NHS England

Practical guidance supporting the 2019-20 CQUIN:
Six month reviews for stroke survivors

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Contact Details for further information	Iola Shaw Clinical Policy Unit, Medical Directorate, NHS England 5W25 Quarry House Quarry Hill, Leeds LS2 7UE 7568431912 www.england.nhs.uk/ourwork/clinical-policy/stroke/

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Practical guidance supporting the 2019-20 CQUIN:

To undertake a six month post-stroke review and record on the Sentinel Stroke National Audit Programme (SSNAP)

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- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact the NHS England Clinical Policy Unit on england.clinicalpolicy@nhs.net.

How to use this document:

There are questions and answers which will help you to understand and achieve this CQUIN. There are also links to further guidance or examples of assessment tools which you can use to assist your service to undertake a six month post-stroke review. These are not exhaustive and you may find an alternative assessment tool which is more appropriate in your setting.

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Practical guidance supporting the 2019-20 CQUIN: To undertake a six month post-stroke review and record on the Sentinel Stroke National Audit Programme (SSNAP)

Document Overview

This document has been developed for commissioners and service providers to expand on the guidance supplied on the 2019/20 CQUIN slide deck for implementing the stroke survivor six month review CQUIN.

This CQUIN applies to community service providers of stroke rehabilitation commissioned under the NHS standard contract. These include early supported discharge services and longer term rehabilitation services provided in the community. Longer term rehabilitation may be provided by stroke specialist, neurological, or generic services.

What is required? All patients who have an acute stroke (first ever or recurrent) should be offered a personalised review which should be undertaken approximately six months post-stroke and this should be recorded on the Sentinel Stroke National Audit Programme (SSNAP) web-based tool.

Why is it required? Optimal secondary prevention, improved stroke rehabilitation and personalised care are key pillars of the stroke service improvement landscape and are commitments in the NHS Long Term Plan. A six month assessment has been highlighted as a fundamental part of this work and it is the strongest ask from stroke survivors.

A six month post-stroke review should provide an opportunity to increase the choice that people have over the way their care is delivered and planned, based upon what matters to them and their individual strengths, needs and preferences. It provides an opportunity to identify unaddressed needs and consider wider support such as social prescribing.

Summary SSNAP and local data from six month post-stroke reviews will enable service providers and commissioners to review the care provided post hospital discharge and in the longer term for stroke patients, and to pursue improvement.

When should the review happen? The review should be conducted approximately six months after the acute stroke (the CQUIN recording window is four to eight months post-stroke).

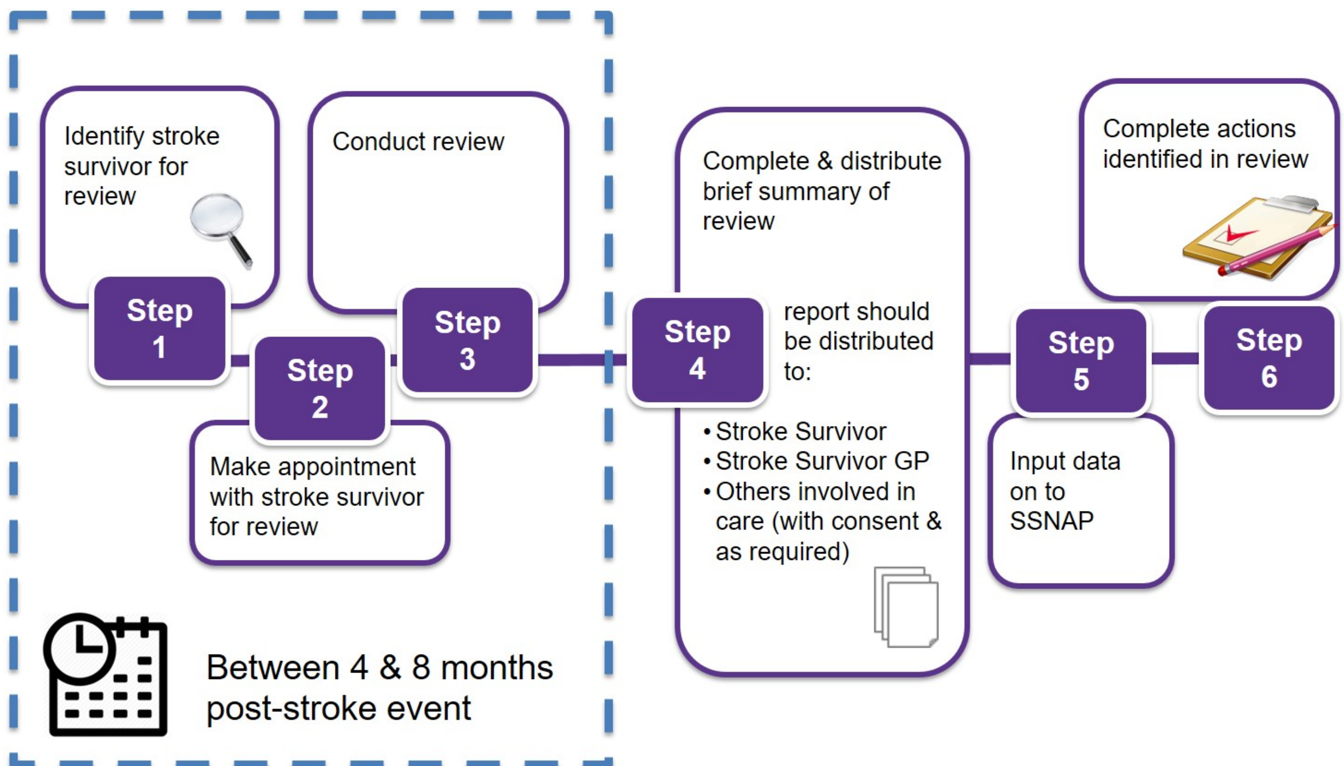
To achieve the CQUIN target for the full year 2019/20: 55% of all eligible patients for the year must have reviews completed and recorded on SSNAP.

Acronyms used in this document

CQUIN	Commissioning for Quality and Innovation Scheme
CVD	Cardiovascular Disease
NICE	National Institute for Health and Care Excellence
PCSP	Personalised Care and Support Planning
SSNAP	Sentinel Stroke National Audit Programme

What is the process for providing six month post-stroke reviews?

1. Diagram summarising the process



How to deliver this CQUIN

2. How do we achieve this CQUIN?

Every person who is admitted to hospital with a stroke (first ever or recurrent) or who has a stroke while an in-patient and who is alive six months later should have a personalised health and social care review that is recorded on SSNAP.

This can be expressed as a fraction:

Numerator =
Number who have a structured health and social care review between 1st April 2019 and 31st March 2020 - six months post-stroke*

Denominator =
*Number of patients within area who received in-patient care following a stroke** AND who are alive*** six months after the stroke admission*

* a six month review can be conducted between four and eight months after stroke

**The appropriate time window for completing a review with each patient can be identified via SSNAP

***patients who died within six months of stroke will be identified via SSNAP and cross-checked via ONS by SSNAP

This CQUIN applies to community service providers of stroke rehabilitation commissioned under the NHS standard contract. For eligible organisations to achieve this CQUIN for 2019/20, **55%** of stroke survivors in this provider's catchment must be reviewed and recorded on SSNAP over the course of the year. **A minimum of 35%** must be recorded to receive any funding and the funds will be apportioned on a sliding scale up to full allocation. (See section 4 for the definition of a provider)

While achievement of this CQUIN is the responsibility of the eligible NHS community service provider, we expect they will in many cases collaborate across their health and care system to ensure their patient cohort receives six month post-stroke reviews. This may include collaboration with primary, acute and voluntary services.

Collaboration with other providers will also be necessary to ensure timely data entry on SSNAP, with data entry being reliant on transfer of all stroke patient entries on SSNAP between providers within area. Providers should collaborate to ensure agreements are in place allowing timely reviews and data entry.

3. What is the Sentinel Stroke National Audit Programme (SSNAP)?

SSNAP provides a web-based tool which collects data about stroke patients who are treated in hospital in England, Wales and Northern Ireland, however this CQUIN is only applicable in England.

SSNAP provides timely information to clinicians, commissioners, patients, and the public about how well stroke care is being delivered. Data collected by SSNAP is used to monitor and improve the quality of care that is provided to patients both locally and nationally.

For further information on SSNAP follow this link - https://www.strokeaudit.org/About-SSNAP.aspx and see questions 11 and 13 onwards

4. Which organisations are responsible for delivering six month post-stroke reviews?

Six month post-stroke reviews may be provided via a range of providers including acute services, community services, the voluntary sector and primary care. Responsibility for commissioning and provision of six month post-stroke reviews is a matter for local decision. No one service model is better than another.

This CQUIN applies to community service providers of stroke rehabilitation commissioned under the NHS standard contract. This includes providers with neurological, stroke specific or other general team providing rehabilitation to stroke survivors and can apply to both time-limited services such as early supported discharge and longer term rehabilitation services provided in the community.

Those providers within scope may use their own teams to carry out six month post-stroke reviews or may collaborate with other providers to ensure their stroke survivor cohort receives these reviews.

Achievement of the CQUIN will be assessed against the desired outcome which is that all stroke survivors receive six month post-stroke reviews with subsequent SSNAP data completion. Achievement is not dependent on the process used to achieve this outcome. Best practice entails a collaborative personalised approach. Some example service specifications are in the resources section below.

5. How should the six month post-stroke review be undertaken?

All stroke survivors should be offered a review. This contact will provide them with the opportunity to connect with health services, social care or the voluntary sector if required and if they choose to do so. Some stroke survivors might prefer a light touch review at this point, while others may welcome a more detailed engagement. For those people who are still in contact with stroke services the review can form part of their ongoing support.

Services should consider carefully how to make initial contact/invitation to review: by phone or letter; opt in or opt out, and audit regularly to optimise take up. For insights into uptake of six month post-stroke reviews see here.

5.1 The components of the review to be recorded on SSNAP:

These are available in full in Appendix 1, but can be summarised as:

Where is this patient living? (home; care home; other)

Was the patient screened for mood, behaviour or cognition since discharge using a validated tool?

- *If yes, was the patient identified as needing support?*
- *If yes, has this patient received psychological support for mood, behaviour or cognition since discharge?*

What is the patient's modified Rankin Scale (mRS) score? (a measure of overall health status)

Is the patient in persistent, permanent or paroxysmal atrial fibrillation?

Is the patient taking any of the following:

- *Antiplatelet*
- *Anticoagulant*
- *Lipid Lowering*
- *Antihypertensive*

Since their initial stroke, has the patient had any of the following:

- *Another stroke*
- *Myocardial infarction*
- *Other illness requiring hospitalisation*

The above data is the minimum information which would need to be captured within the review to achieve the CQUIN. For more information on tools that will assist undertaking the review see section 22 and 23

5.2 Information about the modified Rankin Scale

To ensure the consistency of data it is important that the modified Rankin Scale is determined in a standardised manner. Training and guidance is available and standardisation of training is key with guidance widely available. The following questions when used system wide lead to consistency.

Which most accurately describes your current situation?	**Score**
I have no symptoms at all and cope well with life.	0
I have a few symptoms but these do not interfere with my everyday life.	1
I have symptoms which have caused some changes in my life but I am still able to look after myself.	2
I have symptoms which have significantly changed my life, prevent me coping fully on my own, and I need some help in looking after myself.	3
I have quite severe symptoms which mean I need to have help from other people but I am not so bad as to need attention day and night.	4
I have major symptoms which severely handicap me and I need constant attention day and night.	5

6. Who can undertake a six month post-stroke review?

The review must be undertaken by someone who has a good understanding of personalised care and a good understanding of the issues faced by people affected by stroke, even if they are not the person who will go on to address these issues.

It is the reviewers' responsibility to ensure that stroke survivors receive information and support that is tailored to their health literacy. Reviewers must be able to identify

the limits of their own knowledge and how to ensure the person can access the support where available. If they are a stroke specialist they will need access to information on non-stroke specific support, such as links to social prescribing, that may be identified in the review. Appropriate confidentiality must be assured.

> "The timing of the review is crucial as six months post-stroke can be a vulnerable time for the stroke survivor, particularly as other services may have ceased and the individual may feel isolated at the time when the impact of the stroke is beginning to define their future and affect their life thereafter."
> Lead Nurse Continuing Healthcare, NHS West Kent CCG Nursing and Quality Team

A six month post-stroke review should ideally be undertaken face-to-face with the person. If appropriate, family members, carer or staff providing ongoing care could be invited to support the person to participate fully in the review process. The review should be undertaken where a confidential relaxed conversation can take place. It is possible to conduct a review over the phone, online or by post. However, these options are only recommended for people who do not wish to participate in a face-to-face review.

The ideal review will be personalised and provide an opportunity for the stroke survivor and carer to:

- discuss the physical, cognitive, psychological, emotional and social consequences of living with stroke;
- identify and address new or ongoing problems and needs in these areas;
- discuss ways to optimise recovery, based on what is important to them;
- receive personalised information, care and onward referrals;
- ensure that secondary prevention is optimised;
- be supported to increase their knowledge, confidence and skills in managing their own health and care;
- receive personalised care (for information on how to ensure the review reflects personalised care see the Personalised Care and support planning guidance, and section 22.1

6.1 Examples of six month post-stroke review service providers

Six month post-stroke reviews can be and are carried out by a variety of service providers, including:

- Acute stroke teams, community stroke teams or Early Support Discharge teams who have supported the person post discharge from hospital
- The Stroke Association has experienced staff who are trained in delivering six month post-stroke reviews. The Stroke Association is commissioned to deliver reviews in many locations across the UK
- General practitioners and staff employed in primary care settings such as practice nurses may also be suited to conduct post-stroke reviews.

7. What are the skills and competencies a reviewer needs?

A wide range of professionals can conduct reviews, the key attributes are that the reviewer has stroke specific knowledge and skills and awareness of local support services available. These skills are detailed on the Stroke Specific Education Framework (SSEF) website. Further information on skills and competencies for reviewers are available in section 22

> "I felt sort of invigorated by it, you know, it bolstered my attitude"
> Stroke survivor feedback on six month review

8. When should a six month post-stroke review be undertaken?

It should be undertaken as close as is practical to six months after the acute stroke. The review is applicable to those with a primary diagnosis of stroke. Between four and eight months after the stroke is the acceptable time window.

9. How are patients who require a six month post- stroke review identified?

Providers of six month-post stroke reviews must be registered with SSNAP and ensure local agreements are in place to transfer patient entries on SSNAP. SSNAP will then provide information about the reviews which are due to be undertaken. SSNAP registration is a straightforward process, details can be found in Appendix 2.

Commissioners and providers of stroke services in both acute and community settings should collaborate to ensure that systems are in place to enable all potential reviews to be undertaken in a timely manner. Approaches will vary locally, but it is important to ensure SSNAP patient entries are transferred as appropriate between both NHS providers and any other commissioned providers of post-stroke reviews.

10. How can the reviewer record data on SSNAP?

Information about the review must be entered onto the SSNAP database as part of achievement of the CQUIN. SSNAP provides a web-based tool that the provider should register to use. Providers of the review should record the more detailed elements of the review as part of an individuals' care record. The stroke survivor and those involved in the person's care should receive a copy of the review. For more information on entering data on the SSNAP database see Appendix 2

11. Is the compulsory SSNAP dataset all that is required for a review?

The six month post-stroke review on SSNAP in 2019/20 records some of the information that should be sought during a review. (see Appendix 1). These data items are required to achieve the CQUIN. It is recognised that data collected at six months by SSNAP is currently limited but will allow crucial information on service provision to be obtained. See question 21 for necessary guidance and tools that support delivery of a comprehensive, personalised review.

CCG support

12. What should CCGs do to support a six month post-stroke review?

We recommend that every CCG undertakes the following to optimise provision of six month post-stroke reviews. There is more commissioning guidance in the resources section:

- Identify all stroke care providers in the commissioning catchment area
- Work with providers to identify the stroke patient pathway for the local system defining transfers of care and any overlaps in provision
- Map the post-acute stroke services offered by each provider (healthcare, social care, and the voluntary sector)
- Ensure there is an agreement that gives clarity of responsibility between the providers for six month post-stroke review completion and recording in SSNAP, including data transfer of SSNAP patient entries between providers
- Collate and make widely available a summary of services available (and referral procedures) at the point of the six month post-stroke review, to address any newly identified individual requirements – e.g. social prescribing
- Support review providers to access SSNAP to record the reviews. See Appendix 2 for more details on SSNAP
- Review SSNAP quarterly and annual reports including on six month post-stroke reviews, and use the reports to inform service development.

Details regarding SSNAP

13. Do patients need to give consent for data to be entered onto the SSNAP database?

To enter data onto the SSNAP database there is not a requirement for consent at the point of admission from patients (Section 251 approval has been granted). SSNAP does however request that every effort should be made at the point of the six month post-stroke review to ensure that the patient consents to having their data recorded on SSNAP.

An information sheet which can be used to collect patient consent which SSNAP strongly recommends is provided to patients before they participate in their six month post-stroke review can be downloaded from this weblink: https://www.strokeaudit.org/SupportFiles/Documents/Governance/KCL-July-2018-update/SSNAP-6-month-assessment-leaflet-and-consent-form.aspx)

An easy-access-version for stroke-survivors and carers is available here - https://www.strokeaudit.org/SupportFiles/Documents/Governance/KCL-July-2018-update/EAV-information-sheet-(E-W-12-July-2018).aspx

14. Is the SSNAP six month review data linked to other datasets?

Six month post-stroke review data are linked to in-patient SSNAP data and ONS for mortality data.

15. Can additional data be collected on SSNAP locally?

SSNAP allows teams to add custom fields to their proforma. This is a good resource for additional local data requirements, and local audits. These additional questions can be analysed locally.

Further information and guidance on how to add additional questions can be found here - https://ssnap.zendesk.com/hc/en-us/articles/115003834909-Custom-Fields

16. What are the plans for developing SSNAP?

SSNAP is reviewed regularly as part of the review of all national audits undertaken under the guidance of The Health Quality Improvement Partnership (HQIP). The SSNAP helpdesk ssnap@kcl.ac.uk can also be contacted for feedback or suggestions.

17. Who has access to the information from SSNAP

SSNAP publishes quarterly and annual public reports and increasingly covers the full patient pathway. Collaboration between local ambulance, acute, community and voluntary service providers is encouraged when reviewing SSNAP data to promote an integrated pathway approach to stroke care.

Background information about the CQUIN

18. What is a CQUIN?

NHS England has developed the Commissioning for Quality and Innovation Scheme (CQUIN) which supports improvements in the quality of services and creation of new, improved patterns of care For more information go to https://www.england.nhs.uk/nhs-standard-contract/cquin/

The CQUIN scheme is a pay for performance scheme which is aimed at providers who are contracted under the NHS standard contract to deliver healthcare services.

19. Why do we need a CQUIN for six month post-stroke reviews for stroke survivors?

Stroke is the leading cause of long-term disability in England and costs the UK an estimated £26 billion per year, including £3.2bn cost to NHS, £5.2bn to social care and £15.8bn in informal care[1] The largest annual cost of stroke care is ongoing rehabilitation and support for stroke survivors.

Many stroke survivors report feeling “abandoned” after they leave hospital[2] and have difficulties accessing support they need, which may result in avoidable deterioration. Post-stroke reviews help ensure that stroke survivors and their families continue to

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[1] https://www.stroke.org.uk/about-us/research/current-future-and-avoidable-costs-stroke-uk

[2] https://www.stroke.org.uk/sites/default/files/anefs_report_web.pdf

feel supported after stroke; they provide the chance to access any advice, support, information and rehabilitation that may be needed.

Six month post-stroke reviews are clearly recommended by NICE guidance[3], National Clinical Guidelines[4] [5] and the RCP guidelines for stroke[6]. The NICE Stroke Rehabilitation Guideline states that services should ‘review the health and social care needs of people after stroke and the needs of their carers at six months and annually thereafter. These reviews should cover participation and community roles to ensure that people's goals are addressed’. For more details see the NICE Quality Standard: https://www.nice.org.uk/guidance/qs2/chapter/Quality-statement-7-Regular-review-of-health-and-social-care-needs.

Despite this guidance, only approximately 28%[7] of stroke survivors receive a six month review that is documented on SSNAP.

This CQUIN prioritises the conduct and recording of six month post-stroke reviews for several reasons:

- Stroke survivors have identified this as a clear need. In a 2016 survey undertaken by the Stroke Association, improved rehabilitation services and a six month review were the strongest asks of stroke survivors[8].
- Limited provision of six month post-stroke reviews has resulted in weakened data on stroke care, pathways and outcomes locally and nationally. This has limited understanding of the scale of the stroke rehabilitation and ongoing care challenge. A lack of current information for commissioning of services for stroke survivors may mean that we are missing opportunities for minimising disability and optimising secondary CVD prevention.

The collation of data from six month post-stroke reviews presents an opportunity for local providers and commissioners to:

- reduce the risk of subsequent vascular disease
- look back on treatment efficacy to inform future system planning
- look for further service improvement opportunities for people beyond six months post stroke
- provide information about patients’ experiences post discharge to inform future planning
- start to explore topics such as the patient activation levels of stroke survivors in relation to improving knowledge, confidence and skills to manage own health and care as identified through the review process.

[3] https://www.nice.org.uk/guidance/qs2
[4] https://www.rcplondon.ac.uk/guidelines-policy/stroke-guidelines
[5] https://www.nice.org.uk/guidance/cg162
[6] https://www.strokeaudit.org/SupportFiles/Documents/Guidelines/2016-National-Clinical-Guideline-for-Stroke-5t-(1).aspx
[7] SSNAP review figures April – June 2018
[8] https://www.stroke.org.uk/sites/default/files/anefs_report_web.pdf

On a national scale it will support:

- Targeting work to improve patient outcomes and experience, choice and control;
- Gaining an improved understanding of pathway adequacy and provision;
- Providing evidence of any gaps in local services to enable these to be addressed;
- A reduction in secondary avoidable costs to health and social care through the identification of unmet/under treated patient need.

By focusing on the six month post-stroke review this CQUIN will enable information to be collected to support the work of commissioners in ensuring the local service offer is meeting the needs of the people, their families and the wider community we serve.

20. When does the CQUIN start and finish?

This CQUIN applies from 1 April 2019 until 31 March 2020.

Assessment tools and guidance

21. What assessment tools are available to support the review process?

There are several assessment tools available to support the delivery of a personalised review. This is not an exhaustive list but here are some of the most widely used:

- The Greater Manchester Stroke Assessment Tool- version 2 (GM-SAT2) includes several components to support delivery of a personalised, comprehensive review as well as guidance to support implementation. It has been used in many locations nationally and is recommended by the British Association of Stroke Physicians[9] and NICE[10]. All components of GM-SAT2 are freely available for download online at http://bit.ly/GM-SAT.
- The Improving Primary Care After Stroke (IPCAS) programme adapted a checklist for use in primary care which is currently being evaluated in a randomised controlled trial https://www.ipcas.phpc.cam.ac.uk/. It is recommended that the checklist is circulated to stroke survivors in advance of the review, so that they can consider in advance the issues that they would like to raise. The checklist is to be used primarily as a prompt to enable patient led discussion, rather than as a means of data collection[11] .
- Information on personalised care and support planning and developing personalised reviews is available from https://www.england.nhs.uk/wp-content/uploads/2017/06/516_Personalised-care-and-support-planning_S7.pdf

[9] A. Chowdhury MR, et al., *British Association of Stroke Physicians (BASP) Clinical Standards Committee: Recommendations for Providing Six Month Reviews Post Stroke*. 2017, BASP Publications. https://basp.ac.uk/resources/basp-publications/.
[10] National Institute for Health and Care Excellence, N., *Stroke rehabilitation in adults: Clinical guideline [CG162]*. 2013, NICE Guidance: https://www.nice.org.uk/
[11] https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-018-0894-3

- The Longer- term UNmet needs after Stroke assessment tool (LUNS) is the only unmet needs assessment tool which has been robustly tested for validity and reliability. It can be used as a screening tool prior to or during the review to identify unmet needs. Linked here and in Resources section https://journals.sagepub.com/doi/pdf/10.1177/0269215513487082
- The Post Stroke Checklist is available from this webpage: https://www.world-stroke.org/2016-12-19-10-55-24/post-stroke-checklist has been developed by the World Stroke Organisation.

What is of most value to the stroke survivor is that the review captures what matters to them and ensures that their needs are adequately identified and addressed. Services should consider their response if timely services are not available to meet an identified need.

22. Further support and guidance for reviewers

The Health Education England (HEE) person-centred approaches framework helps reviewers to communicate meaningfully both verbally and non-verbally, tailoring the care and advice they give to suit peoples' needs. It supports individuals to better manage their own health and wellbeing through bespoke care, planning and support. It is available from https://www.hee.nhs.uk/news-blogs-events/news/new-framework-promote-person-centred-approaches-healthcare.A free e-learning module that supports the Person-Centred Approaches Model can be accessed here: https://www.skillsplatform.org/courses/5192-person-centred-approaches

The NHS England Personalised Care Group has identified 21 specific and practical actions to ensure delivery of personalised care across health and care. These are supported by a new interactive face-to-face training programme for health and care staff is underway. For more information on these go to https://www.england.nhs.uk/personalisedcare/upc/comprehensive-model/

22.1 Personalised Care and Support Planning (PCSP)

As outlined in question 5 How should the six month review be undertaken, PCSP principles should be followed in an ideal review.

PCSP is a proactive, personalised conversation between people and professionals focussed on what matters to the person, paying attention to their clinical needs as well as their wider health and wellbeing.

The key features of PCSP have been co-produced with people with lived experience and describe what this experience will be. Specifically, everyone should:

- be seen as a whole person within the context of their whole life, valuing their skills, strengths and experience and important relationships.
- experience hope and feel confident that the care and support they receive will deliver what matters most to them.
- be able to access information and advice that is clear, timely and meets their individual information needs and preferences.
- be listened to and understood in a way that builds trusting and effective relationships with people.

- be valued as an active participant in conversations and decisions about their health and wellbeing.
- be supported to understand their care, treatment and support options and, where relevant, to set and achieve their goals.
- have access to a range of support options including peer support and community based resources to help build knowledge, skills and confidence to manage their health and wellbeing.
- experience a coordinated approach that is transparent and empowering.

More information is available here https://www.england.nhs.uk/wp-content/uploads/2017/06/516_Personalised-care-and-support-planning_S7.pdf

23. Additional resources and references

23.1 Commissioning guidance (examples)

Commissioners information pack including service specification:
https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/07/cvd-scn-stroke-6-month-reviews-commissioning-information-pack.pdf

Slightly older guidance but has clear reference to SSNAP recording:
http://www.londonscn.nhs.uk/publication/six-month-stroke-reviews-commissioning-guide/

Resource kit for commissioning and delivering six month reviews from East Midlands AHSN: http://emahsn.org.uk/stroke-rehabilitation-projects/stroke-six-month-reviews

Stroke Association Service Specification:
https://www.stroke.org.uk/sites/default/files/post-stroke_review_description_rightcare_feb_19_final.pdf

23.2 Webinars

A six month review webinar recording presented by the stroke association.
https://www.youtube.com/watch?v=sEOyTGwfU8g

23.3 Case studies

A stroke rehabilitation case study regarding six month reviews from East Midland AHSN http://emahsn.org.uk/stroke-rehabilitation/stroke-rehabilitation-case-study/

A stroke rehabilitation case study regarding six month reviews from the Stroke Association https://www.calameo.com/read/004683391e73643d3a3e9

23.4 Research papers and example tools

Improving primary care after stroke study website:
https://www.ipcas.phpc.cam.ac.uk/ . The checklist itself is available via the online paper as an appendix.

Feasibility study related to modification of the checklist for primary care:
https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-018-0894-3

Research paper regarding the simplified modified Rankin scale as part of a telephone review: https://www.ahajournals.org/doi/full/10.1161/STROKEAHA.111.613273

For information about the Longer-term outcome after stroke (LoTSCare) programme of work see:
https://www.ncbi.nlm.nih.gov/books/NBK269113/pdf/Bookshelf_NBK269113.pdf
The related trial evaluation:
https://www.ahajournals.org/doi/pdf/10.1161/STROKEAHA.115.008585

This includes a review assessment tool, associated documents and suggestions for delivery. For more information on the post stroke research, the Lots2Care programme and a link to the LUNS tool at Bradford Institute of Health Research (BIHR), go to: https://www.bradfordresearch.nhs.uk/our-research-teams/centre-for-ageing-and-rehabilitation/our-research/stroke-research/

The results, supporting documentation and barriers and facilitators of a randomised trial evaluation of a robustly developed system of care including assessment and ongoing review is published in AHA Journals:
https://www.ahajournals.org/doi/pdf/10.1161/STROKEAHA.115.008585

The Greater Manchester Stroke Assessment Tool- version 2 (GM-SAT) is a widely used tool six month assessments. It includes several components to support delivery of a personalised comprehensive review as well as guidance to support implementation and all components are freely available for download online from http://bit.ly/GM-SAT. GM-SAT2 . It has been recommended by the British Association of Stroke Physicians[12] and National Institute for Clinical Excellence.

For evidence of the impact of reviews, including telephone reviews see the EXTRAS trial, a UK multicentre trial (the NIHR HTA EXTRAS trial). It has evaluated a community stroke service which provided five structured telephone reviews over an 18 month period[13]. Improvements in mood and levels of satisfaction with care have been reported with the new service.

23.5 Personalised care model information

The Personalised Care Model outlined in: Universal Personalised Care: Implementing the Personalised Care Model offers more detail regarding personalised care and outlines an optimum review offer
https://www.england.nhs.uk/personalisedcare/upc/comprehensive-model/

[12] A. Chowdhury MR, et al., *British Association of Stroke Physicians (BASP) Clinical Standards Committee: Recommendations for Providing Six Month Reviews Post Stroke*. 2017, BASP Publications. https://basp.ac.uk/resources/basp-publications/.
B. National Institute for Health and Care Excellence, N., *Stroke rehabilitation in adults: Clinical guideline [CG162]*. 2013, NICE Guidance: https://www.nice.org.uk/.
[13] https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-015-0704-3

Appendix 1: The SSNAP form, six month post-stroke reviews:

The six month post-stroke review on SSNAP in 2019/20 captures the following information in this format. “No but” check boxes have an explanatory text option. This is the minimum information that must be captured within the review. These questions alone will not, however, be enough to identify a persons desired outcomes and how they would like to be supported to achieve them.

Six month (post admission) follow-up assessment
8.1. Did this patient have a follow-up assessment at 6 months post admission (plus or minus two months)?
Yes ○ No ○ No but ○ No, patient died within 6 months of admission ○

8.1.1 What was the date of follow-up?

8.1.2 How was the follow-up carried out: In person○ By telephone ○ Online ○ By post ○

8.1.3 Which of the following professionals carried out the follow-up assessment:
GP ○ District/community nurse ○ Stroke coordinator ○ Voluntary Services employee ○
Therapist ○ Secondary care clinician ○ Other ○
8.1.4 If other, please specify

8.1.5 Did the patient give consent for their identifiable information to be included in SSNAP?*
Yes, patient gave consent ○ No, patient refused consent ○ Patient was not asked○

8.2 Was the patient screened for mood, behaviour or cognition since discharge using a validated tool? Yes ○ No ○ No but ○
8.2.1 If yes, was the patient identified as needing support? Yes ○ No ○
8.2.2 If yes, has this patient received psychological support for mood, behaviour or cognition since discharge? Yes ○ No ○ No but ○

8.3. Where is this patient living? Home ○ Care home ○ Other ○
8.3.1 If other, please specify

8.4. What is the patient’s modified Rankin Scale score?

8.5. Is the patient in persistent, permanent or paroxysmal atrial fibrillation?
Yes ○ No ○ Not known ○
8.6. Is the patient taking:
8.6.1 Antiplatelet: Yes ○ No ○ Not known ○
8.6.2 Anticoagulant: Yes ○ No ○ Not known ○
8.6.3 Lipid Lowering: Yes ○ No ○ Not known ○
8.6.4 Antihypertensive: Yes ○ No ○ Not known ○

8.7. Since their initial stroke, has the patient had any of the following:
8.7.1 Stroke Yes ○ No ○ Not known ○
8.7.2 Myocardial infarction Yes ○ No ○ Not known ○
8.7.3 Other illness requiring hospitalisation Yes ○ No ○ Not known ○

*8.1.5. This question is mandatory to be collected at the six month review and is a requirement for collecting patient identifiable information as part of our section 251 (NHS Act 2006) approval from the Ethics and Confidentiality Committee of the National Information Governance Board.

Appendix 2 SSNAP registration and input

The review must be entered onto SSNAP as part of the CQUIN. SSNAP is a web-based tool that you can register to use with only a small amount of questions needing to be answered for each review *If the reviewer has never used SSNAP and needs to enter six month review data as part of an already existing SSNAP team, they will simply need to register as a 'Clinical user', this can be done via the following link - https://www.strokeaudit.org/Registration/Clinical-and-groups.aspx*

For security, to register for an existing team, reviewers will need a SSNAP Registration Code, the lead contact(s) for the team will have this available. For a detailed guide on how to register for SSNAP, complete with screenshots see the following link - https://ssnap.zendesk.com/hc/en-us/articles/115001304305-How-to-register-for-the-webtool

If a reviewer needs to enter data onto SSNAP as part of a service which is not registered on SSNAP, a 'New Team Request' form can be downloaded here (https://www.strokeaudit.org/Support/New-SSNAP-Users.aspx). Once submitted, a new team will be created for the reviewer to access and enter six month reviews.

As SSNAP is an audit tool the data is analysed and reports produced on data that has been locked. Therefore six month assessments can only be analysed by SSNAP once they are locked, and this requires all previous teams who have seen the patient (e.g. acute hospital and community team(s)) to have previously entered and locked their data. SSNAP allows six month assessment providers to enter their data before other teams have completed their information, but it can only be locked if all previous teams have completed their sections.

To ensure six month providers can enter their data, all acute and community teams on SSNAP are encouraged to discharge their patients at the point of the six month assessment, therefore allowing six month assessment providers to enter and lock their data immediately. If you are unable to lock your data due to a previous team not yet completing their part of the record, please do contact that team. You can find lead contacts for each service via the SSNAP webtool in Support > Team Codes and Contacts. If the problem persists, or you do not receive a response, the SSNAP Helpdesk at ssnap@kcl.ac.uk. will assist you.

For further information and detailed guides, training tools are available via the SSNAP Help Centre, particularly the six month assessment section via ssnap.zendesk.com.

The following link contains advice from an existing SSNAP six month reviewer - https://ssnap.zendesk.com/hc/en-us/articles/115003955305-Example-6-month-assessment-provider