Royal College of Physicians

Sentinel Stroke National Audit Programme (SSNAP)

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Post-acute organisational audit

Public Report

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

December 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	December 2015
Target audience	Stroke survivors and their carers, the general public, post-acute stroke services (multi-disciplinary and single discipline) and health and social care professionals and management.
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 a subset of 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**. This report is addressed to everyone who is interested in stroke services. It gives a comprehensive picture of current services and the style of the report should allow lay people as well as experts to read it and extract relevant information. The report complements the results from Phase 1 of the audit, where commissioners of post-acute stroke services in England, Wales and Northern Ireland were asked for information on 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 Post-Acute organisation audit Phase 2 Generic 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).
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The web-based data collection tool was developed by Netsolving Ltd (www.netsolving.com).

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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

Key finding: *Overall participation of post-acute stroke services in the post-acute stroke service provider audit is 80% (604/756). 76% of participating 'core' services (post-acute inpatient, Early supported discharge (ESD) and Community rehabilitation teams (CRT)) are also already registered with the Sentinel Stroke National Audit Programme (SSNAP) clinical audit (following the care processes for each patient).*

Recommendation

All services treating stroke patients, that are not currently entering data to the clinical component of SSNAP should do so.

Key Finding 2: Swallow screening

The median number of stroke trained nurses on shift in post-acute inpatient services at 10AM is 3 per 10 stroke beds and is comparable with acute stroke services. However, very few nurses in participating inpatient services have been trained to screen the safety of swallowing (median 0 per 10 stroke beds).

Recommendation

Swallow screening is a key aspect of stroke nurse training. All nurses based within post-acute inpatient services treating stroke patients should been trained in this. This issue 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

All healthcare based services should provide their patients with access to a comprehensive multi-disciplinary team – including doctors, nurses and a named social worker.

Key Finding 4: Access to Psychological support

The longest delays in waiting times across post-acute services are observed in accessing Psychological support. These services have a median waiting time of over 10 weeks (2-3 months) delay from referral to treatment, with a quarter with 150 days (5 months) or more. Such referrals are made based on need and often in times of crisis and delays are likely to be associated with considerable patient, family and carer morbidity.

Recommendation

People's access to psychological support should be as important as their access to physical support services.

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 which regularly treat stroke patients should ensure their staff receive specialist stroke training to ensure they can provide effective and compassionate stroke care.

Key Finding 6: Waiting times for treatment by Early supported discharge teams (ESD)

ESD teams had a single day median delay between referral and triage assessment and treatment. The inter-quartile range (IQR) is reassuringly short (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 treating patients within 24 hours of hospital discharge.

Key Finding 7: 7-day working by Early supported discharge (ESD) teams

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 in order to provide care equivalent to inpatient care.

Key Finding 8: Time limits to services and re-referrals
Limits to ongoing 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
All services should have a clear re-referral pathway in order for patients to return to a service if needed.

Key Finding 9: Information for stroke survivors and carers
There is national variation in the information provided to stroke survivors and their carers across participating services.
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.
Recommendation
All stroke patients should have a 6 month review. In England this is in accordance with the National Stroke Strategy and all commissioners (Local Health Boards in Wales), not only those in England, should be funding them.

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 submitting 6 month review data to SSNAP (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.
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 all stroke patients are receiving a 6 month review and this is entered onto 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.

Section 1. Introduction and Methodology

1.1 Introduction

This is phase 2 of the post-acute organisational audit carried out by the Sentinel Stroke National Audit Programme (SSNAP) of the organisation of stroke services provided for patients after the acute phase of care. Phase 1 of the audit obtained and reported on the commissioning 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 in which all identified post-acute stroke services were approached for information on their structure and organisation as of 1 April 2015.

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 conducted the first National Sentinel Stroke Audit (NSSA) in 1998, carrying out both clinical and organisational audits for seven rounds between 1998-2012.

SSNAP comprises 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 extended the remit to audit the organisation of stroke care after patients are discharged from acute stroke unit care. In order for the audit to capture all post-acute stroke services, 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 published on 8 June 2015 and can be found on the SSNAP Results Portal (www.strokeaudit.org/results).

The data from phase 1 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) 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).

Availability of these results in the public domain

Individual post-acute reports were made available to participants via the SSNAP webtool. After two weeks, information on all post-acute stroke services, including a Full Results Portfolio which includes results for all data items by named service, were made 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. On 2 December 2015 all results were made public on the SSNAP results portal (www.strokeaudit.org/results), in line with the national transparency agenda and procedures agreed with the funders.

1.2 Method

Scope of Phase 2

756 services were identified from the following sources 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 the 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 supported discharge teams (ESD)
4. Community rehabilitation teams (CRT)
5. Domiciliary teams (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 only 6 month reviews 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 (please see page 57 of this report).

Inclusion criteria for Phase 2
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 for Phase 2
Inpatient services included in the 2014 SSNAP Acute Organisational Audit were excluded.

Types of Post-acute stroke services
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). Please refer to appendix 3 for a breakdown of participating services and the types of services they carry out.

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

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

Data collection
The questionnaire (see Appendix 2) was developed guided by the Intercollegiate Stroke Working Party (see Appendix 1 for full list of members).

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 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 one week to check the accuracy of their data, after which no changes were permitted. The checking week took place between 1 and 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 10, were contacted and asked to register for Phase 2. This included 716 teams identified in Phase 1 of the audit. During registration it became apparent that some teams either did not meet the

inclusion criteria, were duplicates of other teams identified, or were not contactable as incorrect contact details were provided. Furthermore, since the Phase 1 data collection (November-December 2014) there has been reconfiguration and closure of some services.

After considering these factors 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 provided. Both participating services and eligible non-participating services can be found in Appendices 3 and 4 of this report respectively.

1.3 How to read this report

This report presents results for many important aspects of the organisation of post-acute stroke services. These aspects include:

Characteristics of post-acute stroke services

- Locations of services (participating and non-participating)
- Stroke specific services or generic services
- Median waiting times for the service
- 7-day working
- Capacity and workload of services
- Staffing
- Time limits and re-referral to services
- Treatment of patients in care homes
- Staff education and information and training for stroke survivors and their carers
- Participation in the clinical component of SSNAP
- 6 month reviews

National results are presented as percentages, and service variation is summarised by the median and inter-quartile range (IQR). Maps, frequency scattergraphs and histograms are also used to provide visualisation of results for the larger service groups and any key findings within this report are highlighted within a green shaded box.

Denominators

The denominators within the report vary depending on the number of each type of stroke service. 604 services in total participated, and the total number of service types is 778 (excluding services offering vocational rehabilitation only). Table 1.1 shows the breakdown by type of stroke service.

The total number of service types as a denominator can also differ depending whether they were included in that characteristic. Table 1.2 describes this.

Table 1.1 Denominator breakdown by type of stroke service

Types of service	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	116
2. Outpatient (clinic based) care	50
Domiciliary services *(those that treat patients at home and enable patients to return home early following inpatient care)*	
3. Early supported discharge teams (ESD)	142
4. Community rehabilitation teams (CRT)	166
5. Domiciliary teams (not ESD/CRT)	13
Single discipline services *(services that provide a focussed service on one type of therapy or support)*	
6. Occupational therapy	16
7. Physiotherapy	28
8. Speech and language therapy	32
9. Psychological support	13
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	36
11. Family and Carer Support Services	166
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.

Table 1.2 Total number of stroke services by characteristic

Characteristic	National participation N=778*
1. Stroke specific services	778
2. Median waiting times	662**
3. 7-day working	662**
4. Capacity and workload of services	778
5. Time limits to services	662**
6. Re-referral to services	612***
7. Treatment of patients in care homes	662**
8. Staff education	778
9. Access to self-management tools	778
10. Information available for stroke patients	778
11. Participating in the clinical component of SSNAP	689****
12. 6 month reviews	778
13. Service which are commissioned to carry out vocational rehabilitation	92**

*This figure excludes the two services which provided a vocational rehabilitation service only.
** Inpatient services not included ***Inpatient and Outpatient services not included
**** Excludes services not eligible to participate in the SSNAP clinical audit

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)

This report provides a comprehensive overview of key national results. For full details including information on all data items please refer to the Generic report and the full results portfolio (www.strokeaudit.org/results).

Section 2. Results

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.

This section provides a summary of 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 including all data items by named service can be found within the generic report and the full results portfolio. There is benchmarking against the national average to allow for comparison against similar service types.

2.1 Participation

A list of participating services and the types of service they provide and about which they submitted data can be found in Appendix 3.

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 providing only vocational rehabilitation alone. For the purposes of this report, these two services which provide vocational rehabilitation only will be excluded from the denominator in all tables except those directly related to vocational rehabilitation.

2.1. 2 Summary of participation

Table 2.1 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 2.1 Summary of participation by type of post-acute stroke service

Type of post-acute stroke service	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	
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	
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 services	205	166	(81.0%)	159	159	(100%)	10	7	(70.0%)	0	0	

Table excludes two services which carried out vocational rehabilitation only

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 measured in subsequent audits.

Figure 2.1 shows the location of participating and non-participating post-acute inpatient teams. Figure 2.2 shows the areas of England, Wales and Northern Ireland with at least one participating post-acute inpatient care team.

Figure 2.1 Post-acute inpatient teams- locations of participating and non-participating teams

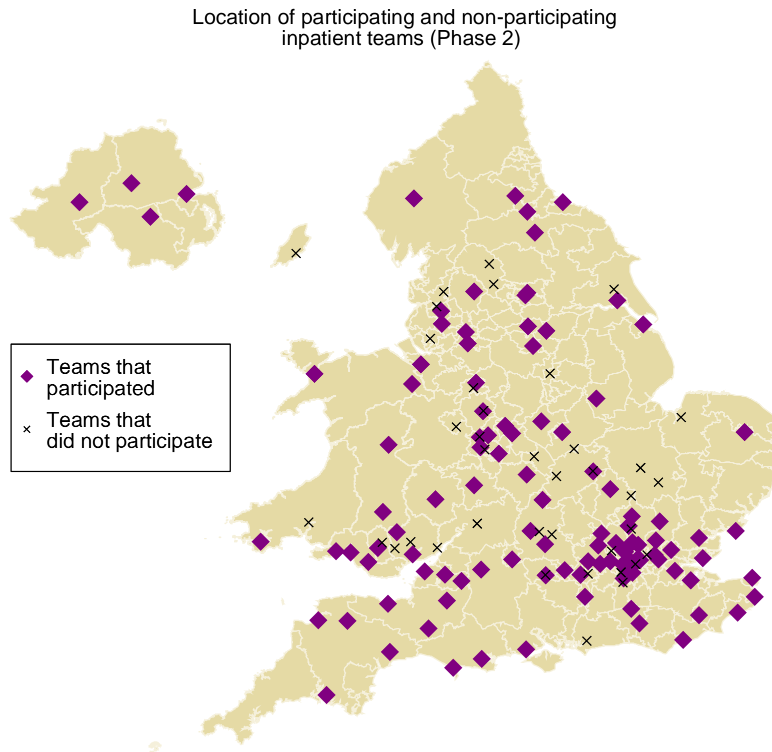


Figure 2.2 Post-acute inpatient teams - Areas with at least one participating team

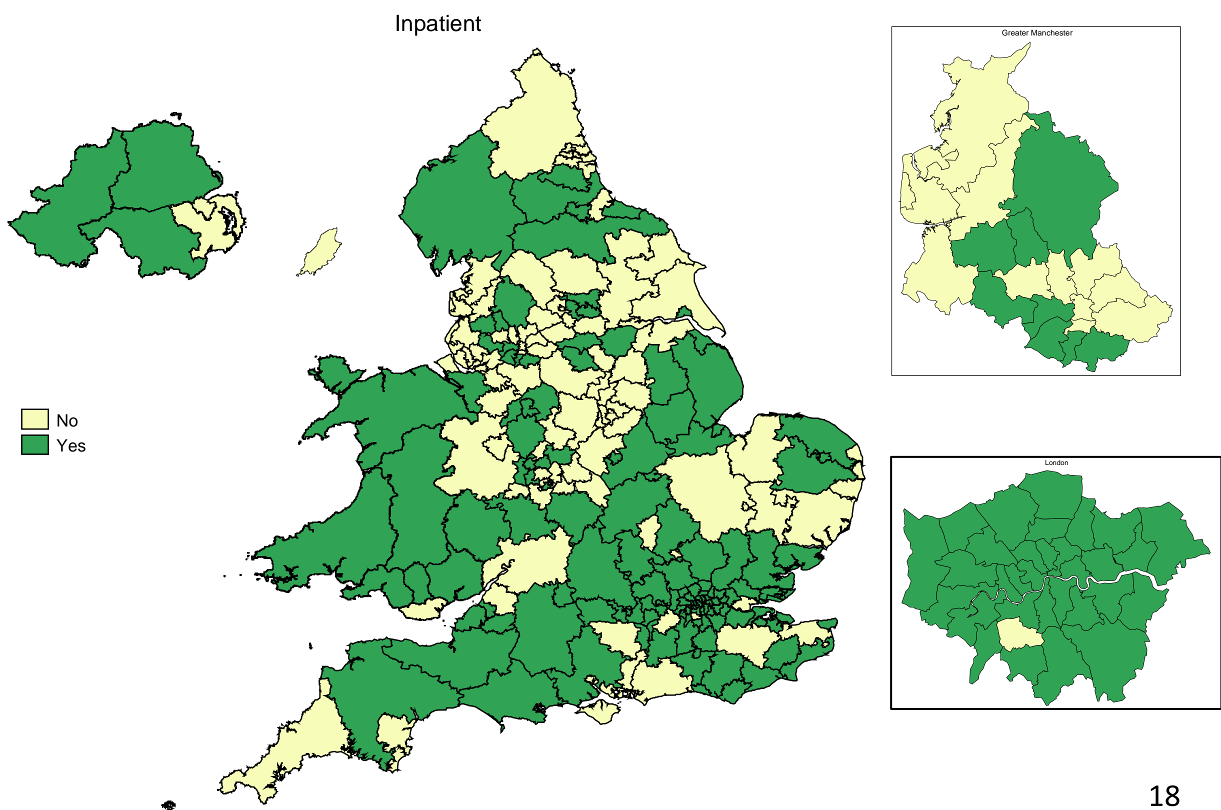


Figure 2.3 shows the location of participating and non-participating Early supported discharge teams. Figure 2.4 shows the areas of England, Wales and Northern Ireland with at least one participating Early supported discharge team.

Figure 2.3 Early supported discharge teams -locations of participating and non-participating teams

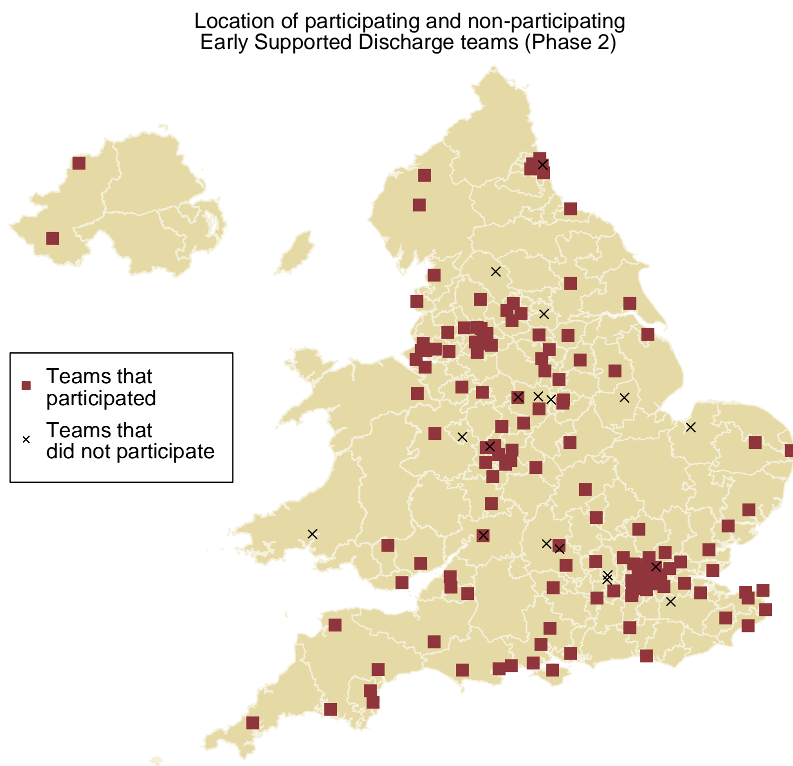


Figure 2.4 Early supported discharge teams - areas with at least one participating team

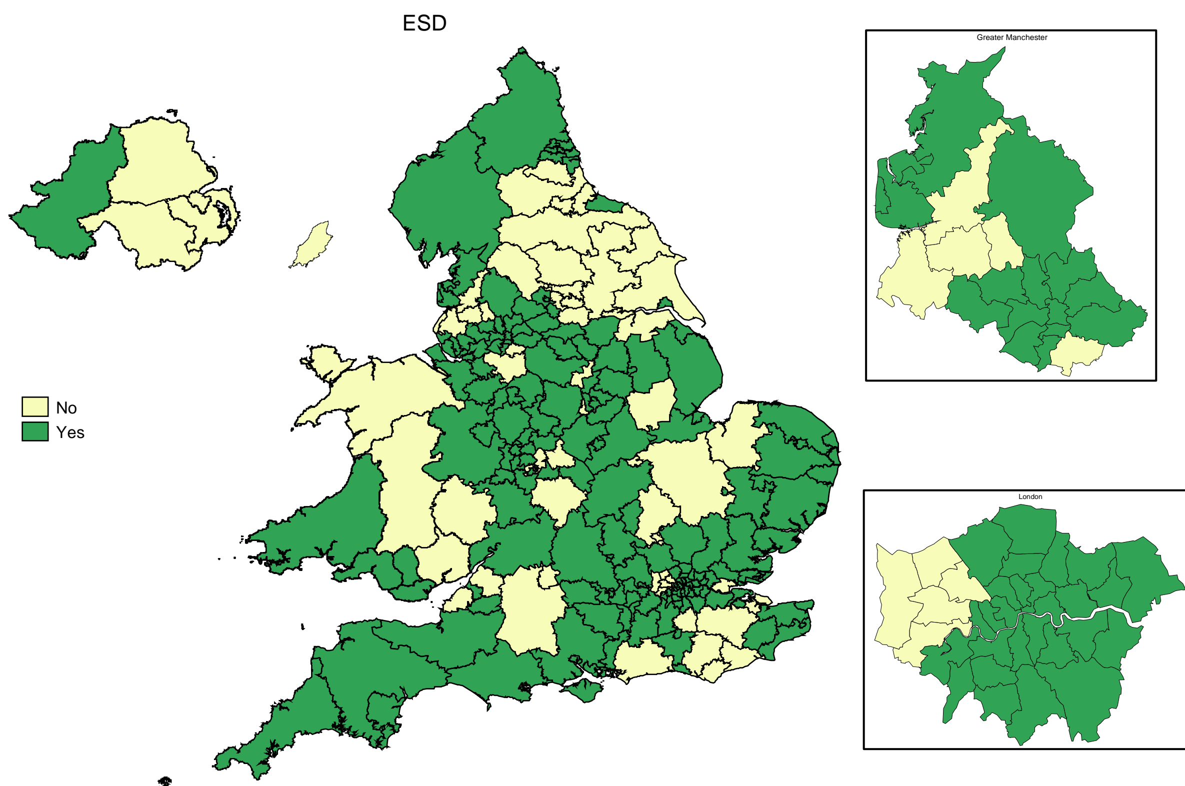


Figure 2.5 shows the location of participating and non-participating Community rehabilitation teams. Figure 2.6 shows the areas of England, Wales and Northern Ireland with at least one participating Community rehabilitation team.

Figure 2.5 Community rehabilitation teams- locations of participating and non-participating teams

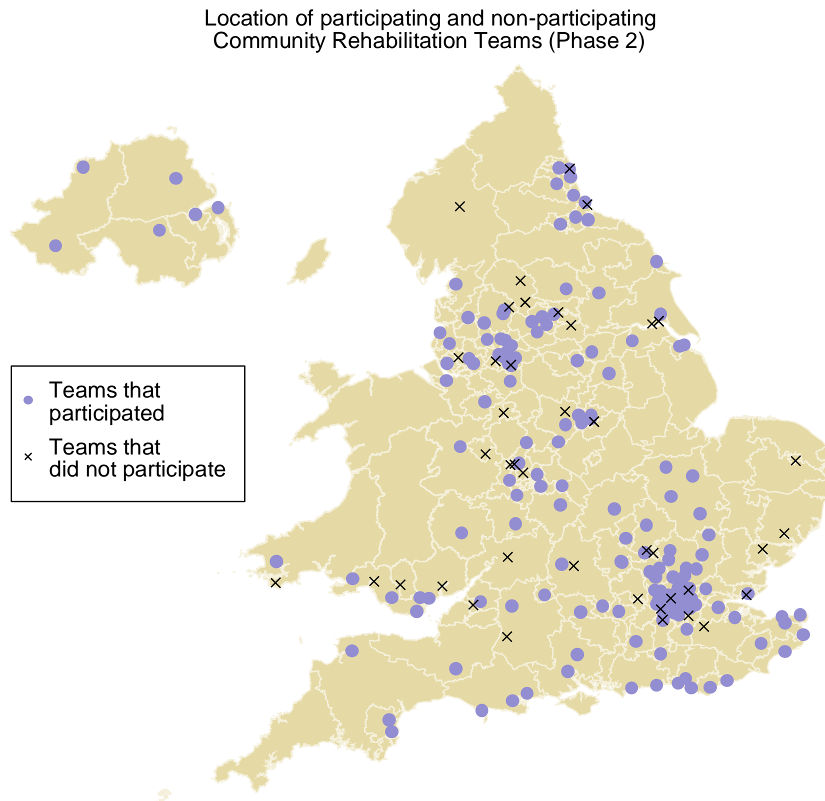


Figure 2.6 Community rehabilitation teams - areas with at least one participating team

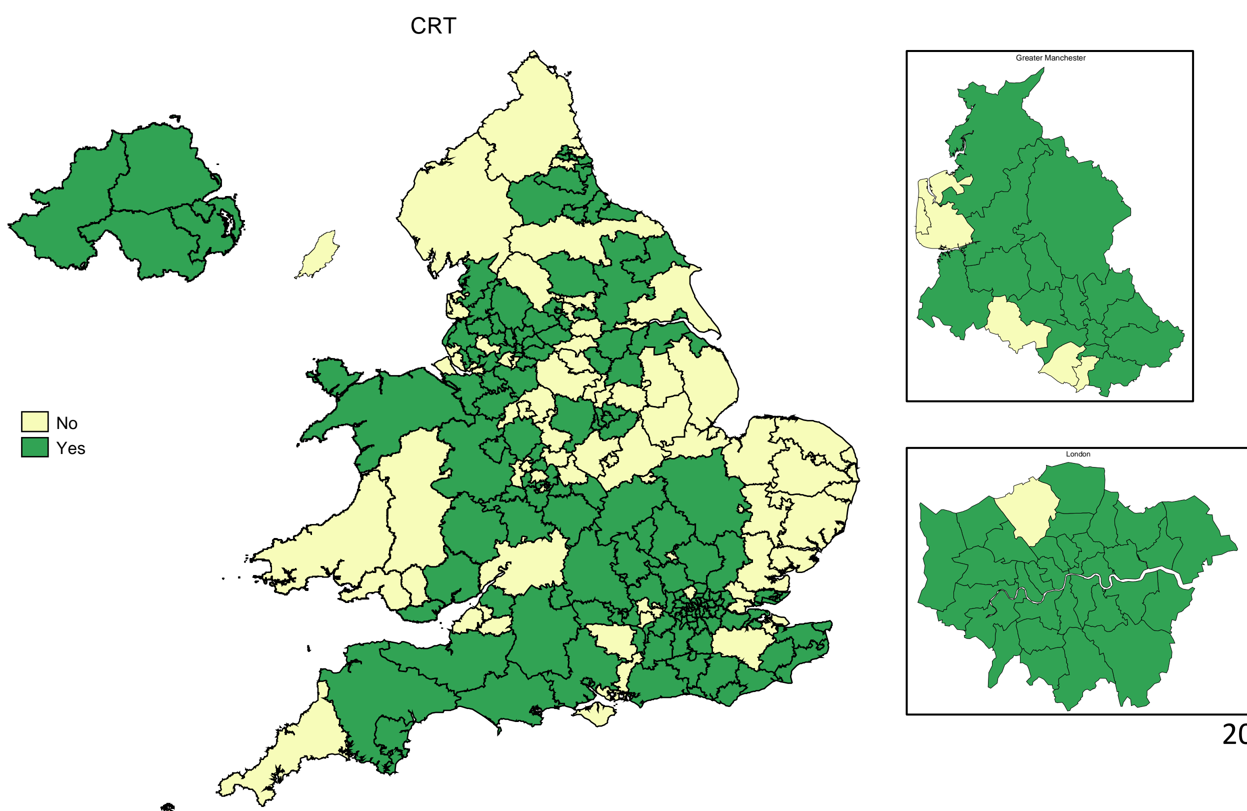


Figure 2.7 shows the location of participating and non-participating Family and carer support service. Figure 2.8 shows the areas of England, Wales and Northern Ireland with at least one participating Family and carer support team.

Figure 2.7 Family and carer support teams - location of participating and non-participating teams

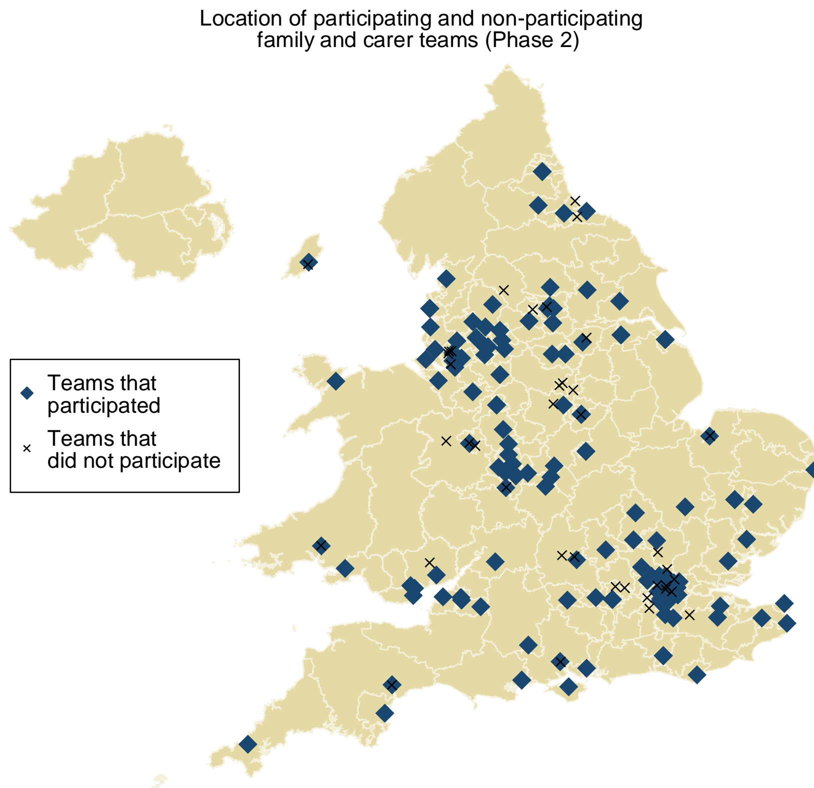
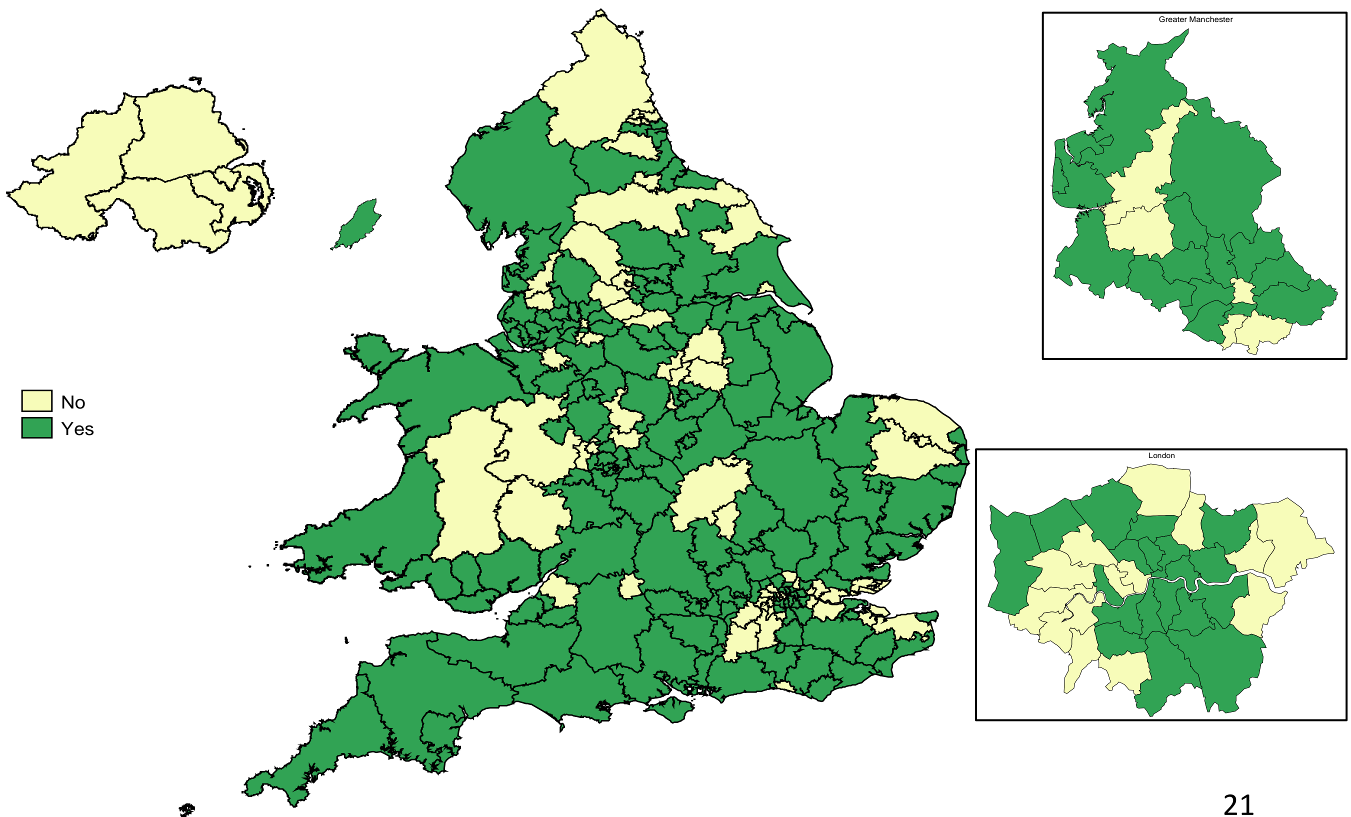


Figure **ipating team**



2.2 Stroke specific services

Stroke specific services provide specialist healthcare services delivered by specialist professionals. The National Guideline for stroke (2012) 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 range of patients.

Table 2.2 shows the number and proportion of service types which are stroke specific, stroke/neurological specific or generic.

Table 2.2 Proportion of services which are stroke specific, stroke and neurology specific and generic.

Services which are stroke specific (Q1.2) (N=778)	Stroke specific (N=461)	Stroke and neurology (N=150)	Generic (N=167)
National total	59.2%	19.3%	21.5%
Hospital based services			
Post-acute inpatient care (N=116)	36.2%	24.1%	39.7%
Outpatient (clinic based) care (N=50)	30.0%	44.0%	26.0%
Domiciliary services			
Early supported discharge teams (ESD)* (N=142)	94.4%	Not asked	5.6%
Community rehabilitation team (CRT) (N=166)	38.0%	33.1%	28.9%
Domiciliary teams (not ESD/CRT) (N=13)	7.7%	7.7%	84.6%
Single discipline services			
Occupational therapy (Single discipline) (N=16)	25.0%	43.8%	31.3%
Physiotherapy (Single discipline) (N=28)	14.3%	60.7%	25.0%
Speech and language therapy (Single discipline) (N=32)	12.5%	25.0%	62.5%
Psychological support N=13	30.8%	46.2%	23.1%
Other post-acute services			
6 month review provider only (N=36)	94.4%	2.8%	2.8%
Family and Carer Support Services (N=166)	94.0%	3.0%	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.

2.3 Median waiting times

Waiting times are a key indicator of whether patients are experiencing significant delays in accessing certain types of services. 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 when the service started to treat the patient. Assessment/triage reviews offer services the opportunity to review a patient and assess their needs before treatment starts.

Table 2.3 shows the median waiting times from discharge or referral to both assessment and treatment starting for each service type. The median figures described in this table are the middle point of each data set, with half of participating services below this point and the other half above it. The inter quartile range (IQR) is the range between the 25th and 75th centile which is equivalent to the middle half of all values.

Table 2.3 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*)
Hospital based services		
Outpatient (clinic based) services (N=50)	12 (2-42)	28 (10-46)
Domiciliary services		
Early supported discharge teams (ESD) (N=142)	1 (1-2)	1 (1-2)
Community rehabilitation team (CRT) (N=166)	3 (1-5)	6 (3-14)
Domiciliary teams (not ESD/CRT) (N=13)	12 (1-21)	20 (6-56)
Single discipline services		
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)

* Inter-Quartile Range

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

Table 2.3 continued 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*)
Other post-acute services		
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

Early supported discharge (ESD) teams

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.

Single discipline 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.
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.
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).

Other post-acute stroke services

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.

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 2.9– 2.14 show the national spread of waiting times to assessment/triage review and treatment by Early supported discharge (ESD), community rehabilitation and family and carer support services. Waiting times which fall within the standard have been highlighted in blue. Using figure 2.9 as an example, almost 80 teams had a median waiting time of 1 day from referral to assessment.

Figure 2.9 Early supported discharge teams (ESD) - waiting times from discharge or referral to assessment/triage review (national spread)

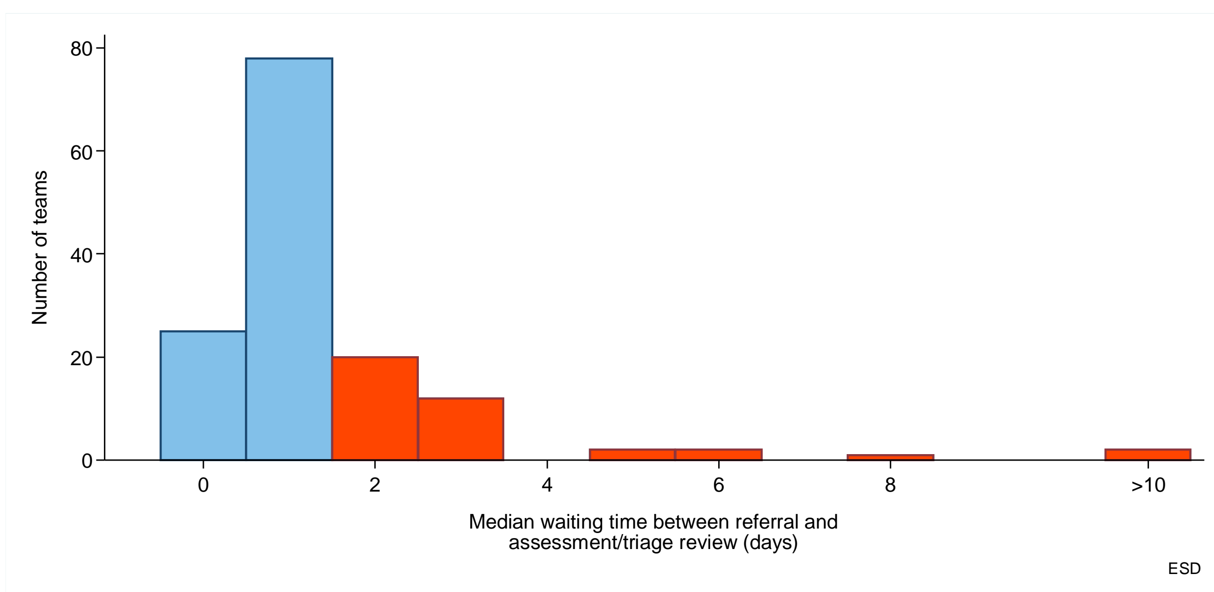


Figure 2.10 Early supported discharge teams (ESD) - waiting times from discharge or referral to treatment (national spread)

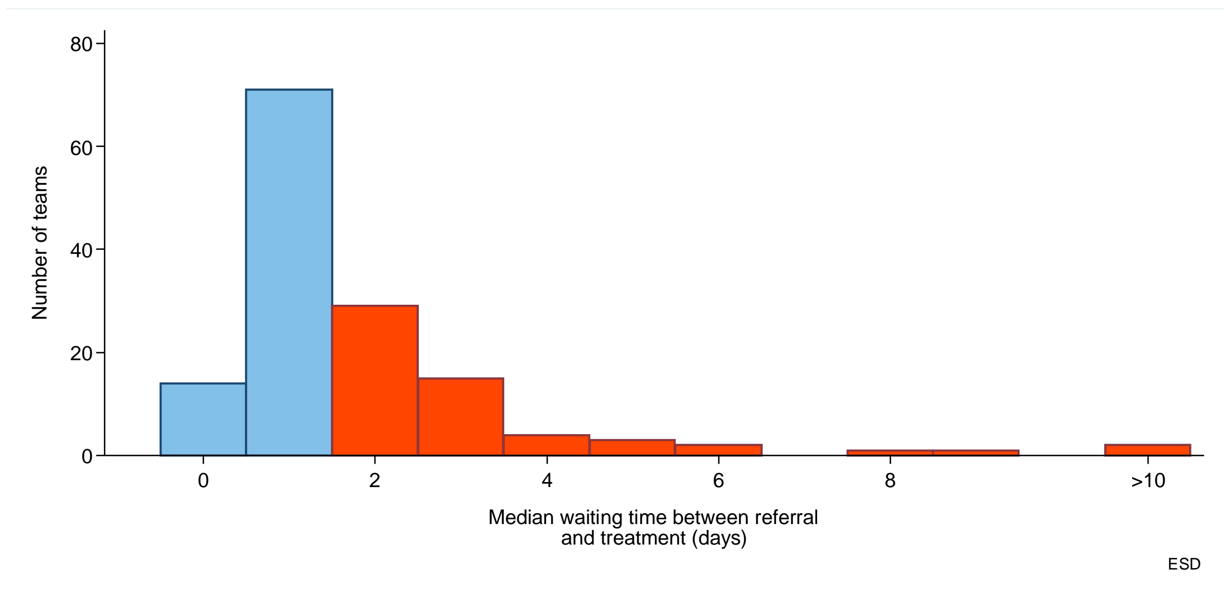


Figure 2.11 Community rehabilitation teams (CRT) - waiting times from discharge or referral to assessment/triage review (national spread)

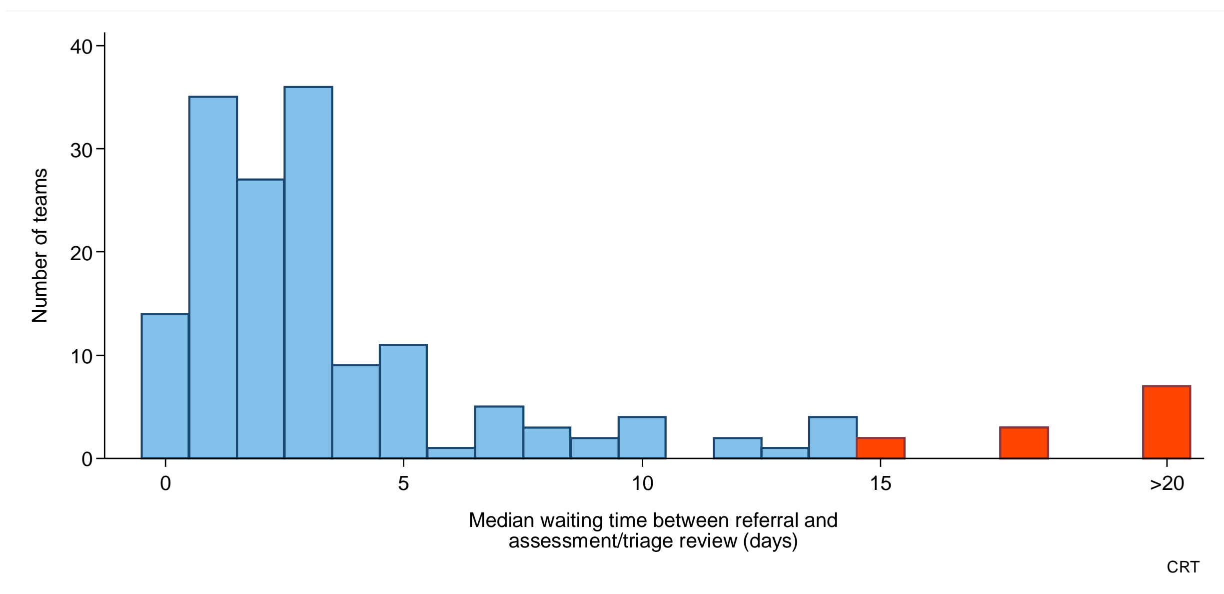


Figure 2.12 Community rehabilitation teams (CRT) - waiting times from discharge or referral to treatment (national spread)

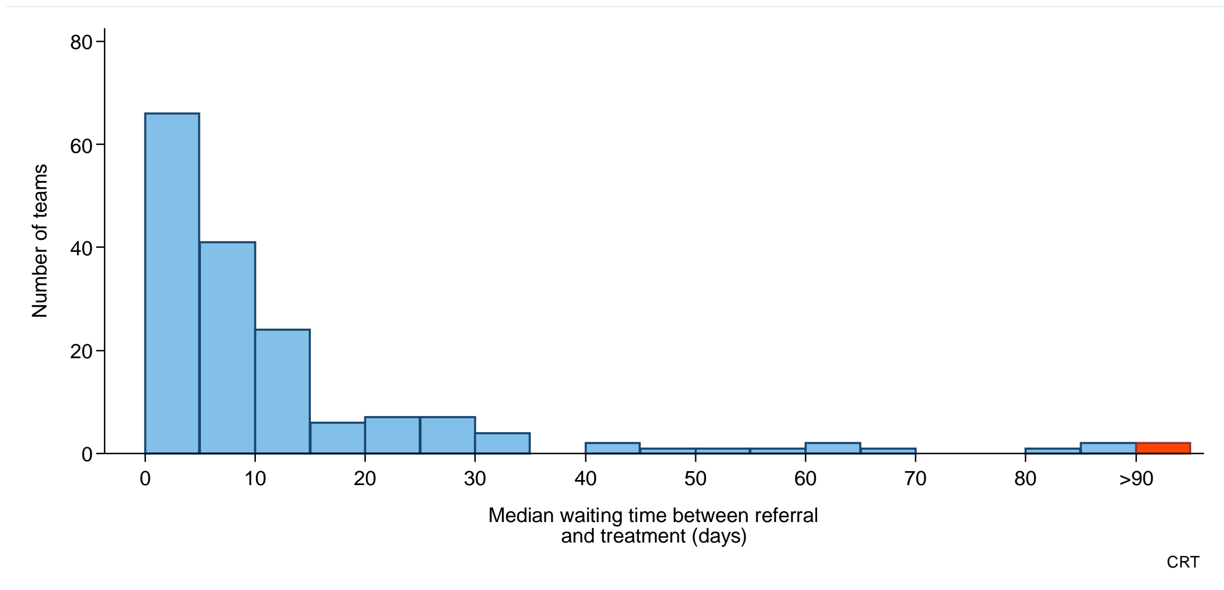


Figure 2.13 Family and Carer Support services - waiting times from discharge or referral to assessment/triage review (national spread)

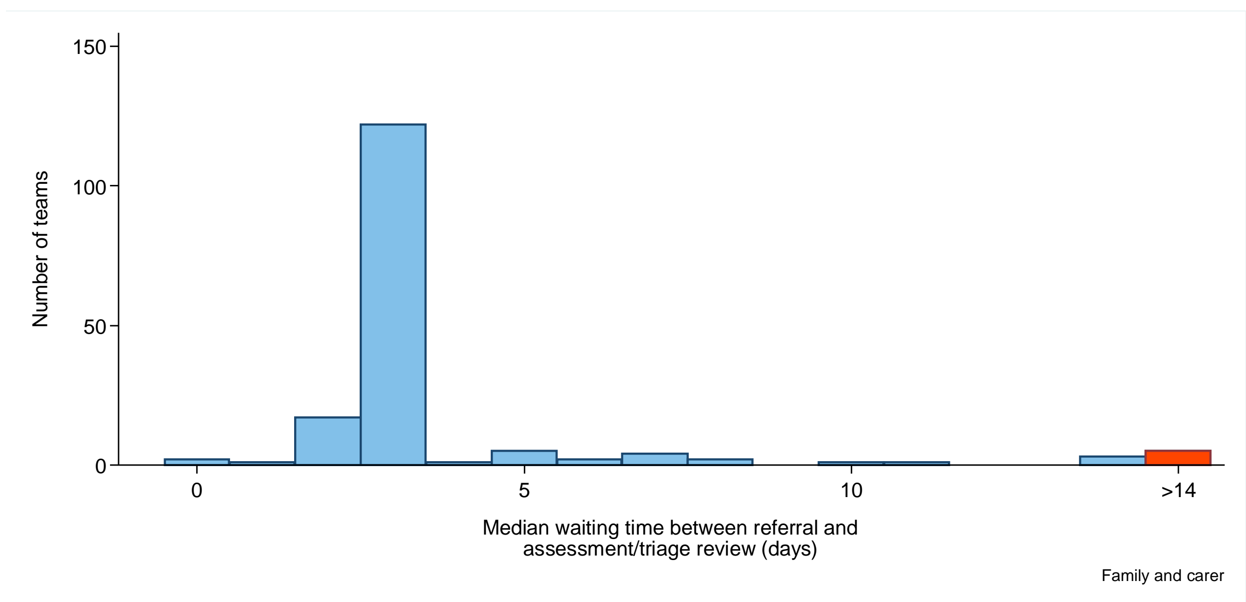
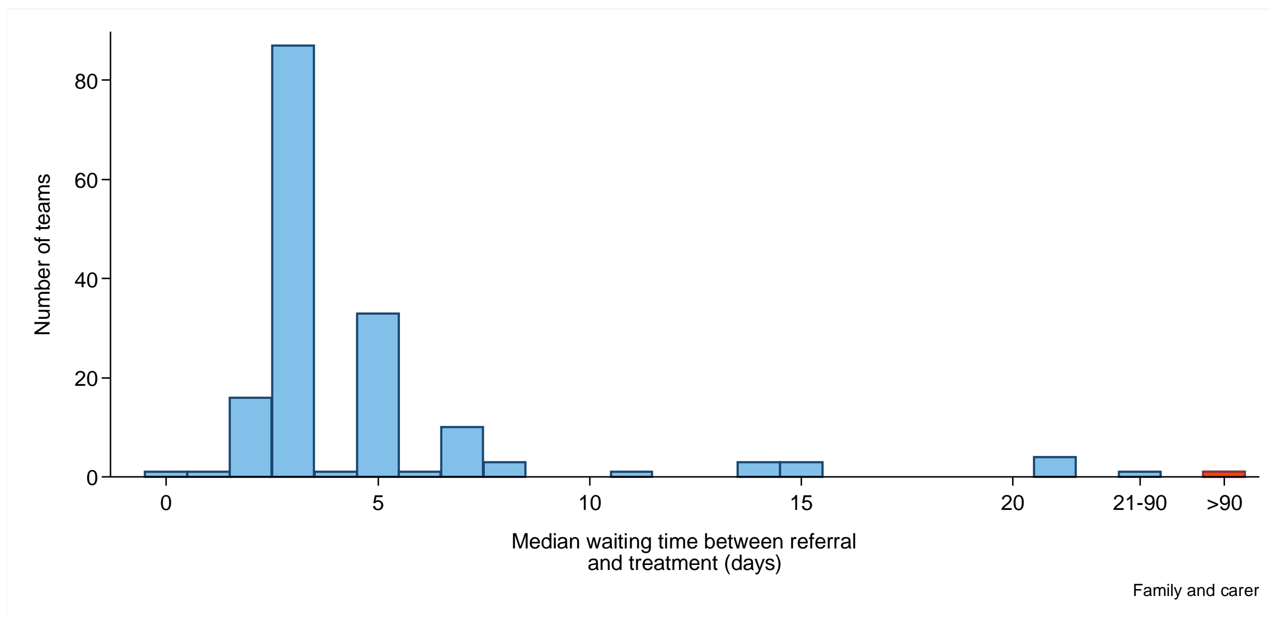


Figure 2.14 Family and Carer Support services - waiting times from discharge or referral to treatment (national spread)



Figures 2.15 and 2.16 shows the relationship of median waiting times between assessment/ triage reviews and treatment for Early supported discharge (ESD) and Community rehabilitation team (CRT). Because many ESD and CRT teams had the same waiting time for both assessment/triage review and treatment these have been shown as frequency scattergraphs. The bigger the dot, the more teams had the same combination of waiting times.

Using figure 2.15 as an example, many ESD teams had a median 1 day waiting time to assessment and treatment. Therefore, the largest dot appears between 1 day for assessment on the vertical axis and 1 day to treatment on the horizontal axis.

Figure 2.15 Early supported discharge teams (ESD) – relationship between waiting times from discharge or referral to assessment/triage review and to treatment (classified according to stroke specific or generic)

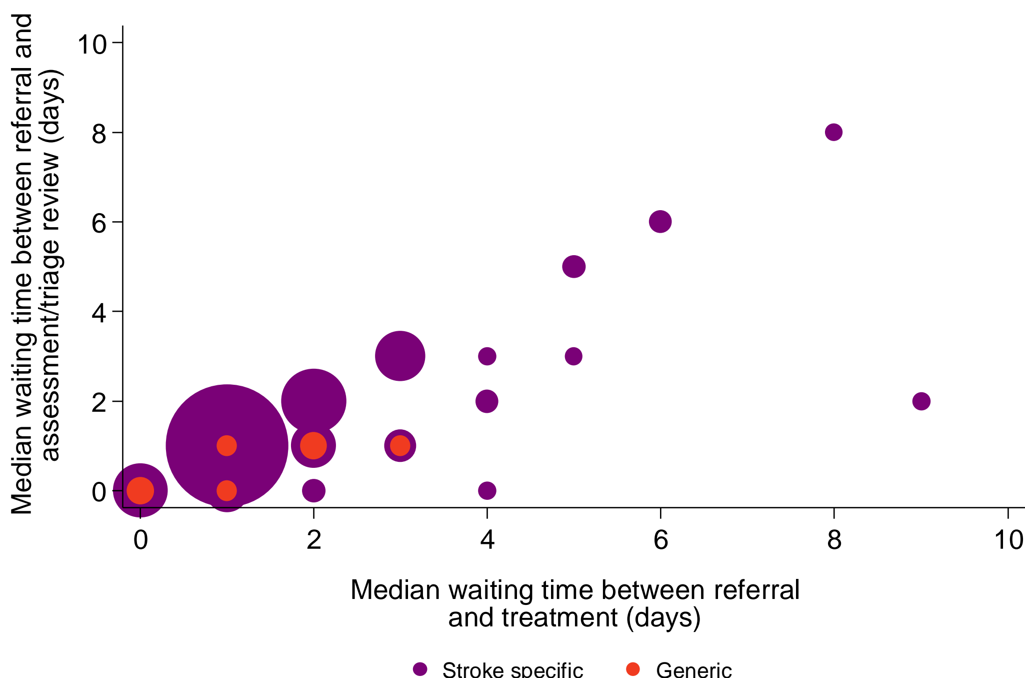
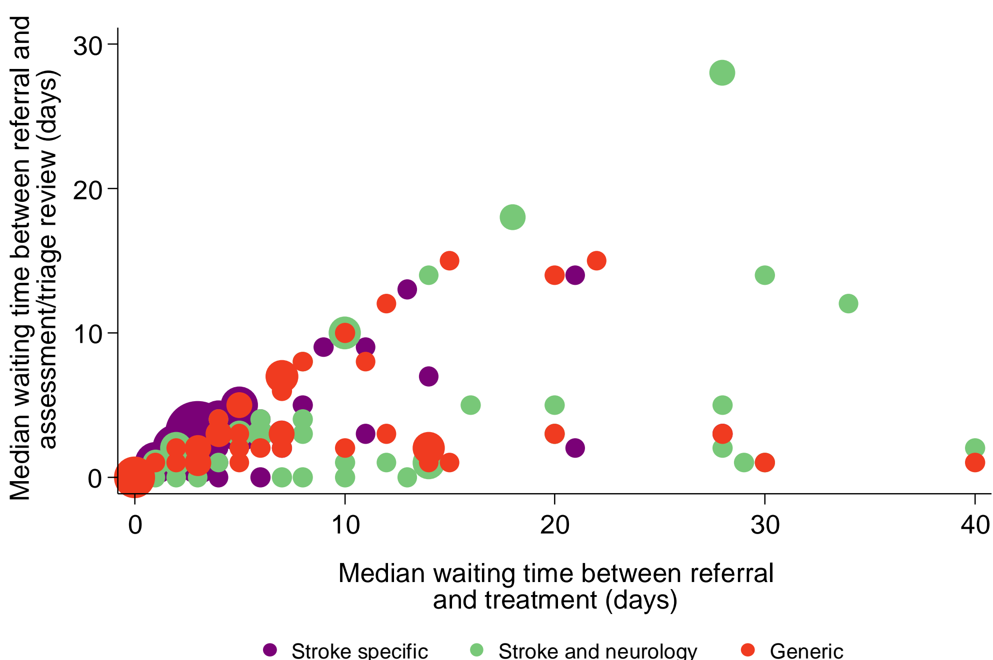


Figure 2.16 Community rehabilitation teams (CRT) - relationship between waiting times from discharge or referral to assessment/triage review and to treatment (classified according to stroke specific, stroke/neurological specific or generic)



2.4 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 available to treat stroke patients.

The results show that 7 day working is still in the minority with only 16% of services working 6 or 7 days a week. 82% of 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.

Table 2.4 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
Hospital based services				
Outpatient (clinic based) services (N=50)	32.0%	66.0%	0.0%	2.0%
Domiciliary services				
Early supported discharge teams (ESD) (N=142)	1.4%	59.2%	10.6%	28.9%
Community rehabilitation teams (CRT) (N=166)	3.0%	74.1%	2.4%	20.5%
Domiciliary teams (not ESD/CRT) (N=13)	0.0%	38.5%	7.7%	53.8%
Single discipline services				
Occupational therapy (Single discipline) (N=16)	6.3%	81.3%	0.0%	12.5%
Physiotherapy (Single discipline) (N=28)	17.9%	75.0%	0.0%	7.1%
Speech and language therapy (Single discipline) (N=32)	21.9%	78.1%	0.0%	0.0%
Psychological support (Single discipline) (N=13)	46.2%	53.8%	0.0%	0.0%
Other post-acute providers				
6 month review provider (N=36)	27.8%	66.7%	2.8%	2.8%
Family and Carer Support Services (N=166)	41.6%	58.4%	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 reinforces 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.

2.5 Capacity and workload of services

Each service provided the number of stroke patients treated by them in the previous 7 calendar days (preceding 1 April 2015). To see the difference in workload, services were also asked for the total number of patients referred between 1 April 2014- 31 March 2015, including:

(a) Referrals from all patient types and
(b) Referrals for stroke patients only

This excludes patients referred more than once in the same year.

There are many reasons why some services will see more patients than others. Some patients will have more complex needs than others and staff levels will vary throughout services affecting their service capacity.

The median figures provided in this report are the middle point of each data set, with half of participating services below this point and the other half above it. The inter quartile range (IQR) is the range between the 25th and 75th centile which is equivalent to the middle half of all values.

Table 2.5 Capacity and workload of services

	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 (%)
Hospital based service				
Post-acute inpatient care services (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%
Domiciliary services				
Early supported discharge teams (ESD) (N=142)	15 (7 - 27)	153.5 (95 - 291)	138.5 (85 - 220)	100.0%
Community rehabilitation teams (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%
Single discipline services				
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%
Post-acute services				
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

Stroke is the most common 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%.

Post-acute inpatient services

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.

Outpatient (clinic based) services

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

Figures 2.17-2.20 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 stroke patients throughout the year.

Using figure 2.17 as an example, there were almost 50 inpatient teams seeing between 10% and 15% of their total stroke patients referrals per week.

Figure 2.17 Post-acute inpatient services - national spread of patients treated in the last 7 days per 100 stroke patient referrals

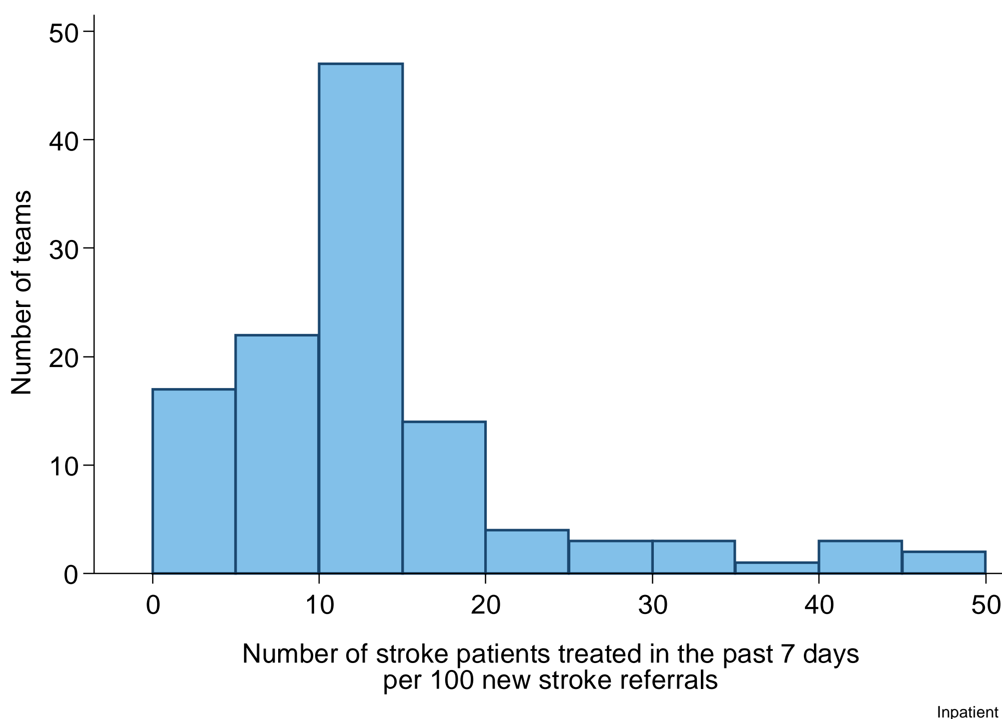


Figure 2.18 Early supported discharge teams ESD) - national spread of patients treated in the last 7 days per 100 stroke patient referrals

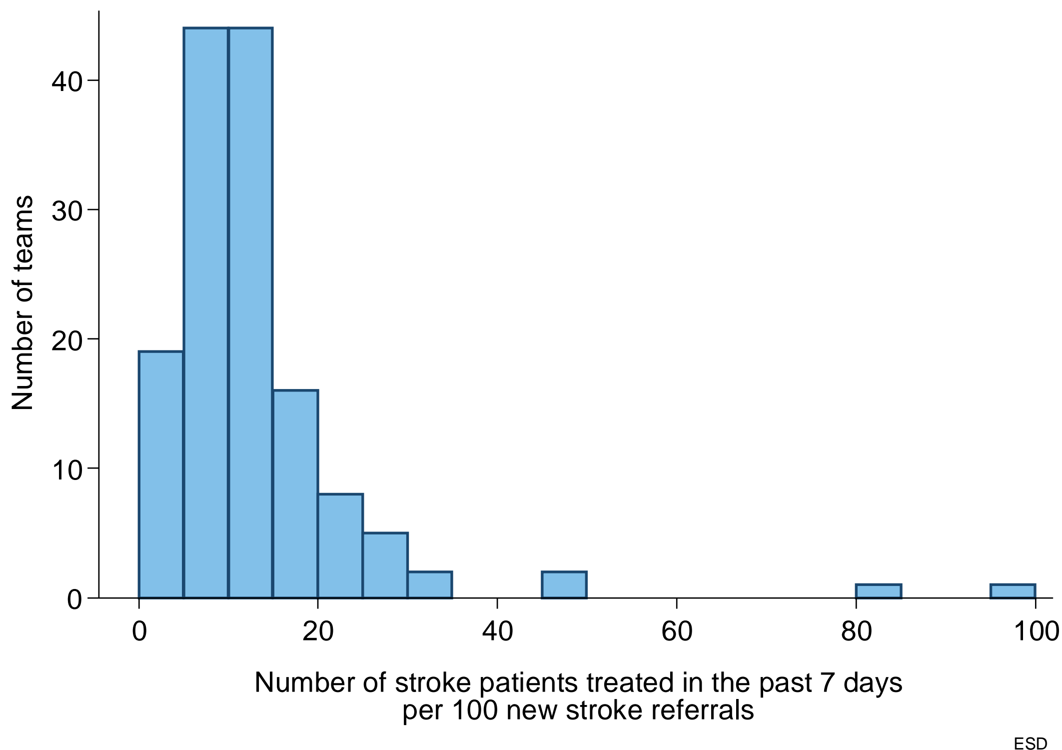


Figure 2.19 Community rehabilitation teams (CRT) - national spread of patients treated in the last 7 days per 100 stroke patient referrals

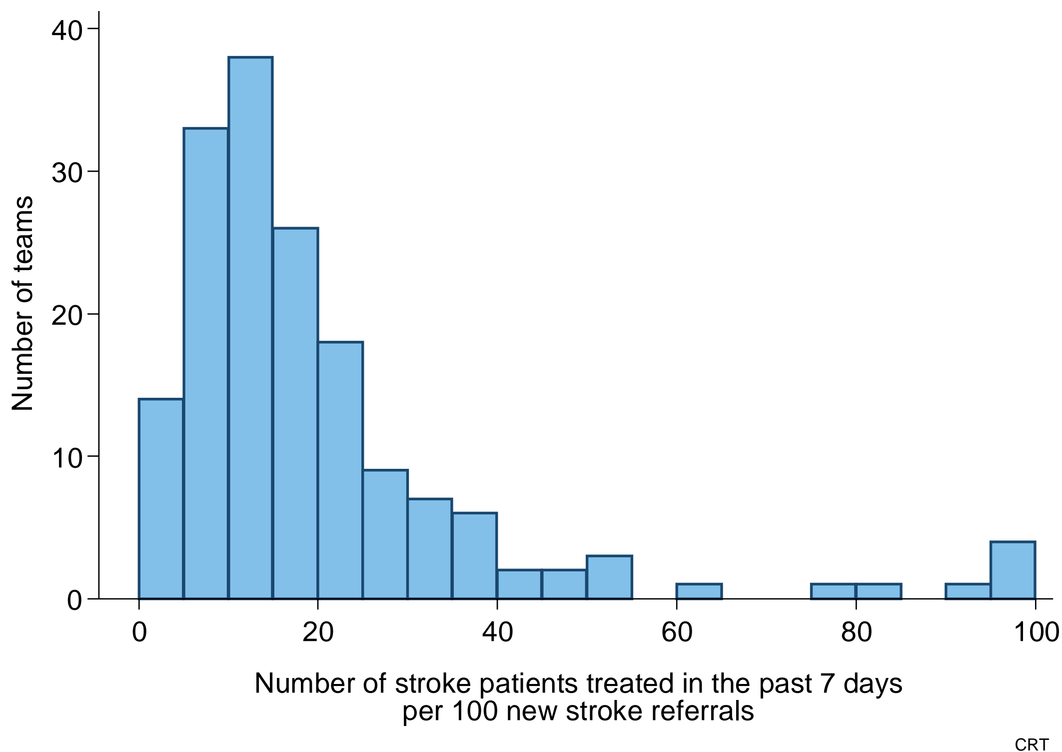
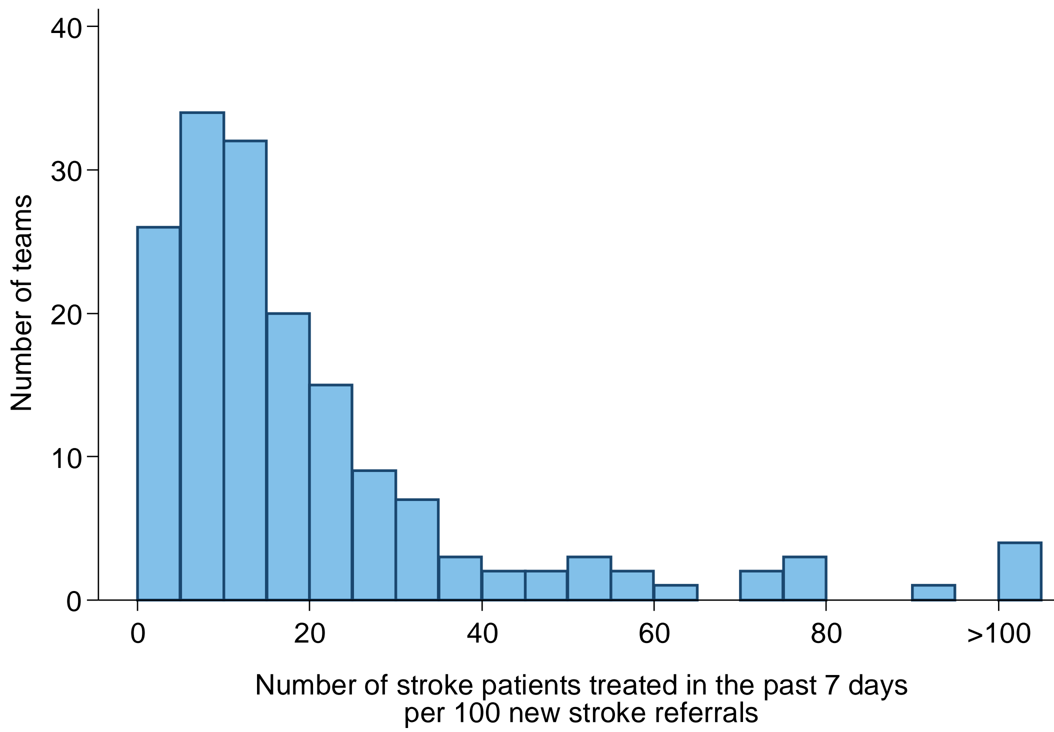


Figure 2.20 Family and Carer Support services - national spread of patients treated in the last 7 days per 100 stroke patient referrals



2.6 Staffing

Ensuring that a service includes key staffing disciplines can determine their ability to treat and support stroke patients as effectively as possible.

2.6.1 Staffing configurations

Tables 2.6, 2.7 and 2.8 give the staffing combinations for post-acute inpatient, Early supported discharge and Community rehabilitation teams. They describe how many of each type of service has 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.

Table 2.6 Post-acute inpatient service staffing configurations

Professional group included in post-acute inpatient staffing access:	Services with this combination N= 116
Occupational therapist, Physiotherapist and rehabilitation assistant (core disciplines)	98.3%
% of services with the following additional disciplines in addition to the core	
Speech and Language therapist	90.5%
a Dietitian	84.5%
a Social worker	69.8%
any or all of Orthotics, Orthoptics and Podiatry	68.1%
a Stroke doctor	59.5%
a Psychologist	50.9%

Table 2.7 Early supported discharge teams (ESD) service staffing configurations

Professional group included in Early supported discharge teams:	Services with this combination N=142
Occupational therapist, Physiotherapist and rehabilitation assistant (core discipline)	93.0%
% of teams with the following disciplines in addition to the core	
a Speech and Language therapist	90.8%
Psychologist	42.3%
a Dietitian	30.3%
a Doctor	18.3%
any or all of Orthotics, Orthoptics and Podiatry	18.3%
a Social worker	10.6%

Table 2.8 Community Rehabilitation (CRT) service staffing configurations

Professional group included in Community rehabilitation teams:	Services with this combination N= 166
Occupational therapist, Physiotherapist and Rehabilitation assistant (core disciplines)	94.6%
% of teams with the following disciplines in addition to the core	
a Speech and Language therapist	71.1%
a Psychologist	44.0%
a Dietitian	33.1%
any or all of Orthotics, Orthoptics and Podiatry	15.1%
a Social worker	13.9%
a Doctor	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.

Post-acute inpatient 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.

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.

2.6.2 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. The median staffing levels for these disciplines are shown below.

Tables 2.9-2.14 summarises the total Whole Time Equivalent (WTE) for staff disciplines within each service type. This is the number of hours staffing disciplines are contracted to work within a typical working week. 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 better comparison with services of different sizes.

Table 2.9 Post-acute inpatient services WTE per 10 stroke beds

Post-acute inpatient care staffing level (WTE) per 10 stroke beds								
Total number of 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 Acute Organisational Audit (www.strokeaudit.org/results/Organisational.aspx). The Acute Organisational Audit reports on the structure and organisational of acute stroke services every two years.

Table 2.10 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)

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.

2.6.1.1 Registered nurses trained in swallow screening

This audit has also found that many post-acute inpatient service nurses treating stroke patients are not trained to screen the safety of swallowing. Of nurses on duty at 10AM a median of 0 were trained in swallow screening.

Table 2.6.1 presents both the median number of registered nurses on duty for stroke patients within post-acute inpatient services at 10AM and of those how many are trained in swallow screening. The median figures described in this table are the middle point of each data set, with half of participating services below this point and the other half above it. The inter quartile range (IQR) is the range between the 25th and 75th centile which is equivalent to the middle half of all values.

Table 2.6.1 Registered nurses on duty at 10AM and trained in swallow screening

Registered nurses on duty at 10AM (Q1.10)	National Median (IQR)*
Number of registered nurses on duty at 10AM	3 (2-4)
Of nurses on duty at 10AM how, many are trained in swallow screening	0 (0-2)

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.

For full details of registered nurse staffing levels within participating post-acute inpatient services in please refer to the Full Results Portfolio.

Table 2.11 Outpatient (clinic based) services

Staffing levels (WTE) per 100 stroke patients (referred within the last 12 months)											
Total number of 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 2.12 Domiciliary services

Staffing levels (WTE) per 100 stroke patients (referred within the last 12 months)										
Total number of 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)

Access to a full multi-disciplinary team is generally lacking in all three types of domiciliary service.
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.

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.
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.
Social work access is also poor. Introduction of joint health and social care budgets may be useful in trying to address this.

Table 2.13 Single discipline services

Staffing levels (WTE) per 100 stroke patients (referred within the last 12 months)					
Total number of staff (WTE per 100 stroke patients in last 12 calendar months) (Q1.10, Q1.7)	Occupational therapy Median (IQR)	Physiotherapy Median (IQR)	Speech and language therapy Median (IQR)	Psychologist Median (IQR)	Rehabilitation Assistant Median (IQR)
Occupational therapy	1.4 (0.9 - 3.4)				1.0 (0.5 - 2.2)
Physiotherapy		2.6 (1.2 - 7.1)			1.1 (0.5 - 3)
Speech and language therapy			1.5 (0.9 - 2.7)		0.7 (0.3 - 1.1)
Psychological support				1.4 (0.8 - 2.2)	1.1 (0.4 - 1.7)

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.

Table 2.14 Other post-acute services

Staffing levels (WTE) per 100 stroke patients (referred within the last 12 months)										
Total number of 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.

6 month review providers only

There are some 6 month review services using doctors and nurses but the majority do not have clinicians within the service. It is important 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.

*2.*7 Time limits and re-referral to services

2.7.1 Time limits to services

A time limit is the maximum duration for which treatment will continue. This can be measured in number of appointments or by a time period (weeks or months).

Many of the services are not limited and where they are, it is usually by time. 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 2.15 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
Hospital based services			
Outpatient (clinic based) services (N=50)	10.0%	60.0%	40.0%
Domiciliary services			
Early supported discharge teams (ESD (N=142)	82.4%	95.7%	4.3%
Community rehabilitation teams (CRT) (N=166)	39.2%	93.8%	6.2%
Domiciliary (not ESD/CRT) (N=13)	61.5%	87.5%	12.5%
Single discipline services			
Occupational therapy (Single discipline) (N=16)	18.8%	100.0%	0.0%
Physiotherapy (Single discipline) (N=28)	10.7%	100.0%	0.0%
Speech and language therapy (Single discipline) (N=32)	12.5%	75.0%	25.0%
Psychological support (Single discipline) (N=13)	53.8%	28.6%	71.4%
Other post-acute services			
6 month review provider only (N=36)	50.0%	94.4%	5.6%
Family and Carer support services (N=166)	27.1%	100.0%	0.0%

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

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.

Psychological support

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.

2.7.2 Re-referrals to services

Re-referral is the ability to be referred to a service again after the patient has been discharged by the same service for the same condition at the same location. Table 2.16 shows how many stroke patients can be re-referred back to a service.

Table 2.16 Re-referral for services

Referral to service (Q1.9)	Can patient be re-referred N= 612
Domiciliary Services	
Early supported discharge (ESD) (N=142)	54.9%
Community rehabilitation team (CRT) (N=166)	91.6%
Domiciliary only (N=13)	92.3%
Single Discipline services	
Occupational therapy (N=16)	93.8%
Physiotherapy (N=28)	96.4%
Speech and language therapy (N=32)	96.9%
Psychological support (N=13)	100.0%
Other post-acute services	
6 month review provider only (N=36)	78%
Family and Carer support services (N=166)	99%

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

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 2.17 from Phase 2 are outlined in table 2.17 and show that a much higher proportion of services types treat patients in care homes. We are unable to say whether this is due to a change in policy following the recommendations made within Phase 1 report or whether the data submitted for Phase 1 of the audit were incorrect, or whether services are providing care despite not being commissioned to do so. However, Phase 2 results show that 14% of outpatient and domiciliary services are 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
Hospital based services	
Outpatient (clinic based) (N=50)	82%
Domiciliary services	
Early supported discharge teams (ESD) (N=142)	91%
Community rehabilitation teams (CRT) (N=166)	95%
Domiciliary teams (not ESD/CRT) (N=13)	85%
Single discipline services	
Occupational therapy (Single discipline) (N=16)	81%
Physiotherapy (Single discipline) (N=28)	71%
Speech and language therapy (Single discipline) (N=32)	88%
Psychological support (Single discipline) (N=13)	85%
Other post-acute services	
6 month review only (N=36)	92%
Family and Carer Support Services (N=166)	74%

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

2.9.1 Staff education

The opportunity for staff to attend regular internal and external training allows them to update and increase their knowledge of treatment methods for stroke patients.

Table 2.18 shows the level of training for services.

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
Hospital based services			
Post-acute inpatient care	81.9%	92.2%	88.6%
Outpatient (clinic based) services	75.0%	92.3%	85.7%
Domiciliary services			
Early supported discharge teams (ESD)	93.0%	95.8%	91.7%
Community rehabilitation teams (CRT)	82.8%	95.8%	94.3%
Domiciliary (not ESD/CRT)	60.0%	91.7%	91.7%
Single discipline services			
Occupational therapy (Single discipline) *		87.5%	75.0%
Physiotherapy (Single discipline) *		89.3%	81.8%
Speech and language therapy (Single discipline) *		90.6%	88.2%
Psychological support (Single discipline) *		69.2%	100%
Other post-acute services			
6 month review provider only *		92.3%	100%
Family and Carer Support Services *		71.4%	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. This opportunity is available in 91% (462/510) of services who have at least one rehabilitation assistant.

Information and training for stroke survivors and their carers

Information and training refers to literature that seeks to promote patients' and their carers' understanding and allow patients to be involved in making decisions regarding their treatment options.

Table 2.19 Training for stroke survivors and their carers

Self-management tools (Q1.19)	Patients offered access to self-management tools and courses	Carers routinely offered training**
Hospital based services		
Post-acute inpatient care * (N=116)	58.6%	73.3%
Outpatient (clinical based) services (N=50)	64.0%	
Domiciliary services		
Early supported discharge teams(ESD) (N=142)	76.8%	
Community rehabilitation teams (CRT) (N=166)	69.3%	
Domiciliary teams (not ESD/CRT) N=13)	53.8%	
Single disciplines		
Occupational therapy (N=16)	81.3%	
Physiotherapy (N=28)	82.1%	
Speech and language therapy (N=32)	78.1%	
Psychological Therapy (N=13)	76.9%	
Other post-acute service providers		
6 month review providers only (N=36)	80.6%	
Family and Carer Support services (N=166)	79.5%	

*Q1.21 for the inpatient section only

** Only post-acute inpatient care teams were asked if they offered routine training for carers, and Q1.20 for the inpatient section only

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 (e.g. Stroke Association)
Hospital based services						
Post-acute inpatient care N=116	56.9%	80.2%	54.3%	94.8%	87.9%	94.8%
Outpatient (clinic based) care N=50	44.0%	58.0%	48.0%	90.0%	82.0%	88.0%
Domiciliary services						
Early supported discharge teams (ESD) N=142	45.1%	71.1%	59.2%	100%	97.9%	98.6%
Community rehabilitation teams (CRT) N=166	42.2%	67.5%	57.2%	92.2%	84.9%	92.8%
Domiciliary only (not ESD/CRT) N=13	46.2%	76.9%	53.8%	69.2%	69.2%	69.2%
Single discipline services						
Occupational therapy (Single discipline) N=16	62.5%	75.0%	81.3%	100%	87.5%	93.8%
Physiotherapy (Single discipline) N=28	35.7%	64.3%	50.0%	89.3%	75.0%	89.3%
Speech and language therapy (Single discipline) N=32	40.6%	40.6%	31.3%	96.9%	68.8%	96.9%
Psychological support (Single discipline) N=13	53.8%	53.8%	46.2%	84.6%	46.2%	84.6%
Other post-acute services						
6 month review provider only N=36	86.1%	97.2%	88.9%	100%	100%	100%
Family and Carer Support service N=166	86.1%	88.6%	88.0%	99.4%	97.6%	98.2%

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. The Department of Work and Pensions can provide stroke patients with information and financial support. However, information relating to the Department of Work and Pensions is being particularly poorly presented. Such information needs to be accessible and actively promoted.

Outpatient (clinic based) services

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.

Other post-acute services

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.

2.10 Participation in the clinical component of SSNAP

The SSNAP clinical audit continuously 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 outcomes. 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.

All results from the SSNAP clinical audit are made publicly available on the SSNAP web portal (www.strokeaudit.org/results). This is to empower stroke survivors, their family and carers and patient organisations to campaign for better stroke services and to support healthcare services in identifying improvements, planning for and lobbying for change, and celebrating success.

Core service participation

423 'core' services in the post-acute audit were identified as eligible to participate in the SSNAP clinical audit (post-acute inpatient, Early supported discharge teams (ESD), Community rehabilitation teams (CRT) and Domiciliary only teams (not ESD or CRT)). Of this core group, 323 (76%) reported that they are registered to participate in the SSNAP clinical audit and 247 actually submitted records to SSNAP clinical in the year preceding the audit date (1 April 2014-31 March 2015).

This audit has identified a further 100 'core' services not currently registered on SSNAP but which are eligible to participate in the SSNAP clinical audit.

This core service group 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.

Table 2.21 presents the number of services 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	Service types eligible to participate**	Service types registered on SSNAP	Service types which submitted patient records to SSNAP in the 12 calendar months preceding the audit (1 April 2014 – 31 March 2015)
Hospital based services			
Inpatient (N=116)	93.1%	88.0%	74.1%
Outpatient (clinic based) (N=50)	100.0%	48.0%	34.0%
Domiciliary based services			
Early supported discharge teams (ESD) (N=142)	99.3%	85.1%	63.8%
Community rehabilitation teams (CRT) (N=166)	97.0%	63.4%	45.3%
Domiciliary teams (not ESD/CRT) (N=13)	100.0%	46.2%	30.8%
Other post-acute services			
6 month review provider (N=36)	100.0%	88.9%	77.8%
Family and Carer Support Services (N=166)*	99.4%	13.9%	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

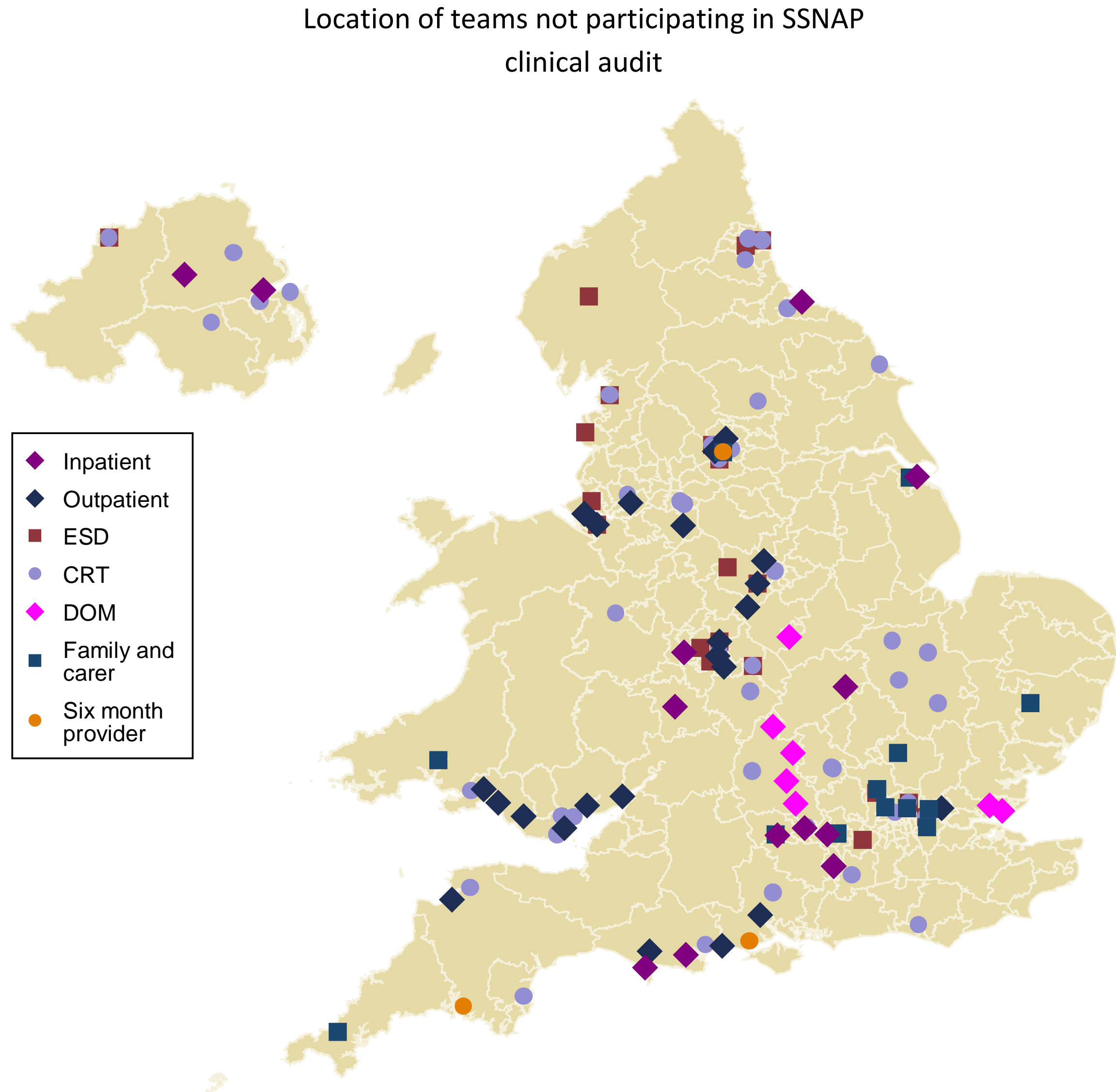
** Multi-disciplinary services treating 10 or more stroke patients a year

As a result 99 services were identified 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.

Figure 2.21 shows the location of services that are considered eligible to participate in the clinical component of SSNAP, but are currently not participating.

Figure 2.21 Location of services eligible to participate in SSNAP clinical audit but are not currently participating.



Below is a case study from an ESD team already participating in SSNAP and a quote obtained from a SSNAP user group on how a team uses their SSNAP data.

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 CLAHRC[1] 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 Scale[2]. 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

Bolton SSNAP User Group

"We are a brand new ESD team and we are linking with acute staff to use SSNAP to look at data, types of patients referred to ESD and capacity/input"

2.11 6 month reviews

6 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. By collecting this information about patient outcomes at six months SSNAP can look at:

- changes in disability compared to discharge,
- where they have been discharged to (home or care home, place of residence)
- unmet needs
- mood and cognition, in particular identification of these areas which were silent symptoms when the patient presented acutely
- changes in whether the patient is in atrial fibrillation and on treatment (anticoagulation) to reduce the risk of having a further stroke.

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) which ensures 6 month reviews are at the forefront of healthcare commissioners' minds.

It is important that the information found at these reviews are used.

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. Using SSNAP to record 6 month reviews will provide information to providers, patients, commissioners, researchers and to the public.

Participating services were asked for information on whether that service type carried out 6 month reviews. 245 functions reported that at least one member of staff is carrying out six month reviews. Approximately 7,400 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.

2.11.1 Location of 6 month review providers

Figure 2.22 shows the areas of England, Wales and Northern Ireland (based on Local authority 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.

Figure 2.22 Areas where at least one member of staff is carrying out 6 month reviews

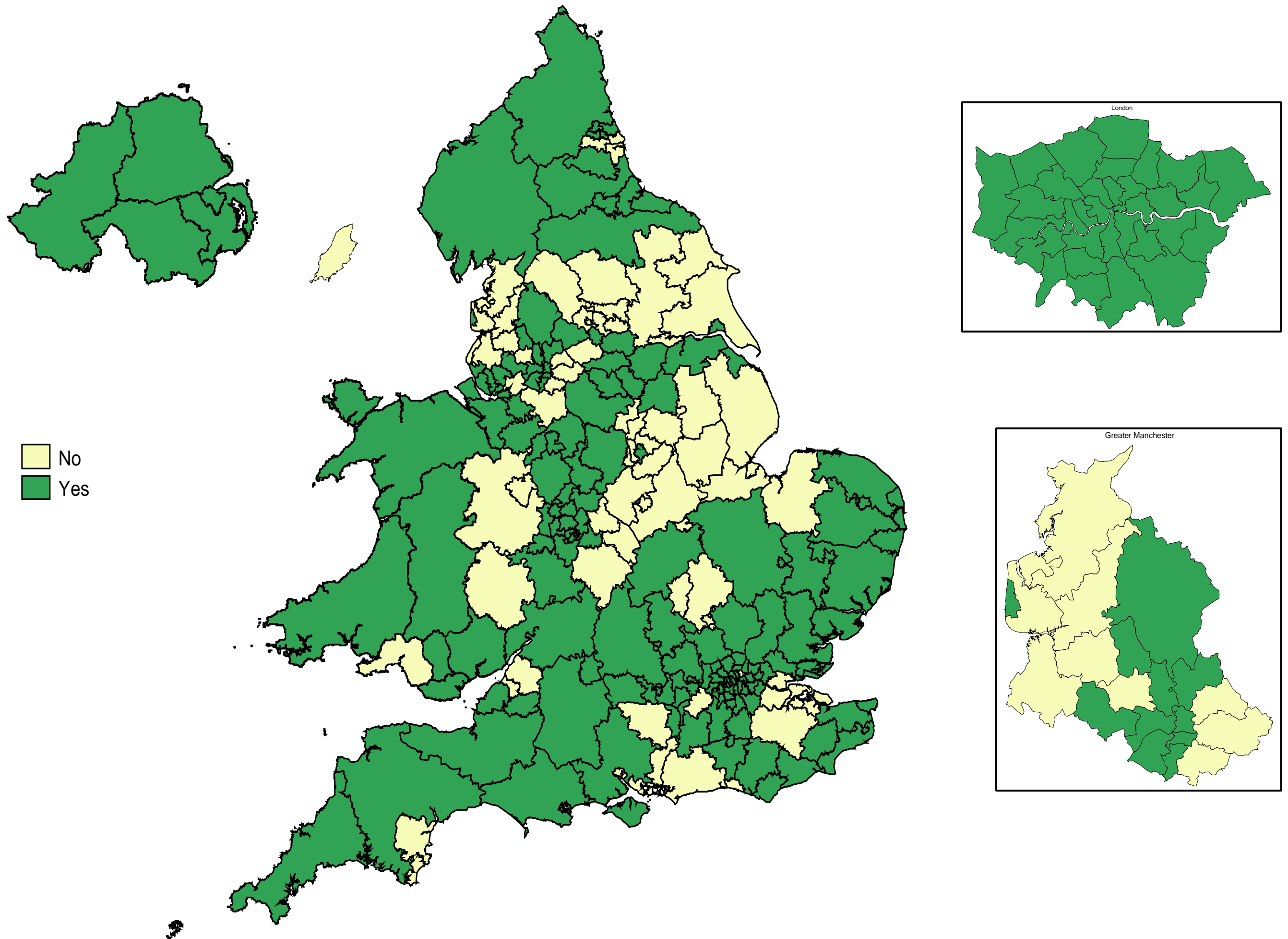
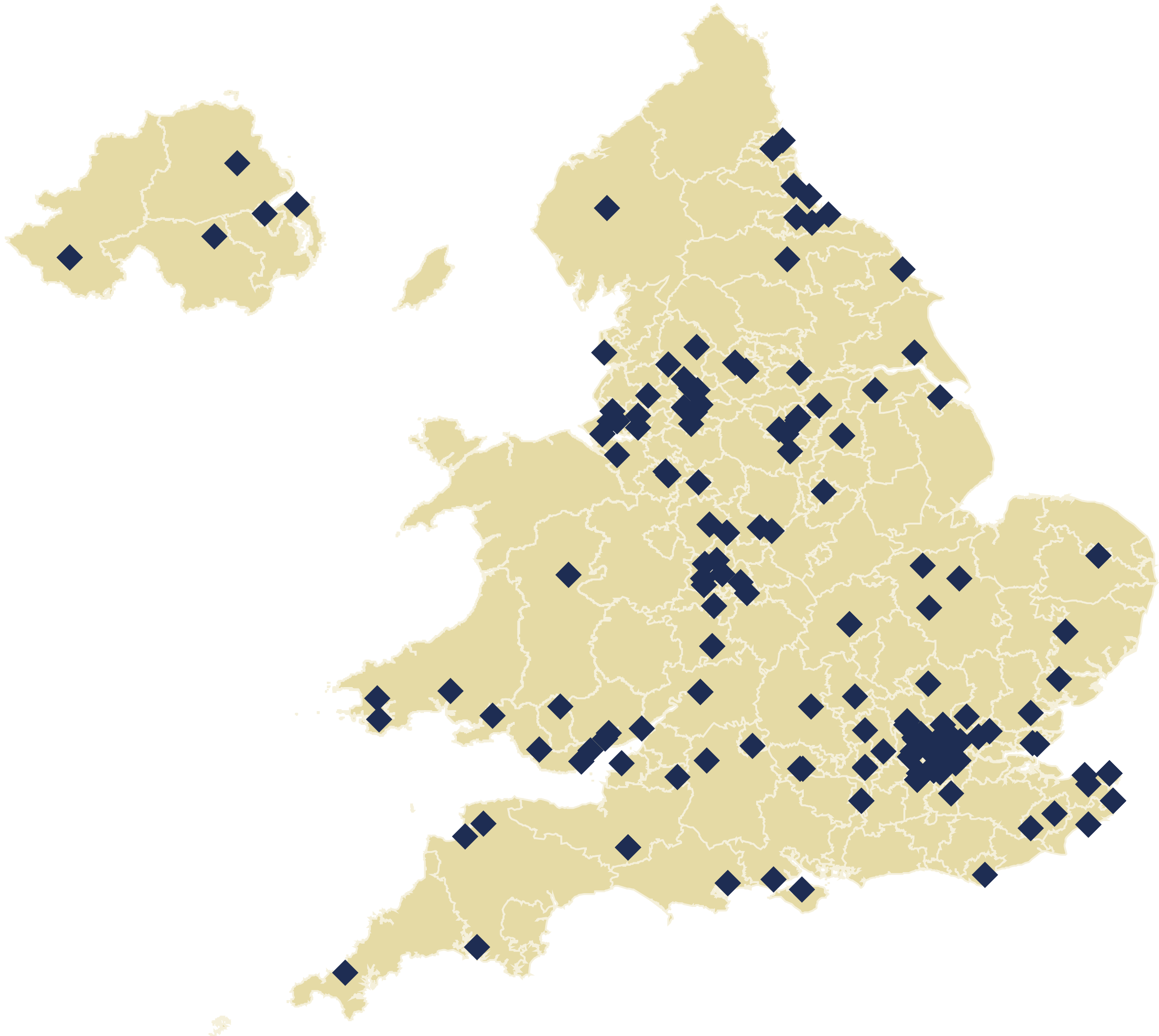


Figure 2.23 shows the location of non-inpatient services with at least one staffing discipline carrying out 6 month reviews.

Figure 2.23 Location of non-inpatient services with at least one staffing discipline carrying out 6 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 carrying out 6 month reviews

Table 2.22 shows the percentage of service types carrying out six month reviews and entering this information in the SSNAP clinical audit database. The table shows the percentage of services that have entered data onto the SSNAP clinical audit in the 12 months preceding the 1 April 2015.

Of the 245 services with at least one member of staff carrying out 6 month reviews, 194 (79%) reported that they are registered on the SSNAP clinical audit and 106 actually submitted 6 month review 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 services with at least one discipline carrying out 6 month reviews N = 778 (All services can potentially carry out 6 month assessment reviews)		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)
Hospital based services		
Inpatient (N=116)	23.3%	44.4%
Outpatient (clinic based) (N=50)	40.0%	25.0%
Domiciliary services		
Early supported discharge teams (ESD) (N=142)	45.8%	46.2%
Community rehabilitation teams (CRT) (N=166)	38.6%	34.4%
Domiciliary teams (not ESD/CRT) (N=13)	23.1%	0%
Single discipline services		
Speech and language therapy (Single discipline) (N=32)	6.3%	0%
Other post-acute services		
6 month review provider (N=36)	100%	77.8%
Family and Carer Support Services (N=166)	17.5%	31.0%

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

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.

Commissioning of 6 month reviews

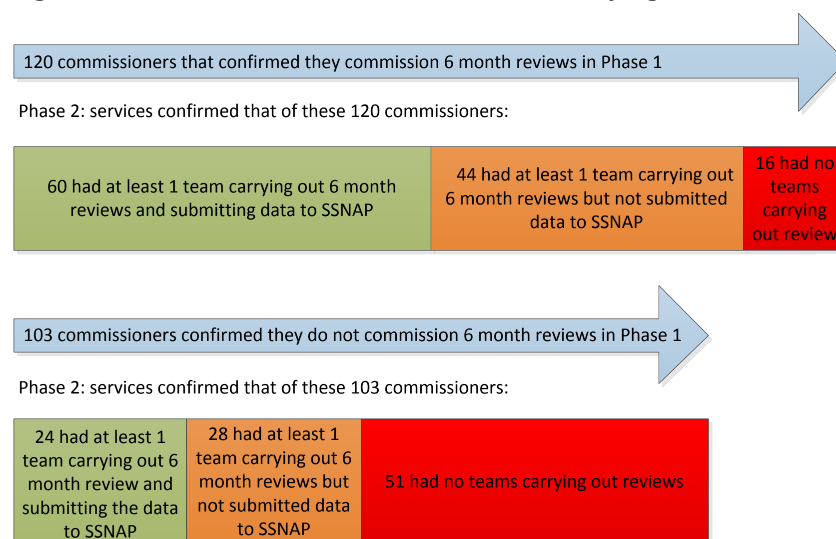
Phase 1 identified 120 commissioners who said that they commission 6 month reviews and 103 who said they did not.

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 2.24 presents the number of commissioners (both who reported in phase 1 that they commission 6 month reviews and those that said they did not) who:

1. have services in Phase 2 with at least one discipline carrying out 6 month reviews and entering this data onto SSNAP,
2. have services in Phase 2 with at least one staffing discipline carrying out 6 month reviews and
3. do not have any services carrying out 6 month reviews.

Figure 2.24 Commissioners with services carrying out 6 month reviews



2.12 Vocational rehabilitation

Vocational rehabilitation is a service which helps someone with a health problem to return to or remain in work or volunteering.

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.

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

There were 4 services which provided core service type data but did not complete the vocational rehabilitation questions. Two services carried out vocational rehabilitation only.

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 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 2.23 Location of vocational rehabilitation services

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

Disciplines responsible for delivering vocational rehabilitation

Vocational rehabilitation is predominantly undertaken by Occupational therapists (79%), but nearly half are also carried out by Physiotherapists, Speech and language therapists and Rehabilitation assistants.

Table 2.24 Disciplines carrying out vocational rehabilitation

Disciplines responsible for delivery therapy *(more than one option could be selected)* (Q1.3)	National N = 92
Clinical psychologist	32.6%
Occupational therapist	79.3%
Physiotherapist	45.7%
Social worker	2.2%
Specialist nurse	7.6%
Speech and language therapy	40.2%
Rehabilitation/therapy assistant	45.7%
Family/carer support worker	25.0%
Other*	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)

Age range of patients 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 inclusion criteria of the service (please refer to question 1.5).

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 2.25 Types of patients offered vocational rehabilitation

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

Eligibility of patients

Table 2.26 Time point for eligibility 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
Upon discharge/referral from inpatient care	55.4%
Upon discharge/referral from outpatient/domiciliary care	34.8%
On return to work	39.1%
When patient is discharged home	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.

2.13 Next steps

This is the first audit of post-acute stroke service providers, and the participation of these services at 80% is unprecedented. SSNAP aims 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. We hope that this information can not only be used to identify improvements that are needed in services and empower patients to ask searching questions about the services that are available to them but also to celebrate success.

As with acute services, post-acute stroke services are now under increased pressure for further service availability and improvement. We therefore hope this information can be used by post-acute stroke services to do this and plan and lobby for change where necessary.

As with the acute organisational audit, SSNAP aims to build on this information biennially.

Glossary

6 month review	A review of a stroke patient's progress 6 months after their stroke. This review provides the opportunity to assess whether a patient's needs have been met, assess the need for further support and set future goals for on-going rehabilitation if appropriate. By collecting this information about patient outcomes at six months we can look at: • changes in disability compared to discharge, • where they have been discharged to (home or care home, place of residence) • unmet needs • mood and cognition, in particular identification of these areas which were silent symptoms when the patient presented acutely • changes in whether the patient is in atrial fibrillation (AF) and on treatment (anticoagulation) to reduce the risk of having a further stroke.
6 month review provider (only)	Services which carry out a 6 month review of stroke patients. Some services carry out 6 month reviews as part of a range of service roles, others provide this service in isolation.
7-day working	Ensuring that patients can access relevant healthcare services 7 days a week.
Audit	A process to compare care or structures against evidence based standards to improve services.
Atrial fibrillation (AF)	This is an abnormal heart beat which can result in the formation of blood clots. Drugs called anticoagulants are prescribed for people with AF to thin the blood and prevent clots forming. This reduces the risk of having a stroke or a further stroke
Anticoagulation	Treatment to reduce the likelihood of blood clotting and risk of stroke.
Community Rehabilitation Team (CRT)	These can be general or stroke specific teams which cater for patients who are able to return home following inpatient rehabilitation or transfer from Early supported discharge.
Domiciliary team (not ESD/CRT)	Teams which provide post-acute rehabilitation at a patient's home but excludes Early supported discharge (ESD) or Community rehabilitation teams (CRT).
Early supported discharge team (ESD)	These can be general or stroke specific teams which provide multi-disciplinary rehabilitation to stroke patients at home at the same intensity as patients would have received when in hospital inpatient care.

Family and carer support service (e.g. Stroke Association)	A service which provide ongoing support to stroke survivors and their families and carers.
Inter Quartile Range (IQR)	The IQR is the range between 25th and 75th centile within a set of data which is equivalent to the middle half of all values
Intercollegiate Working Stroke party	A multi-disciplinary steering group which oversees the work of the Stroke Programme at the Royal College of Physicians.
Joint Care Plan	An evolving document developed to describe the patient's individual needs and plan of care. There should be evidence of being planned jointly between health and social care for post discharge management.
Median	The median is the middle point of a data set; half of the values are below this point, and half are above this point.
Median waiting time (to assessment/triage review and treatment)	The median figure in days is based on timings for a group of patients between fixed time points e.g. between when the stroke patients were first discharged (or referred if this is the last point of contact with the inpatient or previous service) to the service and 1) an initial assessment/triage review was carried and 2) treatment began.
Multi-disciplinary (team)	A multi-disciplinary team (MDT) is composed of staff from different healthcare professions with specialised skills and expertise. The members work together in ensuring patients receive comprehensive, coordinated treatment.
Non-stroke/neurological specific (generic)	A service which provides care to stroke and patients with other neurological conditions as well as patients with other conditions.
Per 10 stroke beds (staffing levels)	The Whole Time Equivalents (WTE) for each staffing discipline in a service divided by the total number of beds used by stroke patients multiplied by 10. This enables comparison between services of different sizes.
Per 100 stroke patient referrals in the last 12 months (staffing levels)	The Whole Time Equivalents (WTE) for each staffing discipline in a service divided by total number of stroke patients referred in 12 months preceding the audit (1 April 2015) multiplied by 100. This enables comparison between services of different sizes.
Occupational therapy team (Single discipline)	A standalone team which offers Occupational therapy services only.
Orthoptics	The evaluation and nonsurgical treatment of visual disorders caused by imbalance of the eye muscles.
Orthotics	Orthotists are health professionals concerned with the design, manufacture and application of externally applied devices (termed as 'orthoses' but sometimes called 'splints' or 'braces') onto the body. This is to support or correct the function of a limb.

Term	Definition
Outpatient care setting	Any health care service provided to a patient who is not admitted to a bed-based facility. Outpatient care may be provided in a clinic, a patient's home or hospital outpatient department.
Physiotherapy team (Single discipline)	A standalone team which offers physiotherapy services only.
Podiatry	A specialism which looks at the diagnosis, medical and surgical treatment of disorders of the foot, ankle and lower extremity.
Post-acute inpatient care setting	A bed-based service for patients who continue to need inpatient (hospital) care and consultant access but no longer require this to be at an acute level.
Psychological support provider (single Discipline)	A service which offers Psychological support to patients once they have left acute care. This can include treatment for depression and/or cognitive impairment.
Re-referral	The ability to be referred to a service again after the patient has been discharged by the same service for the same condition at the same location.
Self-management tools	Technologies/tools used by stroke survivors or their carer to manage their health issues in the community. These can include: support to build self-efficacy (a person's belief in their own competency), identification of personal goals in order to enable personal control and independence. Guidance on how to overcome the physical, economical and psychological barriers but supporting positive social interactions.
SSNAP	This stands for Sentinel Stroke National Audit Programme. A clinical audit project to measure patient care and the organisation of care against guidelines on how to deliver the best care. https://www.strokeaudit.org/results/national-results.aspx
Spasticity clinics	Spasticity is a condition in which certain muscles are continuously contracted. This contraction causes stiffness or tightness of the muscles and can interfere with normal movement and speech. Spasticity clinics provide treatment on spasticity specifically.
Speech and language therapy team (single discipline)	A standalone team which offers Speech and language therapy services only.
Stroke assessment and management training	Someone trained in stroke assessment and management would have stroke specific management experience and would therefore be adept at caring for the specific needs of stroke patients e.g. can check for deterioration of symptoms and take necessary steps to deal with this deterioration.
Stroke/neurological specific	A service which provides care to stroke and/or neurological patients only.

Swallow screening	Swallow screening refers to a process which broadly identifies the safety of a patient's swallowing ability. This screening process, which may be performed by any member of the team trained to do this, acts to establish whether the patient requires further formal assessment regarding the patient's ability to swallow (either fluids or solid foods).
Training for carers	Can include training on how to give medicines, the best support for moving safely between a bed and a chair, and helping with feeding and communication.
Triage	A process to determine or assess the severity, priority and type of treatment a patient requires based on their condition before treatment starts.
Vocational rehabilitation provider	A team which helps someone with a health problem to return to or remain in work or volunteering.
Whole Time Equivalent (WTE)	The Whole Time Equivalent (WTE) of staff is the number of hours staffing disciplines are contracted to work within a typical working week. For example, a WTE number of 1.0 means that the person is equivalent to a full-time worker (and works e.g. 37.5 hours per week); while a WTE of 0.5 signals that the worker is half-time (and works 18.75 hours). This should not be confused with the number of individuals, which is the number of people (bodies) a service has to deliver those hours.
Written Rehabilitation Plan	A document that enables patients/carers to understand their rehabilitation/treatment plan and participate actively in its achievement.

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

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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)

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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	Claypons 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							

Appendix 3: Participants

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	

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Chester 6 Month Review Service

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