



Stroke and ischaemic attack: care plan on discharge

NICE indicator

Published: 1 August 2012

Last updated: 18 October 2023

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Indicator

Proportion of people with stroke who receive joint health and social care plans on discharge from hospital.

Indicator type

Network / system level indicator.

The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

Some people who have had a stroke will have complex care and rehabilitation needs following their stroke. The person and their families may require input from a number of service providers and therefore to achieve best possible outcomes joint health and care plans should be developed to ensure coordinated and effective care.

Source guidance

[Stroke rehabilitation in adults. NICE guideline NG236 \(2023\), recommendation 1.2.14](#)

[National clinical guideline for stroke for the UK and Ireland. Intercollegiate Stroke Working Party \(2023\), recommendation 2.8 M](#)

Specification

Numerator: The number in the denominator who were discharged from their final inpatient hospital stay with a joint health and social care plan.

Denominator: The number of people with a primary diagnosis of stroke discharged from hospital.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: People who refuse a health and/or social care assessment or intervention, people for whom a joint plan is not applicable as they only have a health or a social care need (not both).

Data source: [Sentinel Stroke National Audit Programme \(SSNAP\)](#).

Minimum population: The indicator would be appropriate to assess the performance of networks or systems of providers.

ISBN: 978-1-4731-5539-8