State of the Nation Report 2026

Stroke care received between April 2025 to March 2026



KING'S College LONDON

SSNAP
Sentinel Stroke National Audit Programme

Commissioned by
HQIP
Healthcare Quality Improvement Partnership

The Sentinel Stroke National Audit Programme (SSNAP) is led by the School of Life Course and Population Sciences at King's College London.

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Healthcare Quality Improvement Partnership

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School of Life Course and Population Sciences

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Sentinel Stroke National Audit Programme (SSNAP)

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Introduction

SSNAP measures the quality and organisation of stroke care across England, Wales, Northern Ireland and Jersey. The overall aim of SSNAP is to provide timely information to clinicians, commissioners, patients, and the public on how well stroke care is being delivered. Processes of care are measured against evidence-based quality standards referring to the interventions that any patient may be expected to receive. These standards are laid out in the latest clinical guidelines including the National Clinical Guideline for Stroke (2023) and NICE guidelines (Stroke and TIA, NG128; Stroke rehabilitation, NG236; and Quality standard for stroke), as well as national policy documents including the 10 Year Health Plan, the National Stroke Service Model, the National Service Model for an integrated community stroke service and the Quality statement for stroke.

Further information on the programme including data analysis and methodology, full datasets, and reports produced are available on the SSNAP website: new.strokeaudit.org. The full annual results portfolio and annual thrombectomy portfolio can be accessed by going to: new.strokeaudit.org. Throughout the report, five national recommendations are shown in **light red** boxes and five key messages in **dark blue** boxes. A full line of sight table, linking national recommendations to report findings, is available online.

Patient characteristics

94,262 patients were admitted across 183 hospitals, 194 community services and 197 six-month follow up providers in England, Wales, Northern Ireland and Jersey with a stroke in 2025/26. This compares to 92,414 in 2024/25 and 95,222 in 2023/24. Table 1 summarises the key characteristics of those patients admitted in 2025/26, highlighting the complex nature of this disease requiring a skilled multidisciplinary specialist team across the patient's entire journey.

Total stroke admissions	94,262	**Ethnicity**	
Infarction	81,300 *(86.2%)*	*White*	76,780 *(81.5%)*
Intracerebral haemorrhage	12,608 *(13.4%)*	*Black*	2,248 *(2.4%)*
Not known	354 *(0.4%)*	*Asian*	4,196 *(4.5%)*
Age (median, IQR)	*77 [65-84]*	*Mixed*	608 *(0.6%)*
Age (under 60 years)	14,324 *(15.2%)*	*Other*	1430 *(1.5%)*
Gender (female)	43,191 *(45.8%)*	*Not stated/Not known*	9,000 *(9.5%)*

Comorbidities before stroke		**Number of comorbidities**	
Congestive heart failure	6,629 *(7.0%)*	*0*	21,462 *(22.8%)*
Hypertension	54,972 *(58.3%)*	*1*	31,176 *(33.1%)*
Diabetes	24,763 *(26.3%)*	*2*	25,964 *(27.5%)*
Previous stroke/TIA	23,089 *(24.5%)*	*3*	11,969 *(12.7%)*
Atrial fibrillation (AF)	18,304 *(19.4%)*	*4*	3,104 *(3.3%)*
Dementia	6,651 *(7.1%)*	*5+*	588 *(0.6%)*

Table 1: Casemix of patients admitted with stroke in England, Wales, Northern Ireland and Jersey.

Summary of results for people admitted to hospital with stroke

Stroke care providers

94,262 stroke admissions

183 hospitals

194 community services

197 6 month follow-up providers

Arrival at hospital

4h18m
median time from onset to arrival at first hospital
4h11m in 2024/25

Acute interventions

13.5%
of all stroke patients received thrombolysis
12.3% in 2024/25

4.8%
of all stroke patients received a thrombectomy
4.4% in 2024/25

35.2%
of eligible patients received hyperacute intervention for intracerebral haemorrhage within 1 hour of hospital arrival
32% in 2024/25

6 month follow-up

37.9%
of applicable patients received a 6 month follow-up
35.1% in 2024/25

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

Hyperacute assessment

31.7%
of patients received brain imaging within 20 minutes of hospital arrival
28.3% in 2024/25

54.4%
of patients were assessed by a stroke-skilled clinician within 1 hour of hospital arrival in Apr25-Mar26
50.7% in Oct24-Mar25

Specialist pathway

49.6%
of patients were directly admitted to a stroke unit within 4 hours of hospital arrival
46.5% in 2024/25

76.2%
of patients spent at least 90% of their hospital stay on a specialist stroke unit
74% in 2024/25

68.3%
of patients were discharged to a stroke/neurology specific community rehabilitation service
66.6% in 2024/25

23.3%
of patients were discharged to a stroke/neurology specific combined ESD-CRT service
23.1% in 2024/25

Key: green icons show improvement against previous year, orange no change, and red worsening. Technical guidance on metrics available here.

Arrival at hospital

Onset to arrival time

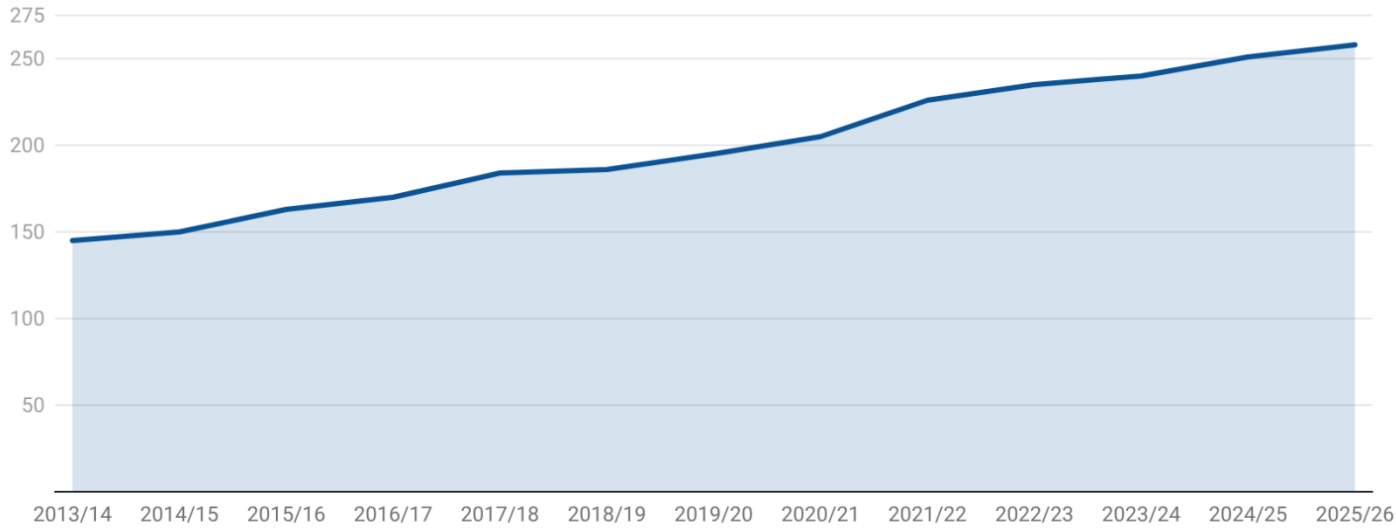


Figure 1: Median time (in minutes) from onset of stroke to arrival at hospital between 2013 and 2026.

Increasing delays are still evident from the time of stroke onset to hospital arrival with 2025/26 data demonstrating 4 hours 18 minutes (compared to 2 hours 25 minutes in 2013/14). Data from 2019-2023 suggests there are specific patient characteristics associated with delayed timings of the pre-hospital pathway thus providing opportunities for targeted interventions **(**UKSF 2024: Determinants of pre-hospital timings for acute stroke**)**. There is a pressing need for stroke networks to continue to collaborate with ambulance services to maximise efficient practices to improve pre-hospital care for all patients with stroke. Such practices should include sustained public education enhancing awareness of stroke symptoms, faster ambulance recognition and triage through pre-hospital video assessment and continuous quality improvement across key pre-hospital time metrics.

Recommendation 1
Targeted quality improvement led by stroke networks is needed to reduce the time from stroke onset to hospital and subsequently to specialist care on a stroke unit. *For action by: Integrated Stroke Delivery Networks (ISDNs) and Welsh Local Health Boards (WLHBs).*

Hyperacute assessment

Access to initial brain imaging

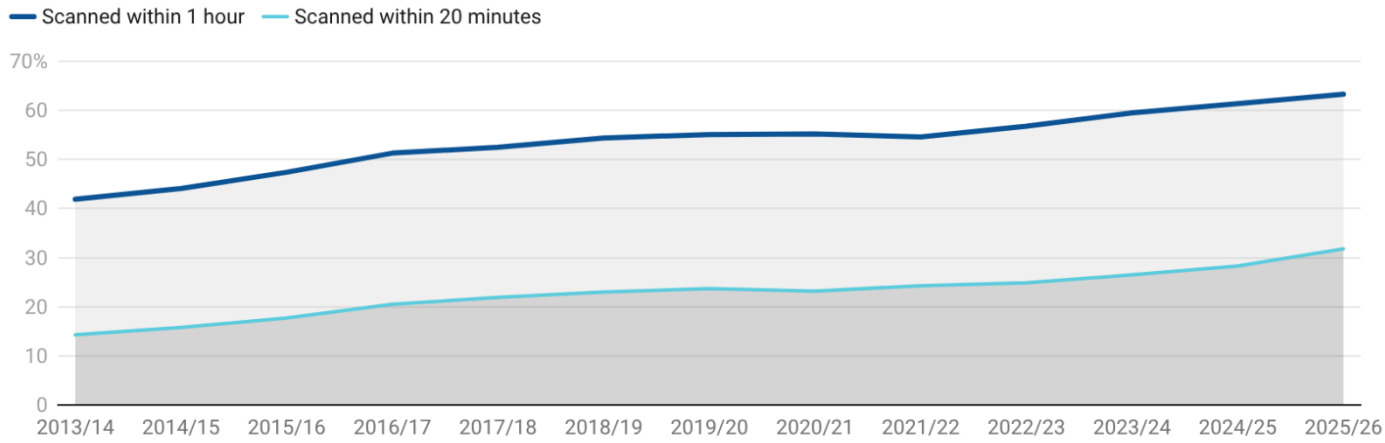


Figure 2: Proportion of patients receiving brain imaging within 1 hour of arrival and within 20 minutes of arrival between 2013 and 2026.

The proportion of patients receiving brain imaging within one hour of arrival to hospital has increased from 61.4% in 2024/25 to 63.1% in 2025/26 and the proportion scanned within 20 minutes of arrival has improved from 28.3% in 2024/25 to 31.7% in 2025/26 (Fig.2). With the advancement of reperfusion therapy, this has resulted in the need for time critical access to multi-modal imaging such as CT angiography and CT perfusion when required. In order to maximise the delivery of such therapy, it is imperative that the sequence of imaging is undertaken in a single setting in order to avoid unnecessary delays (National Optimal Stroke Imaging Pathway). The ongoing use of artificial intelligence (AI) imaging software will be important to enhance decision making and the delivery of hyperacute interventions (**Nagaratnam et al., 2025**).

Recommendation 2
Improve adherence to the National Optimal Stroke Imaging Pathway (NOSIP) to increase the proportion of patients receiving the appropriate imaging immediately on arrival at hospital and accelerate the identification of patients eligible for hyperacute interventions. *For action by: ISDNs, WLHBs and Regional Radiology Networks.*

Assessment by Stroke Clinician within 1 hour (October 2024-March 2026)

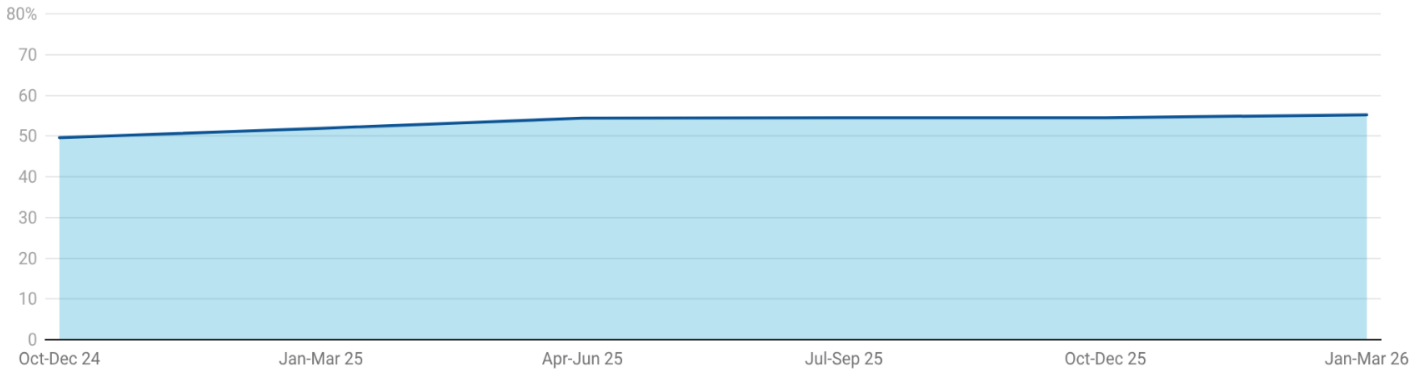


Figure 3: Proportion of patients assessed by a stroke clinician within 1 hour of arrival between October 2024 and March 2026.

In the revised SSNAP dataset from October 2024, this highlight metric was redefined to reflect changes in clinical practice – the redefined measure reports the proportion of patients assessed by an appropriately trained and skilled senior decision-maker within one hour of hospital arrival. This will be a clinician skilled with stroke competencies in patient selection for advanced imaging and in initiating hyperacute treatments for both ischaemic and haemorrhagic stroke. The proportion of patients assessed by a stroke clinician within one hour of arrival to hospital has increased from 50.7% (Oct 2024 -March 2025) to 54.4% April 2025-March 2026.

Early specialist assessment enables accurate diagnosis, prompt treatment decisions, and timely access to hyper-acute interventions supporting the principle that 'time is brain'. **Seven-day services clinical standards**, and reporting the assessment by a stroke-skilled clinician within one hour provides an opportunity as a key indicator to drive quality improvement in the efficiency of the stroke care pathway.

Acute interventions

Thrombolysis rate

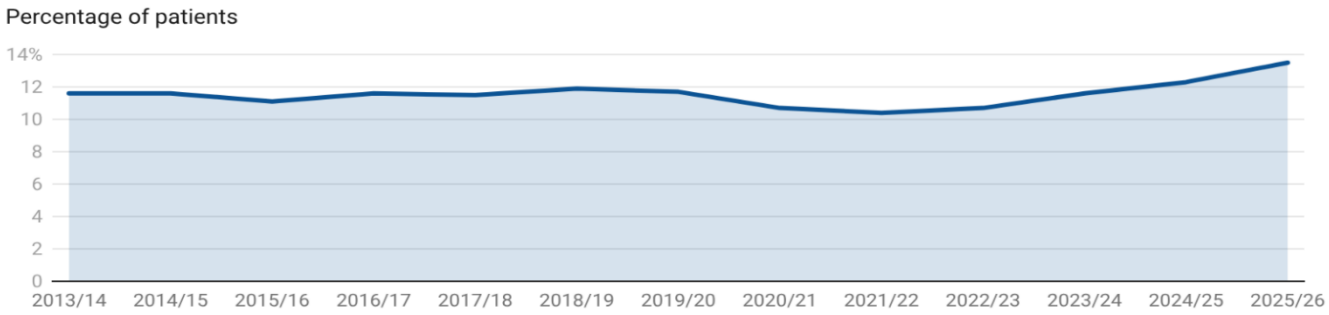


Figure 4: Proportion of patients (out of all strokes) receiving thrombolysis between 2013 and 2026.

The proportion of patients receiving thrombolysis has increased from 12.3% in 2024/25 to 13.5% in 2025/26, the highest rate recorded since the inception of SSNAP (Fig. 4). Despite the expansion of thrombolysis eligibility through extended treatment time windows, the median door-to-needle time has remained largely unchanged, decreasing only marginally from 55.7 minutes in 2024/25 to 55.0 minutes in 2025/26. Machine learning techniques have explored novel methods to improve thrombolysis rates and improve clinical decision making and will help to reduce unwanted variation in practice (**Pearn et al., 2023**) as well replicating what can be achieved from clinical trials (**Pearn et al., 2026**) Comparing thrombolysis rates with bespoke targets will drive quality improvement and help maximise the population benefit of thrombolysis (**Thrombolysis Acute Stroke Collaboration (TASC) Toolkit**).

Thrombectomy rate

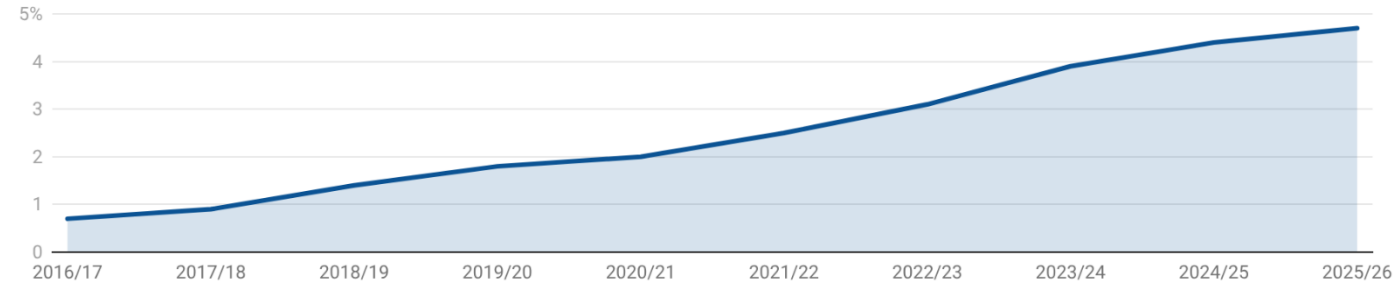


Figure 5: Proportion of patients (out of all strokes) receiving thrombectomy between 2016 and 2026.

Although the rates of mechanical thrombectomy (MT) still remain below the European average, the proportion of patients undergoing treatment has increased to 4.8% in 2025/26 (Fig. 5) resulting in a 7% improvement compared with 2024/25, although this is a slower rate of improvement compared to previous years. As the evidence base continues to evolve particularly with patients with large volume strokes, it is likely that up to 15% of patients may be eligible for MT. In order to meet this ambition, there is a requirement for services to support the delivery of MT to an increasing eligible population through extending 24/7 coverage amongst MT centres using a networked approach. Adopting artificial intelligence for advanced brain imaging, enhancing workforce capacity and training as well as maximising efficient pre-hospital and inter-hospital pathways will be important. (**Mechanical thrombectomy delivery in England, Getting It Right First Time 2023**). The Mechanical Thrombectomy System Scoring launched in 2026 will provide a vehicle to enable quality improvement interventions for these key candidate markers.

Key message
Improving the quality of regional stroke networks is essential to ensure equitable access to thrombectomy. In 2026-27, SSNAP will work with stakeholders to better assess and understand network performance to drive quality improvement through Mechanical Thrombectomy System Scoring.

Hyperacute interventions for intracerebral haemorrhage

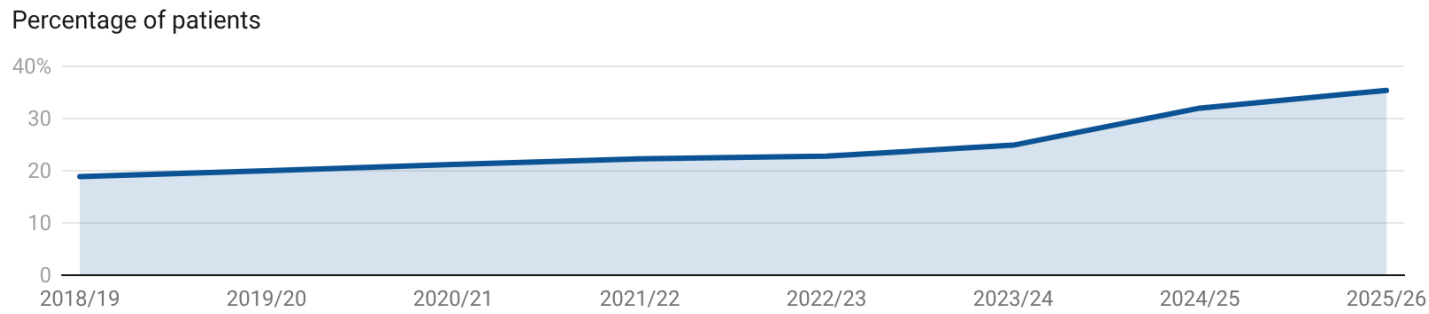


Figure 6: Proportion of eligible patients diagnosed with intracerebral haemorrhage given anticoagulant reversal agents within 1 hour AND/OR given antihypertensives within 1 hour of arrival between 2018-2026.

This year has demonstrated an increase in the proportion of patients with intracerebral haemorrhage (ICH) receiving a combination of interventions, the key components of which include rapid blood pressure lowering and anticoagulant reversal, to 35.2% within one hour of arrival (Fig.6). Delivery of these interventions in parallel with patients accessing specialist stroke unit care in a timely fashion in order to reduce disability and improve survival should remain a key focus. The implementation of care bundles incorporating blood pressure management, anticoagulant reversal, and neurosurgical referral pathways remains a national priority, with significant opportunities to support quality improvement across services. (Ma et al., 2023; Parry-Jones et al, 2024)

Key message
The proportion of eligible patients with intracerebral haemorrhage (ICH) receiving hyperacute intervention within one hour of hospital arrival increased from 32.0% in 2024/25 to 35.2% in 2025/26. This improvement reflects an increased emphasis on the timely delivery of hyperacute interventions for patients with ICH.

Specialist pathway

Access to stroke unit within 4 hours

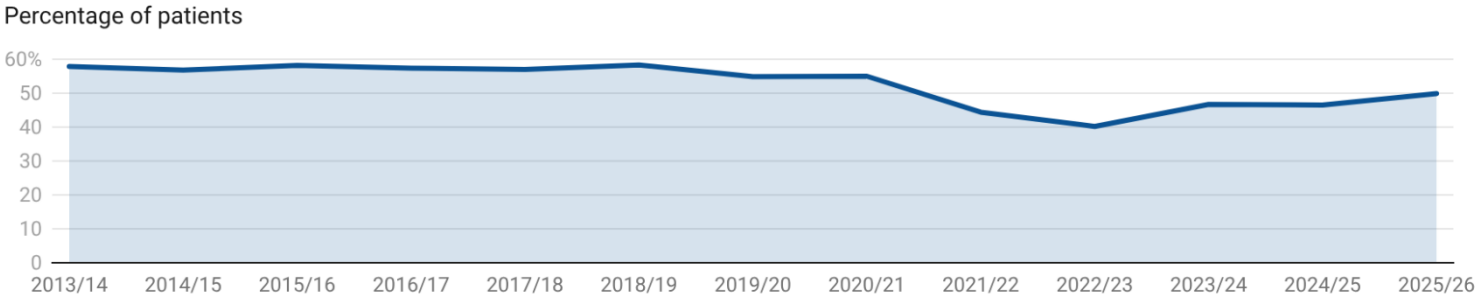


Figure 7: Proportion of patients directly admitted to a stroke unit within 4 hours of arrival between 2013-2026.

The proportion of patients directly admitted to a stroke unit within 4 hours of admission has increased to 49.6% demonstrating a renewed approach to timely organised stroke care (Fig. 7). Early admission to a stroke unit is fundamental to ensuring patients receive timely evidence-based interventions and comprehensive multidisciplinary assessment. Improving access to organised stroke care remains a key NHS priority, as set out in the 10 Year Health Plan. Maximising stroke unit capacity through efficient patient flow across the hospital pathway will be essential to meeting the growing demand from emergency admissions. Furthermore, ensuring timely access to needs-based, seven-day specialist rehabilitation throughout the stroke pathway will support earlier discharge, optimise patient outcomes, and improve hospital capacity and flow.

90% stay on a stroke unit

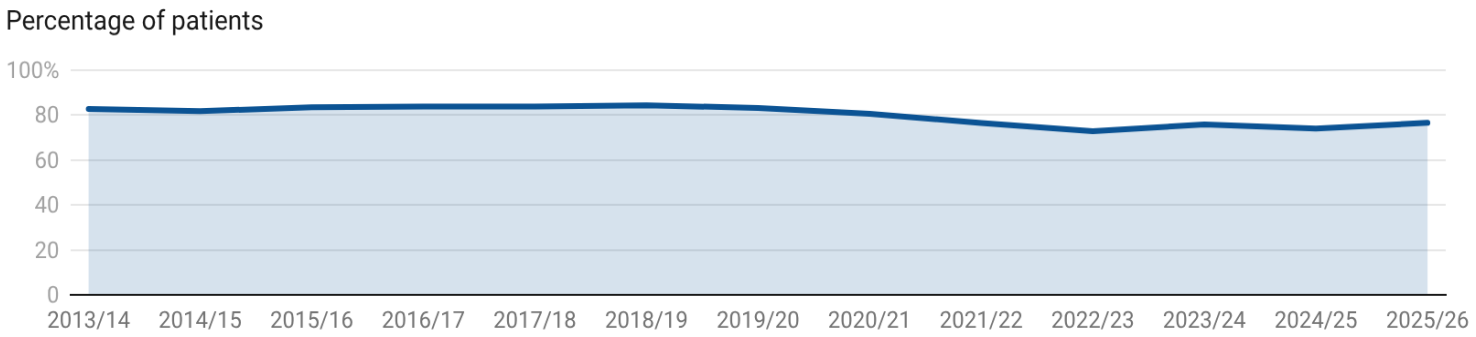


Figure 8: Proportion of patients spending at least 90% of their stay on a stroke unit between 2013-2026.

The proportion of patients spending at least 90% of their inpatient stay on a stroke unit has improved from 74% in 2024/25 to 76.2% in 2025/26 but remains below pre-pandemic levels (Fig. 8). Research has demonstrated that better outcomes are achieved when patients are managed on specialist stroke units for the majority of their hospital stay and this remains a pressing priority to build upon. Continued focus on specialist multidisciplinary care and rehabilitation as well as timely and efficient discharge planning into the community will be important to optimise stroke unit capacity thereby maximising population benefit.

The Stroke Rehabilitation Spotlight Report focuses on the performance of stroke rehabilitation across the pathway.

Key message
Timely access to specialist acute stroke care has improved this year but requires sustained continuous improvement: 49.6% of patients were admitted directly to a stroke unit within 4 hours in 2025/26 compared to 46.5% in 2024/25, and 76.2% patients spent at least 90% of their stay on a stroke unit in 2025/26 compared to 74% in 2024/25.

Recommendation 3
Restore timely access to hyperacute specialist inpatient care for all patients admitted with stroke. *For action by: Integrated Care Boards (ICBs) and WLHBs*

Access to stroke/neurology specific ESD and/or CRT services

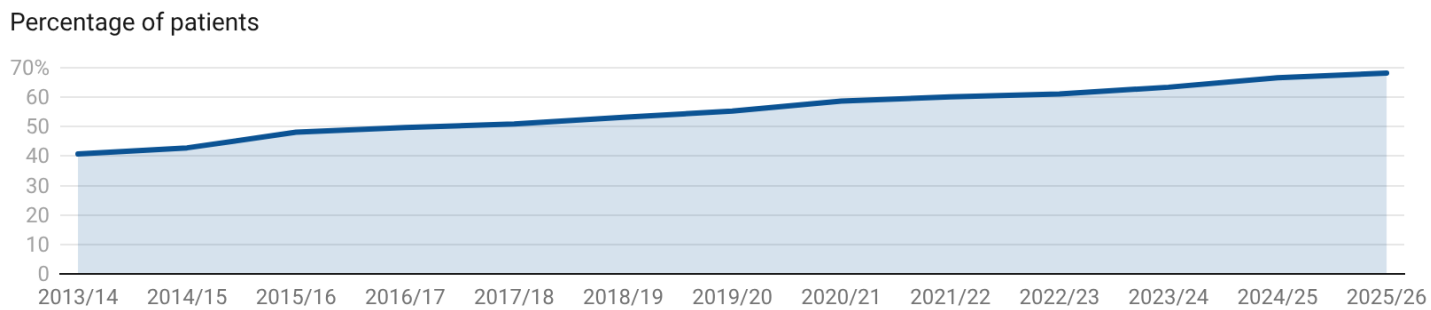


Figure 9: Proportion of patients discharged to a stroke-specific ESD and/or stroke-specific CRT service between 2013 and 2026.

The proportion of patients discharged to a stroke/neurology specific community rehabilitation service has increased to 68.3% in 2025/26 (Fig. 9). This includes 24.7% of patients who accessed a combined ESD-CRT service, reflecting continued implementation of the **National Service Model for an integrated community**

stroke service (ICSS) across England. The delivery of high-quality, specialist stroke rehabilitation within community settings remains crucial to ensure provision of timely, patient-centred stroke care and improved outcomes (**ESOC 2026**: **Long-term effects of specialist community stroke rehabilitation)** in line with key policy ambitions of the 10 Year Health Plan.

Key message
The transition to integrated, needs-based community stroke services continue with a further increase in access to a stroke/neurology specific ESD (Early Supported Discharge) and/or CRT (Community Rehabilitation Team), to 68.3%.

Recommendation 4
Provide equitable access to needs-based, 7-day stroke rehabilitation along the whole pathway including increasing access to integrated community stroke services to support the key policy shift from hospital to community. *For action by: ICBs and WLHBs, supported by ISDNs.*

6 month follow-up

Access to 6-month follow-up

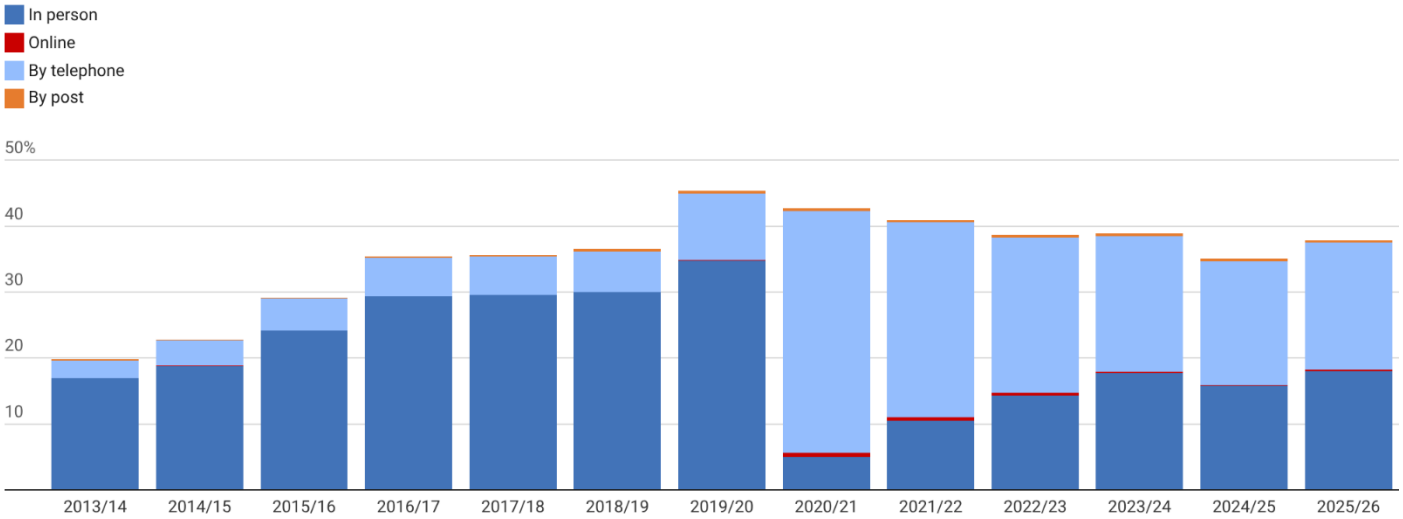


Figure 10: Proportion of patients receiving a 6-month assessment after stroke, by follow-up method, between 2013 and 2026.

The proportion of patients receiving a 6-month stroke assessment in 2025/26 has improved to 37.9% (Fig. 10), compared with 35.1% in 2024/25. Follow-up reviews are vital to ensure holistic assessment of stroke survivors' physical, psychological and social needs and the opportunity for re-referral to specialist services if required (**Patient Outcomes Spotlight Report**). A hybrid approach of both face-to-face assessments (47.5%) and remote assessment (52.5%) offers flexibility and tailoring of approach according to need and patient preference. Continued collection of patient outcomes including physical and mental health related quality of life (EQ-5D-5L) and employment status will provide opportunities for further quality improvement.

Key message
The proportion of patients receiving a 6-month review after stroke is 37.9%. Given the significant levels of physical and psychological morbidity after stroke, follow-up reviews are vital to ensure access to necessary support

Recommendation 5
Respond to the need for ongoing support and regular review when recovering from the life-changing effects of stroke and ensure that all stroke survivors receive formal follow-up 6 months after their stroke, with further support made available for those identified with ongoing needs. *For action by: ICBs and WLHBs.*

Conclusion

Implementing the report's **five national recommendations** alongside the ambitions of the 10 Year Health Plan and the strategic vision of the Cardiovascular Disease (CVD) Modern Service Framework (MSF) will support the delivery of evidence-based stroke care to improve patient outcomes and their experience of stroke services. Reducing inequalities in stroke care remains a key priority for ICBs and WLHBs and understanding the reasons for such variation will stimulate enquiry to promote solutions to tackle these differences (Atlas of variation, 2026). The 2025/26 data set reflects a full year of the revised and recalibrated standards in response to national guidelines and although it is welcome to observe a number of sustained improvements, ensuring a greater proportion of patients accessing stroke unit care remains a key priority so that the benefits of organised stroke care can be maximised across the population. Adoption and spread of innovations such as pre-hospital video triage, using artificial intelligence for imaging interpretation and machine learning will further enhance the delivery of hyper-acute stroke interventions. As the long-term impact and economic burden of stroke continues to grow, there is an urgent need to invest in specialist rehabilitation across the pathway delivering the necessary intensity and frequency of therapy as well as personalised support to improve recovery and quality of life for stroke survivors.

We would like to express our thanks to the following people and organisations for their invaluable contribution in producing this report:

SSNAP Clinical and Associate Directors: Dr Ajay Bhalla, Consultant Stroke Physician, Ms Louise Clark, Stroke Consultant Therapist, Dr Rebecca Fisher, Senior Research Advisor, Stroke Association.

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The hospitals and community teams and ambulance trusts for continuing to participate in SSNAP. Their participation and commitment to the audit ensures that high quality, rich and robust data is available which can be used to improve stroke services.

Cover art provided by: Freda Hammacott



Freda is aged 92 and a stalwart member of Chandlers Ford Stroke Group. She has always loved painting and drawing from life. She was unable to pursue art as the eldest of a large family, and left school at 15 to work on the farm. At age 65 she obtained an A level in Art & Design. Some years later after her Stroke, she joined a art group which gave her the incentive to start painting again. She is an inspiration to us all, and to never give up on your dreams.