	138 (99.3%)	
	Social Worker	20 (14.4%)	
	Doctor	22 (15.8%)	
	Nurse	75 (54.0%)	
	Speech & Language Therapy	126 (90.6%)	
	Rehabilitation/Therapy assistant	106 (76.3%)	
	Family/Carer support worker	24 (17.3%)	
	Other*	24 (17.3%)	

* Stroke Association (4), ESD Manager, Stroke Information Manager, Nurse Consultant, Stroke Co-ordinator, Stroke Navigator, Complex Case Manager, Clinical Team Leader, Stroke Specialist Nurse, Specialist Mental Health Nurse, Community Care, Psychotherapist

Domiciliary service results

Table 5.12 Community rehabilitation (CRT) multi-disciplinary team meetings

Frequency and representation of MDT meetings (Q1.23)		National N = 166	Your service(s)
Patients discussed at a MDT meeting	Yes	136 (81.9%)	
	No	30 (18.1%)	
If yes, how frequently do these meetings take place	Less than once a week	24 (17.6%)	
	Once a week	102 (75.0%)	
	Twice a week	8 (5.9%)	
	More than twice a week	2 (1.5%)	
Disciplines regularly attending these meetings *(more than one option could be selected):*		National N = 136	Your service(s)
	Clinical psychologists	57 (41.9%)	
	Dietitian	24 (17.6%)	
	Occupational Therapist	133 (97.8%)	
	Physiotherapists	136 (100.0%)	
	Social Worker	29 (21.3%)	
	Doctor	8 (5.9%)	
	Nurse	68 (50.0%)	
	Speech & Language Therapy	105 (77.2%)	
	Rehabilitation/Therapy assistant	113 (83.1%)	
	Family/Carer support worker	22 (16.2%)	
	Other*	25 (18.4%)	

*Social Services/Worker (2), Home Care Organiser, Team Leader/Manager (3), Secretary (2), Administrator (2), Stroke Co-ordinator (2), Mental Health Nurse, Stroke Association (2), Stroke Navigator (2), Community Stroke Team member (2), Complex Case Manager, Rehabilitation Team manager, CPN, Work Placement Consultant, Stroke Specialist Nurse (2), Mental Health professional, Matron, Health trainer, Assistant Psychologist

Table 5.13 Domiciliary only teams multi-disciplinary team meetings

Frequency and representation of MDT meetings (Q1.23)		National N = 13	Your service(s)
Patients discussed at a MDT meeting	Yes	6 (46.2%)	
	No	7 (53.8%)	
If yes, how frequently do these meetings take place	Once a week	4 (66.7%)	
	Twice a week	2 (33.3%)	
Disciplines regularly attending these meetings *(more than one option could be selected):*		National N = 6	Your service(s)
	Clinical psychologists	1 (16.7%)	
	Dietitian	1 (16.7%)	
	Occupational Therapist	4 (66.7%)	
	Physiotherapists	6 (100.0%)	
	Social Worker	4 (66.7%)	
	Nurse	4 (66.7%)	
	Speech & Language Therapy	1 (16.7%)	
	Rehabilitation/Therapy assistant	4 (66.7%)	
	Other*	1 (16.7%)	

* Social Services Officer, CPN, Mental Health Occupational Therapist

Doctors and Family and carer support workers did not attend meetings with domiciliary only services. Orthotics, Orthoptics and Podiatry disciplines did not attend meetings within any domiciliary services.

Domiciliary service results

Table 5.14 Early Supported Discharge (ESD) representation at acute hospital MDT meetings

ESD representatives attending acute hospital MDT meetings (Q1.13)	National N = 142	Your service(s)
Early Supported Discharge	103 (72.5%)	

5.2.9 Time limits to services

Many (82%) Early Supported Discharge services do have a time limit for their service, in the majority (90%) with this being between 1-3 months.

Table 5.15 Time limited to domiciliary services

Time limits to service (Q1.16)		National	Your service(s)
Early Supported Discharge (ESD) N=142	ESD services with a time limit to their service	117 (82.4%)	
	If by duration:	112 (95.7%)	
	1-3 Months	*105 (93.8%)*	
	4-6 Months	*4 (3.6%)*	
	7-12 Months	*1 (0.9%)*	
	>12 Months	*2 (1.8%)*	
	If by appointments	5 (4.3%)	
	6-10 Sessions	*2 (40.0%)*	
	>15 Sessions	*3 (60.0%)*	
Community Rehabilitation Team (CRT) N-166	CRT services with a time limit to their service	65 (39.2%)	
	If by duration:	61 (93.8%)	
	1-3 Months	*39 (63.9%)*	
	4-6 Months	*13 (21.3%)*	
	7-12 Months	*3 (4.9%)*	
	>12 Months	*6 (9.8%)*	
	If by appointments	4 (6.2%)	
	6-10 Sessions	*3 (75.0%)*	
	>15 Sessions	*1 (25.0%)*	
Domiciliary only N=13	Domiciliary only services with a time limit to their service	8 (61.5%)	
	If by duration:	7 (87.5%)	
	1-3 Months	*6 (85.7%)*	
	4-6 Months	*1 (14.3%)*	
	If by appointments	1 (12.5%)	
	6-10 Sessions	*1 (100.0%)*	

Time limit options which were not selected by any services have not been shown within this table.

Domiciliary service results

5.2.10 Re-referral

Table 5.16 Re-referral to domiciliary services

Referral to services (Q1.9)		National	Your service(s)
Early Supported Discharge (ESD) N=142	Can patient be re-referred?	78 (54.9%)	
	If yes this can be done by *(more than one option could be selected):*		
	Self-referral	31 (39.7%)	
	Hospital	72 (92.3%)	
	GP	43 (55.1%)	
	Other*	36 (46.2%)	
Community Rehabilitation Team (CRT) N=166	Can patient be re-referred?	152 (91.6%)	
	If yes this can be done by *more than one option could be selected):*		
	Self-referral	99 (65.1%)	
	Hospital	140 (92.1%)	
	GP	145 (95.4%)	
	Other**	118 (77.6%)	
Domiciliary only N=13	Can patient be re-referred?	12 (92.3%)	
	If yes this can be done by *(more than one option could be selected*		
	Self-referral	5 (41.7%)	
	Hospital	11 (91.7%)	
	GP	12 (100.0%)	
	Other***	11 (91.7%)	

* New Strokes only (1), Other Acute Hospital (2), Stroke Association (4), Clinical Nurse Specialist (2), (Stroke) Consultant (2), Stroke Nurse (2), Therapist (2), (Stroke) Clinic and Community Teams (3), Integrated Care Team, Allied Healthcare Staff (5), Social Services/Worker (6), Stroke Navigator, Community Stroke Specialists, Inpatient MDT members, Anyone (given permission by patient) (3), Any Healthcare professional, Hyper-Acute Stroke Unit, First Response Team, Care home, District Nurse, Re-ablement Team, A&E, Bed Managers

**Multi-disciplinary team (3), Community Services (3), Stroke Specialist Nurse (7), Social Services/Worker (25), Stroke Co-ordinator (2), Stroke Association (9), Voluntary Sector (6), other Health or Social Care professional (39), Allied Health Professional (13), Therapists (6), (Community) Nurses (9), Care Home (5), Anyone (with patient consent (6), (Outpatient) Clinics (4), Wheelchair (2), Stroke Navigator (2), Community Care Team (8), Consultant, Chest, Heart and Stroke, Family Liaison, Intensive Care Team, District Nurses (3), 6 month assessment review team (3), Council, Neurological Service, Spasticity Clinic, Open access, Carers, Other services

*** Stroke Nurse Co-ordinator, any Health or Social Care professional (7), Therapist, Neurological Nurse Specialist, Community Stroke Team, Voluntary sector

The ability and ease of re-accessing community services is important after stroke as neurological deficits and disabilities may change (e.g. slow recovery of safe swallow, improvements in aphasia or functional motor recovery – as well as deteriorations such as worsening spasticity). Whilst it may only be appropriate for re-referral to Early Supported Discharge (ESD) service in the context of a new stroke episode, access to community rehabilitation and domiciliary teams is key to management of such clinical changes.

Domiciliary service results

5.2.11 Treatment of patients in care homes

The number of domiciliary services in-reaching into care homes is much higher than reported in the SSNAP post-acute stroke service commissioning report (Phase 1), with the majority doing so.

Table 5.17 Domiciliary services treating patients within care homes

Treatment of patients within care homes (Q1.12)	National	Your service(s)
Early Supported Discharge (ESD) N=142	129 (90.8%)	
Community Rehabilitation Team (CRT) N=166	158 (95.2%)	
Domiciliary only N=13	11 (84.6%)	

5.2.12 Information and training for stroke survivors and their carers

5.2.13.1 Joint care plan and access to written rehabilitation plan

Table 5.18 Access to discharge and written rehabilitation plans

Access to discharge plan and Written Rehabilitation plan (Q1.14 & 1.15)		National	Your service(s)
Patients discharge with a joint care plan	Early Supported Discharge (ESD) N= 142	87 (61.3%)	
	Community Rehabilitation Team (CRT) N= 166	65 (39.2%)	
	Domiciliary only N=13	7 (53.8%)	
Patients given access to written rehabilitation plan	Early Supported Discharge (ESD) N= 142	116 (81.7%)	
	Community Rehabilitation Team (CRT) N= 166	123 (74.1%)	
	Domiciliary only N=13	12 (92.3%)	

Domiciliary service results

5.2.13.2 Information availability

NICE Quality Standard: Carers of people with stroke are provided with written information about the patient's diagnosis and management plan, and sufficient practical training to enable them to provide care.

Table 5.19 Information available to stroke patients

Information which is made able to patients *(more than one option could be selected)* (Q1.18)		National	Your service(s)
Patient versions of national and/or local guidelines/standards	Early Supported Discharge (ESD) N=142	64 (45.1%)	
	Community Rehabilitation Team (CRT) N=166	70 (42.2%)	
	Domiciliary only N=13	6 (46.2%)	
Social Services local Community Care arrangements	Early Supported Discharge (ESD) N=142	101 (71.1%)	
	Community Rehabilitation Team (CRT) N= 166	112 (67.5%)	
	Domiciliary only N=13	10 (76.9%)	
The Department for Work and Pensions	Early Supported Discharge (ESD) N=142	84 (59.2%)	
	Community Rehabilitation Team(CRT) N=166	95 (57.2%)	
	Domiciliary only N=13	7 (53.8%)	
Information on stroke	Early Supported Discharge (ESD) N=142	142 (100.0%)	
	Community Rehabilitation Team (CRT) N=166	153 (92.2%)	
	Domiciliary only N=13	9 (69.2%)	
Secondary prevention advice	Early Supported Discharge (ESD) N=142	139 (97.9%)	
	Community Rehabilitation Team (CRT) N=166	141 (84.9%)	
	Domiciliary only N=13	9 (69.2%)	
Local and national patient organisations (eg Stroke Association)	Early Supported Discharge (ESD) N=142	140 (98.6%)	
	Community Rehabilitation Team (CRT) N=166	154 (92.8%)	
	Domiciliary only N=13	9 (69.2%)	

5.2.13.3 Self-management and training

Recommendation – Stroke Guidelines (Fourth Edition)
Self-efficacy training
All patients should be offered training in self-management skills, to include active problem-solving and individual goal setting.

Three quarters of ESD services currently offer their stroke patients access to self-management tools and courses, with 69% of Community Rehabilitation Teams (CRT) doing the same and 54% of domiciliary only teams.

Domiciliary service results

Table 5.20 Access to self-management tools

Patients offered access to self-management tools and courses (Q1.19)	National	Your service(s)
Early Supported Discharge (ESD) N=142	109 (76.8%)	
Community Rehabilitation Team (CRT) N=166	115 (69.3%)	
Domiciliary only N=13	7 (53.8%)	

5.2.14 Participation in the clinical component of SSNAP

There are currently 261 active domiciliary services registered on SSNAP and participating in the clinical audit. Of these 86 submitted a sufficient number of patients records (20 per quarter) to be included in the last round of SSNAP reporting (October 2014 – March 2015). 14,328 patients were reported in SSNAP as being discharged with a stroke specific domiciliary team, but only 8,280 of these were transferred electronically on SSNAP. Of those 5,507 records were fully completed by a participating domiciliary team.

Table 5.21 Domiciliary service participation in SSNAP clinical audit

Participation in SSNAP (Q1.1)	National	Your service(s)
Early Supported Discharge N=142	121 (85.2%)	
Community Rehabilitation N=166	105 (63.3%)	
Domiciliary only N=13	6 (46.2%)	

Nearly three quarters (72%) of domiciliary services which submitted data are registered on SSNAP. All multi-disciplinary domiciliary services that treat 10 or more stroke patients a year are considered eligible to participate in the SSNAP clinical audit, 315 (98%) of the participants meet this criteria according to the information submitted. 87 (28%) domiciliary services are currently not registered on SSNAP but have 10 or more stroke patient referrals a year and we hope will be encouraged to participate in the near future.

5.2.15 Service commissioning

Your service is commissioned by:

Early Supported Discharge services -

Community Rehabilitation services -

Domiciliary only services -

Single discipline service results

Is your service included in this section: **Next section on page 159.**

Section 6. Single discipline services

Physiotherapy, Occupational Therapy, Speech and Language Therapy and Psychology Therapy service data

Recommendations – Stroke Guidelines (Fourth Edition)
7.1 Further rehabilitation
Many patients wish to have rehabilitation therapy in the long term, either continuously or intermittently. Therapy should be continued for as long as there are gains being made.

Recommendations – Stroke Guidelines (Fourth Edition)
6.34 Psychological care
6.34.1 A **-** Services should adopt a comprehensive approach to the delivery of psychological care after stroke, which should be delivered by using a ‘stepped care’ model from the acute stage to long-term management.

Single discipline services are teams which provide treatment and support in one area only.

Therapy services offer one type of therapy to stroke survivors who require longer term rehabilitation. This can be Physiotherapy, Occupational Therapy or Speech and Language Therapy.

Psychological support services provide treatment and support specifically around the cognitive and behavioural effects of stroke and help to treat conditions such as depression and cognitive impairment.

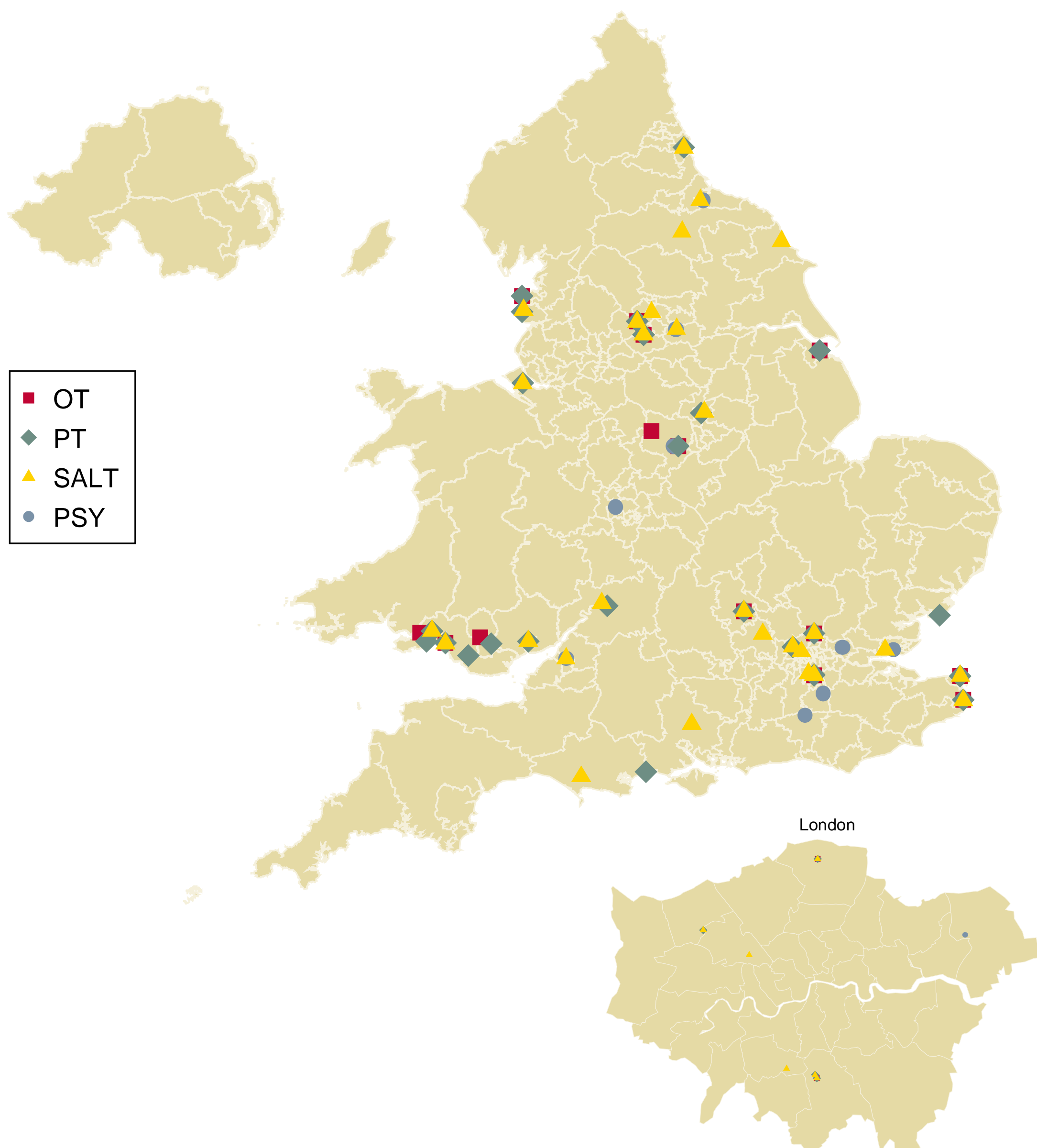
These services are not currently eligible to participate in the SSNAP clinical audit and enter patient level data.

Single discipline service results

6.1 Participation

Figure 6.1 shows the location of participating single discipline. 28 Occupational Therapy, 33 Physiotherapy, 30 Speech and Language Therapy and 20 Psychological services were identified for the post-acute provider audit but did not submit data and therefore the results for this section cannot be taken as a comprehensive overview of the individual therapies stroke patients have access to other than inpatient and domiciliary services. A zoomed in version of the London area has also been given. Some Speech and Language Therapy services had multiple bases within the same area. Where this was the case we have given the first post-code submitted to create the point on this map.

Figure 6.1 Location of participating single discipline teams



Single discipline service results

Figures, 6.2, 6.3, 6.4 and 6.5 shows the areas of England, Wales and Northern Ireland which had at least one participating single discipline service. The boundaries used in these maps are based on commissioning areas. Where services were not commissioned by a Clinical Commissioning Group (CCG), Local Health Board (LHB) or Local Commissioning Group (LCG), each service's post-code has been used to place them with the appropriate area.

Figure 6.2 Areas with at least one participating Occupational Therapy services

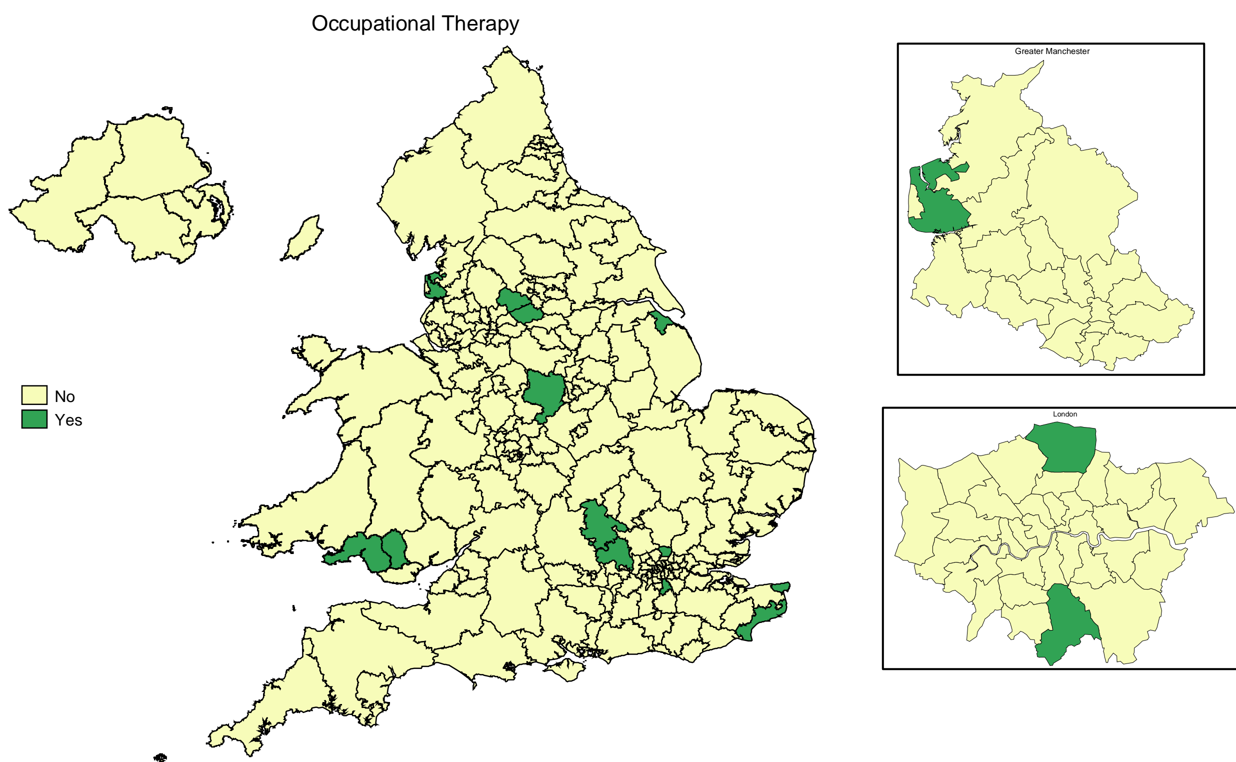
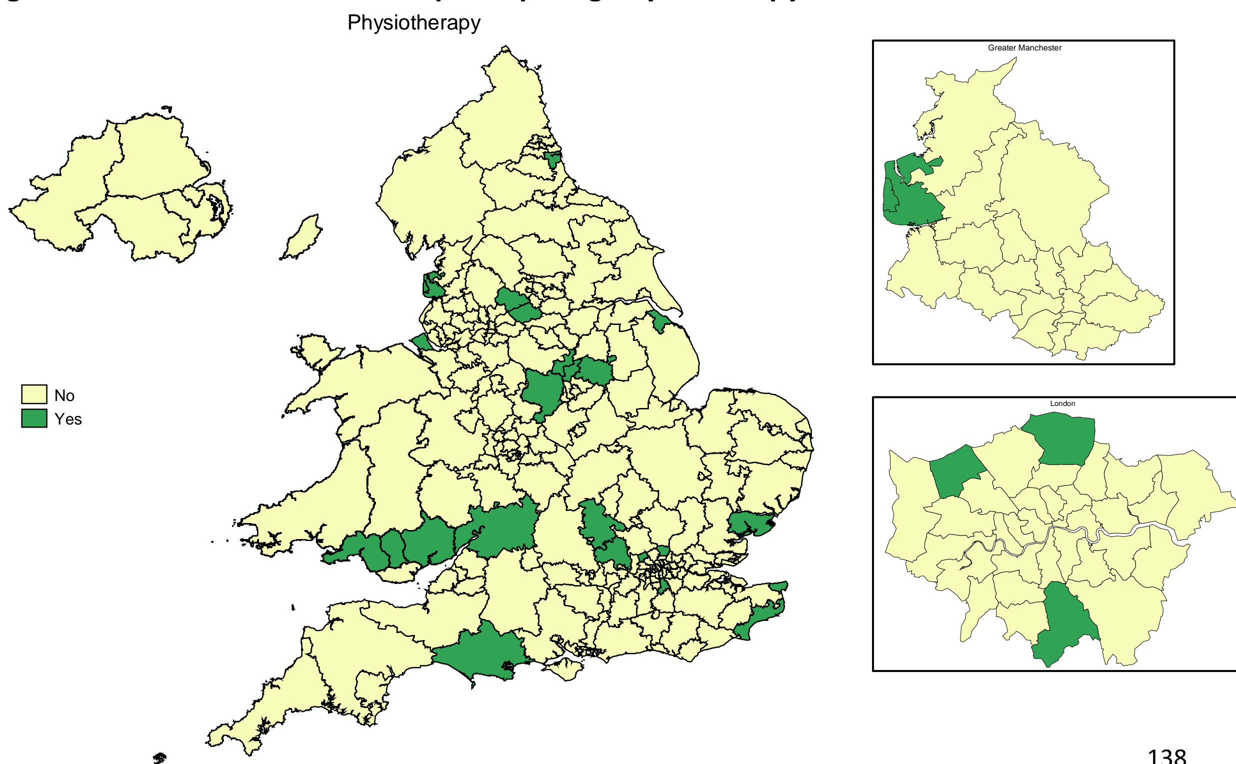


Figure 6.3 Areas with at least one participating Physiotherapy services



Single discipline service results

Figure 6.4 Areas with at least one participating Speech and Language therapy services

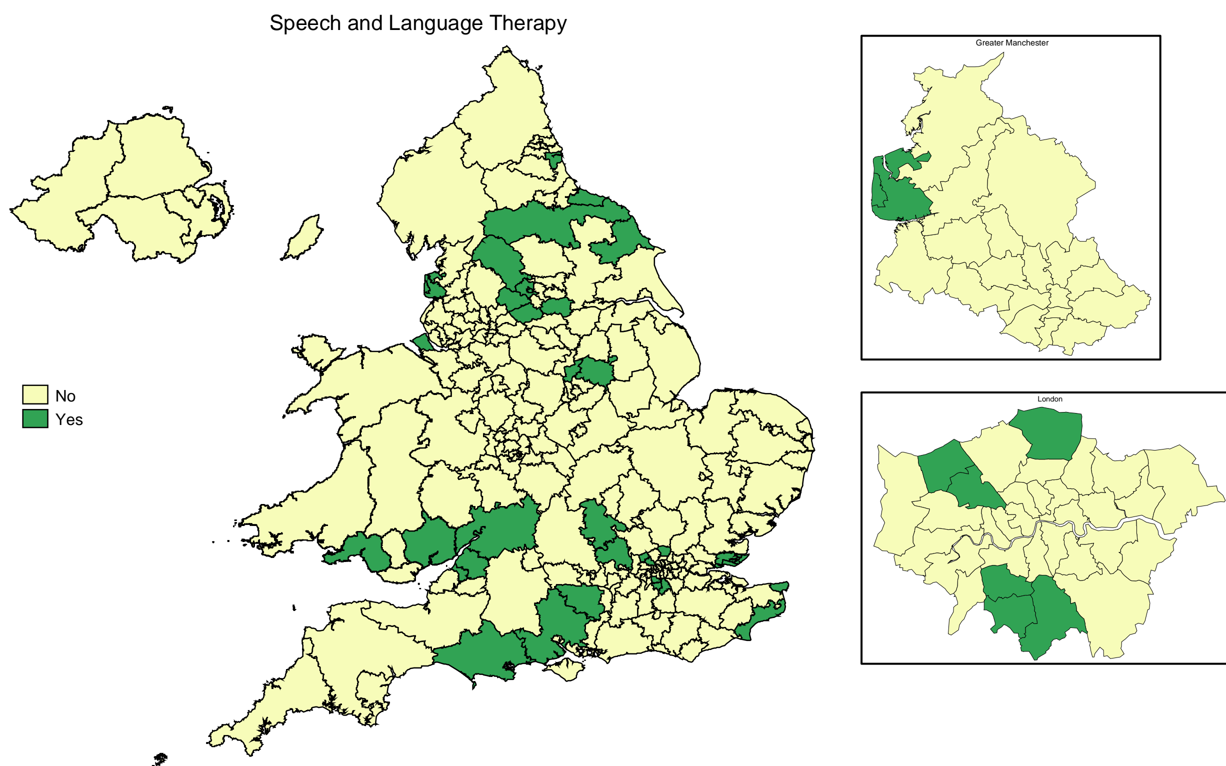
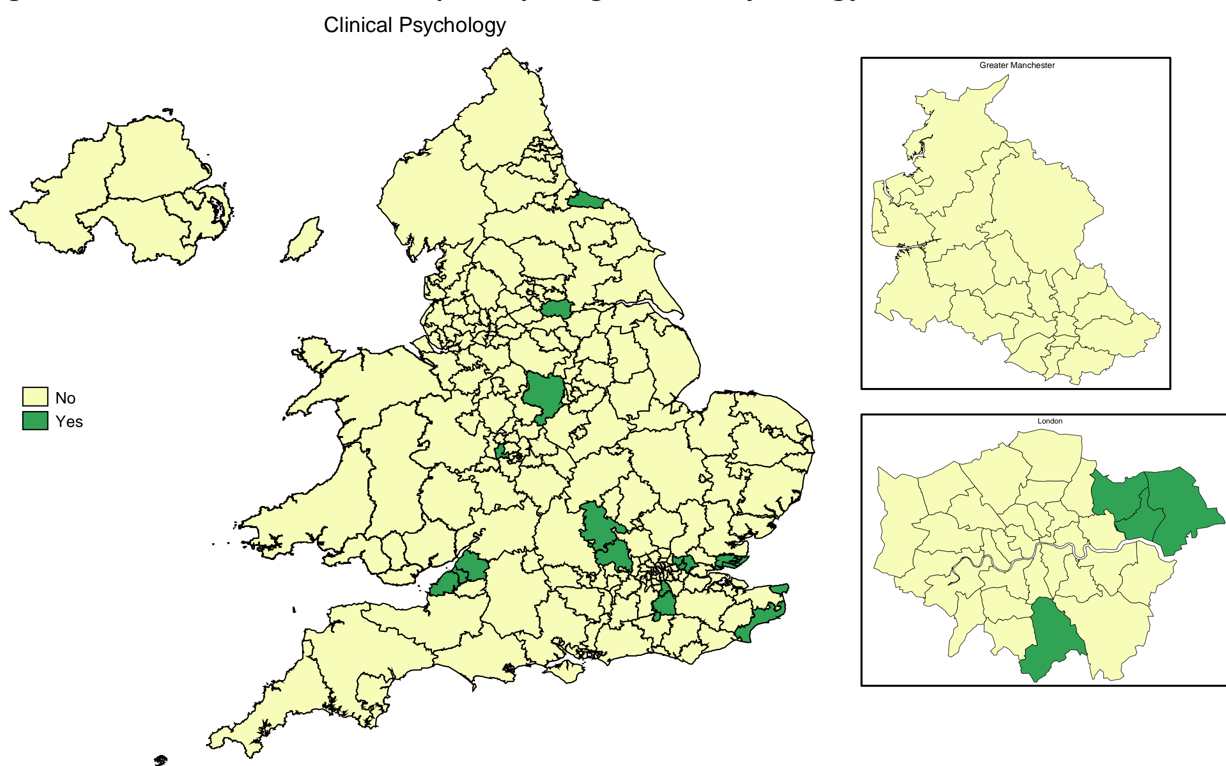


Figure 6.5 Areas with at least one participating Clinical Psychology services



Single discipline service results

6.2 Single discipline service characteristics

6.2.1 Stroke Specific Services

Many of the single discipline services which participated in the audit were stroke and/or neurological specific, with the exception of Speech and Language Therapy services where more than half (20) are generic.

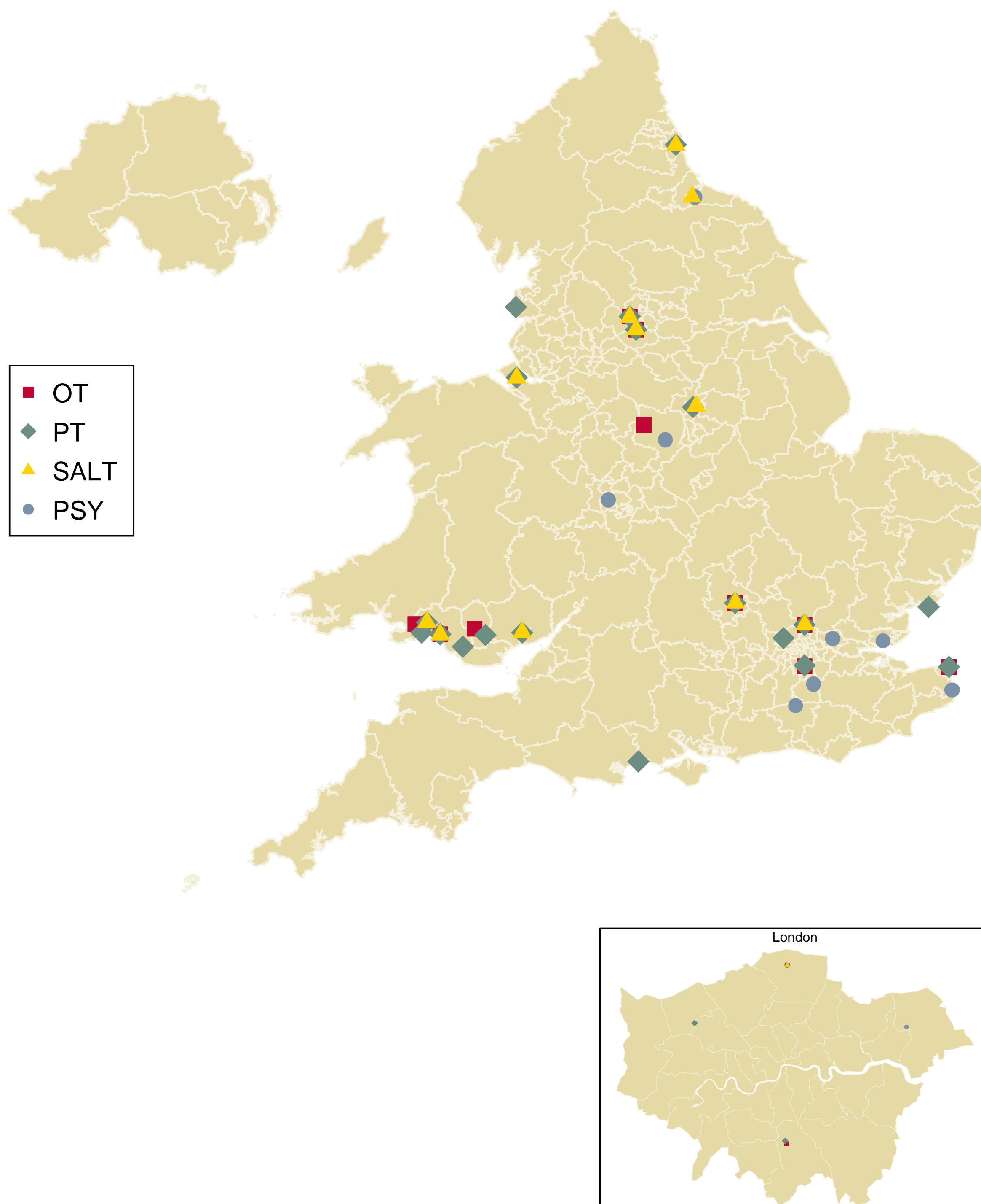
Table 6.1 Stroke Specific services

Stroke specific services (Q 1.2 & 1.3)		National	**Your service(s)**
Occupational Therapy N=16	Stroke Specific	4 (25.0%)	
	Stroke and Neurology	7 (43.8%)	
	Generic	5 (31.3%)	
Physiotherapy N=28	Stroke Specific	4 (14.3%)	
	Stroke and Neurology	17 (60.7%)	
	Generic	7 (25.0%)	
Speech and Language Therapy N=32	Stroke Specific	4 (12.5%)	
	Stroke and Neurology	8 (25.0%)	
	Generic	20 (62.5%)	
Psychological Support N=13	Stroke Specific	4 (30.8%)	
	Stroke and Neurology	6 (46.2%)	
	Generic	3 (23.1%)	

Single discipline service results

Figure 6.6 shows the location of stroke/neurological specific domiciliary services which participated in the audit. A zoomed in version of the London area has also been given.

Figure 6.6 Location of participating single discipline stroke/neurological specific services



Single discipline service results

6.2.2 Location of service

Table 6.2 Location of services

Where stroke service is provided *(more than one option could be selected)* (Q1.17)		National	Your service(s)
Occupational Therapy team N=16	Acute hospital	2 (12.5%)	
	Community Hospital	5 (31.3%)	
	Health centre	4 (25.0%)	
	Leisure Centre/Gym facility	4 (25.0%)	
	Patient/carer/family home	13 (81.3%)	
	Care home	11 (68.8%)	
	Other*	6 (37.5%)	
Physiotherapy team N=28	Acute hospital	11 (39.3%)	
	Community Hospital	8 (28.6%)	
	Health centre	5 (17.9%)	
	Leisure Centre/Gym facility	8 (28.6%)	
	Patient/carer/family home	15 (53.6%)	
	Care home	14 (50.0%)	
	Other**	6 (21.4%)	
Speech and Language Therapy team N=32	Acute hospital	13 (40.6%)	
	Community Hospital	16 (50.0%)	
	Doctors surgery	2 (6.3%)	
	Health centre	10 (31.3%)	
	Leisure Centre/Gym facility	2 (6.3%)	
	Patient/carer/family home	24 (75.0%)	
	Care home	21 (65.6%)	
	Other***	6 (18.8%)	
Psychological support team N=13	Acute hospital	7 (53.8%)	
	Community Hospital	6 (46.2%)	
	Health centre	1 (7.7%)	
	Patient/carer/family home	8 (61.5%)	
	Care home	5 (38.5%)	
	Other****	2 (15.4%)	

* Community (2), Workplace (2), Outpatient, Therapy Led
** NHS Outpatient clinic, Therapy Led Unit, Specialist Stroke Service, (Community) Rehabilitation Unit (2)
*** Intermediate care, Day Centre (2), Hospice, Social Care building, Community Rehabilitation Unit, Community Centre, Open Access
**** Community base, Community Rehabilitation Unit
No Occupational therapy, Physiotherapy and Psychological support services treated their patients at a Doctors Surgery; Psychological support additionally did not treat patients within a Leisure Centre/Gym facility setting.

Single discipline service results

6.2.3 Waiting Times

Waiting times for both assessment/triage review and treatment by psychological support services are much higher than those for therapy services, with patients waiting eight times as long for a review and three times as long for treatment.

Table 6.3 Single discipline service median waiting times

Waiting times between discharge/referral and assessment/triage review (in days) (Q1.11)	National Median (IQR*)	**Your service(s)**
Occupational Therapy N= 16	3 (1 – 17)	
Physiotherapy N= 28	3 (1 – 14)	
Speech and Language Therapy N= 32	7 (1 – 47)	
Psychological Support N= 13	56 (27 – 113)	

* Inter-Quartile Range

Waiting times between discharge/referral and treatment (in days) (Q1.11)	National Median (IQR8)	**Your service(s)**
Occupational Therapy N= 16	10.5 (1 – 29)	
Physiotherapy N= 28	14 (7 – 35.5)	
Speech and Language Therapy N= 32	22.5 (8.5 – 55.5)	
Psychological Support N= 13	73 (42 – 150)	

* Inter-Quartile Range

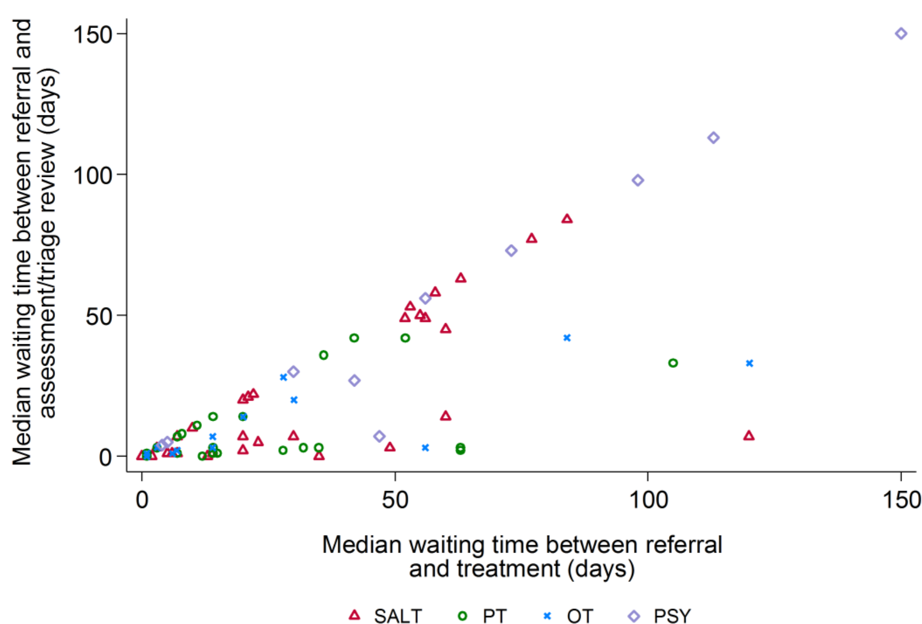
Figure 6.10 shows the correlation between waiting times for a assessment/triage review in single discipline services and treatment.

Standard for waiting times

Early Supported Discharge (ESD) teams should triage and treat the next day or within 24 hours of hospital discharge. All other post- acute stroke services should be triaging referrals within 14 days of receipt and offering treatment within 90 days of referral depending on individual patient need.

Single discipline service results

Figure 6.10 All single discipline services - Relationship between waiting times to assessment/triage review and to treatment



There is a clear difference between access to single discipline support for a physical health need compared to a psychological one, with waiting times for psychological support being much longer than those for occupational therapy, physiotherapy and speech and language therapy. This situation is not unique to stroke care but stroke is associated with a high incidence of major mood disturbance, depression and cognitive deficits.

6.2.4. 7-day working

More than half of all single discipline services work or provide cover/treatment at least five days a week.

Table 6.4 Availability of single discipline services

Number of days per week service is available (Q1.4)		National	Your service(s)
Occupational Therapy N=16	Less than 5 days	1 (6.3%)	
	5 days per week	13 (81.3%)	
	7 days per week	2 (12.5%)	
Physiotherapy N=28	Less than 5 days	5 (17.9%)	
	5 days per week	21 (75.0%)	
	7 days per week	2 (7.1%)	
Speech and Language Therapy N=32	Less than 5 days	7 (21.9%)	
	5 days per week	25 (78.1%)	
Psychological Support N=13	Less than 5 days	6 (46.2%)	
	5 days per week	7 (53.8%)	

No single discipline services were available 6 days per week

Single discipline service results

6.2.5 Staffing numbers

In order to enable staffing levels to be comparable across different sized teams they have been additionally presented as ratios of staff per 100 stroke patient referrals in the last 12 calendar months.

6.2.5.1 Access to therapy staff

Table 6.5 Access to therapy staff

Access to therapy staff (Q1.10)		National	**Your service(s)**
Occupational Therapy N=16	N (% YES)	16 (100.0%)	
	Individuals (Median (IQR*))	2 (1 - 3)	
	WTE (Median (IQR*))	1.1 (0.9 - 2.1)	
	WTE per 100 stroke referrals (M (IQR)	1.4 (0.9 - 3.4)	
Physiotherapy N=28	N (% YES)	28 (100.0%)	
	Individuals (Median (IQR*))	2 (1 - 4)	
	WTE (Median (IQR*))	1.5 (1.0 - 3.5)	
	WTE per 100 stroke referrals (Median (IQR*)	2.6 (1.2 - 7.1)	
Speech and Language Therapy N=32	N (% YES)	32 (100.0%)	
	Individuals (Median (IQR*))	4 (3 - 5.5)	
	WTE (Median (IQR*))	2.0 (0.9 - 3.6)	
	WTE per 100 stroke referrals (Median (IQR*)	1.5 (0.9 - 2.7)	
	Carries out 6 month reviews	2 (6.3%)	
Psychological Support N=13	N (% YES)	13 (100.0%)	
	Individuals (Median (IQR*))	2 (1 - 3)	
	WTE (Median (IQR*))	1.0 (0.8 – 2.0)	
	WTE per 100 stroke referrals (Median (IQR*)	1.4 (0.8 - 2.2)	

* Inter-Quartile Range

Single discipline service results

6.2.5.2 Access to rehabilitation assistants

Table 6.6 Access to rehabilitation assistants

Access to rehabilitation assistants staff (Q1.10)		National	Your service(s)
Occupational Therapy services N=16	N (% YES)	12 (75.0%)	
	Individuals (Median (IQR*))	2 (1 - 2)	
	WTE (Median (IQR*))	1.7 (0.7 – 2.0)	
	WTE per 100 stroke referrals (Median (IQR*)	1.0 (0.5 – 2.1)	
Physiotherapy services N=28	N (% YES)	22 (78.6%)	
	Individuals (Median (IQR*))	1.5 (1 - 2)	
	WTE (Median (IQR*))	1.0 (0.5 - 1.8)	
	WTE per 100 stroke referrals (Median (IQR*)	1.1 (0.5 – 3.0)	
Speech and Language Therapy services N=32	N (% YES)	17 (53.1%)	
	Individuals (Median (IQR*))	2 (1 - 2)	
	WTE (M (IQR))	1.0 (0.5 - 1.7)	
	WTE per 100 stroke referrals (Median (IQR*)	0.7 (0.3 - 1.1)	
	Carries out 6 month reviews	1 (5.9%)	
Psychological Support services N=13	N (% YES)	2 (15.4%)	
	Individuals (Median (IQR*))	2.5 (1 - 4)	
	WTE (Median (IQR*))	0.6 (0.5 - 0.6)	
	WTE per 100 stroke referrals (Median (IQR*)	1.0 (0.4 - 1.7)	

* Inter-Quartile Range

No disciplines with Occupational therapy, Physiotherapy or Psychological support services carried out 6 month reviews.

Rehabilitation assistants are being used across all the main single therapies – including clinical psychology. They are a clearly a vital part of the work force delivering post-acute stroke care.

Single discipline service results

6.2.6 Capacity and workload of services

Speech and Language Therapy teams are seeing more patients (both stroke and non-stroke) than other single discipline services.

Table 6.7 Number of patients referred and treated

Number of patient referrals (Q1.6, 1.7 & 1.8)		National Median (IQR*)	**Your service(s)**
Occupational Therapy N=16	Number of stroke patients treated in last 7 days	7.5 (1.5 - 11.5)	
	Number of ALL patients referred in last 12 calendar months	297.5 (151 - 383.5)	
	Number of stroke patients referred in last 12 calendar months	90.5 (42 - 111.5)	
	Percentage of total referrals that are stroke	28.1% (12.3%-66.3%)	
Physiotherapy N=28	Number of stroke patients treated in last 7 days	8 (4 - 11.5)	
	Number of ALL patients referred in last 12 calendar months	301.5 (175.5 - 742.5)	
	Number of stroke patients referred in last 12 calendar months	58.5 (40.5 - 105.5)	
	Percentage of total referrals that are stroke	24.7% (8.1%-32.6%)	
Speech and Language Therapy N=32	Number of stroke patients treated in last 7 days	7.5 (4 - 15)	
	Number of ALL patients referred in last 12 calendar months	416 (275.5 - 732)	
	Number of stroke patients referred in last 12 calendar months	130.5 (68 - 190.5)	
	Percentage of total referrals that are stroke	28.1% (16.9%-37.2%)	
Psychological Support N=13	Number of stroke patients treated in last 7 days	4 (2 - 6)	
	Number of ALL patients referred in last 12 calendar months	140 (90 - 360)	
	Number of stroke patients referred in last 12 calendar months	64 (36 - 122)	
	Percentage of total referrals that are stroke	40.0% (20.9%-100%)	

* Inter-Quartile Range

Figures 6.7, 6.8 and 6.9 below show the correlation between total number of patient referrals and stroke patient referrals in the last 12 calendar months for Occupational Therapy, Physiotherapy and Speech and Language Therapy services.

Single discipline service results

Figure 6.7 Occupational Therapy – Relationship between total referrals and percentage of stroke patients

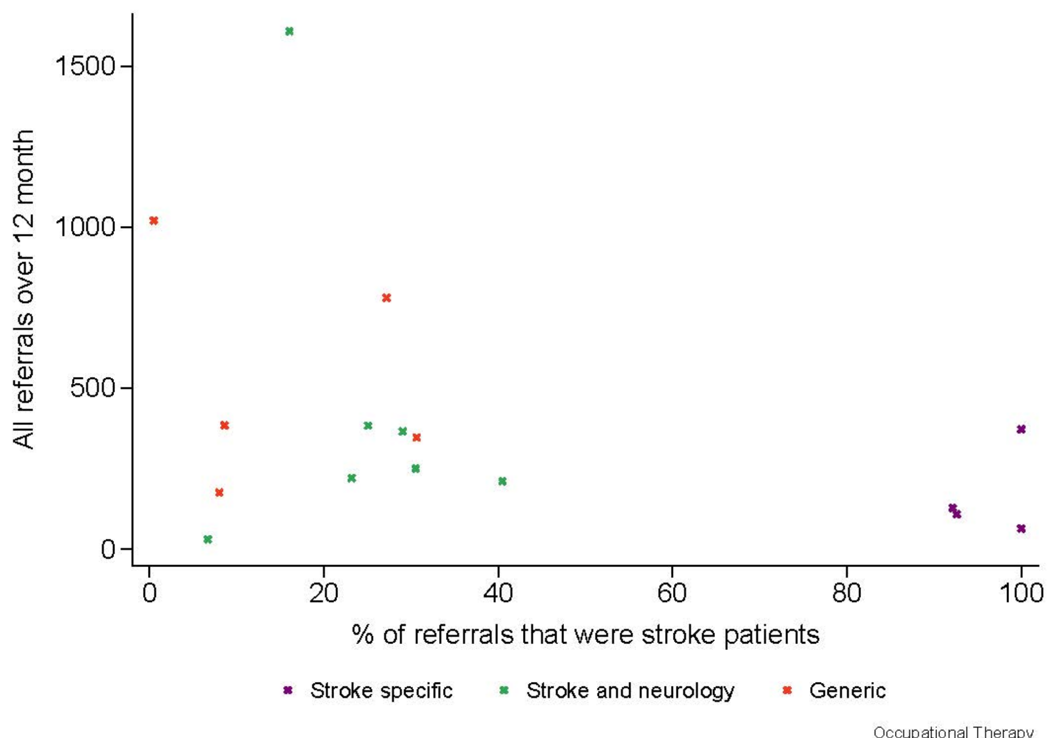
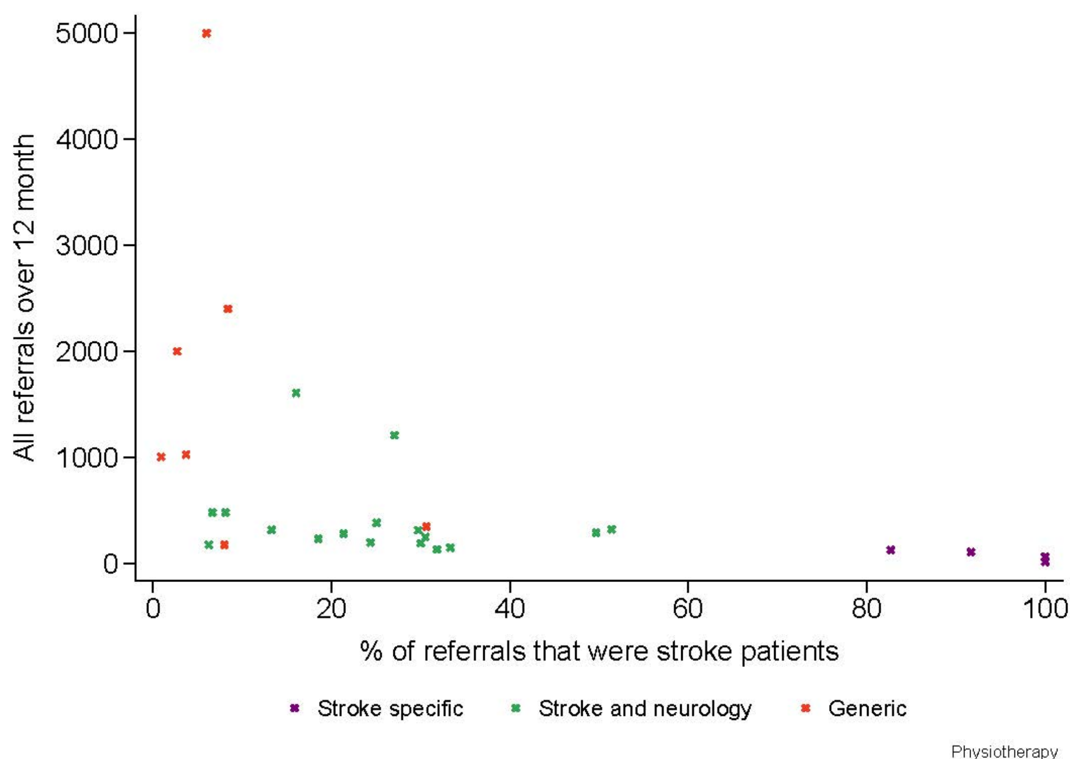


Figure 6.8 Physiotherapy – Relationship between total referrals and percentage of stroke patients



Single discipline service results

Figure 6.9 Speech and Language Therapy – Relationship between total referrals and percentage of stroke patients

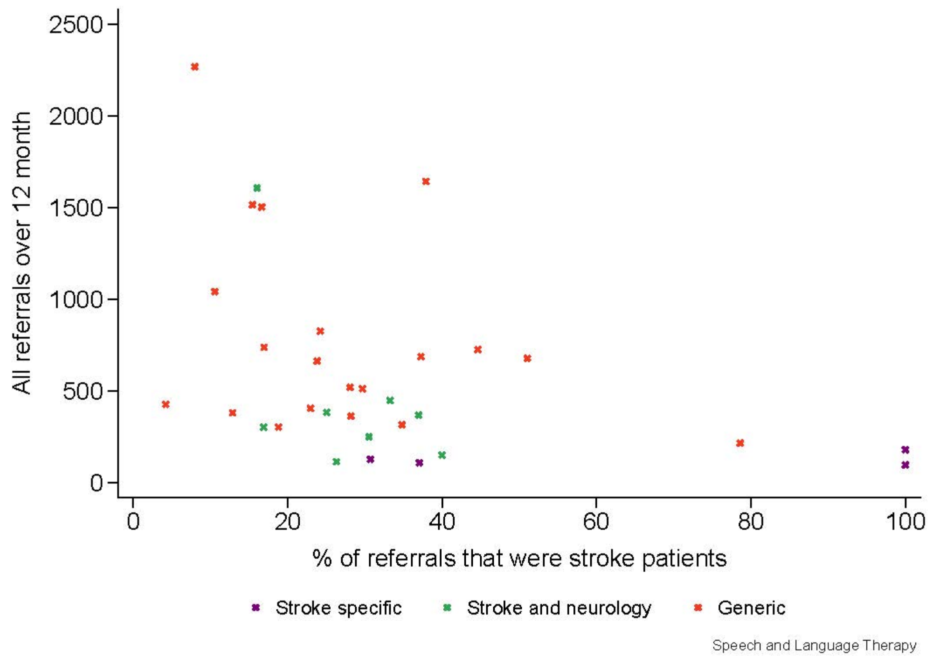


Figure 6.10 Psychological Support - Relationship between total referrals and percentage of stroke patients

Single discipline service results

6.2.7 Staff education

Around 90% of single discipline services offer training to their therapists, with the exception of psychological support services, where it is less than 70%.

The denominator used in table 6.8 is the total number of each service type which had at least one therapist and rehabilitation assistant.

Table 6.8 Training for therapists and rehabilitation assistants

Training for therapists and rehabilitation/therapy assistants in the last 12 calendar months (Q1.20, 1.21 & 1.22)		National	Your service(s)
Occupational Therapy N=16	Opportunity for therapists to attend training	14 (87.5%)	
	Median number of sessions (Median (IQR*))	Number of sessions 2 (1 - 5)	
	Opportunity for rehabilitation/therapy assistants to attend training (N=12)	9 (75.0%)	
	Median number of sessions (Median (IQR*))	Number of sessions 3 (2 - 8)	
Physiotherapy N=28	Opportunity for therapists to attend training	25 (89.3%)	
	Median number of sessions (Median (IQR*))	Number of sessions 3 (2 - 8)	
	Opportunity for rehabilitation/therapy assistants to attend training (N=22)	18 (81.8%)	
	Median number of sessions (Median (IQR*))	Number of sessions 2 (1 - 6)	
Speech and Language Therapy N=32	Opportunity for therapists to attend training	29 (90.6%)	
	Median number of sessions (Median (IQR*))	Number of sessions 4 (2 - 6)	
	Opportunity for rehabilitation/therapy assistants to attend training (N=17)	15 (88.2%)	
	Median number of sessions (Median (IQR*))	Number of sessions 3 (1 - 4)	
Psychological Support N=13	Opportunity for psychologists to attend training	9 (69.2%)	
	Median number of sessions (Median (IQR*))	Number of sessions 3 (2 - 4)	
	Opportunity for rehabilitation/therapy assistants to attend training (N=2)	2 (100.0%)	
	Median number of sessions (Median (IQR*))	Number of sessions 5.5 (1 - 10)	

* Inter-Quartile Range

Single discipline service results

6.2.8 Team meetings

6.2.8.1 Multi-disciplinary team (MDT) meetings

Table 6.9 Occupational Therapy service multi-disciplinary team meetings

Frequency and representation of MDT teams (Q1.23)		National N = 16	Your service
Patients discussed at a MDT meeting	Yes	9 (56.3%)	
	No	7 (43.8%)	
If yes, how frequently do these meetings take place	Once a week	6 (66.7%)	
	Twice a week	2 (22.2%)	
	More than twice a week	1 (11.1%)	
Disciplines which regularly attend these meetings *(more than one option could be selected):*		National N = 9	Your service
	Clinical psychologists	2 (22.2%)	
	Occupational Therapist	7 (77.8%)	
	Physiotherapists	9 (100.0%)	
	Social Worker	2 (22.2%)	
	Doctor	3 (33.3%)	
	Nurse	8 (88.9%)	
	Speech & Language Therapy	6 (66.7%)	
	Rehabilitation/Therapy assistant	3 (33.3%)	
	Family/Carer support worker	1 (11.1%)	
	Other*	2 (22.2%)	

*Discharge co-ordinator, Stroke co-ordinator

Table 6.10 Physiotherapy service multi-disciplinary team meetings

Frequency and representation of MDT teams (Q1.23)		National N = 28	Your service
Patients discussed at a MDT meeting	Yes	8 (28.6%)	
	No	20 (71.4%)	
If yes, how frequently do these meetings take place?	Once a week	5 (62.5%)	
	Twice a week	2 (25.0%)	
	More than twice a week	1 (12.5%)	
Disciplines which regularly attend these meetings *(more than one option could be selected):*		National N = 8	Your service
	Clinical psychologists	1 (12.5%)	
	Occupational Therapist	6 (75.0%)	
	Physiotherapists	8 (100.0%)	
	Social Worker	2 (25.0%)	
	Doctor	2 (25.0%)	
	Nurse	7 (87.5%)	
	Speech & Language Therapy	5 (62.5%)	
	Rehabilitation/Therapy assistant	3 (37.5%)	
	Family/Carer support worker	1 (12.5%)	
	Other*	2 (25.0%)	

* Discharge Co-ordinator, Stroke Co-ordinator

Single discipline service results

Table 6.11 Speech and Language Therapy service multi-disciplinary team meetings

Frequency and representation of MDT teams (Q1.23)		National N = 32	Your service
Patients discussed at a MDT meeting	Yes	11 (34.4%)	
	No	21 (65.6%)	
If yes, how frequently do these meetings take place?	Once a week	8 (72.7%)	
	Twice a week	2 (18.2%)	
	More than twice a week	1 (9.1%)	
Disciplines which regularly attend these meetings *(more than one option could be selected):*		National N = 11	Your service
	Clinical psychologists	1 (9.1%)	
	Dietitian	2 (18.2%)	
	Occupational Therapist	9 (81.8%)	
	Physiotherapists	11 (100.0%)	
	Social Worker	1 (9.1%)	
	Doctor	5 (45.5%)	
	Nurse	10 (90.9%)	
	Speech & Language Therapy	7 (63.6%)	
	Rehabilitation/Therapy assistant	3 (27.3%)	
	Other*	2 (18.2%)	

*Discharge co-ordinator, Stroke co-ordinator

Table 6.12 Psychological Support service multidisciplinary team meetings

Frequency and representation of MDT teams (Q1.23)		National N = 13	Your service
Patients discussed at a MDT meeting	Yes	9 (69.2%)	
	No	4 (30.8%)	
If yes, how frequently do these meetings take place?	Less than once a week	2 (22.2%)	
	Once a week	4 (44.4%)	
	Twice a week	3 (33.3%)	
Disciplines which regularly attend these meetings *(more than one option could be selected):*		National N = 9	Your service
	Clinical psychologists	7 (77.8%)	
	Occupational Therapist	7 (77.8%)	
	Physiotherapists	8 (88.9%)	
	Social Worker	3 (33.3%)	
	Doctor	5 (55.6%)	
	Nurse	6 (66.7%)	
	Speech & Language Therapy	6 (66.7%)	
	Rehabilitation/Therapy assistant	3 (33.3%)	
	Other*	1 (11.1%)	

* Stroke Co-ordinator

Orthotics, Orthoptics and Podiatry did not attend multi-disciplinary meeting for any of the single discipline services; and additionally to this Family and carer support workers did not attend them within Speech and Language Therapy and Psychological support services and dietitians with Psychological support services alone.

Single discipline service results

6.2.8.2 Single discipline team meetings

6.13 Occupational Therapy service single discipline team meetings

Frequency and representation of single discipline team meetings (Q1.24)		National N = 16	Your service(s)
Patients discussed at single discipline meetings	Yes	5 (31.3%)	
	No	11 (68.8%)	
If yes, how frequently do these meetings take place	Once a week	2 (40.0%)	
	Twice a week	2 (40.0%)	
	More than twice a week	1 (20.0%)	

No services held meeting less than once a week.

6.14 Physiotherapy service single discipline team meetings

Frequency and representation of single discipline team meetings (Q1.24)		National N = 28	Your service(s)
Patients discussed at single discipline meetings	Yes	8 (28.6%)	
	No	20 (71.4%)	
If yes, how frequently do these meetings take place?	Less than once a week	2 (25.0%)	
	Once a week	2 (25.0%)	
	Twice a week	2 (25.0%)	
	More than twice a week	2 (25.0%)	

6.15 Speech and Language Therapy service single discipline team meetings

Frequency and representation of single discipline team meetings (Q1.24)		National N = 32	Your service(s)
Patients discussed at single discipline meetings	Yes	8 (25.0%)	
	No	24 (75.0%)	
If yes, how frequently do these meetings take place?	Less than once a week	1 (12.5%)	
	Once a week	4 (50.0%)	
	Twice a week	2 (25.0%)	
	More than twice a week	1 (12.5%)	

6.16 Psychological Support service single discipline team meetings

Frequency and representation of single discipline team meetings (Q1.24)		National N = 13	Your service(s)
Patients discussed at single discipline meetings	Yes	9 (69.2%)	
	No	4 (30.8%)	
If yes, how frequently do these meetings take place?	Less than once a week	4 (44.4%)	
	Once a week	3 (33.3%)	
	Twice a week	2 (22.2%)	

No services held meetings more than twice a week.

Single discipline service results

6.2.9 Time limits service

Only a few of the therapy services identified in the audit had fixed time limits to their services, and where these did exist they were almost exclusively by duration (months), only one by number of appointments. However, over half of psychological support services had a time limit to their service with over 70% of these being by number of appointments.

Table 6.17 Time limits to single discipline services

Time limits to service (Q1.16)		National	Your service(s)
Occupational Therapy N=16	Occupation therapy services with time limits to their service	3 (18.8%)	
	If time limit is by duration (months):	3 (100.0%)	
	1-3 Months	3 (100.0%)	
Physiotherapy N=28	Physiotherapy services with time limits to their service	3 (10.7%)	
	If time limit is by duration (months):	3 (100.0%)	
	1-3 Months	2 (66.7%)	
	>12 Months	1 (33.3%)	
Speech and Language Therapy N=32	Speech and Language Therapy services with time limit to their service	4 (12.5%)	
	If time limit is by duration (months):	3 (75.0%)	
	1-3 Months	3 (100.0%)	
	If time limit is by number of appointments	1 (25.0%)	
	6-10 Sessions	1 (100.0%)	
Psychological Support N=13	Psychological services with time limits to their service	7 (53.8%)	
	If time limit is by duration (months):	2 (28.6%)	
	1-3 Months	1 (50.0%)	
	>12 Months	1 (50.0%)	
	If time limit is by number of appointments	5 (71.4%)	
	6-10 Sessions	2 (40.0%)	
	11-15 Sessions	3 (60.0%)	

It appears as well as being the most difficult to access, in terms of waiting times; psychological support is the most limited – with 54% services have a maximum time during which stroke patients can access their service – mainly by arbitrary number of appointments. This needs more evaluation.

Single discipline service results

6.2.10 Re-referral

Table 6.18 Re-referral to single discipline services

Referral to services (Q1.9)		National	Your service(s)
Occupational Therapy N=16	Can patient be re-referred?	15 (93.8%)	
	If yes this can be done by *(more than one option could be selected):* Self-referral	5 (33.3%)	
	Hospital	15 (100.0%)	
	GP	9 (60.0%)	
	Other*	9 (60.0%)	
Physiotherapy N=28	Can patient be re-referred?	27 (96.4%)	
	If yes this can be done by *(more than one option could be selected):* Self-referral	11 (40.7%)	
	Hospital	26 (96.3%)	
	GP	23 (85.2%)	
	Other**	19 (70.4%)	
Speech and Language Therapy N=32	Can patient be re-referred?	31 (96.9%)	
	If yes this can be done by *(more than one option could be selected):* Self-referral	20 (64.5%)	
	Hospital	30 (96.8%)	
	GP	27 (87.1%)	
	Other***	21 (67.7%)	
Psychological Support N=13	Can patient be re-referred?	13 (100.0%)	
	If yes this can be done by *(more than one option could be selected):* Self-referral	6 (46.2%)	
	Hospital	10 (76.9%)	
	GP	10 (76.9%)	
	Other****	8 (61.5%)	

* Health or social care professional (2), other team member, therapist, Care Home, Social Services (3), Stroke Association, Community Services, Allied Health Professional, District Nurse, Open Access
** any Health and Social care professionals (7), Social Services/Worker (3), Care Homes, Therapists (3), Neurological Physiotherapist, Specialist Stroke Services, Allied Health Professional (3), Specialist Nurse, Other stroke teams, Multi-disciplinary team, Community Services, Open Access
*** Stroke Co-ordinator (3), Stroke Association, Allied Health Professionals (7), Intermediate care, (Specialist) nurse (2), Care home (2), Therapists (3), Social Services (4), Stroke Clinic, Community Services (2), any Health or Social Care professional (3), Open access
**** any Health or Social care professional, Community Neuro-Rehabilitation Team (4), Stroke Co-ordinator, Allied Healthcare Professional (1), Multi-disciplinary team, Neurology or Stroke Consultant

Single discipline service results

Single discipline post-acute stroke services appear reassuringly open to re-referral.

6.2.11 Treatment of patients in care homes

71% of Physiotherapy services go into care homes to treat stroke patients and over 80% of Occupational Therapy, Speech and Language Therapy and Psychological support services.

Table 6.19 Single discipline treatment of patients in care homes

Treatment of patients within care homes (Q1.12)	National	Your service(s)
Occupational Therapy N= 16	13 (81.3%)	
Physiotherapy N= 28	20 (71.4%)	
Speech and Language Therapy N= 32	28 (87.5%)	
Psychological Support N= 13	11 (84.6%)	

6.2.12 Information and training for stroke survivors

6.2.12.1 Joint care plan and access to written rehabilitation plan

Table 6.20 Access to joint care and written rehabilitation plans

Access to joint care plan and written rehabilitation plan (Q1.14 & 1.15)		National	Your service(s)
Patients discharged with a joint care plan	Occupational Therapy N= 16	6 (37.5%)	
	Physiotherapy N= 28	6 (21.4%)	
	Speech and Language Therapy N= 32	9 (28.1%)	
	Psychological Support N= 13	4 (30.8%)	
Patients given access to their written rehabilitation plan	Occupational Therapy N= 16	10 (62.5%)	
	Physiotherapy N= 28	16 (57.1%)	
	Speech and Language Therapy N= 32	24 (75.0%)	
	Psychological Support N= 13	7 (53.8%)	

6.2.12.2 Information availability

NICE Quality Standard: Carers of people with stroke are provided with written information about the patient’s diagnosis and management plan, and sufficient practical training to enable them to provide care.

Single discipline service results

Table 6.21 Information for stroke patients

Information which is made able to patients *(tick all that apply)* (Q1.18)		National	Your service(s)
Patient versions of national and/or local guidelines/standards	Occupational Therapy N=16	10 (62.5%)	
	Physiotherapy N=28	10 (35.7%)	
	Speech and Language Therapy N=32	13 (40.6%)	
	Psychological Support N=13	7 (53.8%)	
Social Services local Community Care arrangements	Occupational Therapy N=16	12 (75.0%)	
	Physiotherapy N=28	18 (64.3%)	
	Speech and Language Therapy N=32	13 (40.6%)	
	Psychological Support N=13	7 (53.8%)	
The Department for Work and Pensions	Occupational Therapy N=16	13 (81.3%)	
	Physiotherapy N=28	14 (50.0%)	
	Speech and Language Therapy N=32	10 (31.3%)	
	Psychological Support N=13	6 (46.2%)	
Information on stroke	Occupational Therapy N=16	16 (100.0%)	
	Physiotherapy N=28	25 (89.3%)	
	Speech and Language Therapy N=32	31 (96.9%)	
	Psychological Support N=13	11 (84.6%)	
Secondary prevention advice	Occupational Therapy N=16	14 (87.5%)	
	Physiotherapy N=28	21 (75.0%)	
	Speech and Language Therapy N=32	22 (68.8%)	
	Psychological Support N=13	6 (46.2%)	
Local and national patient organisations (eg Stroke Association)	Occupational Therapy N=16	15 (93.8%)	
	Physiotherapy N=28	25 (89.3%)	
	Speech and Language Therapy N=32	31 (96.9%)	
	Psychological Support N=13	11 (84.6%)	

6.2.12.3 Self-management and training

Recommendation – Stroke Guidelines (Fourth Edition)
Self-efficacy training
All patients should be offered training in self-management skills, to include active problem-solving and individual goal setting.

Three quarters or more of single discipline services are offering their stroke patients access to self-management tools and courses.

Single discipline service results

Table 6.22 Access to self-management tools

Patients offered access to self-management tools and courses (Q1.19)	National	**Your service(s)**
Occupational Therapy N=16	13 (81.3%)	
Physiotherapy N=28	23 (82.1%)	
Speech and Language Therapy N=32	25 (78.1%)	
Psychological Support N=13	10 (76.9%)	

6.2.13 Service commissioning

Your service is commissioned by:

Occupational Therapy services -

Physiotherapy services -

Speech and Lagnuage Therapy service -

Psyhcological support services -

Other post-acute service results

Is your team included in this section: **Next section on page 181.**

Section 7. Other post-acute services

Six month review providers and Family and Carer Support services

Recommendation – Stroke Guidelines (Fourth Edition)
Support services
7.3 Community integration and participation
The goal of healthcare is to help a person integrate back into the community in the way that they want. Most healthcare focuses on improving a person's capacity to undertake activities. The wider task of achieving community integration also depends upon additional factors such as availability of suitable and accessible social settings, and appropriate training for community providers of leisure and social activities. Stroke specialist voluntary sector services and peer support groups can play an important role in aiding community integration. Lack of suitable and accessible transport is often a significant barrier to participation for disabled people.
7.3.1 Recommendation
A - The rehabilitation service should establish with each patient specific social and leisure activities that they would like to undertake in the community and:

- advise the person with stroke on the potential for undertaking an activity
- identify any barriers to success (for example low self-confidence), give advice and work with the patient on how to overcome those barriers
- where appropriate refer the person with stroke on to community organisations (statutory and non-statutory) that can support the patient in fulfilling their wanted roles.

Family and carer support services include organisations such as the Stroke Association, Connect and Age UK. They offer support and advice to stroke survivors and their families and carers and often organise regular social activities in order to help with reintegration into social groups and society. Some of these organisations also routinely carry out 6 month reviews.

Other post-acute service results

7.1 Participation

Recommendation – Stroke Guidelines (Fourth Edition)
Six month review providers
7.1 Further rehabilitation
7.1.1 C - Any patient with residual impairment after the end of initial rehabilitation should be offered a formal review at least every 6 months, to consider whether further interventions are warranted, and should be referred for specialist assessment if:

- new problems, not present when last seen by the specialist service, are present
- the patient's physical state or social environment has changed.

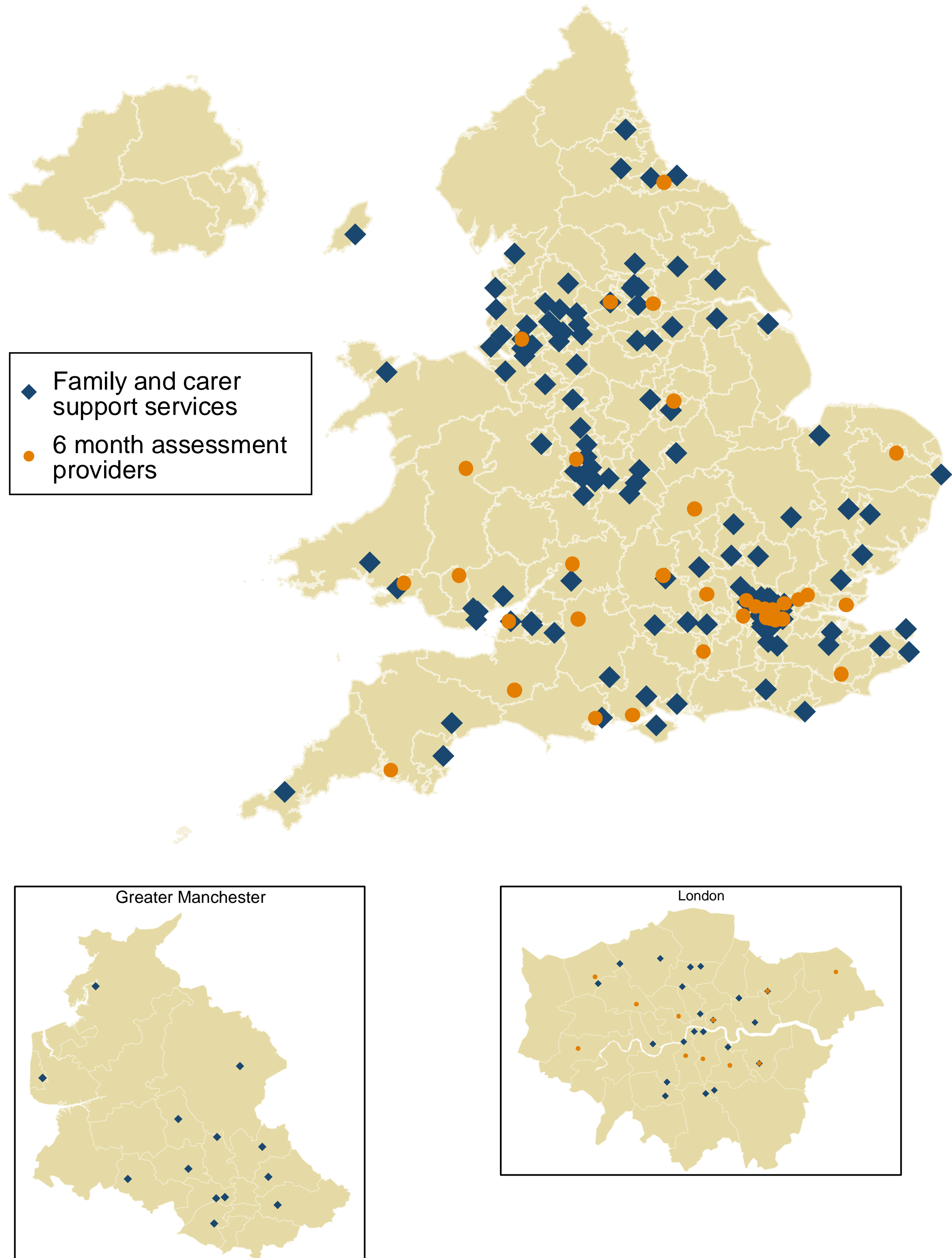
The National Stroke Strategy recommends that all stroke survivors are offered reviews at 6 months post stroke. These reviews form an essential part of the stroke care pathway, ensuring that patients' needs have been met, their progress reviewed and future goals set if further support is needed. They are also now a measured indicator within the CCG Outcome Indicator Set (OIS) placing the need for them and their monitoring at the forefront of commissioners' minds.

We understand that Family and Carer support services support stroke survivors, rather than treat them. However, for the purposes of consistency of language throughout this report, where we say treat in this section when talking about Family and Carer Support service we mean support.

7.1.2 Location of participating services
Figure 7.1 shows the location of all participating other post-acute services.
There were eleven 6 month review and 37 family and carer services identified for the post-acute provider audit which did not participate. Zoomed in versions of London and the Greater Manchester area have also been given.

Other post-acute service results

Figure 7.1 Location of participating Other post-acute services



Other post-acute service results

Figures 7.2 and 7.3 the areas of England, Wales and Northern with no participating other post-acute services. The boundaries used are commissioning areas. Where services were not commissioned by a Clinical commissioning Group (CCG), Local Health Board (LHB) or Local Health Board (LCG), the service's post-code was used to place them within the appropriate area. Zoomed in versions of the London and the Greater Manchester areas have also been given.

Figure 7.2 Areas with at least one participating 6 month review provider

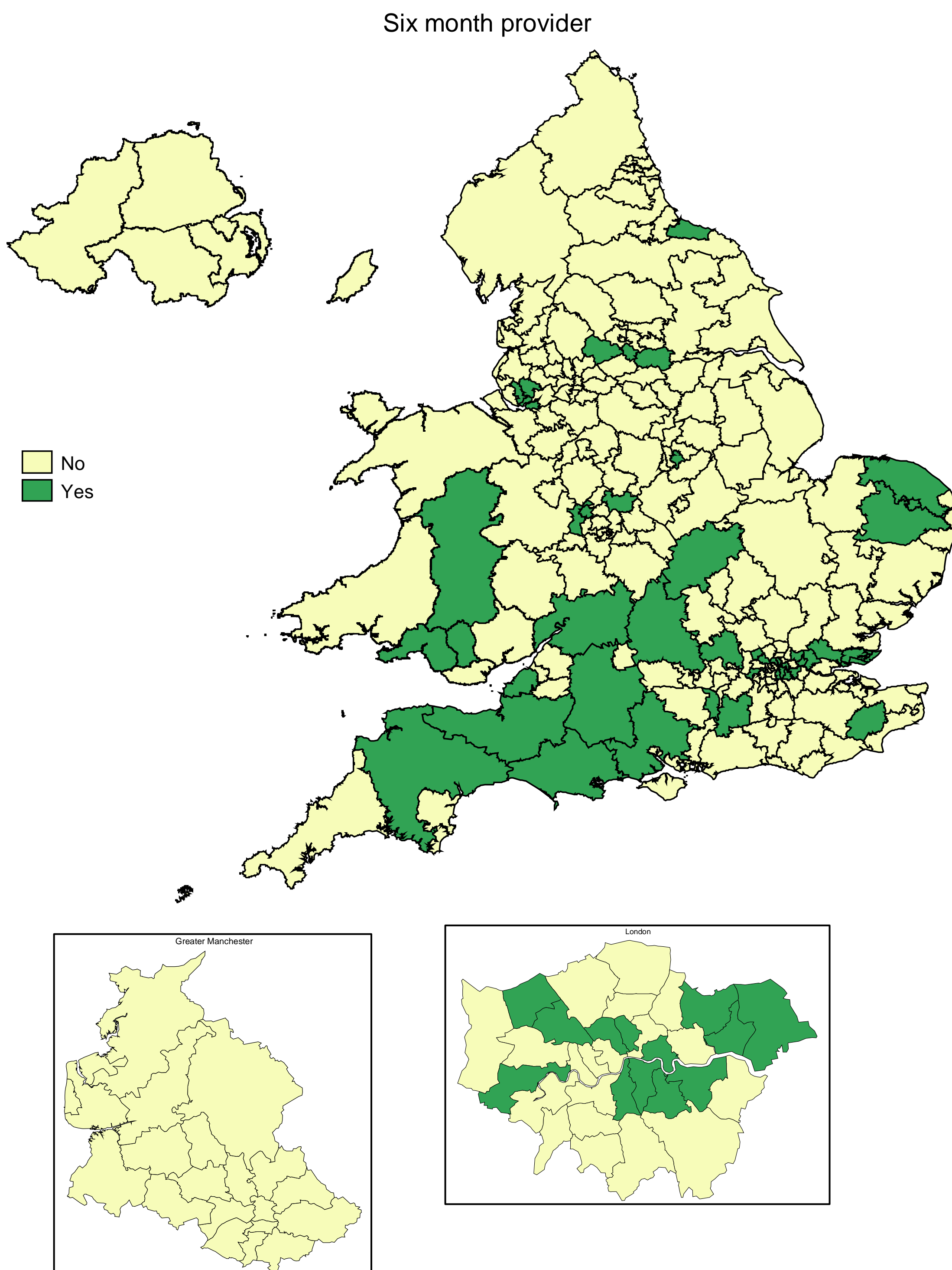
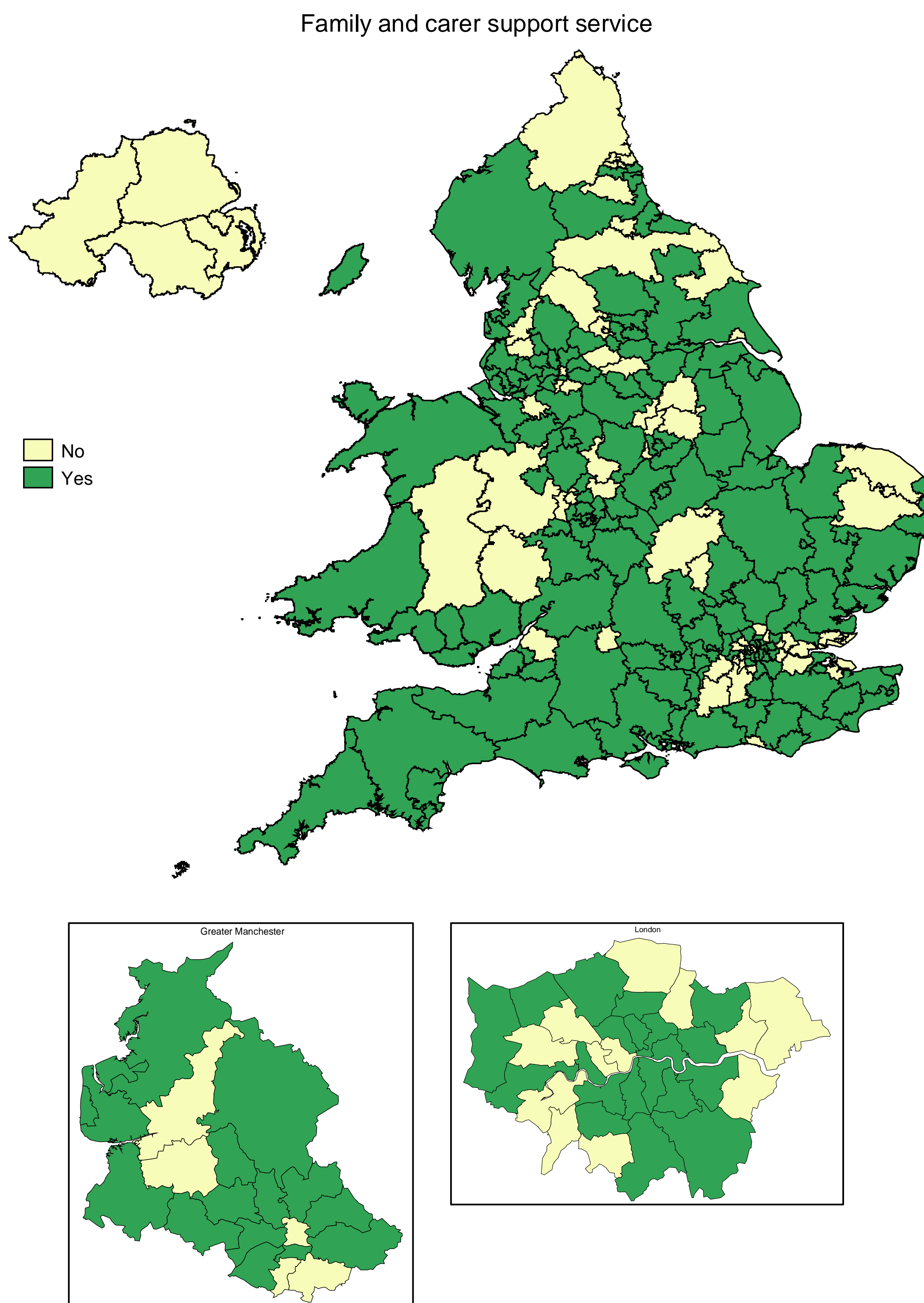


Figure 7.3 Areas with at least one participating Family and carer support service



Other post-acute service results

7.2 Other post-acute service characteristics

7.2.1 Service type

Table 7.1 Other post-acute service types

Service Type (based on registration information)	National	Your service(s)
6 month review provider only	36	
Family and Carer Support Service only	166	
If a Family and Carer Support service, the service also carries out 6 month reviews	29	

7.2.2 Stroke Specific Services

Nearly 95% of both services that provide 6 month reviews only and Family and Carer support services were stroke specific; very few of the services who participated in the audit define themselves as generic (3% in both 6 month review providers and Family and carer support services).

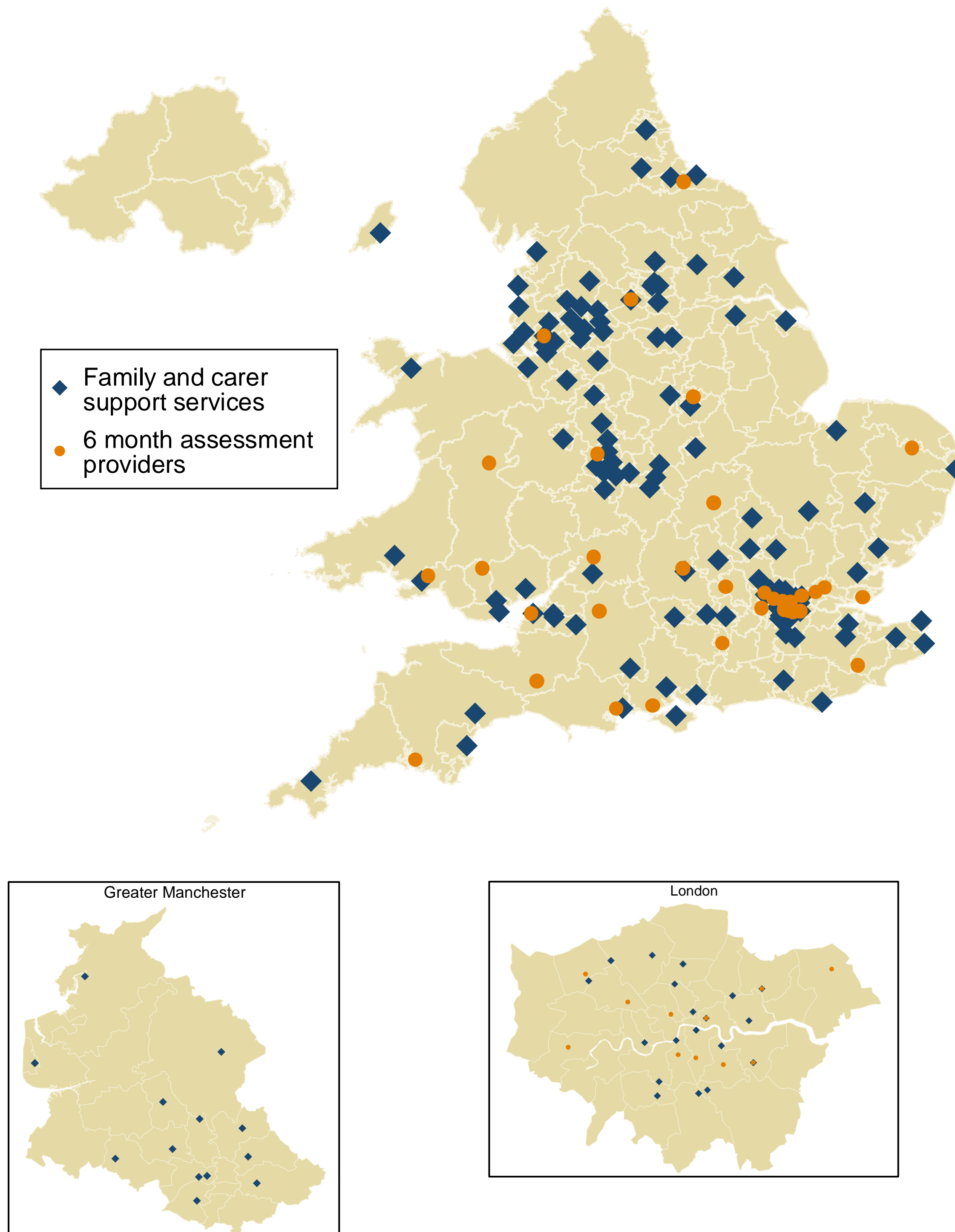
Table 7.2 Stroke specific services

Stroke specific services (Q 1.2 & 1.3)		National	Your service(s)
6 month reviews provider only N=36	Stroke Specific	34 (94.0%)	
	Stroke and Neurology	1 (2.8%)	
	Generic	1 (2.8%)	
Family and Carer Support Service N=166	Stroke Specific	156 (94.5%)	
	Stroke and Neurology	5 (3.0%)	
	Generic	5 (3.0%)	

Figure 7.4 shows the location of stroke/neurological specific other post-acute services.

Other post-acute service results

Figure 7.4 Location of other post-acute stroke/neurological specific services



Other post-acute service results

7.2.3 Location of service

Table 7.3 Location of services

Where this stroke service is provided *(more than one option could be selected)* (Q1.17)		National	Your service(s)
6 month assessment review only N=36	Acute hospital	6 (16.7%)	
	Community Hospital	18 (50.0%)	
	Doctors surgery	2 (5.6%)	
	Health centre	5 (13.9%)	
	Leisure Centre/Gym facility	1 (2.8%)	
	Patient/carer/family home	31 (86.1%)	
	Care home	24 (66.7%)	
	Other*	8 (22.2%)	
Family and Carer Support Service N=166	Acute hospital	91 (54.8%)	
	Community Hospital	41 (24.7%)	
	Doctors surgery	2 (1.2%)	
	Health centre	7 (4.2%)	
	Leisure Centre/Gym facility	16 (9.6%)	
	Patient/carer/family home	156 (94.0%)	
	Care home	76 (45.8%)	
	Other*	90 (54.2%)	

* Community venue/Centre (51), Office (4), (Activity) Group Venue (28), Clinic, Stroke Group, Outpatient, Phone (2), Support Group , Other professional, Where ever suitable for patient, Rehabilitation Hospital (4), Connect London Centre, Age UK Haringey, Various, Community development element,

7.2.4 Waiting Times

Table 7.4 Other post-acute service median waiting times

Waiting times between discharge/referral and assessment/triage review (in days) (Q1.11)	National Median (IQR*)	Your service(s)
6 month review provider only N=36	7 (3 – 30.5)	
Family and Carer Support Service N=166	3 (3 – 3)	

Waiting times between discharge/referral and treatment (in days) (Q1.11)	National Median (IQR*)	Your service(s)
6 month review provider only N=36	8.5 (4 – 138.5)	
Family and Carer Support Service N=166	3 (3 – 5)	

* Inter-Quartile Range

<u>Standard for waiting times</u>

Early Supported Discharge (ESD) teams should triage and treat the next day or within 24 hours of hospital discharge. All other post- acute stroke services should be triaging referrals within 14 days of receipt and offering treatment within 90 days of referral depending on individual patient need.

Other post-acute service results

Figures 7.5 and 7.6 show the national spread of waiting times to assessment/triage review and treatment within Family and carer support services. Services that fall within the new standard have been highlighted in blue. The dashed black line indicates your team.

Figure 7.5 Family and Carer Support services – National spread of waiting time to assessment/triage review

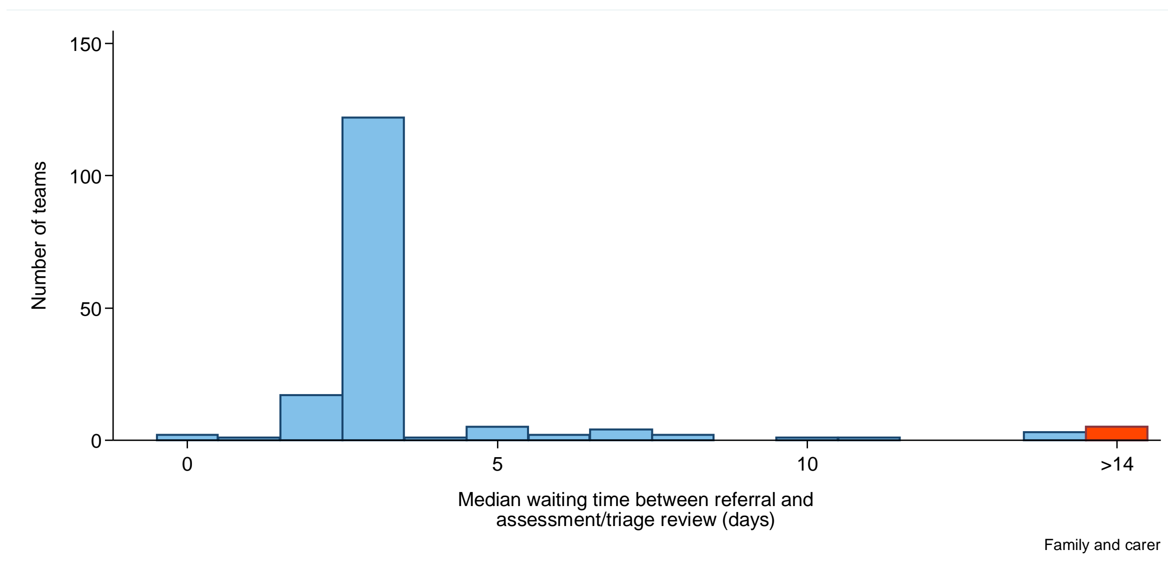
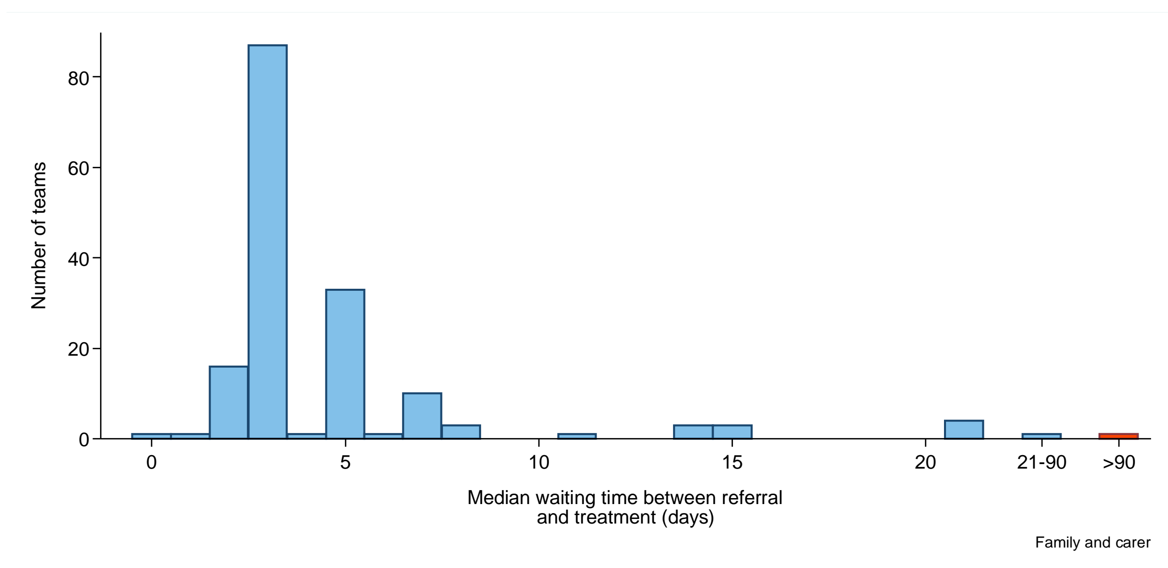


Figure 7.6 Family and Carer Support services - National spread of waiting times to treatment



Both 6 month review providers and Family and Carer Support Services appear very responsive, with a median of 7 and 3 days for triage and 8.5 and 3 days for treatment respectively - especially when compared to other outpatient or single therapy providers.

Other post-acute service results

7.2.5. 7-day working

Many Other post-acute services which participated in the audit were available to stroke survivors 5 day a week or less, very few (1%) were available at weekends.

Table 7.5 Availability of other post-acute services

Number of days per week service is available (Q1.4)		National	Your service(s)
6 month review provider only N=36	Less than 5 days	10 (27.8%)	
	5 days per week	24 (66.7%)	
	6 days per week	1 (2.8%)	
	7 days per week	1 (2.8%)	
Family and Carer Support Service N=166	Less than 5 days	69 (41.6%)	
	5 days per week	97 (58.4%)	

No Family and carer support services were available more than 5 days per week.

7.2.6 Staffing numbers

To make comparisons between staffing levels across different sized teams they have been calculated as ratios of staff per 100 stroke patient referrals in the last 12 calendar months.

Where access was via formal arrangements with other services/organisations, audit leads were asked to adjust the WTE for the time spent within their service alone.

Other post-acute service results

7.2.6.1 Medical and nursing cover

Table 7.6 Access to medical and nursing staff

Access to doctor and nursing staff (Q1.10)			National	Your service(s)
6 month review provider only N=36	Doctor	N (% YES)	6 (16.7%)	
		Individuals (Median (IQR*))	3 (1 – 4)	
		WTE (Median (IQR*))	1.1 (0.1 – 3.0)	
		WTE per 100 stroke patient referrals (Median (IQR*)	0.3 (0.1 - 0.8)	
		Carries out 6 month reviews	3 (50.0%)	
	Nurse	N (% YES)	15 (41.7%)	
		Individuals (Median (IQR*))	1 (1 – 3)	
		WTE (Median (IQR*))	1.0 (0.5 – 2.0)	
		WTE per 100 stroke patient referrals (Median (IQR*)	0.3 (0.2 - 0.6)	
		Carries out 6 month reviews	14 (93.3%)	
Family and Carer Support Service N=166	Doctor	N (% YES)	2 (1.2%)	
		Individuals (Median (IQR*))	1 (1 – 1)	
		WTE (Median (IQR*))	0.5 (0.0 – 1.0)	
		WTE per 100 stroke patient referrals (Median (IQR*)	0.1 (0.0 - 0.2)	
	Nurse	N (% YES)	3 (1.8%)	
		Individuals (Median (IQR*))	2 (1 – 2)	
		WTE (Median (IQR*))	1.5 (1.0 – 1.8)	
		WTE per 100 stroke patient referrals (Median (IQR*)	1.0 (0.3 - 1.0)	
		Carries out 6 month reviews	2 (66.7%)	

Doctors did not carry out six month reviews in Family and Carer support services.

Other post-acute service results

7.2.6.2 Access to therapy staff

Table 7.7 Access to therapy staff

Access to therapy staff (Q1.10)			National N=36	Your service(s)
6 month review provider only N=36	Occupational Therapists	N (% YES)	10 (27.8%)	
		Individuals (Median (IQR*))	2 (1 - 3)	
		WTE (Median (IQR*))	1.0 (0.5 – 2.2)	
		WTE per 100 stroke patient referrals (Median (IQR*)	0.2 (0.1 - 0.5)	
		Carries out 6 month reviews	5 (50.0%)	
	Physiotherapists	N (% YES)	10 (27.8%)	
		Individuals (Median (IQR*))	2.5 (1 - 5)	
		WTE (Median (IQR*))	0.9 (0.4 - 2.6)	
		WTE per 100 stroke patient referrals (Median (IQR*)	0.2 (0.1 - 0.6)	
		Carries out 6 month reviews	5 (50.0%)	
	Speech and Language Therapists	N (% YES)	7 (19.4%)	
		Individuals (Median (IQR*))	2 (1 - 3)	
		WTE (Median (IQR*))	0.8 (0.2 – 2.0)	
		WTE per 100 stroke patient referrals (Median (IQR*)	0.2 (0.0 - 0.8)	
		Carries out 6 month reviews	4 (57.1%)	

Other post-acute service results

Table 7.7 continued Access to therapy staff

Access to therapy staff (Q1.10)			National N=166	Your service(s)
Family and Carer Support Service N=166	Occupational Therapists	N (% YES)	4 (2.4%)	
		Individuals (Median (IQR*))	3 (1 - 5)	
		WTE (Median (IQR*))	2.2 (1.0 - 4.2)	
		WTE per 100 stroke patient referrals (Median (IQR*)	1.8 (0.7 - 4.0)	
		Carries out 6 month reviews	1 (25.0%)	
	Physiotherapists	N (% YES)	4 (2.4%)	
		Individuals (Median (IQR*))	2 (1 - 4)	
		WTE (Median (IQR*))	1.9 (0.5 - 3.7)	
		WTE per 100 stroke patient referrals (Median (IQR*)	1.5 (0.4 - 3.8)	
		Carries out 6 month reviews	2 (50.0%)	
	Speech and Language Therapists	N (% YES)	5 (3.0%)	
		Individuals (Median (IQR*))	2 (1 - 3)	
		WTE (Median (IQR*))	1.0 (0.9 - 1.3)	
		WTE per 100 stroke patient referrals (Median (IQR*)	1.0 (0.6 – 2.7)	
		Carries out 6 month reviews	2 (40.0%)	

* Inter-Quartile Range

There are some 6 month review services using doctors and nurses but the majority do not have clinicians within the service. It is important then that staff performing 6 month reviews are trained and competent in the clinical aspects of the review including using the SSNAP data set to drive improvement related to secondary stroke prevention and disability measured by the Modified Rankin Scale. There is very little clinician involvement in Family Support Services where the emphasis should be on information on how to access clinical services for the purposes of ‘signposting’ or onward referral of stroke survivors.

Other post-acute service results

7.2.6.2 Access to other staffing disciplines

Table 7.8 Six month review only providers access to other staffing disciplines

Access to other disciplines (Q1.10)		National N=36	**Your service(s)**
Clinical Psychology	N (% YES)	6 (16.7%)	
	Individuals (Median (IQR*))	1.5 (1 - 2)	
	WTE (Median (IQR*))	1.2 (0.4 - 1.6)	
	WTE per 100 stroke patient referrals (Median (IQR*)	0.2 (0.1 - 0.4)	
	Carries out 6 month reviews	1 (16.7%)	
Social Worker	N (% YES)	4 (11.1%)	
	Individuals (Median (IQR*))	1 (1 - 7)	
	WTE (Median (IQR*))	1.0 (0.8 – 7.0)	
	WTE per 100 stroke patient referrals (Median (IQR*)	0.3 (0.2 - 2.6)	
	Carries out 6 month reviews	1 (25.0%)	
Rehabilitation/Therapy Assistant	N (% YES)	9 (25.0%)	
	Individuals (Median (IQR*))	2 (1 - 3)	
	WTE (Median (IQR*))	1.0 (1.0 - 1.8)	
	WTE per 100 stroke patient referrals (Median (IQR*)	0.7 (0.3 - 0.8)	
	Carries out 6 month reviews	7 (77.8%)	
Dietitian	N (% YES)	3 (8.3%)	
	Individuals (Median (IQR*))	2 (1 - 5)	
	WTE (Median (IQR*))	2.0 (1.0 - 3.6)	
	WTE per 100 stroke patient referrals (Median (IQR*)	0.5 (0.4 - 1.4)	
Family and Carer Support Worker	N (% YES)	9 (25.0%)	
	Individuals (Median (IQR*))	1 (1 – 3)	
	WTE (Median (IQR*))	0.8 (0.6 – 1.5)	
	WTE per 100 stroke patient referrals (Median (IQR*)	0.5 (0.3 - 0.9)	
	Carries out 6 month reviews	7 (77.8%)	
Orthotics	N (% YES)	5 (13.9%)	
Orthoptics	N (% YES)	4 (11.1%)	
Podiatry	N (% YES)	5 (13.9%)	
Other**	N (% YES)	10 (27.8%)	
	Carries out 6 month reviews	10 (100.0%)	

* Inter-Quartile Range

** Please see table 7.13

Other post-acute service results

Table 7.9 Family and Carer Support Services access to other staffing disciplines

Access to other disciplines (Q1.10)		National N=166	Your service(s)
Clinical Psychology	N (% YES)	5 (3.0%)	
	Individuals (Median (IQR*))	1 (1 - 1)	
	WTE (Median (IQR*))	0.5 (0.5 - 0.5)	
	WTE per 100 stroke patient referrals (Median (IQR*)	0.1 (0.1 - 0.2)	
	Carries out 6 month reviews	1 (20.0%)	
Rehabilitation/Therapy Assistant	N (% YES)	4 (2.4%)	
	Individuals (Median (IQR*))	2 (1 - 6)	
	WTE (Median (IQR*))	1.7 (1.0 - 5.2)	
	WTE per 100 stroke patient referrals (Median (IQR*)	1.7 (1.0 - 3.6)	
	Carries out 6 month reviews	1 (25.0%)	
Family and Carer Support Worker	N (% YES)	156 (94.0%)	
	Individuals (Median (IQR*))	2 (1 – 3)	
	WTE (Median (IQR*))	1.0 (0.8 – 2.1)	
	WTE per 100 stroke patient referrals (Median (IQR*)	0.7 (0.5 - 1.3)	
	Carries out 6 month reviews	21 (13.5%)	
Other**	N (% YES)	9 (5.4%)	
	Carries out 6 month reviews	3 (33.3%)	

* Inter-Quartile Range

**Health and wellbeing Development Worker (2), Stroke (Support) Co-ordinator (7), Individual with health professional background, Support Worker, Stroke Specialist Nurse (2), Counsellor (2), Stroke Association, Peer Support Officer, Trainee Health Psychologist, Expert Patient, Volunteers

Access to Social Workers and Dietitians was only available at one Family and Carer service(s). The Social Worker carried out 6 month reviews.

Your service offered access to a Social Worker:

Your service offered access to a Dietitian:

As might be expected stroke survivors being supported by family and carer services did not have access to Orthotics, Orthoptics or Podiatry. None of these disciplines carried out 6 month assessment reviews within 6 month review provider services.

Other post-acute service results

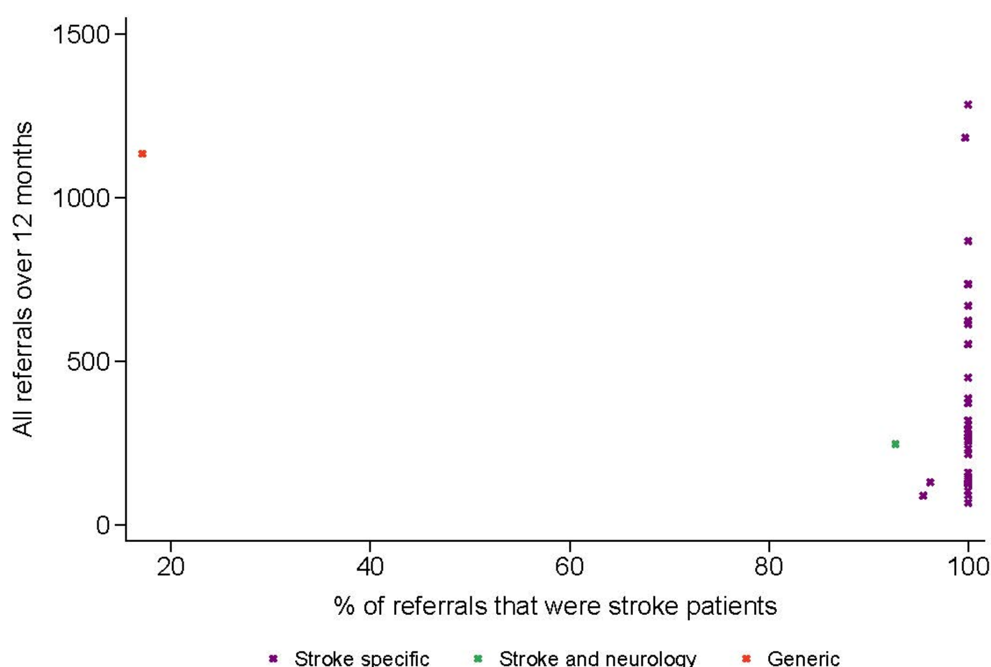
7.2.7 Capacity and workload of services

Table 7.10 Number of patients referred and treated

Number of patient referrals (Q1.6, 1.7 & 1.8)		National M (IQR)	Your service(s)
6 month review provider only N=36	Number of stroke patients treated in last 7 calendar days	7 (4.5 - 16)	
	Number of ALL patients referred in last 12 calendar months	274 (144.5 - 583)	
	Number of stroke patients referred in last 12 calendar months	268 (144.5 - 501)	
	Percentage of total referrals that were stroke	100.0% (100%-100%)	
Family and Carer Support Service N=166	Number of stroke patients treated in last 7 calendar days	21.5 (10 - 49)	
	Number of ALL patients referred in last 12 calendar months	185.5 (90 - 364)	
	Number of stroke patients referred in last 12 calendar months	175 (90 - 356)	
	Percentage of total referrals that were stroke	100.0% (100%-100%)	

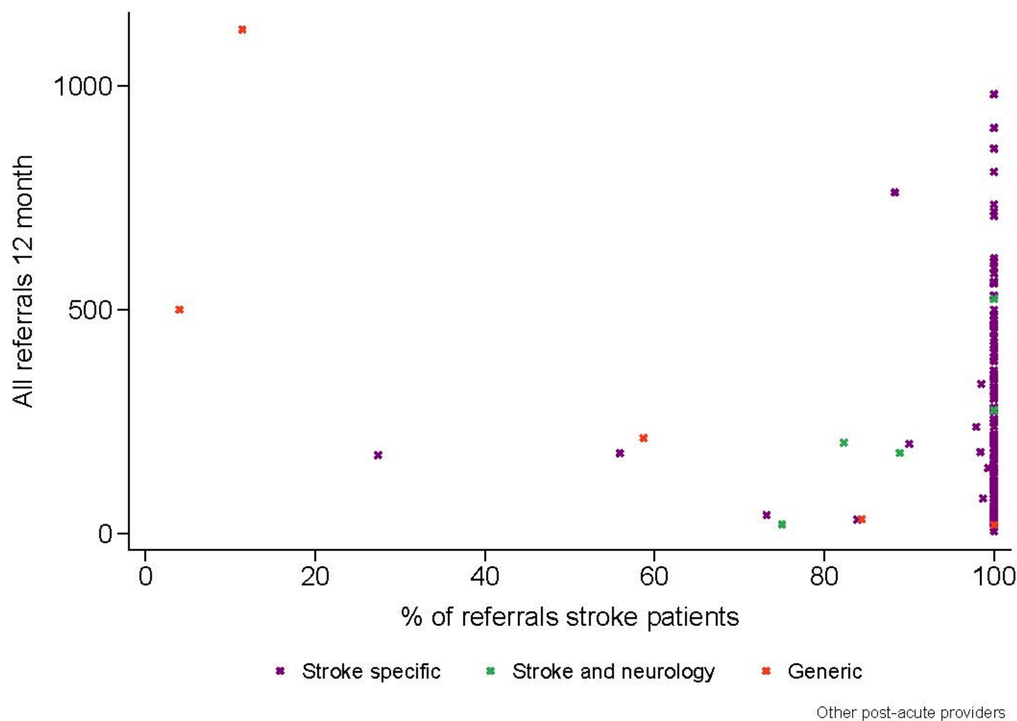
Figures 7.7 and 7.8 show the relationship between the total number of patients per service and the percentage of those that were stroke.

Figure 7.7 Six month review providers only - Relationship between total referrals and percentage of stroke patients



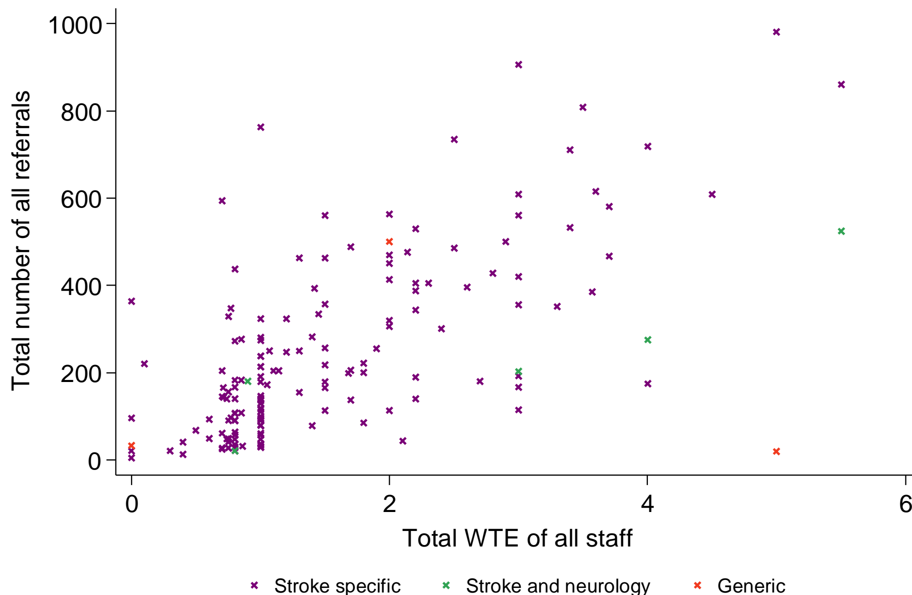
Other post-acute service results

Figure 7.8 Family and Carer Support services - Relationship between total referrals and percentage of stroke patients



Figures 7.9 shows correlation between total patient referrals for Family and carer support services within the 12 calendar months preceding the audit date (1 April 2015) and the total Whole Time Equivalent (WTE) of staff.

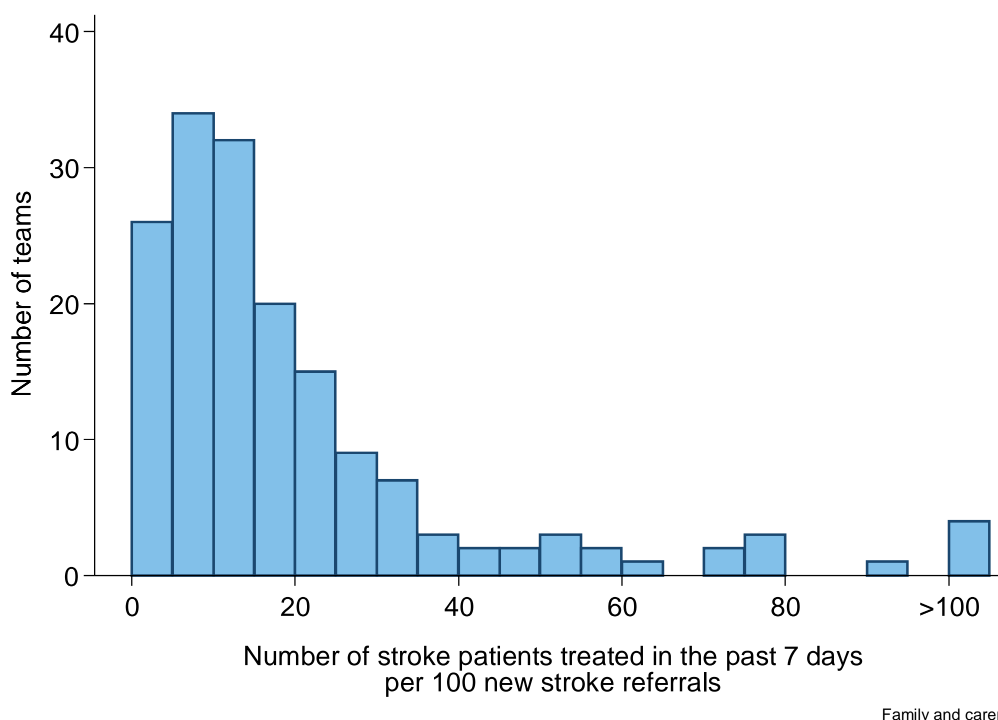
Figure 7.9 Family and Carer Support services - Relationship between total referrals and total WTE of staff



Other post-acute service results

Figure 7.10 shows the national range of number of stroke patients treated by family and carer support services in the 7 days preceding the audit date (1 April 2015). A ratio of this has been given by 100 stroke patient referrals in the last 12 calendar months to enable comparison of services of different sizes and capacity. These figures give an indication of turnover of patients throughout the year.

Figure 7.10 Family and Carer Support services - National spread of patients treated in the last 7 days per 100 stroke patient referrals



If you have a family and carer support service, the vertical black line shows your services location within the national spread in both the graphs above.

Other post-acute service results

7.2.8 Staff education

Within those 13 6 month review services and 7 Family and carer support services with access to therapists, 92% and 71% provided their therapists with the opportunity to attend training respectively. Additionally, within those services who had rehabilitation assistants 100% of 6 month review services (9/9) and 75% Family and carer support services (3/4) provided the opportunity for them to attend training.

Details on the median number of training sessions attended can be found within the Phase 2 Full Results Portfolio.

7.2.9 Team meetings

7.2.9.1 Multi-disciplinary team meetings
31% and 25% of 6 month review services and Family and carer support services held multi-disciplinary meetings to discuss their stroke patients respectively. Within those services that did hold regular meetings nearly three quarters of these were held at least once a week, with only 27% of 6 month review services and 29% of Family and carer support services.

Details on the staffing disciplines which attended these meetings can be found within the Phase 2 Full Results Portfolio.

7.2.9.2 Single Discipline team meetings
17% of 6 month review services and 34% of Family and carer support services held single discipline meetings. Within those that did, over 80% of both services held these at least once a week.

7.2.10 Time limits service

Half of services (50%) which offered 6 month reviews only had a time limit to their service, with the majority (94% being by duration (months)). However, only 27% (45) of family and carer support services had a limit on the time stroke survivors had access to their services and all that did measuring this by duration (months).

Full details on which of which teams had time limits to their services and how this was measured can be found within the Phase 2 Full Results Portfolio.

Other post-acute service results

7.2.11 Re- referral

Patients could be re-referred to 78% of 6 month review services and 99% of Family and carer support services.

Detail on how this re-referral could be done can be found in the Phase 2 Full Results Portfolio.

7.2.12 Treatment of patients in care homes

Nearly all (92%) of 6 month review only services are accessing patients residing within care homes, with 74% of Family and Carer support services also doing the same.

Table 7.20 Other post-acute services treating patients within care homes

Treatment of patients within care homes (Q1.12)	National	**Your service(s)**
6 month assessment provider only N=36	33 (91.7%)	
Family and Carer Support Service N=166	123 (74.1%)	

Other post-acute service results

7.2.13 Information and training for stroke survivors and their carers

7.2.13.1 Information availability

NICE Quality Standard: Carers of people with stroke are provided with written information about the patient's diagnosis and management plan, and sufficient practical training to enable them to provide care.

Table 7.21 Information available to stroke patients

Information which is made able to patients within your service *(more than one option could be selected)* (Q1.18)		National	**Your service(s)**
6 month assessment provider only N = 36	Patient versions of national and/or local guidelines/standards	31 (86.1%)	
	Social Services local Community Care arrangements	35 (97.2%)	
	The Department for Work and Pensions	32 (88.9%)	
	Information on stroke	36 (100.0%)	
	Secondary prevention advice	36 (100.0%)	
	Local and national patient organisations (eg Stroke Association)	36 (100.0%)	
Family and Carer Support Service N = 166	Patient versions of national and/or local guidelines/standards	143 (86.1%)	
	Social Services local Community Care arrangements	147 (88.6%)	
	The Department for Work and Pensions	146 (88.0%)	
	Information on stroke	165 (99.4%)	
	Secondary prevention advice	162 (97.6%)	
	Local and national patient organisations (eg Stroke Association)	163 (98.2%)	

These services are providing the highest rates of patient and carer information in the audit – which is reassuring and appropriate given the advocacy role of such services.

Other post-acute service results

7.2.13.1 Self-management and training

Recommendation – Stroke Guidelines (Fourth Edition)
Self-efficacy training
All patients should be offered training in self-management skills, to include active problem-solving and individual goal setting.

80% of both 6 month review providers and family and carer support services offer their stroke patients access to self-management tools and courses.

Table 7.21 Access to self-management tools

Patients offered access to self-management tools and courses (Q1.19)	National	Your service(s)
6 month review provider N=36	29 (80.6%)	
Family and Carer Support Service N=166	132 (79.5%)	

7.2.14 Participation in the clinical component of SSNAP

Of the 36 six month review providers identified in this audit, 32 (89%) of them are currently registered on SSNAP. 29 of the Family and Carer support services also carry out 6 month reviews, of which 13 (45%) are registered on SSNAP. There were 11 6 month review services and 39 Family and Carer Support services identified for the post-acute provider audit which did not submit data.

Your 6 month reviews only service is participating in SSNAP:

Your Family and Carer Support service is participating in SSNAP:

According to the latest SSNAP quarterly results (January – March 2015) 31,916 stroke survivors were considered eligible to receive a 6 month review. 6,906 (22%) of these reviews were entered onto the SSNAP webtool.

7.2.15 Service commissioning

Your service is commissioned by:

Vocational rehabilitation results

Section 8. Vocational rehabilitation

Recommendation – Stroke Guidelines (Fourth Edition)
6.29.1
A - Every person should be asked about the work and/or leisure activities they undertook before their stroke.
B - Patients who wish to return to work (paid or unpaid employment) should:

- have their work requirements established with their employer (provided the patient agrees)
- be assessed cognitively, linguistically and practically to establish their potential
- be advised on the most suitable time and way to return to work, if this is practical
- be referred to a specialist in employment for people with disability if extra assistance or advice is needed (a disability employment advisor, in England)
- be referred to a specialist vocational rehabilitation team if the disability employment advisor is unable to provide the necessary rehabilitation.

8.1 Service participation

All services (604) that participated in Phase 2 were asked for information on vocational rehabilitation. Of these including two services that only provided vocational rehabilitation, 599 services submitted data. Of these 599 services only 92 (15%) were commissioned to carry out vocational rehabilitation.

There were four services which provided core service type data but did not complete the vocational rehabilitation questions. Two services carried out vocational rehabilitation only.

Does your service offer Vocational Rehabilitation:

Of the 507 service who were not, 263 were able to identify an alternative service which they could refer their patients to for vocational rehabilitation.

If no, do you refer to an alternative service:
If yes, the name of this service is:

Of the 599 services which provided vocational rehabilitation information only 92 (15%) services included in the audit were commissioned to deliver vocational rehabilitation. This suggests vocational rehabilitation after stroke is a low commissioning priority within the NHS leaving many patients with unmet needs around finding their way back to the workplace, education or previous leisure pursuits or pastimes.

Vocational rehabilitation results

8.2 Service characteristics

8.2.1 Service location

Vocational rehabilitation is taking place most commonly in patients' homes (79%) and workplaces (69%). Just over half of services take place in community centres or voluntary groups.

Table 8.1 Location of vocational rehabilitation services

Where service is provided *(more than one option could be selected)* (Q1.2)	National N = 92	**Your service**
Acute hospital	5 (5.4%)	
Community Hospital	12 (13.0%)	
Doctors surgery	1 (1.1%)	
Health centre	5 (5.4%)	
Clinic	14 (15.2%)	
Leisure Centre/Gym facility	24 (26.1%)	
Patient/carer/family home	73 (79.3%)	
Care home	10 (10.9%)	
Patient's workplace	63 (68.5%)	
Community centre/voluntary group	47 (51.1%)	
Other*	17 (18.5%)	

* Any suitable location (2), Icanho, Satellite, Rehabilitation Centre, Job Centre, Topaz Stroke Group, College/Higher Education facility (2), Stroke Association, Specialist Rehabilitation Hospital (2), Voluntary organisations, Patients home (2), DWP, Therapy Centre (2), Outpatient department

Vocational rehabilitation focusses on goals related to returning to work or leisure pursuits and this is reflected in the varied location of services. Services need to be flexible to deliver vocational rehabilitation in the most appropriate location for an individual.

8.2.2 Disciplines responsible for delivering vocational rehabilitation

Vocational rehabilitation is predominantly undertaken by Occupational Therapists (79%), but nearly half if also carried out by Physiotherapists, Speech and Language Therapists and Rehabilitation Assistants.

Vocational rehabilitation results

Table 8.2 Disciplines carrying out vocational rehabilitation

Disciplines responsible for delivery therapy *(more than one option could be selected)* (Q1.3)	National N = 92	Your service
Clinical psychologist	30 (32.6%)	
Occupational therapist	73 (79.3%)	
Physiotherapist	42 (45.7%)	
Social worker	2 (2.2%)	
Specialist nurse	7 (7.6%)	
Speech and Language therapy	37 (40.2%)	
Rehabilitation/therapy assistant	42 (45.7%)	
Family/carer support worker	23 (25.0%)	
Other*	15 (16.3%)	

* Employment advisors, Job Centre, Stroke Association (2), DEA liaises closely, Stroke Co-ordinator, Work Placement Consultant, OT student volunteers, Job Coach (2), Volunteers, Assistant Psychologist, Mental Health Nurse, Complex Case Manager (2)

8.2.3 Age ranges offered vocational rehabilitation

Just over 80% of services are offering vocational rehabilitation to all age ranges, meaning that stroke survivors even past the conventional age of retirement are being offered this service if they meet the service's inclusion criteria (please refer to question 1.5).

Table 8.3 Age ranges offered vocational rehabilitation

What age ranges are offered vocational rehabilitation (Q1.4)	National N = 92	Your service
All	75 (81.5%)	
If not all *(more than one option could be selected):*	N = 17	
18-49	14 (82.4%)	
50-68	16 (94.1%)	
69+	4 (23.5%)	

8.2.4 Types of patients offered vocational rehabilitation

Over 70% of services will offer either all stroke patients or stroke patients who are considered fit enough to return to work the opportunity to have vocational rehabilitation.

Table 8.4 Types of patients offered vocational rehabilitation

Who is offered vocational therapy (Q1.5)	National N = 92	Your service
All stroke patients	29 (31.5%)	
Only stroke patients who are considered fit enough to return to work	39 (42.4%)	
Only stroke patients who are considered fit enough to return to work and were not previously unemployed	9 (9.8%)	
Other*	15 (16.3%)	

* All patients with neurological diagnosis (2), All patients with a goal around work (9), Any patient under care of team, Stroke patients employed at time of stroke, All patients (2)

Vocational rehabilitation results

8.2.5 Number and intensity of interventions

Table 8.5 Number of interventions given

Number of intervention sessions given (Q1.6)	National N = 92	Your service
<5 Sessions	18 (19.6%)	
5-10 Sessions	41 (44.6%)	
11-15 Sessions	17 (18.5%)	
16+ Sessions	16 (17.4%)	

Table 8.6 Intensity of interventions given

What intensity are interventions normally given (Q1.6)	National N = 92	Your service
Daily	5 (5.4%)	
Weekly	59 (64.1%)	
Fortnightly	25 (27.2%)	
Monthly	3 (3.3%)	

8.2.6 Eligibility of patients

Table 8.7 When patients would be eligible to receive vocational rehabilitation

When would a patient be eligible to receive vocational rehabilitation? *(more than one option could be selected)* (Q1.7)	National N = 92	Your service
Upon discharge/referral from inpatient care	51 (55.4%)	
Upon discharge/referral from outpatient/domiciliary care	32 (34.8%)	
On return to work	36 (39.1%)	
When patient is discharged home	70 (76.1%)	

The definition of vocational rehabilitation is broad and services providing this are not focussed only on return to work. There needs to be a more detailed research and evaluation of vocational rehabilitation provision for stroke and other related long term neurological conditions to inform future service improvement and cost effectiveness.

Intercollegiate Stroke Working Party – List of Members

Chair

Professor Anthony Rudd, Professor of Stroke Medicine, King's College London; Consultant Stroke Physician, Guy's and St Thomas' NHS Foundation Trust

Associate directors from the Stroke Programme at the Royal College of Physicians

Professor Pippa Tyrrell, Professor of Stroke Medicine, University of Manchester; Consultant Stroke Physician, Salford Royal NHS Foundation Trust

Dr Geoffrey Cloud, Consultant Stroke Physician, Honorary Senior Lecturer Clinical Neuroscience, St George's University Hospitals NHS Foundation Trust, London

Dr Martin James, Consultant Stroke Physician, Royal Devon and Exeter NHS Foundation Trust; Honorary Associate Professor, University of Exeter Medical School

List of Members

Association of Chartered Physiotherapists in Neurology
Dr Nicola Hancock, Lecturer in Physiotherapy, School of Health Sciences, University of East Anglia

AGILE – Professional Network of the Chartered Society of Physiotherapy
Mrs Louise McGregor, Allied Health Professional Therapy Consultant, St George's University Hospitals NHS Trust, London

Association of British Neurologists
Dr Gavin Young, Consultant Neurologist, The James Cook University Hospital, South Tees Hospitals NHS Foundation Trust

British Association of Stroke Physicians
Dr Neil Baldwin, Consultant Stroke Physician, Wye Valley NHS Trust
Dr Damian Jenkinson, Consultant in Stroke Medicine, Dorset County Hospital Foundation Trust

British Society of Rehabilitation Medicine/Society for Research in Rehabilitation
Professor Derick Wade, Consultant in Rehabilitation Medicine, The Oxford Centre for Enablement

British Geriatrics Society
Professor Helen Rodgers, Professor of Stroke Care, Newcastle University

British and Irish Orthoptic Society
Dr Fiona Rowe, Reader in Orthoptics and Health Services Research, University of Liverpool

British Psychological Society
Dr Audrey Bowen, The Stroke Association John Marshall Memorial Reader in Psychology, University of Manchester

Dr Jason Price, Consultant Clinical Neuropsychologist, The James Cook University Hospital

British Society of Neuroradiologists
Dr Andrew Clifton, Interventional Neuroradiologist, St George's University Hospitals NHS Foundation Trust, London

Chartered Society of Physiotherapy
Dr Cherry Kilbride, Senior Lecturer in Physiotherapy, Institute of Health, Environment and Societies, Brunel University, London

The Cochrane Stroke Group
Professor Peter Langhorne, Professor of Stroke Care Medicine, University of Glasgow

College of Occupational Therapists and Special Section Neurological Practice
Professor Avril Drummond, Professor of Healthcare Research, University of Nottingham
Mrs Karen Clements, Clinical Specialist Occupational Therapist – Stroke, London Road Community Hospital

College of Paramedics
Mr Joseph Dent, Advanced Paramedic, College of Paramedics

Faculty of Prehospital Care of the Royal College of Surgeons of Edinburgh and the National Ambulance Service Medical Directors Group
Dr Neil Thomson, Interim Deputy Medical Director, London Ambulance Service NHS Trust

Health Economics Advice
Professor Anita Patel, Chair in Health Economics, Queen Mary University of London

NIMAST (Northern Ireland)
Dr Michael Power, Consultant Physician Ulster Hospital Belfast, Founder and Committee Member NIMAST

Patient representative
Mr Robert Norbury

Patient representative
Mr Stephen Simpson

Patient representative
Ms Marney Williams

Public Health England/Royal College of Physicians
Dr Benjamin Bray, Clinical Research Fellow, Kings College London

Royal College of Nursing
Mrs Diana Day, Stroke Consultant Nurse, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust
Dr Amanda Jones, Stroke Nurse Consultant, Sheffield Teaching Hospitals NHS Foundation Trust

Royal College of Radiologists
Prof Philip White, Hon Consultant Neuroradiologist, Newcastle Upon Tyne Hospitals NHS Foundation Trust

Royal College of Speech & Language Therapists
Ms Rosemary Cunningham, Speech and Language Therapy Team Manager, Royal Derby Hospital (Derbyshire Community Health Services Foundation Trust)

Royal College of Speech & Language Therapists
Professor Pam Enderby, Professor of Rehabilitation, University of Sheffield
Dr Sue Pownall, Head of speech and Language Therapy, Sheffield Teaching Hospitals NHS Foundation Trust

Southern Health and Social Care Trust
Dr Michael McCormick, Consultant Geriatrician, Southern Health & Social care trust

Stroke Association
Mr Jon Barrick, Chief Executive, Stroke Association
Mr Dominic Brand, Director of Marketing and External Affairs, Stroke Association

Welsh Government Stroke Implementation Group
Dr Phil Jones, Clinical Lead for Wales, Hywel Dda University Health Board

PHASE 2 – AUDIT OF POST-ACUTE STROKE SERVICES

Paper questionnaire

Definition of post-acute service

We define post-acute services as ANY service which follows acute hospital in-patient care. It includes any post-acute services which provides medical and/or emotional needs and support to people who have been discharged from traditional hospital but who continue to need medical or general support.

Completing your questionnaire

Step by step instructions for how to complete and lock your questionnaire on the SSNAP webtool will be provided to support you during the data collection period. This document has been made available to give teams the opportunity to review the data being asked for and start the process of collecting in on paper if they wish to.

Dependent on what service functions you have identified for your team during registration, you will only be required to answer questions pertaining to that/those service functions. For example, if you have confirmed you carry out an Inpatient, ESD and CRT function you will be required to complete the inpatient questions (pages 2 – 8) and two sets of the domiciliary questions – one for the ESD team and one for the CRT team (pages 9– 16). The audit questionnaire can be found by logging into the SSNAP webtool (www.strokeaudit.org) and going to Post-acute > Proforma. For audit leads who are primary leads for more than one service, you will need to select the correct service from the drop down list.

THIS DOCUMENT WILL NOT BE ACCEPTED AS A DATA SUBMISSION. ALL SUBMISSIONS MUST BE MADE VIA THE SSNAP WEBTOOL.

Contents

Questionnaire for **post-acute inpatient care** service ………………………………………………………………………………….Pages 2 – 8

Questionnaire for **outpatient, domiciliary, single disciplines and other post-acute** service ……………………………………………………..Pages 9 – 16

Questionnaire for **vocational rehabilitation** service (to be completed by all teams) ……………………………………………………Pages 17 - 19

Service function:

- **Post-acute inpatient care**

Question No	Data item	Answer options	Notes
1.1	Is this service registered on the Sentinel Stroke National Audit Programme (SSNAP) webtool to participate in or receive information on the SSNAP clinical or organisational audit?	Yes No	
1.1.1	If yes, what is its SSNAP team code?	Free text	If you participate on SSNAP but are not sure of your SSNAP code please go to support> resources>team code lists.
1.2	Is this service stroke/neurology specific?	Yes No	If yes, cannot answer 1.2.1 If no, cannot answer 1.3
1.2.1	If no, does it have a designated unit where stroke patients are treated?	Yes No	
1.3	This team treats:	(i) Stroke and general neurology patients (ii) Only stroke patients	Select one only
1.4	How many stroke patients have been treated by this service in the last 7 calendar days?		Please answer within a range of 1-1000
1.5	How many new stroke patient referrals has this service received in the last 12 calendar months?		Please answer within a range of 1-1000
1.6	How many new patients (all) referrals has this service received in the last 12 calendar months?		Please answer within a range of 1-3000

Question No	Data item	Answer options	Notes
1.7	What is the total number of beds within this service that may be used by stroke patients?		Please enter a number
1.8	Who provides medical cover for stroke patients at this service? • Stroke specialist doctor (Consultant level/ Staff Grade) • Non-specialist doctor (Consultant level/ Staff Grade) • Junior doctor • GP • Other (please specify)		Tick that all that applies. If other is chosen please specify in the box provided.
1.9	How many days per week is there a consultant led ward round?		Please enter a range from 0-7days.
1.10	How many registered nurses are normally on duty at 10AM for these beds? Of those nurses on duty at 10AM, how many are trained in: (a)Swallow Screening (b)Stroke assessment and Management		Please enter a number. If zero is entered for 1.10 then 1.10a and 1.10b cannot be answered.
1.11	How many registered nurses are normally on duty at 10PM for these beds?		Please enter a number
1.12.1	How many individual nurses does this service have which treat stroke patients?		Please enter a number

Question No	Data item	Answer options	Notes
1.12.2	What is the total establishment whole time equivalents (WTE's) of nurses which treat stroke patients?		Please answer within a range of 0.1-99 and 2 decimal points are permitted.
1.13	Do patients within this unit have access to the following therapy staff (select all that apply):	(a) Occupational therapy (b) Physiotherapy (c) Speech and Language Therapy (i) How many days per week do your patients normally have access to these disciplines? (ii) How many individuals does this service have? (iii) What is the total establishment whole time equivalents (WTE)	If yes to 1.13a, 1.13b or 1.13c, sub questions within each also need to be answered. If no to 1.13a, 1.13b or 1.13c sub questions cannot be answered.
1.14	Are stroke patients from this service discharged with a joint care plan?	Yes No	
1.15	Do stroke patients from this service have access to their written rehabilitation plan?	Yes No	
1.16	What are the other disciplines of this stroke service? (i) Clinical psychology (ii) Social work (iii) Rehabilitation/Therapy assistants (iv) Dietetics (v) Orthotics (vi) Orthoptics (vii) Podiatry/foot health	1.16(a)-(h): Yes No If yes to 1.16(a)-(h): (viii) ithin 5 days within 7 days >7 days	If yes to any from 1.16(a)-1.16(h), sub questions within each also need to be answered. (i) select one only If no to any from 1.16(a)-1.16(h), sub questions cannot be answered.

Question No	Data item	Answer options	Notes
	(viii) Other (please specify) (i) How quickly do your patients have access (ii) How many individuals do you have? (iii) What is the total establishment whole time equivalents (WTE's)	(ii) Enter a whole number (iii) Enter number	
1.17	Where is this stroke service provided? • Rehabilitation beds in acute trust • Rehabilitation in community trust • Private sector provider (e.g. care home)		Select all that apply.
1.18	Does this service have patient information displayed/available on the following? (a) Patient versions of national and/or local guidelines/standards (b) Social Services local Community Care arrangements (c) The Department for Work and Pensions (d) Information on stroke (e) Secondary prevention advice (f) Local and national patient organisations (e.g. Stroke Association)	Yes No	Select one option for 1.18(a) – 1.18(f)
1.19	Do any staff from this service routinely carry out 6 month assessment reviews?	Yes No	If no selected, 1.19.1 will not be available.
1.19.1	If yes, which disciplines carry out routine six month assessments? • Stroke specialist doctor (Consultant level/ Staff Grade) • Non-specialist doctor (Consultant level/ Staff Grade) • Junior doctor		Tick that all that applies. If other is chosen please specify in the box that provides cover.

Question No	Data item	Answer options	Notes
	• GP • Nurse • Occupational therapy • Physiotherapy • Speech and Language Therapy • Clinical psychology • Social work • Dietetics • Orthoptics • Orthotics • Podiatry • Other (please specify)		
1.20	Does this service routinely offer training for carers?	Yes No	Select one option
1.21	Does this service provided access to self-management tool or courses for stroke patients?	Yes No	Select one option
1.22	Is there any opportunity for nurses to attend internal or external training courses related to stroke management?	Yes No	If no is selected, 1.22.1 cannot be answered.
1.22.1	If yes, how many sessions have these nurses attended in the last 12 calendar months? (1 session = half day)		Please enter a number
1.23	Is there any opportunity for therapists to attend internal or external training courses related to stroke management?	Yes No	If no is selected, 1.23.1 cannot be answered.
1.23.1	If yes, how many sessions have these therapists attended in the last 12 calendar months? (1 session = half day)		Please enter a number

Question No	Data item	Answer options	Notes
1.24	Is there any opportunity for rehabilitation/therapy assistants to attend internal or external training courses related to stroke management?	Yes No	If no is selected, 1.24.1 cannot be answered.
1.24.1	If yes, how many sessions have these therapists attended in the last 12 calendar months? (1 session = half day)		Please enter a number
1.25	Are individual stroke patients discussed in the context of a formal multidisciplinary team meeting?	Yes No	If no selected, 1.25.1 and 1.25.2 not available.
1.25.1	If yes, how often are these meetings normally held?	Less than once a week Once a week Twice a week More than twice a week	Select one option.
1.25.2	Which disciplines regularly attend these meetings? • Clinical psychologist • Dietician • Occupational therapist • Physiotherapy • Social worker • Specialist doctor • Specialist nurse • Speech and Language therapy • Generic therapy worker • Family/carer support worker • Orthotics • Orthoptics • Podiatry/foot health • Other (please specify)		At least two disciplines must be chosen. If other is chosen, please specify the discipline type. Tick that all that applies. If other is chosen please specify in the box that provides cover.

Question No	Data item	Answer options	Notes
1.26	Who commissions this service?		Please select the applicable CCGs, LCG or Health Boards that commission your service from dropdown. More than one can be selected. Please contact the SSNAP post-acute team if your commissioner does not appear in the list.
1.27	In what capacity are you completing the information for this service (choose one)	Lead 1 Lead 2 Other (please enter details below)	Select one If other is selected, 1.28 will not be made available to you but must enter your details for 1.28.1 or details of who we can contact in regards to the data submitted.
1.28	Can we contact you regarding any data queries for this service?	Yes No	Select one option If yes, 1.28.1 cannot be answered If no selected, 1.28.1 will need to be answered.
1.28.1	If not you, who do we contact if we have any queries regarding the data for this service? (a) Name (b) Title (c) Contact email (d) Phone	Free text	All details must be entered if made available to you.
1.29	If we were to map the location of the services (where they are based) from this audit, please provide the post code that would be most appropriate for this service (its base, not the area which it covers).	Alphanumeric	A valid post code must be entered. Please leave a clear space of one character between the two parts of the postcode *e.g. XX00 0XX*

<u>Service Function(s)</u>:

- **Outpatient care (non-domiciliary)**
- **Early Supported Discharge Team (ESD)**
- **Longer Term Community Rehabilitation Team (CRT)**
- **Domiciliary only (not ESD or CRT)**
- **Other post-acute organisations**

Please note that some questions are not applicable to every service function. If this is the case the question will be missing from that audit section.

Question No	Data Item	Data Definition	Audit Help Notes
1.1	Is this service registered on the Sentinel Stroke National Audit Programme (SSNAP) webtool to participate in or receive information on the SSNAP clinical or organisational audit?	Yes No	If no, do not answer 1.1.1 *This question will not appear if your team function is a type of single discipline provider; and therefore does not need to be answered.*
1.1.1	If yes, what is its SSNAP team code?	Free Text	If you participate on SSNAP but are not sure of your SSNAP code please go to support> resources>team code lists
1.2	Non – ESD teams: Is this service stroke/neurology specific? ESD teams: Is this service stroke specific?	Yes No	Select one only
1.3	This team treats:	(i) Only stroke patients (ii) Stroke and general neurology patients	Select one only
1.4	How many days per week is this service available? • <5 days • 5 days per week • 6 days per week • 7 days per week		Select one only

Question No	Data Item	Data Definition	Audit Help Notes
1.5	Does this service have a spasticity service?	Yes No	Select one option *This question will not appear if your team function is Early supported Discharge (ESD), Longer Term Community Rehabilitation Team (CRT), a Single Discipline or other post-acute organisations and therefore does not need to be answered.*
1.6	How many stroke patients have been treated by your service in the last 7 calendar days?	Please enter a number	Please answer within a range of 1-1000
1.7	How many new stroke patient referrals has your service received in the last 12 calendar months? (*By the staff you have declared in this proforma only)*	Please enter a number	Please answer within a range of 1-1000
1.8	How many new patients (all) referrals has your service received in the last 12 calendar months? *By the staff you have declared in this proforma only)*	This refers to ALL patients who have to come to your service within the last 12 months prior to and including the 1 April 2015(2 April 2014 – 1 April 2015).	Please answer within a range of 1-3000 This should not be less than the total for 1.6 or 1.7
1.9	Can patients be re-referred to this service?	Yes No	Select one option *This question will not appear if your team function is Outpatient care (non-domiciliary) and therefore does not need to be answered.*
1.9.1	If yes, how are they re-referred? (tick all that apply) • Directly (self, patient and/or carer) • Hospital • GP • Other (please specify)		Select all that apply. If other is selected please specify. *This question will not appear if your team function is Outpatient care (non-domiciliary) and therefore does not need to be answered.*

Question No	Data Item	Data Definition	Audit Help Notes
1.10	Which of the following disciplines do stroke patients at this service have access to? (a) Clinical Psychologist (b) Dietician (c) Occupational Therapist (d) Physiotherapist (e) Social Worker (f) Doctor (g) Nurse (h) Speech and Language Therapist (i) Rehabilitation/Therapy assistant (j) Family/Carer support worker (e.g. Stroke Association) (k) Orthotics (l) Orthoptics (m) Podiatry (n) Other (i) How many individuals do you have? (ii) What is the total establishment whole time equivalents (WTE's)? (iii) Do any staff from this discipline carry out six month assessment reviews?	1.10(a)-(n): Yes No If yes to 1.10(a)-(n): (i) within 5 days within 7 days >7 days (ii) Enter a whole number (iii) Enter number	If yes to any from 1.10(a)-1.16(n), sub questions within each also need to be answered. (i) select one only If no to any from 1.10(a)-1.16(n), sub questions cannot be answered. You will not need to provide number of individuals or WTE for Orthotics, Orthoptics, Podiatry or Other.
1.11.1	What is the median waiting time (in the last 6 months) between discharge/referral and this service first carrying out an initial triage review?	Please enter a number	Range between 0-999 days and only whole numbers are permitted.
1.11.2	What is the median waiting time (in the last 6 months) between discharge/referral and the treatment commencing at this service?	Please enter a number	Range between 0-999 days and only whole numbers are permitted.

Question No	Data Item	Data Definition	Audit Help Notes
1.12	Does this service treat patients who reside in care homes?	Yes No	Select one option.
1.13	Does a member of this ESD team attend multidisciplinary team meetings (MDT) meetings at the local acute hospitals to discuss stroke patients currently receiving acute care?	Yes No	Select one option. *This question will only appear if your team function is Early supported Discharge (ESD).*
1.14	Are stroke patients discharged with a joint care plan?	Yes No	Select one option. *This question will not appear if your team function is other post-acute organisations and therefore does not need to be answered*
1.15	Do stroke patients from this service have access to their written rehabilitation plan?	Yes No	Select one option. *This question will not appear if your team function is other post-acute organisations and therefore does not need to be answered*
1.16	Is there a time limit for how long stroke patients have access to this service?	Yes No	Select one option If yes selected, 1.16.1 must be answered If no selected, 1.16.1 cannot be answered.
1.16.1	If yes, how is this measured?	**Duration** 1-3 months 4-6 months 7-12 months >12 months **Appointments** 5 sessions 6-10 sessions 11-15 sessions 16+ sessions	Select either by duration or appointments by which is most appropriate for this service. If by duration then this is measured in months. If by appointments then the number of appointments.

Question No	Data Item	Data Definition	Audit Help Notes
1.17	Where is this stroke service provided? (tick all that apply) • Acute hospital • Community hospital • Doctors surgery • Health centre • Leisure Centre/Gym Facility • Patient/carer/family members home *(only available for single disciplines and other post-acute teams)* • Care home *(only available for single disciplines and other post-acute teams)* • Other (please specify)		If other is chosen please specify. *This question will not appear if your team function is Longer Term Community Rehabilitation Team (CRT), Domiciliary only or ESD as it is assume your service predominately takes place at the patients' home. It therefore does not need to be answered.*
1.18	Does this service have patient information displayed/available on the following? (a) Patient versions of national and/or local guidelines/standards (b) Social Services local Community Care arrangements (c) The Department for Work and Pensions (d) Information on stroke (e) Secondary prevention advice (f) Local and national patient organisations	Yes No	Select one option for each for 1.18(a) – 1.18(f)
1.19	Does your service provide stroke patients with access to self-management tools and/or courses?	Yes No	Select one option
1.20	Is there any opportunity for nurses to attend internal or external training courses related to stroke management?	Yes No	Select one option If no selected, cannot answer 1.20.1 If yes selected, 1.20.1 must be answered

Question No	Data Item	Data Definition	Audit Help Notes
			This question will not appear if your team function is other post-acute organisations and therefore does not need to be answered
1.20.1	If yes, how many sessions have these nurses attended in the last 12 calendar months? (1 session = half day)		Please enter a number
1.21	Is there any opportunity for therapists to attend internal or external training courses related to stroke management?	Yes No	Select one option If no selected, cannot answer 1.21.1 If yes selected, 1.21.1 must be answered
1.21.1	If yes, how many sessions have these therapists attended in the last 12 calendar months date? (1 session = half day)	The last 12 months prior to and including the 1 April 2015 (2 April 2014 – 1 April 2015).	If yes, a minimum of 1 must be entered; 1 session = Half a day. *E.g. 2.5 days of training equates to 5 sessions.* Only whole numbers are permitted.
1.22	Is there any opportunity for rehabilitation/therapy assistants to attend internal or external training courses related to stroke management?	Yes No	Select one option If no selected, cannot answer 1.22.1 If yes selected, 1.22.1 must be answered
1.22.1	If yes, how many sessions have these therapists attended in the last 12 calendar months? (1 session = half day)		Please enter a number
1.23	Are individual stroke patients discussed in the context of a formal multidisciplinary team meeting?		If no selected, 1.23.1 and 1.23.2 not available.
1.23.1	If yes, how often are these held?	Less than once a week Once a week Twice a week More than twice a week	Select one option Question only available if ‘Yes’ for 1.23 or 1.23i

Question No	Data Item	Data Definition	Audit Help Notes
1.23.2	If yes, which disciplines regularly attend these meetings? • Clinical psychologist • Dietician • Occupational therapist • Physiotherapy • Social worker • Specialist doctor • Specialist nurse • Speech and Language therapy • Rehabilitation/Therapy Assistant • Family/carer support worker • Orthotics • Orthoptics • Podiatry/foot health • Other (please specify)		Select all that apply Question only available if 'Yes' for 1.23 or 1.23i.
1.24	Are individual stroke patients discussed in the context of a formal single discipline team meeting?	Yes No	*This question will not appear if your team function is Outpatient, Early Supported Discharge, Community Rehabilitation Team or Domiciliary team therefore does not need to be answered.*
1.24.1	If yes, how often are these held?	Less than once a week Once a week Twice a week More than twice a week	Select one option
1.25	Who commissions this service?		Please select the applicable CCGs, LCG or Health Boards that commission your service from dropdown. More than one can be selected.

Question No	Data Item	Data Definition	Audit Help Notes
			Please contact the SSNAP post-acute team if your commissioner does not appear in the list.
1.26	In what capacity are you completing the information for this service? (choose one)	Lead 1 Lead 2 Other (please enter details below)	Select one If other is selected, 1.26 will not be made available to you but must enter your details for 1.26.1 or details of who we can contact in regards to the data submitted.
1.27	Can we contact you regarding any data queries for this service?	Yes No	If 'no' is selected, please enter contact details of someone we can contact regarding the data submitted in 1.26.1
1.27.1	If no, who do we contact if we have any queries regarding the data for this service? (a) Name (b) Title (c) Contact email (d) Phone	Free text	All details must be entered if made available to you.
1.28	If we were to map the location of the services (where they are based) from this audit, please provide the post code that would be most appropriate for this service (its base, not the area which it covers).	Alphanumeric	A valid post code must be entered. Please leave a clear space of one character between the two parts of the postcode *e.g. XX00 0XX*

<u>Service Function</u>:
Vocational Therapy *(please note all teams will need to complete this section regardless of service function)*

Question No	Data item	Data Definition	Audit Help Notes
1.1	Is any part of this team commissioned to provide vocational rehabilitation?	Yes No	Select one If no, 1.1.1 cannot be answered but 1.1.2 must be answered. If yes, 1.1.1 must be answered but 1.1.2 cannot be answered.
1.1.1	If yes, who commissions this vocational service?		Please select the applicable CCGs, LCG or HB's that commission your service. More than one can be selected. Please contact the SSNAP post-acute team if your commissioner does not appear in the list.
1.1.2	If no, is there an alternative service you can refer patients to for vocational rehabilitation (e.g. other post-acute services or charities such as Attend)?		If yes, 1.1.2a must be answered
1.1.2.a	What is the name of this service?		If 1.1.2 is no, please provide a name for this service.
1.2	Where does this vocational rehabilitation take place? (tick all that apply) • Acute hospital • Community hospital • Doctors surgery • Health centre • Clinic • Leisure Centre/Gym Facility		Tick all that apply. If other is chosen please specify.

Question No	Data item	Data Definition	Audit Help Notes
	• Patient/carer/family member's home • Care home • Patients work place • Community Centre/voluntary group • Other (please specify)		
1.3	What disciplines are responsible for delivering vocational rehabilitation at this service? (tick all that apply) • Clinical psychologist • Occupational therapist • Physiotherapy • Social worker • Specialist nurse • Speech and Language therapy • Rehabilitation/Therapy assistant • Family/carer support worker • Other		Tick all that apply. If other is chosen please specify.
1.4	What age ranges are offered vocational rehabilitation at this service? (tick all that apply) • All • 18-49 • 50-68 • 69+		Tick 'all' or the age ranges that apply.
1.5	Who is offered vocational rehabilitation at this service? (select one only) • All stroke patients • Only stroke patients who are considered fit enough to return to work • Only stroke patients who are considered		Select only one option. If 'other' is selected please specify.

Question No	Data item	Data Definition	Audit Help Notes
	fit enough to return to work and who were not previously unemployed • Other (please specify		
1.6.1	What intensity are the interventions normally given? • Daily • Weekly • Fortnightly • Monthly		Select only one option.
1.6.2	How many intervention sessions are normally given? • <5 sessions • 5-10 sessions • 11-15 sessions • 16+ sessions	On	Select only one option.
1.7	In this service, when would a patient be eligible for vocational rehabilitation? • Upon discharge/referral from inpatient care • Upon discharge/referral from outpatient/domiciliary care • On return to work • When patient is discharged home		Tick all that apply.

Service details (by region)		Inpatient services	Outpatient services	Domiciliary services			Single discipline services				Other post-acute services	
PA code	Service name	Inpatient	Outpatient	Early Supported Discharge	Community Rehabilitation Team	Domiciliary only	Physiotherapy	Occupational Therapy	Speech and Language Therapy	Psychological Support	Family and carer support	6 month assessment provider only
Cheshire and Mersey												
PA0006	Aintree Hospital Stroke/Neuro & ESD Rehabilitation Team			Yes								
PA0081	Bridgewater Community Neuro Rehab Team				Yes							
PA0133	Chester Stroke Association - 6 month assessment provider/IAS/CSS										Yes	
PA0836	Countess of Chester and CWP Shared Service	Yes	Yes	Yes	Yes							
PA0165	Crewe Stroke Association 6 Month Assessment Provider/IAS/CSS										Yes	
PA0215	East Cheshire Trust Neuro Team		Yes		Yes						Yes	
PA0236	Eastern Cheshire Stroke Association										Yes	
PA0284	Halton Community Stroke Nurse Service										Yes	
PA0819	Halton Information, Advice and Support / Communication Support Services										Yes	
PA0365	Knowsley Communication Support, Information and Advice Service										Yes	
PA0366	Knowsley Community Cardiovascular Service			Yes	Yes							
PA0817	Liverpool Life After Stroke Service										Yes	
PA0478	North Sefton Community Neuro Rehab Team				Yes							
PA0585	South Cheshire and Vale Royal Specialist Community Stroke Rehabilitation Team			Yes	Yes							
PA0829	South Sefton Information, Advice and Support / Communication Support services										Yes	
PA0632	Southport & Ormskirk Stroke Association Support										Yes	
PA0642	St Helens Community Support Service and Stroke Information, Advice and Support Services										Yes	
PA0285	St Helens Early Supported Discharge for stroke			Yes								
PA0647	St Helens Intermediate Care				Yes							
PA0712	The Royal Liverpool and Broadgreen University Hospitals NHS Trust ESD Team			Yes								
PA0753	Warrington and Halton ESD Team		Yes	Yes								
PA0555	Wirral CRC Physio Outpatients		Yes				Yes					
PA0752	Wirral CRC SLT Outpatients		Yes						Yes			
PA0781	Wirral Information, Advice and Support Service & Communication Support Service										Yes	
PA0782	Wirral Stroke ESD Team		Yes	Yes								
Cheshire and Mersey and Greater Manchester, Lancashire and South Cumbria												
PA0754	Warrington Stoke Association										Yes	
East Midlands												
PA0127	Central Nottinghamshire ESD Team			Yes								
PA0148	Coalville Community Hospital	Yes										
PA0492	Complex Stroke Outreach Team				Yes							
PA0188	Derby City Community therapy and Intermediate care teams			Yes	Yes		Yes	Yes				
PA0189	Derby Neuro out patient service		Yes									
PA0244	Erewash Community Rehabilitation				Yes							
PA0246	Erewash Outpatient Service		Yes									
PA0613	ESSD South Derbyshire and South Dales			Yes								
PA0276	Grantham and District Hospital	Yes										
PA0586	Integrated Care Team South Dales and South Derbyshire				Yes							
PA0359	Kings Mill Hospital Out-Patient Therapy						Yes		Yes			
PA0384	Leicester City Stroke Rehabilitation Unit	Yes										
PA0386	Leicester ESD Team			Yes							Yes	
PA0164	Leicester Family & Carer Support Service										Yes	
PA0387	Leicester Partnership Trust - Domiciliary Therapy					Yes						
PA0393	Lincolnshire Assisted Discharge Stroke Service			Yes								
PA0604	Lincolnshire Family & Carer Support Service										Yes	
PA0587	Neuro O.T South Dales and South Derbyshire							Yes				
PA0472	North East Lincs Communication Support Service										Yes	
PA0474	North East Lincs Information, Advice & Support Service										Yes	
PA0690	North Lincolnshire Communication Support service										Yes	
PA0214	North Lincolnshire Information, Advice and Support Service										Yes	
PA0288	North Notts Family & Carer Support Service										Yes	
PA0484	Northampton Community Stroke Service			Yes	Yes							Yes
PA0486	Northamptonshire Community Stroke Beds	Yes										
PA0495	Nottingham City 6 Month Assessment Provider											Yes
PA0496	Nottingham City Community Stroke Team				Yes							
PA0497	Nottingham City ESD Team			Yes								
PA0603	Nottingham City Information Advice and Support Service										Yes	
PA0636	Nottingham University Hospitals County Stroke Outreach Service			Yes								
PA0589	Physiotherapy Out Patients South Dales and South Derbyshire		Yes									
PA0539	Royal Derby Hospital Clinical Neuropsychology									Yes		
PA0597	South Nottinghamshire Community Stroke team				Yes							
PA0356	South Nottinghamshire Information Advice and Support Service										Yes	
PA0623	Southern Derbyshire Communication Support service										Yes	

East Midlands and West Midlands												
PA0160	Coventry Community Neuro-Rehab Service			Yes	Yes							
East of England												
PA0022	Anglian Community Enterprise (ACE) Clacton Hospital	Yes										
PA0023	Anglian Community Enterprise (ACE) Community Rehabilitation Service Clacton & Tendring						Yes					
PA0024	Anglian Community Enterprise ESD			Yes								
PA0025	Archer Unit - Bedfordshire	Yes										
PA0417	Bedford Information Advice Support Service										Yes	
PA0411	Cambridge City and South Cambs Community Neuro Rehab Team				Yes							
PA0319	Central Bedfordshire Information Advice Support Service										Yes	
PA0137	Chiltern Ward - Gossom's End Rehab Unit	Yes										
PA0548	Colchester Information Advice Support Service										Yes	
PA0174	Cumberlege Intermediate Care Centre	Yes										
PA0183	Danesbury Neurological Centre	Yes										
PA0223	East and North Hertfordshire Life After Stroke Service										Yes	
PA0212	East and North Herts Community Neuro Rehab team				Yes							
PA0211	East and North Herts ESD Team			Yes								
PA0134	East Cambs and Fenland Community Neuro Rehab Team				Yes							
PA0243	Epping Integrated Care Team		Yes			Yes						
PA0248	Essex 6 Month Assessment Provider (Cumberlege ICC)											Yes
PA0249	Essex ESD Team (SEPT)			Yes								
PA0074	Great Yarmouth and Waveney Information Advice and Support										Yes	
PA0630	Hadleigh Adult Community Speech and Language Therapy								Yes			
PA0298	Harlow Integrated Care Team				Yes							
PA0311	Hemel Hempstead Integrated Community Services				Yes							
PA0314	Hertfordshire & Essex Community Hospital	Yes										
PA0315	Hertfordshire & Essex Community Rehab Team				Yes							
PA0322	Hertfordshire Stroke Association										Yes	
PA0323	Herts Valley ESD Team			Yes								
PA0103	Hunts Community Neuro Rehab Team				Yes							
PA0353	James Paget University Hospital ESD Team			Yes								
PA0346	Livability Icanho										Yes	
PA0401	Lower Lea Valley Community Rehab Team				Yes							
PA0483	Luton Information Advice Support Service										Yes	
PA0620	Mid Essex Information Advice Support Service										Yes	
PA0415	Mid Essex ESD Team			Yes								
PA0460	Norfolk Community 6 Month Assessment Provider											Yes
PA0493	Norwich Community Hospital - Beech Ward	Yes										
PA0494	Norwich ESD Team			Yes								
PA0516	Potters Bar Community Hospital	Yes										
PA0517	Potters Bar Community Rehab Team				Yes							
PA0521	Queen Victoria Memorial Hospital	Yes										
PA0525	Rehabilitation and Enablement Team (North -SEPT)				Yes							
PA0526	Rehabilitation and Enablement Team (South Central -SEPT)				Yes							
PA0210	South East Essex Community Intermediate Care (CPR)					Yes						
PA0096	South East Essex Community Intermediate Care (Southend)					Yes						
PA0591	South East Essex Community Service Integrated Stroke Team				Yes							
PA0791	South West Essex Information Advice Support Service										Yes	
PA0616	South West Essex Stroke Hub Team, NELFT	Yes		Yes								Yes
PA0419	Southend University Hospital NHS Foundation Trust		Yes							Yes		
PA0637	St Albans and Harpenden - Integrated Community Team				Yes							
PA0653	St Margaret's Hospital Essex	Yes										
PA0657	St Peter's Community Hospital Rehab Unit	Yes										
PA0668	Stevenage and North Herts Intermediate Care Units	Yes										
PA0667	Stevenage, North Herts & Royston Integrated Community Rehab Team				Yes							
PA0674	Stroke Association Cambridgeshire Information Advice and Support service										Yes	
PA0680	Suffolk Early Supported Discharge Service			Yes								
PA0367	Thurrock Information Advice Support Service										Yes	
PA0738	Upper Lea Valley Integrated Care Team				Yes							
PA0739	Uttlesford Integrated Care Team				Yes							
PA0756	Watford Integrated Community Nursing Therapy Team				Yes							
PA0758	Welwyn Garden City & Hatfield Community Rehab Team				Yes							
PA0760	West Essex ESD Team			Yes								
PA0073	West Essex Information Advice Support Service										Yes	
PA0318	West Hertfordshire Neuro Locality Team		Yes		Yes							
PA0338	West Norfolk Information Advice and Support										Yes	

East of England and London												
PA0072	Brent 6 Month Assessment Provider											Yes
PA0333	Holywell Rehabilitation Unit - St Albans City Hospital	Yes										
East of England and East Midlands												
PA0512	Peterborough City Care Centre				Yes							
Greater Manchester, Lancashire and South Cumbria												
PA0005	Adult Community Therapy Team				Yes							
PA0815	Blackburn Information, Advice and Support / Communication Support Services										Yes	
PA0055	Blackburn with Darwen Community Stroke Team				Yes							
PA0057	Blackpool Early Supported Discharge Team			Yes								
PA0260	Blackpool, Fylde and Wyre Neuro Physiotherapy Services						Yes					
PA0060	Bolton Complex Team			Yes	Yes							
PA0818	Bolton Information, Advice and Support Service										Yes	
PA0097	Bury Stroke Rehab Team			Yes	Yes							
PA0119	Central Lancashire Community Neuro Rehab Team				Yes							
PA0821	Central Lancashire Life After Stroke Service										Yes	
PA0124	Central Manchester Stroke Team			Yes	Yes							
PA0139	Chorley and South Ribble Hospital	Yes										
PA0218	East Lancashire Community Stroke Rehab Team			Yes	Yes							
PA0219	East Lancs/Stroke Association: Information advice & support service, communication support service										Yes	
PA0255	Flyde and Wyre Speech and Language Therapy (Blackpool)								Yes			
PA0816	Fylde and Wyre Life After Stroke Service										Yes	
PA0261	Fylde and Wyre Occupational and Physiotherapy (Blackpool)						Yes	Yes				
PA0326	Heywood, Middleton and Rochdale Community Rehabilitation Team				Yes							
PA0327	Heywood, Middleton and Rochdale ESD Team			Yes								
PA0824	Heywood, Middleton and Rochdale Information, Advice and Support / Communication Support Services										Yes	
PA0409	Manchester Stroke Association										Yes	
PA0820	North Lancashire Life After Stroke Service										Yes	
PA0736	North Lancs ESD and Community stroke team			Yes	Yes							
PA0501	Oldham Community - ESD Team			Yes								
PA0823	Oldham Information, Advice and Support / Communication Support / Long-term support Services										Yes	
PA0549	Salford Community Neurological Rehab Team				Yes							
PA0550	Salford ESD Team			Yes								
PA0551	Salford Royal Hospital NHS Foundation Trust Stroke Unit (Rehabilitation)	Yes	Yes									
PA0552	Salford Stroke Association IASS - 6 Month Assessment Provider										Yes	
PA0827	South Cumbria Life after Stroke service and Communication Support Service										Yes	
PA0847	Speakeasy										Yes	
PA0666	Stepping Hill STARS team				Yes							
PA0672	Stroke Association - Blackpool										Yes	
PA0701	Tameside and Glossop Community Stroke Team				Yes							
PA0702	Tameside and Glossop ESD Team			Yes								
PA0825	Tameside and Glossop Information, Advice and Support / Communication Support Services										Yes	
PA0828	Trafford Life After Stroke Service										Yes	
PA0730	University Hospital of South Manchester Stroke Rehabilitation Unit	Yes										
PA0763	West Lancashire Community Neuro Rehab Team				Yes							
PA0830	West Lancashire Life After Stroke Service										Yes	
PA0826	Wigan Information, Advice and Support / Communication Support Services										Yes	
PA0795	Wrightington Wigan and Leigh ESD Team and Alexandra Court	Yes		Yes								
Greater Manchester, Lancashire and South Cumbria and North of England												
PA0737	University Hospitals of South Manchester ESD Team			Yes								
PA0502	Oldham Community - Rehab Team				Yes							
PA0508	Pendle Community Hospital - Marsden Stroke Unit	Yes										
PA0509	Pennine Acute NHS Trust Community Stroke Rehab Team			Yes	Yes							
PA0629	Rakehead Rehabilitation Centre, Burnley General Hospital				Yes							

London												
PA0010	Albany Rehab Unit - National Hospital for Neurology and Neurosurgery	Yes										
PA0011	Alderbourne Rehabilitation Unit - Hillingdon	Yes										
PA0030	Athlone House Rehab Unit	Yes										
PA0032	Barnet ESD Team			Yes								
PA0033	Barnet Stroke Association - 6 Month Assessment Provider										Yes	
PA0047	Bexley Integrated Specialist Neurorehabilitation service (Sidcup)		Yes	Yes	Yes							
PA0522	BHRUT Stroke Services	Yes	Yes	Yes						Yes		
PA0181	Brent STARRS				Yes				Yes			
PA0086	Bromley SCREHN Community Rehab Team SD/THMT			Yes	Yes							
PA0106	Camden ESD Team and Community Neurology service			Yes	Yes							
PA0130	Chase Farm Hospital Inpatient Rehab Team	Yes					Yes	Yes	Yes			
PA0142	City and Hackney TLC stroke project										Yes	
PA0146	Clayponds Inpatient Neuro Therapy Team	Yes										
PA0222	Community Neuro Service			Yes	Yes							
PA0833	Connect – the communication disability London										Yes	
PA0166	Croydon Community Neuro Rehab Team				Yes			Yes				
PA0167	Croydon Domiciliary Physiotherapy Service						Yes					
PA0168	Croydon Domiciliary Speech and Language Therapy Service								Yes			
PA0169	Croydon ESD Team			Yes								
PA0170	Croydon Neuro Outpatient Physiotherapy Service						Yes					
PA0171	Croydon Neuro Psychology Service									Yes		
PA0172	Croydon Outpatient Speech and Language Therapy Service								Yes			
PA0173	Croydon Stroke Rehabilitation Team				Yes							
PA0208	Ealing Community Stroke Team				Yes							
PA0238	Edgware Community Hospital	Yes										
PA0239	Enfield Community Stroke Rehab Team				Yes							
PA0240	Enfield ESD Team			Yes								
PA0277	Grays Court Community Hospital	Yes										
PA0280	Greenwich ESD Team			Yes								
PA0281	Greenwich Neuro Rehabilitation Team				Yes							
PA0282	Greenwich Stroke Association - 6 Month Assessment Provider											Yes
PA0290	Hammersmith and Fulham Stroke Association										Yes	
PA0296	Haringey Age UK Stroke Club										Yes	
PA0297	Haringey Integrated Community Therapy Team (ICTT, Whittington)			Yes	Yes						Yes	
PA0300	Harrow 6 Month Assessment Provider											Yes
PA0373	Harrow STARRS				Yes		Yes		Yes			
PA0301	Harrow Stroke Association										Yes	
PA0330	Hillingdon Community Rehab Team				Yes							
PA0334	Homerton Adult Community Rehab Team				Yes							
PA0336	Homerton Therapy at Home ESD Team			Yes								
PA0337	Homerton Transitional Rehabilitation Team	Yes										
PA0341	Hounslow Community Stroke Rehab Team				Yes							
PA0342	Hounslow Stroke Association - 6 Month Assessment Provider											Yes
PA0351	Islington early supported discharge service			Yes	Yes							
PA0352	Islington Stroke Association 6 Month Assessment Provider											Yes
PA0355	Kensington & Chelsea and Hammersmith and Fulham Neuro/Stroke ESD Team			Yes	Yes							
PA0358	King George Hospital Inpatient Rehab Team	Yes										
PA0368	Lambeth 6 Month Assessment Provider											Yes
PA0369	Lambeth Community Stroke Rehab Team				Yes							
PA0370	Lambeth ESD Team			Yes								
PA0371	Lambeth Stroke Care Advice and Support Service										Yes	
PA0389	Lewisham Community Stroke Rehab and ESD Team			Yes	Yes							Yes
PA0440	Neuro Rehab Unit - National Hospital for Neurology and Neurosurgery	Yes										
PA0475	North East London Community Stroke Team				Yes							
PA0503	Outer North East London 6 Month Assessment Provider											Yes
PA0520	Queen Mary Roehampton Neurorehabilitation Unit	Yes										
PA0058	Redbridge Information Advice and Support Service										Yes	
PA0523	Redbridge Intermediate Care & Community Stroke Service				Yes							
PA0601	Redbridge Stroke Association - 6 Month Assessment Provider											Yes
PA0528	Richmond Community Neuro-Rehab Team				Yes							
PA0529	Richmond ESD Team			Yes								
PA0531	Robertson Unit - Willesden Centre for Health and Care	Yes										
PA0540	Royal Free Community Neuro Rehab Team											
PA0541	Royal Free Neuro Rehabilitation Centre	Yes										
PA0633	Southwark 6 Month Assessment Provider											Yes
PA0634	Southwark Community Stroke Rehab Team				Yes							
PA0635	Southwark ESD Team			Yes								
PA0656	St Pancras Hospital	Yes										
PA0441	Stroke Association Back to Work Project										Yes	
PA0410	Stroke Association Barnet Communication Support Service										Yes	
PA0627	Stroke Association Barnet Stroke Support Service										Yes	
PA0413	Stroke Association Camden and Islington Communication Support Service										Yes	
PA0209	Stroke Association Communication Support Service in Croydon										Yes	
PA0259	Stroke Association Communication Support Service in Greenwich										Yes	
PA0772	Stroke Association Communication Support Service in Lewisham										Yes	
PA0842	Stroke Association Communication Support Service in Sutton and Merton										Yes	
PA0845	Stroke Association Communication Support Service in Waltham Forest										Yes	
PA0213	Stroke Association Family and Carer Support Service in Croydon										Yes	

PA0206	Stroke Association Family and Carer Support Service in Greenwich										Yes	
PA0122	Stroke Association Family and Carer Support Service in Lewisham										Yes	
PA0457	Stroke Association Family and Carer Support Service in Newham										Yes	
PA0078	Stroke Association Hillingdon Communication Support service										Yes	
PA0079	Stroke Association Hillingdon Information Advice and Support service										Yes	
PA0156	Stroke Association Hounslow Information Advice and Support service										Yes	
PA0126	Stroke Association Information, Advice and Support Service in Bromley										Yes	
PA0143	Stroke Association Information, Advice and Support Service in Sutton										Yes	
PA0843	Stroke Association Information, Advice and Support Service in Tower Hamlets										Yes	
PA0846	Stroke Association Information, Advice and Support Service in Wandsworth										Yes	
PA0095	Stroke Association Islington Stroke Navigator Service										Yes	
PA0316	Stroke Association Stroke Navigator in Haringey										Yes	
PA0844	Stroke Association Stroke Navigator in Waltham Forest										Yes	
PA0688	Sutton and Merton Community Neuro Rehab Team				Yes				Yes			
PA0689	Sutton and Merton ESD Team			Yes								
PA0719	Tower Hamlets 6 Month Assessment Provider											Yes
PA0721	Tower Hamlets Community Stroke Team				Yes							
PA0722	Tower Hamlets ESD Team			Yes								
PA0749	Wandsworth Community Neuro ESD Team			Yes								
PA0750	Wandsworth Community Neuro Rehabilitation Team				Yes							
PA0751	Wandsworth Stroke Association - 6 Month Assessment Provider										Yes	
PA0771	Westminster Community Neuro/Stroke ESD Team			Yes	Yes							
PA0773	Whipps Cross Community Rehab Team				Yes							
PA0774	Whipps Cross ESD Team			Yes								
PA0785	Wolfson Neurorehabilitation Unit	Yes										
PA0798	Your Healthcare Community Rehab Team	Yes		Yes	Yes							
North of England												
PA0054	Bishop Auckland Hospital	Yes										
PA0115	Carlisle & Brampton ESD Team			Yes								
PA0681	City Hospital Sunderland Community Stroke and Therapies services			Yes	Yes		Yes		Yes			
PA0207	Durham Dales, Easington and Sedgefield Stroke community rehab team (Easington Locality only)				Yes							
PA0265	Gateshead Nurse-lead Stroke Outpatient Service			Yes								
PA0287	Hambleton and Richmondshire and Whitby Speech and Language Therapy Service								Yes			
PA0498	Hartlepool community stroke team				Yes							
PA0454	Newcastle ESD Team and Community Services			Yes	Yes							
PA0194	North Durham Community Rehabilitation Team				Yes							
PA0481	Northumbria ESD Team			Yes								
PA0510	Penrith Community Hospital	Yes		Yes								
PA0711	RIACT (County Durham and Darlington NHS Foundation Trust)	Yes	Yes		Yes							
PA0837	Rutson Rehabilitation Unit	Yes										
PA0232	South Tees Community Stroke Service	Yes		Yes	Yes				Yes	Yes		Yes
PA0605	South Tees Stroke Association IASS										Yes	
PA0608	South Tyneside Community Stroke Team			Yes	Yes							
PA0302	Stockton community stroke team				Yes							
PA0433	Stroke Association Durham IAS/CSS										Yes	
PA0059	Stroke Association Gateshead IAS/CSS/CIS										Yes	
PA0470	Stroke Association North Tees IAS/CSS/CWNS										Yes	
PA0731	Stroke Association South Tyneside IAS/CSS/CIS										Yes	
PA0456	Stroke Association Sunderland IAS/CSS/CIS										Yes	
North of England and Cheshire and Mersey												
PA0639	St Helens 6 Month Assessment											Yes

South East												
PA0027	Ashford and Shepway 6 Month Assessment Provider											Yes
PA0028	Ashford Community Stroke Rehab Team				Yes							
PA0029	Ashford ESD Team	Yes		Yes								
PA0046	Bexhill Hospital - Irvine Unit	Yes										
PA0082	Brighton and Hove Community Neuro Rehab Team			Yes	Yes							
PA0108	Canterbury Community Stroke Rehab Team			Yes	Yes							
PA0128	Central Surrey Health Community Rehab Team			Yes	Yes							
PA0129	Central Surrey Health ESD Team			Yes								
PA0149	Coastal West Sussex - Chichester and Midhurst Family and Carer Support Service										Yes	
PA0162	Crawley Family and Carer Support Service										Yes	
PA0163	Crawley Hospital Stroke Rehab Ward	Yes								Yes		
PA0185	Dartford, Gravesham & Swanley Community Rehab Team		Yes	Yes	Yes							
PA0186	Deal and Dover Community Intermediate Care Team	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
PA0835	East Kent Stroke Association										Yes	
PA0254	East Surrey First Community Health and Care Community Neuro-rehab Team				Yes					Yes	Yes	
PA0233	East Sussex Stroke Association - 6 Month Assessment Provider										Yes	
PA0235	Eastbourne Community Stroke Rehab Team				Yes							
PA0258	Frimley Park ESD Team			Yes								
PA0305	Hastings and Rother Community Stroke Rehab Team				Yes							
PA0313	Herne Bay Community Stroke Rehab Team			Yes	Yes							
PA0329	High Weald Lewes Havens Joint Community Rehabilitation Team				Yes							
PA0542	Horsham & Mid Sussex Family and Carer Support Service										Yes	
PA0328	Lewes and Havens Community Stroke Rehabilitation Team				Yes							
PA0407	Maidstone Communication Support Service										Yes	
PA0412	Medway Community Healthcare ESD Team			Yes								
PA0676	Medway Family and Carer Support Service										Yes	
PA0414	Medway Stroke Community Assessment & Rehab Team				Yes							
PA0558	Sapphire Unit - Gravesham Community Hospital	Yes										
PA0566	Sheppey Community Hospital	Yes										
PA0568	Shepway Community Stroke Rehab Team				Yes							
PA0569	Shepway ESD Team	Yes		Yes								
PA0638	St Bartholomews Hospital	Yes										
PA0682	Surrey (combined) ESD team			Yes								
PA0683	Surrey (Virgin Care) Community rehabilitation team				Yes							
PA0684	Surrey Stroke Support Worker										Yes	
PA0685	Sussex Community Neuro-rehab Team (North)			Yes	Yes	Yes						
PA0686	Sussex Rehabilitation Centre	Yes										
PA0708	Thanet Community Intermediate Care Team	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
PA0766	West Sussex Coastal (South) Community Neuro Rehab Team				Yes							
PA0767	West Sussex Coastal (West) Neuro Rehab Team				Yes							

South West Strategic Clinical Networks & Senate												
PA0035	Bath and North East Somerset Community Neuro and Stroke Services			Yes								
PA0631	Bath Information Advice & Support and Communication Support										Yes	
PA0048	Bideford Community Hospital	Yes	Yes									
PA0083	Bristol Area Stroke Foundation										Yes	
PA0138	Chippenham Community Hospital - Mulberry Stroke Unit	Yes										
PA0147	Clevedon Community Hospital	Yes										
PA832	Connect – the communication disability Cornwall										Yes	
PA0377	Connect - the communication disability Gloucester										Yes	
PA0154	Cornwall and Isles of Scilly ESD Team			Yes								
PA0216	East Devon Community Stroke Rehab Unit	Yes										
PA0237	Eastern Devon Stroke Support ESD Team			Yes								
PA0256	Forest Ward - Swindon Intermediate Care Centre	Yes										
PA0268	Gloucestershire 6 Month Assessment Provider		Yes									Yes
PA0270	Gloucestershire Community Physiotherapy Service						Yes					
PA0271	Gloucestershire Community Speech and Language Service								Yes			
PA0274	Gloucestershire ESD Team			Yes								
PA0430	Mount Gould Hospital Stroke Rehabilitation Unit	Yes				Yes						
PA0445	NEW Devon Eastern Locality: Peer Support										Yes	
PA0446	NEW Devon Northern Locality: Peer Support										Yes	
PA0448	NEW Devon Western Locality: Peer Support										Yes	
PA0449	NEW Devon Western Locality: Stroke Follow Up and Review Service											Yes
PA0466	North Bristol NHS Trust		Yes	Yes					Yes	Yes		
PA0416	North Devon Community Rehab team				Yes							
PA0479	North Somerset DARRT - 6 Month Assessment Provider											Yes
PA0424	North Somerset Information Advice & Support and Communication Support										Yes	
PA0488	Northern Devon Healthcare ESD Team			Yes								
PA0513	Plymouth Community Healthcare ESD Team			Yes								
PA0567	Shepton Mallet Community Hospital	Yes										
PA0595	Sirona Care and Health, South Gloucestershire, Community Rehabilitation Team				Yes							
PA0402	Somerset (Mendip) Communication Support										Yes	
PA0581	Somerset 6 Month Assessment Provider											Yes
PA0582	Somerset Partnership Community Rehab Team				Yes							
PA0583	Somerset Partnership ESD Team			Yes								
PA0596	South Molton Hospital	Yes										
PA0600	South Petherton Community Hospital	Yes										
PA0654	St Martin's Hospital - Sulis Unit	Yes										
PA0699	Swindon Community Stroke Team				Yes							
PA0705	Teignbridge, Totnes & Dartmouth Community Stroke Team			Yes	Yes							
PA0717	Torbay Community Neuro Rehab Team			Yes	Yes							
PA0732	University Hospitals Bristol Post-acute inpatient and ESD team	Yes		Yes								
PA0778	Williton Community Hospital	Yes										
PA0190	Wiltshire Communication Services										Yes	
PA0780	Wiltshire Integrated Community Health Directorate				Yes							Yes

Thames Valley												
PA0001	Abingdon Community Hospital	Yes										
PA0039	Berkshire Community Neuro Rehab Team	Yes		Yes	Yes							
PA0067	BHFT-Ascot Ward, Wokingham Hospital	Yes										
PA0612	BHFT-Assessment & Rehab Centre (ARC), Upton Hospital		Yes									
PA0153	BHFT-Donnington Ward (non-Neuro Rehab beds)	Yes										
PA0155	BHFT-Henry Tudor Ward, St.Marks Hospital	Yes										
PA0422	BHFT-Intermediate Care Service (including Dom physio), West Berkshire				Yes							
PA0042	BHFT-Intermediate Care Service, Wokingham				Yes							
PA0044	BHFT-Windsor Ward, Wokingham Hospital	Yes										
PA0231	Bracknell Stroke Support										Yes	
PA0089	Buckinghamshire Aphasia/communication Rehabilitation and Support								Yes			
PA0090	Buckinghamshire Community Neuro-Rehabilitation service (CNRs)				Yes		Yes	Yes	Yes	Yes		
PA0091	Buckinghamshire ESD Team			Yes								
PA0092	Buckinghamshire Healthcare 6 Month Assessment Provider											Yes
PA0360	Buckinghamshire Healthcare Community Head Injury Service				Yes							
PA0093	Buckinghamshire Neurorehabilitation Unit	Yes										
PA0094	Buckinghamshire Stroke Association										Yes	
PA0811	Central Oxfordshire Community Therapy Service					Yes						
PA0331	East Berkshire Community Stroke Support (post stroke reviews)										Yes	
PA0339	Horton rehab unit	Yes										
PA0012	Intermediate Care, BHFT, Oakwood Ward - Prospect Park Hospital	Yes										
PA0423	Milton Keynes ESD Team			Yes	Yes							
PA0451	Newbury Stroke Care										Yes	
PA0809	North East Oxfordshire Community Therapy Service					Yes						
PA0831	North Oxfordshire Community Therapy Service					Yes						
PA0505	Oxford ESD Team			Yes								
PA0506	Oxfordshire 6 Month Assessment Provider											Yes
PA0325	Oxfordshire Communication Support										Yes	
PA0544	Slough Adult Services, BHFT-Jubilee ward, Upton Hospital	Yes										
PA0491	Slough Information Advice & Support										Yes	
PA0810	South East Oxfordshire Community Therapy Service					Yes						
PA0592	South East Oxfordshire ESD Team			Yes								
PA0813	South West Oxfordshire Community Therapy Service											
PA0673	Stroke Association (Reading & Wokingham)										Yes	
PA0814	West Oxfordshire Community Therapy Service				Yes							
PA0784	Witney Community Hospital	Yes										
Thames Valley and South East												
PA0380	BHFT-Intermediate Care Service, Reading				Yes							
Wessex												
PA0615	Bournemouth & Poole Long Term Conditions Therapy Team				Yes							
PA0425	Bournemouth & Poole Keep In Touch service										Yes	
PA0105	Christchurch Day Hospital – Neurotherapy Team		Yes									
PA0469	Christchurch Hospital Neurological Outpatients Physiotherapy						Yes					
PA0473	Dorset Communication Support										Yes	
PA0332	Dorset Community Speech & Language Therapy (Adults) Team		Yes						Yes			
PA0198	Dorset HealthCare 6 Month Assessment Provider											Yes
PA0199	Dorset HealthCare ESD Team			Yes								
PA0252	Farnham Hospitals, Runfold Ward	Yes	Yes									Yes
PA0291	Hampshire Hospital NHS Foundation Trust Stroke Team		Yes									
PA0292	Hampshire Hospitals NHS Foundation Trust ESD Team			Yes								
PA0293	Hampshire Hospitals Speech and Language Therapy service								Yes			
PA0294	Hampshire Hospitals Winchester Re-ablement Team				Yes							
PA0295	Hampshire Stroke Association Communication Support (Southampton)										Yes	
PA0350	Isle Of Wight Early discharge team		Yes	Yes								
PA0135	Isle of Wight Information Advice & Support and Communication Support										Yes	
PA0404	Lymington New Forest Hospital	Yes		Yes								Yes
PA0514	Poole ESD Team			Yes								
PA0515	Portsmouth Community ESD Team			Yes								
PA0101	Portsmouth Information Advice & Support and Communication Support										Yes	
PA0379	Purbeck Community Hospital Team	Yes										
PA0374	Purbeck Intermediate Care Team				Yes							
PA0538	Royal Bournemouth Hospital ESD Team			Yes								
PA0579	Solent Community Neurological Team (CNT)		Yes		Yes							
PA0580	Solent Stroke ESD Team (Southampton)			Yes								
PA0621	Southampton Stroke association communication support service										Yes	
PA0390	Westhaven Hospital Community Team	Yes										
PA0408	Weymouth Community Rehab Team				Yes							

West Midlands												
PA0347	Birmingham Communication Support										Yes	
PA0405	Birmingham Family & Carer Support										Yes	
PA0308	Birmingham Heartlands Hospital		Yes	Yes								
PA0050	Birmingham South and Central Community Rehabilitation				Yes							
PA0051	Birmingham South and Central Early Supported Discharge			Yes								
PA0107	Cannock Community Stroke Team			Yes	Yes							
PA0159	Coventry Family & Carer Support Service										Yes	
PA0201	Dudley Community Stroke Rehabilitation Team		Yes	Yes	Yes							
PA0202	Dudley Intermediate Care and Step down facilities	Yes										
PA0203	Dudley Psychology and Counselling Services									Yes		
PA0204	Dudley Stroke Association - 6 month assessment provider										Yes	
PA0230	East Staffordshire Community Stroke Rehab Team			Yes								
PA0253	Feldon Ward Stroke Rehabilitation Unit	Yes										
PA0455	Good Hope Hospital		Yes	Yes								
PA0609	Hereford County Hospital	Yes										
PA0312	Herefordshire Community Stroke Rehab Team				Yes							
PA0429	Moseley Hall Stroke Rehabilitation Unit	Yes										
PA0779	Neurosciences Unit, County Hospital	Yes	Yes									
PA0480	North Staffordshire Family & Carer Support Service										Yes	
PA0217	Nuneaton & Bedworth Family & Carer Support Service										Yes	
PA0543	Royal Wolverhampton Inpatient Rehabilitation	Yes										
PA0553	Samuel Johnson Community Hospital	Yes										
PA0554	Sandwell and West Birmingham Early Supported Discharge Team			Yes								
PA0557	Sandwell Stroke Association 6 Month Assessment Provider										Yes	
PA0572	Shrewsbury and Telford ESD Team			Yes								
PA0573	Shropshire Community Neuro Rehab Team				Yes							
PA0053	Shropshire Family & Carer Support Service										Yes	
PA0577	Sir Robert Peel Community Hospital	Yes										
PA0614	Solihull Hospital		Yes		Yes							
PA0464	Solihull Life After Stroke Service										Yes	
PA0611	South Warwickshire Stroke Outreach Team				Yes							
PA0661	Stafford Community Stroke Team			Yes	Yes							
PA0733	Staffordshire Communication Support Service										Yes	
PA0664	Staffordshire ESD Team			Yes								
PA0584	Staffordshire Family & Carer Support Service										Yes	
PA0665	Staffordshire Rehabilitation Team	Yes										
PA0669	Stoke on Trent Communication Plus Service (Bromsgrove)										Yes	
PA0670	Stoke on Trent Life After Stroke Programme (Bromsgrove)										Yes	
PA0476	Telford Family & Carer Support Service										Yes	
PA0388	Timberdine Nursing and Rehab Unit	Yes										
PA0745	Walsall Community Stroke Rehab Team	Yes	Yes	Yes	Yes							
PA0070	Walsall Family & Carer Support Service										Yes	
PA0007	Warwickshire Life After Stroke Service										Yes	
PA0755	Warwickshire North Stroke Outreach		Yes									
PA0786	Wolverhampton and Seisdon ESD Team			Yes								
PA0787	Wolverhampton Community 6 Month Assessment Provider											Yes
PA0789	Worcestershire Community Stroke Service (North)			Yes	Yes							
PA0790	Worcestershire Community Stroke Services (South)			Yes	Yes							
PA0482	Worcestershire Stroke Recovery Service										Yes	

Yorkshire and The Humber												
PA0034	Bassetlaw Health Partnerships Community Stroke Team			Yes	Yes							
PA0037	Beech Hill Rehabilitation Unit	Yes										
PA0064	Bradford District and Bradford City Community Speech and Language Therapy								Yes			
PA0069	Bradford ESD Team			Yes								
PA0140	Bradford Neuro Rehabilitation Team		Yes		Yes							
PA0100	Calderdale and Huddersfield NHS Foundation Trust Stroke Outpatient Clinic		Yes									
PA0099	Calderdale Community Rehabilitation Team				Yes		Yes	Yes	Yes			
PA0102	Calderdale Stroke Association IASS - 6 Month Assessment Provider											Yes
PA0098	Calderdale Stroke Early Supported Discharge Team			Yes			Yes	Yes	Yes			
PA0150	Chapel Allerton Hospital Stroke Rehabilitation Unit	Yes									Yes	
PA0136	Chesterfield Royal Hospital Stroke Early Supported Discharge Team			Yes								
PA0803	Doncaster carers service (Stroke) Age UK										Yes	
PA0196	Doncaster Community Stroke Rehab Team				Yes							
PA0197	Doncaster Royal Infirmary ESD Team			Yes								
PA0426	East Yorkshire Communication Support										Yes	
PA0279	Greater Huddersfield Community Rehabilitation Team				Yes		Yes	Yes	Yes			
PA0343	Greater Huddersfield Stroke Early Supported Discharge Team			Yes			Yes	Yes	Yes			
PA0299	Harrogate Community Stroke Team				Yes							
PA0344	Hull Integrated Community Stroke Service	Yes		Yes	Yes							
PA0354	Kendray Hospital	Yes										
PA0485	Kirklees Communication Support										Yes	
PA0487	Kirklees Information, Advice and Support										Yes	
PA0364	Kirklees Stroke Association IASS - 6 Month Assessment Provider											Yes
PA0381	Leeds Community Stroke rehabilitation Team				Yes							
PA0383	Leeds Stroke association										Yes	
PA0397	Locala (Kirklees) Stroke ESD Team			Yes	Yes							
PA0428	Montagu Hospital	Yes										
PA0431	Mount Vernon Hospital ESD Team			Yes								
PA0602	North Derbyshire Information Advice and Support Service										Yes	
PA0447	Northern Lincolnshire and Goole Community Stroke Team – DPOW			Yes	Yes							
PA0490	Northern Lincolnshire and Goole Community Stroke Team - SGH				Yes							
PA0533	Rotherham Community Stroke Team				Yes							
PA0534	Rotherham ESD Team			Yes								
PA0535	Rotherham Intermediate Care Team					Yes						
PA0536	Rotherham Stroke Association										Yes	
PA0559	Scarborough Speech and Language Therapy								Yes			
PA0560	Scarborough Stroke Rehabilitation Service				Yes							
PA0562	Sheffield Assessment and Rehabilitation Centre		Yes									
PA0563	Sheffield Community Intermediate Care Service			Yes								
PA0187	Sheffield Re-ablement Service										Yes	
PA0618	South West Yorkshire Health & Wellbeing Development - 6 Month Assessment Provider											Yes
PA0283	Stroke Association Harrogate IAS										Yes	
PA0834	Stroke Association York IAS										Yes	
PA0104	Stroke Rehabilitation Unit - Leeds General Infirmary	Yes									Yes	
PA0709	The Beacon Rehab Unit (Cleethorpes)	Yes			Yes		Yes	Yes				
PA0741	Wakefield Clinical Psychology									Yes		
PA0743	Wakefield Speech and Language Therapy								Yes			
PA0041	Wakefield Stroke Support Service										Yes	
PA0797	York Community Stroke Rehab Team			Yes	Yes							

Wales												
PA0002	ABMUHB dietetics service		Yes									
PA0003	ABMUHB Stroke Association family support service										Yes	
PA0016	Aneurin Bevan Hospital - Tyleri Ward	Yes										
PA0013	Aneurin Bevan Stroke Association Service										Yes	
PA0018	Aneurin Bevan UHB Community Neurological Rehab Service			Yes								
PA0020	Aneurin Bevan UHB Neuro-physiotherapy Outpatient Service (6 Sites)						Yes					
PA0021	Aneurin Bevan UHB Speech and Language Therapy Outpatient Service								Yes			
PA0026	Betsi Cadwaldr Stroke Association Service										Yes	
PA0071	Brecon War Memorial Hospital	Yes										
PA0076	Bridgend Locality Stroke team	Yes	Yes		Yes							
PA0080	Bridgend Physiotherapy outpatient department		Yes				Yes					
PA0109	Cardiff and Vale ESD Team			Yes								
PA0110	Cardiff and Vale University Health Board		Yes									
PA0111	Cardiff and Vale University Health Board Carers support Patient Experience										Yes	
PA0112	Cardiff North & West Locality				Yes							
PA0113	Cardiff South & East Locality				Yes							
PA0114	Cardiff Stroke Association										Yes	
PA0132	Chepstow Community Hospital, Stroke Prevention Clinic		Yes									
PA0176	Cwm Taf 6 Month Assessment Provider											Yes
PA0178	Cwm Taf Occupational therapy							Yes				
PA0179	Cwm Taf Physiotherapy						Yes					
PA0182	Cwm Taf UHB ESD Team			Yes								
PA0247	Eryri Hospital Inpatient Stroke Rehab Team	Yes										
PA0116	Hywel Dda Stroke Association										Yes	
PA0436	Neath Port Talbot Hospital	Yes					Yes	Yes	Yes			
PA0438	Neath Port Talbot physiotherapy department						Yes					
PA0439	Neath Port Talbot Speech and Language therapy outpatients		Yes						Yes			
PA0458	Newtown Hospital	Yes										
PA0839	Powys Community Stroke 6 Month Assessment Provider											Yes
PA0576	Singleton Hospital Swansea locality rehabilitation ward	Yes										
PA0698	Singleton Physiotherapy Stroke Club						Yes					
PA0598	South Pembrokeshire Hospital	Yes										
PA0599	South Pembrokeshire Rehab Day Unit		Yes									
PA0658	St Woolos Hospital	Yes	Yes									
PA0677	Stroke Association Service for Cwm Taf										Yes	
PA0691	Swansea Community Resource Team				Yes							
PA0693	Swansea Locality 6 month review team											Yes
PA0694	Swansea Locality Neurorehabilitation physio outpatients		Yes				Yes					
PA0695	Swansea Locality outpatients setting		Yes									
PA0696	Swansea occupational therapy service							Yes				
PA0697	Swansea Speech and language Outpatients department		Yes						Yes			
PA0740	Vale of Glamorgan Locality				Yes							
PA0783	Withybush Rehabilitation Day Unit				Yes							
PA0792	Wrexham ESD Team			Yes								
PA0793	Wrexham Rehabilitation Unit	Yes										
PA0801	Ysbyty Cwm Rhondda	Yes										
Northern Ireland												
PA0038	Belfast Trust Community Stroke Team				Yes							
PA0418	Mid Ulster Hospital Community hospital/ Intermediate care	Yes										
PA0489	Northern Health and social Care Trust Community Stroke Teams				Yes							
PA0594	South Eastern Community Stroke Team				Yes							
PA0610	Southern Trust Community Stroke Team	Yes			Yes							
PA0728	Tyrone County Hospital	Yes										
PA0768	Western Trust Community Rehab Stroke (South)			Yes	Yes							
PA0769	Western Trust Community Rehab Stroke Team (North)			Yes	Yes							
PA0776	Whiteabbey Hospital	Yes										
Isle of man												
PA0822	Isle of Man Life After Stroke Service										Yes	

Service name	Inpatient	Outpatient	Early Supported Discharge	Community Rehabilitation Team	Domiciliary only	Psychological Support	6 month review	Physiotherapy	Occupational therapy	Speech and Language Therapy	Family and carer support
Cheshire & Mersey											
St Helens Advice to People with Disabilities Service	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
St Helens Hospice End of Life Services and Lymphoedema Service	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
St Helens Hospice Services Willowbrook	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
St Helens Stroke Support Health Improvement Team council commissioned	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
St Helens Support to Achieve Better Health and Wellbeing Service	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	TRUE
Wirral VCH Physio Outpatients	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE
East Midlands											
Clay Cross Hospital Stroke Services Co-ordinator	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Danetre Hospital	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Dronfield health Centre - Outreach Service	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	TRUE	FALSE	FALSE
Isebrook Hospital	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
North Derbyshire Stroke Support Group	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Nottingham Stroke Association Information Advice and Support Service	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
St Lukes Stroke Rehabilitation Team - Market Harborough Hospital	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Amber Valley Early Supported Stroke Discharge Team	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Amber Valley Integrated Community Rehab and Intermediate care teams	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Cavendish Hospital Outpatient and Community Physiotherapy Community Rehabilitation Team	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE
Claycross Hospital Outpatient Physiotherapy and Occupational Therapy Services	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	TRUE	FALSE	FALSE
Derbyshire Community Rehabilitation Team	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	TRUE	FALSE	FALSE
Derbyshire Speech and Language Therapy	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE
East Leicestershire and Rutland Improving Access to Psychological Therapies (IAPT) (Nottinghamshire)	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE
Erewash Early Supportive Stroke Discharge Team	FALSE	FALSE	TRUE	FALSE	TRUE	FALSE	FALSE	TRUE	TRUE	TRUE	TRUE
Ilkeston Hospital Community Rehabilitation Services (Derbyshire)	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE
Ripley Neuro out patients	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Rushcliffe Stroke Ability (Nottingham)	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
South Derbyshire and South Dales Early Supported Stroke Discharge	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
South West Lincolnshire Community Stroke Discharge Service	FALSE	FALSE	TRUE	FALSE	FALSE	TRUE	FALSE	TRUE	TRUE	TRUE	FALSE
Southern Derbyshire Community Speech and Language Therapy	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Southern Derbyshire Stroke Coordinator	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE
Stroke Ability Nottingham	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Walton Hospital Community Rehabilitation Services	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE
Walton Hospital Speech and Language Therapy Service for North Derbyshire	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE

Service name	Inpatient	Outpatient	Early Supported Discharge	Community Rehabilitation Team	Domiciliary only	Psychological Support	6 month review	Physiotherapy	Occupational therapy	Speech and Language Therapy	Family and carer support
East of England											
Biggleswade Hospital	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Lord Byron Ward - Brookfields Hospital	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Suffolk Community Health	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE
Trafford Ward - North Cambs Hospital	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Welney Ward - Princess of Wales Hospital	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Colchester Hospital (CHUFT) Community Team Colchester Neuro Rehabilitation	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Headway Luton	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE
Hertfordshire Partnership Foundation Trust - IAPT	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE
Herts Valleys CCG Community Stroke/Neurological Rehabilitation Unit	TRUE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	TRUE	TRUE	TRUE	TRUE
Luton Community Assessment and Rehabilitation Team	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	TRUE	TRUE	TRUE	FALSE
Norfolk Community Health and Care (NCH&C) Adult Speech and Language Therapy	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE
Norfolk Community Health and Care (NCH&C) Rehabilitation Service (Physiotherapy and OT)	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	TRUE	FALSE	FALSE
Norfolk Community Health and Care (NCH&C) Specialist Community Neurological Nurse	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Queen Elizabeth Hospital Intensive Rehabilitation Team (King's Lynn)	TRUE	TRUE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Southend Stroke Outpatient, community rehab and physio team	FALSE	TRUE	FALSE	TRUE	FALSE	TRUE	FALSE	TRUE	FALSE	FALSE	FALSE
Greater Manchester, Lancashire & South Cumbria											
Longridge Community Hospital	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Midlands and Lancashire NHS Continuing Healthcare and NHS Funded Nursing Care	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Blackpool Community Neuro Team	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE
Central Lancs Community Nursing Team	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Lancashire Community Rehabilitation	FALSE	FALSE	FALSE	TRUE	TRUE	FALSE	FALSE	TRUE	TRUE	TRUE	FALSE
Lancashire Continence Service	FALSE	TRUE	FALSE	FALSE	TRUE	FALSE	FALSE	TRUE	TRUE	FALSE	FALSE
Lancashire Nutrition and Dietetics Service	FALSE	TRUE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Trafford Community Neuro Rehab team (Pennine Care)	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Stockport Team for Adult Rehabilitation (STAR team)	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Greater Manchester, Lancashire & South Cumbria & North of England											
Cumbria Partnership Trust	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	TRUE	TRUE	FALSE	FALSE
Islands											
Nobles Hospital Rehabilitation Unit	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
London											
St Mark's Hospital - Adult Community Speech & Language Therapy	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE
Mount Vernon - Daniels Rehabilitation Unit	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Bromley Healthcare CIC Community Rehab Team	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Enfield Stroke Navigator 6 Month Assessment Provider	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	TRUE
Whipps Cross Inpatient Rehab Team	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Enfield Improving Access to Psychological Therapies (IAPT) Service	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE
Healthwatch Stroke Project Group (Triborough Stroke Focus Group)	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Hounslow and Richmond Community Healthcare Trust (HRCH) Community Timely Discharge Neuro Rehab Team	TRUE	TRUE	FALSE	TRUE	FALSE	FALSE	TRUE	TRUE	TRUE	TRUE	TRUE
Lewisham Stroke Association	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	TRUE
London Specialist Commissioning Group	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Teddington Memorial Hospital Inpatients (mild stroke)	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Waltham Forest Community Stroke Team	FALSE	TRUE	TRUE	TRUE	FALSE	TRUE	TRUE	FALSE	FALSE	FALSE	TRUE
West London Stroke Exercise (Portobello Green)	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
North of England											
Gateshead Age UK	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Gateshead Intermediate Care Team	FALSE	FALSE	TRUE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Gateshead Therapy Services	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	TRUE	TRUE	FALSE
Gateshead Vocational Rehabilitation	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Hartlepool Stroke Club	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Middlesbrough Stroke Activity Group	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Momentum Skills North East	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
South Tyneside Discharge and Intermediate Care Teams	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE

Service name	Inpatient	Outpatient	Early Supported Discharge	Community Rehabilitation Team	Domiciliary only	Psychological Support	6 month review	Physiotherapy	Occupational therapy	Speech and Language Therapy	Family and carer support
South East											
Donald Wilson House - St Richards Hospital	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
West Kent Community Rehab Team	FALSE	TRUE	TRUE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Community Neuro Rehab Service - Central Surrey Health	TRUE	TRUE	FALSE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE
South West											
Warminster Hospital	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Bristol Intermediate Care and Reablement	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Gloucestershire Community Occupational Therapy Service	TRUE	TRUE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE
Gloucestershire Community Stroke Specialist Nurse Service	TRUE	TRUE	TRUE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE
Gloucestershire Peer Befriending Service	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Stroke Association, Swindon	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Swindon LIFT Psychology service	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE
UH Bristol Adult Speech and language Therapy Outpatient Community service	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE
Thames Valley											
Oxford Centre for enablement	TRUE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
BHFT-Highclere Ward, West Berkshire Community Hospital	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
West Berkshire Community Hospital - Adult Community Speech & Language Therapy	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE
Upton Hospital - Adult Community Speech & Language Therapy	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE
BHFT-Domiciliary Physiotherapy Services	FALSE	FALSE	FALSE	FALSE`	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Wokingham Hospital - - Adult Community Speech & Language Therapy	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE
Berkshire Healthcare FT Neuropsychology	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE
BHFT-Adult Community Speech & Language Therapy - Southcote Clinic	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE
Oxfordshire Reablement Service	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE
Bracknell Community Rehab beds	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Heatherwood and Wexham Park Hospitals NHS Foundation Trust - Stroke	FALSE	FALSE	TRUE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE
Oxford Community Stroke review service	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Royal Borough of Windsor and Maidenhead Stroke Coordinator	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Slough RRR (Reablement, Rehabilitation and Recovery)	FALSE	FALSE	TRUE	TRUE	TRUE	FALSE	TRUE	TRUE	TRUE	FALSE	TRUE
South East Oxon ESD	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Wessex											
Southern Health Community Care Teams	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Southern Health Rehabilitation Psychology Service	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE
The Stroke Association	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
West Midlands											
Dudley Stroke Rehab Unit	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Sherwood Forest Hospitals NHS Foundation Trust Stroke Rehabilitation Unit	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	TRUE	FALSE	TRUE
Stafford Hospital (County Hospital)	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Bromsgrove Stroke Association - Stroke and Family Support (Worcestershire)	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	TRUE
New Cross Hospital Community Stroke Team (Wolverhampton)	FALSE	FALSE	TRUE	TRUE	FALSE	FALSE	TRUE	TRUE	TRUE	TRUE	FALSE
Sandwell and West Birmingham Integrated Care Service	FALSE	FALSE	FALSE	TRUE	FALSE	TRUE	FALSE	TRUE	TRUE	TRUE	FALSE
Shropshire Headway	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Shropshire Stroke Association Worker	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Staffordshire and Stoke on Trent Specialist Stroke Nurses & Community Rehabilitation Team	TRUE	TRUE	FALSE	TRUE	FALSE	FALSE	TRUE	TRUE	TRUE	TRUE	FALSE
Telford and Wrekin Enablement Service	TRUE	FALSE	TRUE	TRUE	TRUE	TRUE	FALSE	TRUE	TRUE	FALSE	TRUE
University Hospitals of Coventry and Warwickshire Inpatient Rehab (Mulberry Unit)	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
West Park Rehabilitation	TRUE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE

Service name	Inpatient	Outpatient	Early Supported Discharge	Community Rehabilitation Team	Domiciliary only	Psychological Support	6 month review	Physiotherapy	Occupational therapy	Speech and Language Therapy	Family and carer support
Yorkshire & The Humber											
Leeds Community Stroke Team (INACTIVE)	FALSE	TRUE	FALSE	TRUE	TRUE	TRUE	FALSE	TRUE	TRUE	TRUE	TRUE
MY Therapy Neuro Rehab Team & Wakefield ESD Team	FALSE	FALSE	TRUE	TRUE	FALSE	FALSE	FALSE	TRUE	TRUE	FALSE	FALSE
Airedale Specialist Neuro Rehabilitation Team	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Airedale NHS Foundation Trust Stroke service	TRUE	TRUE	FALSE	TRUE	TRUE	FALSE	FALSE	TRUE	TRUE	TRUE	FALSE
Airedale, Wharfedate and Craven Carers Resource (Skipton)	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
East Riding Community Hospital Inpatient Ward	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
East Riding of Yorkshire Community Mental Health Services	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE
East Riding of Yorkshire Community Stroke Team	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
East Riding of Yorkshire Dietetics Service	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
East Riding of Yorkshire Neighbourhood Care Services	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
East Riding of Yorkshire Speech and Language Therapy Service	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE
Kirklees Reablement Service	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Doncaster Stroke Support club	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Castleberg Community Hospital	TRUE	FALSE	TRUE	TRUE	FALSE	FALSE	FALSE	TRUE	TRUE	FALSE	FALSE
Community Therapy Rehabilitation Teams (Airedale General Hospital)	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Wales											
Aneurin Bevan UHB Clinical Psychology	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE
Aneurin Bevan UHB Community Reablement Team	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Bridgend domiciliary service	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Chepstow Community Hospital	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
County Hospital, Griffithstown	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Cwm Taf SALT	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE
Neath Port Talbot Community Integrated Intermediate Services Team	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	TRUE	TRUE	TRUE	FALSE
Neath Port Talbot Domiciliary Service	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Neath Port Talbot outpatients setting	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Rhondda Cynon Taf Reablement Team	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Stroke Association Cymru	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Swansea Domiciliary Team	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Tenby Rehabilitation Day Unit	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Torfaen Stroke Education Programme (Torfaen only)	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
Hywel Dda Stroke Services	TRUE	TRUE	TRUE	FALSE	FALSE	FALSE	TRUE	TRUE	TRUE	TRUE	TRUE
Powys Stroke Association Service											
Ysbyty Cwm Cynon	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
Ysbyty Ystrad Fawr; Bargoed Ward, Community Stroke Rehab Ward	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE

Service name	Service name	Service name	Service name
Abbey View (Furness General Hospital)	Evesham Community Hospital, Willows Ward	North West Comm.& Nursing Team	Withernsea hospital for respite care
Aldeburgh Hospital	Felixstowe Community Hospital	Nottingham North ESD	Windsor & Maidenhead – 6 month review services
Alnwick Infirmary	Finchley Memorial Hospital	Nottingham South Community Rehab	
Ann Marie Howes	Frome Community Hospital	Oaklands Village Rehabilition Centre	
Ardenleigh	Guisborough Primary Care Hospital	Ormskirk District General Hospital	
Arundel and District Hospital	Halton General Hospital	Padgate House, Bridgewater Community Trust	
Ashford Hospital (Chaucer ward)	Haringey ESD team	Parklands Nursing Home	
Aylesford Intermediate Care Centre	**Haywood Community Hospital**	Pershore Community Hospital	
Barton Under Needwood Cottage Hospital	Hemel Hempstead Hospital, Simpson Stroke Ward	Princess of Wales Community Hospital	
Bedford Community Psysiotherapy Team	Hollycroft Nursing Home	Queen Mary's Hospital - Douglas Bader Rehabilitation Centre	
Berwick Infirmary	Hounslow ESD	Robert Jones and Agnes Hunt Hospital, Oswestry	
Bishops Castle Community Hospital	Huddersfield Stroke Community Rehabilitation Team	Skegness and District General Hospital	
Blandford Community Hospital	Intermediate Care - Mid Yorkshire Hospitals NHS Trust	St Mary's Nursing Centre	
Bluebird Lodge Community Hospital	Johnson Community Hospital	St. Michaels Hospital	
BODMIN COMMUNITY HOSPITAL	Knolls Rehab	Stroud General Hospital	
BRADLEY UNIT	Langdale Units, Westmorland General Hospital	Support & Independence Team at CHFT	
Bridgnorth Community Hospital	Leeds Community Intermediate Care	Tenbury Community Hospital	
Bridlington hospital	Leeds Community Neurology Team	Tewkesbury Community Hospital	
Cambourne Redruth Community Hospital	**Leek Moorlands**	The Dilke Memorial Hospital	
Cannock Chase Hospital, Fairoak Ward	Ludlow Community Hospital	The Hackney Short Stay Unit	
Carter Bequest Primary Care Hospital	Lydney and District Hospital	The Vale Community Hospital	
Central and North West London Community Health Service	**Magnolia Lodge for further rehab**	Tonbridge Cottage Hospital Stroke Unit	
Cheadle Community Hospital	**Malton Community Hospital**	Venmore Community Care Centre	
Cirencester Hospital	**Malvern Community Hospital**	Victoria Infirmary Northwich	
Cockermouth Community Hospital	**MANSFIELD COMMUNITY HOSPITAL**	Wareham Community Hospital	
Coleman Hospital, Norwich	Maryport Victoria Cottage Hospital	West Kent Neuro-rehabilitation Unit	
Community fast response and Rehabilitation Team	MILFORD HOSPITAL	Westbrook house	
Cookley Medical Centre	Millford Community Hospital	Westhaven Community Hospital	
Corby Community Hospital	Netherton Green Residential and Nursing Home	Westminster Memorial Hospital	
County Hospital Louth	New Bridge House, Care Homes	Weybridge Hospital	
DARTMOUTH HOSPITAL	New Swinford Hall	Whitby for continued i/p rehab	
Don Baines Ward, Bognor Regis War Memorial Hospital	Newham ESD	Whitchurch Community Hospital, Shropshire	
Dorking hospital	Newholme Community Hospital	WHITWORTH COMMUNITY HOSPITAL	
Ellesmere Port Hospital	North Cotswold community hospital	Wimborne ESD	

Contact details of cases studies of services

Chester 6 Month Review Service

Clare Hiles**,** Deputy Head of Operations - North West, Stroke Association
Clare.Hiles@stroke.org.uk

Gloucestershire ESD Team

Kirsten Stillman, Clinical Specialist Physiotherapist and Team Lead Early Supported Discharge Team (Cheltenham and Tewkesbury)
Kirsten.Stillman@glos-care.nhs.uk

Royal Bournemouth Hospital ESD Team

Louise Johnson, Consultant Therapist for Stroke and Neuro Rehab
Louise.johnson@rbch.nhs.uk