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| Sentinel Stroke National Audit Programme (SSNAP)Department of Population Health Sciences | Addison HouseGuy’s CampusLondon SE1 1UL |  |  |  |

**01 June 2025**

To: Chief Executives of participating acute and community Trusts and providers

Cc: SSNAP nominated Clinical Leads in participating sites

 Integrated Stroke Delivery Networks

 Stroke Programme Teams, NHS England and NHS Wales

**Recalibrating the National Stroke Audit (SSNAP)**

Dear Colleague

Since its inception in 2013, the national stroke audit for England, Wales and Northern Ireland (the Sentinel Stroke National Audit Programme [SSNAP]) has measured and reported on the quality of hospital and community-based stroke care and rehabilitation. SSNAP provides timely information to clinicians, commissioners, patients and the general public to support improvements in the quality of care and the delivery of evidence-based treatments locally and nationally, and thereby reduce disability from stroke in the population at large.

Over that time, the evidence base for stroke treatment and rehabilitation has expanded rapidly, not least through dramatic innovations such as mechanical thrombectomy, but also through improvements in stroke recovery from a greater intensity and frequency of rehabilitation therapy. At the same time, the focus of stroke rehabilitation continues to shift from hospital-based care to treatment in patient’s own homes. After recent updates to the UK’s [National Clinical Guideline for Stroke](https://www.strokeguideline.org/) and [NICE Stroke rehabilitation in adults](https://www.nice.org.uk/guidance/ng236), the SSNAP dataset was revised in October 2024 to allow measurement against these new evidence-based standards. These revisions also involve a recalibration of the scoring system within the audit, including the A to E ratings for services that have been used over the last 12 years to summarize the overall quality of inpatient stroke care.

The new SSNAP dataset will now report on 40 Key Indicators reflecting the quality of stroke care, grouped into 7 domains covering all aspects of stroke treatment and rehabilitation, with each domain given a rating from A to E. A detailed guide to how the new domain scores are calculated is available [here](https://ssnap.zendesk.com/hc/en-us/articles/23530505498525-How-are-SSNAP-scores-calculated-new-scoring). These 7 domain scores are combined to produce the overall summary rating of A (a first-class service) to E (a service needing significant improvement) for the quality of in-patient stroke care.

Following the introduction of the new dataset in October 2024, stroke teams will receive their first new ratings in June 2025, signifying the quality of care between January and March 2025. Scoring information for that quarter will be reported only to providers and teams and will remain internal to teams, and will not be made available to the wider NHS or the public. However, key indicator performance metrics for Jan-March 2025 (without ratings) will be made public in July. The first updated A to E ratings for providers and teams will be made public in October 2025, reporting on care for the April-June quarter.

As this is a recalibration, we anticipate a significant change to the overall distribution of teams across the A-E categories, with a higher proportion of sites being allocated ratings of D (needs improvement) or E (needs significant improvement). It is important to recognize that the change in ratings reflects the overall recalibration at a national level, rather than any sudden deterioration in the quality of stroke care. Familiar key indicators carried over from the previous dataset, such as thrombolysis/thrombectomy rates, and access to specialist stroke unit care, will be unchanged, allowing improvement efforts and performance to be continuously tracked during the transition to the new scoring structure.

Recalibrating SSNAP ratings enables a resetting of ambition and expectation for further quality improvement in stroke care, in line with the changing evidence base and national guideline recommendations. This change also avoids a ceiling effect, in which teams who may have become accustomed to scoring A or B under the previous scoring regime lose the impetus to improve. Recalibration creates the headroom for a renewed ambition for quality improvement measured against updated standards over the next 5-10 years.

As a result of these changes you may receive enquiries from members of the public or the press, concerned by the superficial impression that the recalibrated SSNAP ratings reflect a sudden change in the quality of stroke care. It will be important to explain to them, as well as to your own stroke teams, the justification for the change in ratings, alongside SSNAP’s own dissemination activities. With ongoing support from comprehensive, prospective audit data from SSNAP, we hope to see over the coming years the same dramatic transformation in the outlook for people with stroke that we have seen over the last 12 years of SSNAP.

Please do contact me or the SSNAP team at King’s College London (ssnap@kcl.ac.uk) if you have any questions or other concerns raised by this significant change to the National Stroke Audit, and thank you for your continuing engagement and participation in data-driven quality improvement for people with stroke.

Kind regards

Yours sincerely



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