East Sussex Healthcare
NHS Trust

Eastbourne District General Hospital
Kings Drive
Eastbourne
East Sussex
BN21 2UD

Tel: 0300 131 4500
Website: www.esht.nhs.uk

FOI REF: 25/794

14th November 2025

FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

1) **A copy of the stroke patient discharge template(s) currently in use by the Stroke Unit (please note: no patient-identifiable information is requested or required; only the blank template).**

Please see the attached 'discharge draft' template.

2) **Copies of any standardised post-stroke discharge information, leaflets, or guidance (written or other formats e.g. videos) routinely provided to patients and/or carers upon discharge from the Stroke Unit.**

Please see attached copies of post stroke discharge leaflet/information.

Patients are also made aware they can scan QR code which takes them to the link below to access other useful resources post -stroke:

Useful links to websites and resources – East Sussex Healthcare NHS Trust

In addition, nurses give the medication passport and, if patient is catheterised, a catheter passport as well.

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Cont…/

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

Freedom of Information Department
esh-tr.foi@nhs.net

Inpatient Letter

Patient Identification

XXXXXXX	**Admission Date**
XXXXXXX	**Discharge Date**
XXXXXXX	**Sex**
XXXXXXX	**Date of Birth**
XXXXXXX	**Marital Status**
	NHS number
	Hospital Number
	Telephone No

Diagnosis
Xxxxxxxxxxxxxxxxxxx

Primary care follow up and actions
GP to kindly be aware of admission.

Clinical summary
Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Co morbidities
Xxxxxxxxxxxxxxxxxxxxxxx

Allergies and adverse reactions -XXXXXXXXXX

Anticoagulation
Routine Enoxaparin Sodium 40mg as inpatient.

Acute kidney injury - No AKI during admission.

Dementia monitoring
AMTS score >8 no further action required.

ReSPECT
Patient has been through the ReSPECT process and has taken a completed ReSPECT form home with them.

ReSPECT form completed and signed on 04/10/2024.

Discharge details
Discharging consultant: Dr ///////////
Date of discharge: ///////////
Discharge method: /////////
Discharge destination: ///////////

Distribution list
Registered GP
Patient

Person completing record
Checked and completed by Dr ////////////////

Discharge Leave Request Note(s)

Discharge Checked
Not clinically checked by Pharmacy

Allergy
Co-Codamol 8/500 Tablet - Medium severity - no details

Discharge Medications
Folic Acid 5 mg oral ONCE a day,
GP to continue

Beclometasone (Clenil Modulite) Aerosol Inhaler 200 microgram inhaled TWICE a day,
GP to continue

Colecalciferol Capsule 800 Units oral ONCE a day,
GP to continue

Medication supply and other information POD 23 7/10

Doxazosin Tablet 1 mg oral ONCE a day,
GP to continue

Medication supply and other information POD 22 x 1mg 7/10

Fesoterodine Fumarate M/R Tablet 8 mg oral ONCE a day,
GP to continue

Medication supply and other information POD 19 x 8mg 7/10

Fluoxetine 40 mg oral ONCE a day,
GP to continue

Lorazepam 2.5 mg oral When Required, Maximum 4mg in 24hours, Maximum 4mg in 24 hours
GP to continue

Medication supply and other information POD 13 x 2.5mg 7/10

Omeprazole 20 mg oral ONCE a day,
GP to continue

Salbutamol 100 - 200 microgram inhaled When Required, up to FOUR times a day
GP to continue

There were no TTOs for this discharge.

GP and Address	**Consultant**	DR //////////
	Ward	
XXXXXXXXX	**Specialty**	
	Letter Ref	
	Date Printed	
	Signed	Dr XXX [DGH Clinical 1]

For queries about your hospital medicines contact the Ward that you were discharged from - If urgent, call NHS 111

East Sussex Healthcare NHS Trust

Antiplatelet combination treatments for Stroke patients

What is antiplatelet combination treatment?

These are medications used to reduce the risk of recurrence of a stroke and improve quality of life after a mild stroke or high risk transient ischaemic attack (TIA). These medications can be used separately or in combination. They work by preventing platelets from sticking together to form clots, which helps lower the risk of stroke.

Clopidogrel

This is the most commonly used antiplatelet drug and is effective in the prevention of stroke. If a patient has a recurrent cardiovascular event (stroke or heart attack) on clopidogrel, clopidogrel resistance may be considered.

How much will I take?

Dose - A maintenance dose of 75mg daily.

Aspirin

This drug can be used alone or in combination with clopidogrel or ticagrelor (for a short period). It is available over the counter or on prescription and is easy to administer.

How much will I take?

Dose - A maintenance dose of 75mg daily.

Ticagrelor

This drug can be used alone or in combination with aspirin (for a short period).

How much will I take?

Dose - 90 mg twice daily (to be combined with aspirin for the first 30 days).

Interactions - These drugs increase the risk of bleeding with certain pain killers, e.g. ibuprofen and with anticoagulants e.g. warfarin, apixaban, edoxaban, rivaroxaban or dabigatran. Consult with your GP.

If you are taking two antiplatelet medications together, a proton pump inhibitor (PPI) may be recommended to help protect your stomach and reduce the risk of bleeding.

What are the alternatives?

If you choose not to take this medication, your risk of developing a blood clot remains high. Taking it after a mini-stroke (TIA) or stroke helps prevent a more serious or even life-threatening event in the future.

What are the potential risks and side effects?

All drugs have side effects; clopidogrel, ticagrelor and aspirin are no exception. Common effects include:

- Indigestion, it is important to discuss this with your doctor as it is possible to resolve this with a drug to protect your stomach.
- Nausea, rash, breathlessness, vomiting blood, ringing in the ears, headache, diarrhoea, dizziness and fainting are all rare but again merit a visit to the GP if symptoms persist.

How will I feel after I start taking the drug?

You should not feel any different, however if you start to suffer any of the side effects noted above then you should contact your GP.

Sources of information

Stroke Association
Helpline: 0845 30 33 100
www.stroke.org.uk

Your GP

NHS Direct
Telephone 0845 4647
www.nhsdirect.uk

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

_____
_____
_____
_____
_____
_____

Reference

The following clinicians have been consulted and agreed this patient information:
Dr Biyanwila
Dr O'Neill

The directorate group that have agreed this patient information leaflet:
Medicine

Next review date: June 2027
Responsible clinician/author: Dr Chemindra Biyanwila, Stroke Consultant

Loss of sensation in limbs

It is estimated that up to 80% (8 out of every 10) of patients have loss of or changes in sensation after a stroke[1]. This is known as 'sensory impairment', which can be a problem as it can lead to:

- **Concerns about the safety of the affected limb**. For example:
  - not being aware of its position, unintentionally risking damage
  - being unable to feel hot or cold, resulting in scalding or cold-burning of the affected limb
  - accidentally bumping into things or bruising the affected limb, etc
- **The inability to use the affected limb normally**. For example:
  - Inability to keep a firm grip
  - Difficulty in manipulating a hand held object such as a toothbrush
  - Difficulty recognising a familiar object in the hand without looking at it (stereognosis)
  - Difficulty standing with the feet in the right position
- **Difficulty in re-learning movement skills**:
  Our brains are wired so that sensation and movement are inter-linked, such that if one becomes affected, the other also is likely to become impaired. During rehabilitation, re-gaining movement of a weak arm or leg can be more difficult if a patient is unable to feel the floor beneath their feet, feel an object in their hand or is unsure of the position of a limb.

Safety and sensation rehabilitation for your affected limb

Things you can do to make sure you are safe[2,3]:

- Make sure you regularly check the position of your affected limb. Use your unaffected hand to reposition your affected arm/leg. Your physiotherapist or occupational therapist will advise you on this.
- If your arm is affected, always make sure it is supported e.g. on a pillow/arm of the chair as this reduces the risk of damage.
- Make sure you check the temperature of water/objects with your unaffected hand first to prevent scalding or burning.
- Change positions frequently to prevent pressure areas developing, reduce pain and prevent stiffness in your joints.
- Observe the skin for swelling, redness and warmth.
- Should you notice any worrying changes to your affected limb, contact your GP.

Things relatives/carers can do to help[2,3,4]:

- Check the position of their affected limb and remind the patient to check themselves.
- Assist them to thoroughly wash and dry their affected limb, particularly their hand and arm.
- Regularly move and stretch their hand/fingers and elbow if the upper limb is affected or their hip, knee and ankle if their lower limb is affected – the physiotherapist or occupational therapist can advise on this.
- Help them to be aware of situations which may put them at risk for example near hot objects in the kitchen.
- Encourage the person to check the temperature of water using the unaffected hand first.
- Help to complete sensory re-education exercises

Sensory re-education exercises[4]:

- Try to differentiate between textures (i.e. cotton, sandpaper, satin, velcro, rubber, velvet, wool, etc).
- Hide objects such as marbles, coins, etc. in a bowl of rice/dry beans/sand. Without looking, try to find the objects with your hand. Alternatively, have someone place different objects in your hand and try to identify them without looking.
- Close eyes. Have someone else place a lighter object on your hand then a heavier object. Try to determine which object was heavier or lighter.
- Have another person touch you on one spot with your eyes open, then with your eyes closed. Try to associate where you saw the object touch your skin to how it felt on your skin.
- Have another person keep pressure still on your skin then move it around. Watch and pay attention how it feels. Close eyes and try to identify when the pressure is still versus when it is moving.
- Fill a flexible paper cup half full with water. Attempt to grasp and move the cup without spilling the water or smashing the cup. Use your vision to determine how much pressure you are putting on the cup (i.e. if cup is slipping out of hand, apply more pressure; if cup is squeezed to hard, lessen grip).
- Have another person apply cold and or warmth to your skin and see if you can detect temperature differences.
- Fill 4 flexible cups with water, all different temperatures. Try to order the cups from hot to cold.

Further information:

If you have any questions related to this information leaflet, please get in touch with a member of the stroke rehabilitation team Tel: 0300 131 4500. If you have been discharged from the stroke rehabilitation teams you should speak to your GP.

Sources of information

[1] Doyle S, Bennett S, Fasoli SE,McKenna KT (2010) Interventions for sensory impairment in the upper limb after stroke. Cochrane Database of Systematic Reviews (6): CD006331.
[2] http://www.stroke-rehab.com/sensory-re-education.html
[3] College of Occupational Therapists Specialist Section - Neurological Practice (2008) Care of the affected arm following stroke in adults. College of Occupational Therapist
[4] Stroke4Carers (2014) Sensation Summary.http://www.stroke4carers.org/?tag=sensation

Important information

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Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

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Other formats

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Tel: 0300 131 4500 - Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

_____
_____
_____
_____

Reference

The following clinicians have been consulted and agreed this patient information – Acute Stroke Therapy Leads

Next review date: June 2022
Responsible Clinicians: Acute Stroke Therapy Leads

Community Stroke Rehabilitation (CSR)

Information leaflet for patients and families

Community Stroke Rehabilitation **(CSR)** is an inter-disciplinary team made up of Nurses, Allied Health Professionals (Physiotherapists, Occupational Therapists, Speech and Language Therapists and Dietitians) and Rehabilitation Support Workers (RSW's) who provide community rehabilitation for patients in their own homes, residential homes and nursing homes.

After receiving a new patient referral CSR staff contact a patient via phone to arrange initial assessment and follow up visits.

CSR staff support patients with tailored agreed goals for rehabilitation; the frequency and intensity of rehabilitation is individual to every patient based on patient need and will be discussed together with CSR and patient. CSR support patients with self-management and onward patient centred goals, signposting patients to other services as required. Goals are the activities patients most want to achieve and will be agreed between patient and CSR to make sure goals are realistic and right for patient.

CSR also facilitate group rehabilitation, patients will be considered for group rehabilitation if appropriate for their individual rehab needs.

Patients are referred to CSR via acute and community health professionals via Health and Social Care Connect (HSCC) – Email: HSCC@eastsussex.gov.uk

CSR bases and contact details
CSR Eastbourne, Hailsham and Seaford base: Firwood House, Brassey Avenue, Eastbourne.
Contact number: 0300 131 4580

CSR Hastings and Rother base: Bexhill Irvine Unit, Holliers Hill, Bexhill-on-Sea.
Contact number: 0300 131 4415

Sources of information

The Stroke Association - www.stroke.org.uk
Headway: The brain injury association - www.headway.org.uk

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Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

_____
_____
_____
_____

Reference

The following clinicians have been consulted and agreed this patient information – Community Stroke Rehab Leads:

Next review date: February 2024
Responsible Clinicians: Community Stroke Rehabilitation Leads

ACUTE STROKE UNIT DISCHARGE DETAILS

East Dean & Sovereign Stroke Unit

Going Home

You will receive:

1. Discharge letter which will include:
   - Details of your hospital stay
   - Any medication changes
   - Details of planned outpatient follow up appointments
   - Any specific advice for the management of your condition **- Your GP will also receive a copy of your Discharge letter**
2. Medication list explaining each tablet you are taking, why and how often
3. A supply of medication – for a further supply you will need to contact your GP for a further prescription

The Stroke Association will contact you after you have been home for about 6 months to see how you are getting on.

Other contact information

The Stroke Association: **Tel: 0303 3033 100**

www.stroke.org.uk

Adult Social Care Direct: **Tel: 0345 608 191**

ACUTE STROKE UNIT DISCHARGE DETAILS

East Dean & Sovereign Stroke Unit

Ward Staff please attach Discharge Letter and any other specific information to the inside of this discharge leaflet.

East Sussex Healthcare NHS
NHS Trust

ACUTE STROKE UNIT DISCHARGE DETAILS

East Dean & Sovereign Stroke Unit

Patient Details

Name:_____

Hospital Number:_____

Your planned discharge from hospital is on / /20.....

Contact Details
Eastbourne District General Hospital Tel: 0300 131 4500
East Dean Acute Stroke Unit: Between 9am-2pm Ext 772520
After 2pm 770548 / 735822 / 770591
Sovereign Stroke Unit: Between 8am-3pm Ext 735441
After 3pm Ext 735440 / 772523 / 772521

Community Stroke Rehabilitation Service
Eastbourne Area: 9am-5pm Mon-Fri Tel: 0300 131 4580
Hastings Area: 9am-5pm Mon-Fri Tel: 0300 131 4415

Early Supported Discharge Team
Eastbourne Area: 9am-5pm Mon-Fri Tel: 01323 514867
Hastings Area: 9am – 5pm Mon-Fri Tel: 01424 735693

If you have any immediate worries after you have been discharged home please contact the ward on the number above.

This **hospital** is involved in a project to make **stroke** care **better**.

This project is called SSNAP.

When we say "we", we mean SSNAP.

We collect **information** about all **stroke** patients in this hospital and the **care** they receive.

This includes some **confidential** information.

This information is used to **improve stroke care** in this hospital.

For more information:

Please visit our website for more information and to access easy-read reports and guidelines:

www.strokeaudit.org

Contact us

Do you have any questions, or would you like to speak with our team?

Please email: ssnap@kcl.ac.uk or call:

King's College LONDON

SSNAP

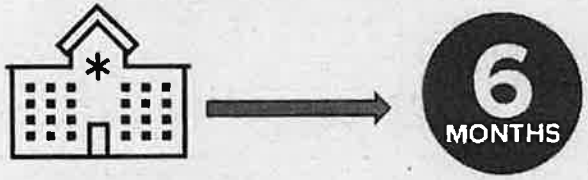
The national clinical audit for **stroke**

Collecting data on stroke care from admission to 6 months after stroke

Information about SSNAP

England & Wales

We collect information from your admission to six months after your stroke.



The information we collect will help inform us about **your stroke care** and which care seems to work best.

Why do we need to collect confidential details from you?

We can make better use of the information the hospital gives us if we can **link** it with **other information** already collected about people in hospitals.

This is helpful as it will **encourage** hospitals to **improve** their **services for patients.**

Confidential information we collect from you

- **Name**
- **Date of birth**
- **Postcode**
- **NHS number** (everyone in the country has a unique number which is used by the NHS).

Your confidential information is

How will my confidential information be kept safe?

There are **very strict rules** about how your information is kept. A few select people in the stroke care team send the information using a **very secure website.**

These people need a **password** to see the information and they must agree to use the **information properly**

not asked for my permission to use my information?

It is difficult to ask everyone for their permission just after a stroke.

We understand some stroke patients may;

- find it hard to communicate
- not have relatives with them
- find it distressing

People who have had a stroke think the stroke audit is good and will help improve services for others

Can I refuse to give my information?

Yes. Just tell the **person** who **gave** you this **leaflet** or

Eastbourne Support Group
Last Wednesday of the month
10:30am to 12:00noon

St Saviour's Church
South Street
EASTBOURNE
BN21 4PA

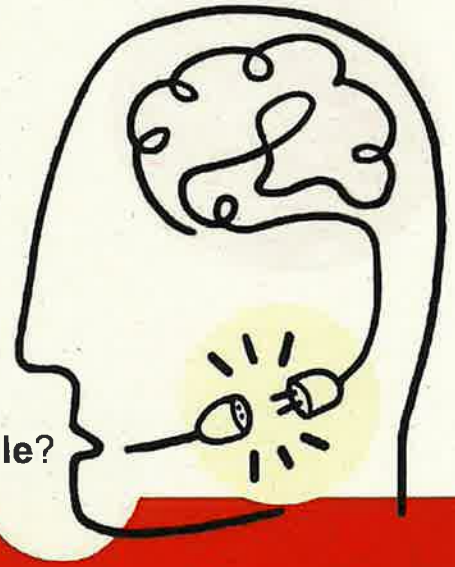
E: colin@sayaphasia.org
T: 07796 143118
W: sayaphasia.org

Online Group Available
See website for more details

Registered Charity No: 1169933

SayAphasia

APHASIA SUPPORT GROUP
EASTBOURNE



Is **communication** a **struggle**?

Find **support**

Meet other **people** with **aphasia**

Learn how to **adapt** to a new way of living

Relax and be yourself - you don't have to talk

WHAT IS APHASIA?

Aphasia is a **communication disability** caused by **brain damage**, usually after a **stroke** or **head injury**.

Aphasia is **different** for **each person**.

Aphasia can make it difficult to understand and use language and numbers. It does **not affect** a **person's intelligence**.

"There is a huge gap between leaving hospital and learning to lead a 'normal' life again. I couldn't have done it without Say Aphasia"

ABOUT THE CHARITY

Say Aphasia **work alongside people** with **aphasia** and their **families** to **assist with communication** and rebuild **confidence** and quality of life.

People with aphasia are **involved** in **everything** we do. They are trustees, peer leaders and volunteers.

Our **mission** is to **improve** the **lives** of people living with **aphasia** by helping them to **re-engage** with life.

"Attending the group stopped isolation and I am now able to socialise"

DROP-IN GROUPS

What happens at a drop in group?

Sessions are **led** by **people** with **aphasia** and are supported by **trained volunteers**.

You can **meet others** living with aphasia over a coffee or tea, and exchanged aphasia life hacks and stories, and meet people who **understand**.

You can suggest ideas for activities you may want to take part in at the group.

How many people will be there?

The number will vary each time, but from **5 to 35**!

Do I have to stay for the whole duration?

No, drop-in is **informal** and you stay as long as you wish. There is **no commitment** to attend every time either.

Can I refer people to drop-in?

Yes, please get in touch using the details on the reverse of this leaflet.

Can I bring my carer, friends or family members to drop in?
Yes!

Do I need to pay?

No. All of Say Aphasia activities are free to attend, but as a charity we always welcome donations.

East Sussex Health
NHS

Stroke information and useful links

Scan the QR code below to access links to information about a variety of stroke related topics or visit: **www.esht.nhs.uk/stroke-info**