Six Month Reviews for Stroke Survivors

1. Commissioning Considerations

The CCG Outcomes Indicator Set for 2013/14 and 2014/15 sets out a requirement for all Stroke Survivors to receive a follow up assessment between 4 and 8 months after initial admission to hospital following a stroke.

This guidance is intended to be used in conjunction with the generic Six Month Review service specification by commissioners to aid in their decision making and tendering discussions with providers to ensure a quality service for all stroke survivors and their carers.

2. What is a six month review?

The Midlands and East Stroke Services Specification states that all stroke survivors should receive a review at 6 weeks, 6 months and 12 months and then annually that facilitates a clear pathway back to further specialist review, risk factor screening, advice, information, support and rehabilitation where required is provided.

The National Stroke Strategy describes a good assessment process for someone who has just had a stroke as involving a multidisciplinary person-centred assessment of the individual's needs and signposting to other services, such as housing or transport, for example.

The same document further reminds us that it will be important to bear in mind that those who have had a stroke may have additional communication or cognitive support needs to be able to participate in the assessment. People for whom English is not their first language and those with literacy difficulties may also have different requirements and services need to be flexible enough to meet their needs.

A number of nationally recognised, standardised tools are available that ensure patients receive a suitably in-depth review. They are designed to cover the breadth of potential on-going or new needs the stroke survivor might have –

Medicine management	Exercise	Daily activities	Sleep pattern
Medicine compliance	Vision	Mobility	Diabetes
Blood pressure	Hearing	Falls	Driving
Anti-thrombotic therapy	Communication	Mood	Transport and travel
Weight Management	Swallowing	Anxiety	Activities & hobbies
Memory & Concentration	Nutrition	Emotionalism	Work

Alcohol	Cholesterol	Personality changes	Money & benefits
Smoking	Pain	Sexual health	House & home
Healthy eating	Continence	Fatigue	Carer needs

Services should be commissioned on the basis of the use of a recognised tool to ensure a quality review.

3. Possible models for delivery

The Six Month Reviews workshop 12th February 2014 presented the models currently in use within the East Midlands and a further approach adopted within the South Central Region.

The presentations given at the workshop are available as part of the the toolkit provided to attending commissioners at the workshop.

In considering what model to select for delivery of Six Month Reviews consideration should be given to how the service will sit within the overall Stroke pathway for local patients. Commissioners and providers should seek absolute clarity around the following factors

a. How will patients be referred to the service?

Not all Stroke survivors are treated in an acute hospital setting. Of those who are, some may experience their stroke whilst away from home and be treated in an acute hospital outside the area that the CCG is responsible for.

Some stroke survivors are discharged home from acute care with no apparent immediate need for therapies. Some go to an Early Supported Discharge (ESD) service. Of those who access ESD some are discharged and others move on to a Community Stroke Rehabilitation service. Some patients go straight to Community Stroke Rehabilitation. These are by no means the only routes a stroke survivor may take through services available to them.

It is suggested that the only point in the process that has complete visibility of all stroke survivors in any CCG area – is the GP.

The recommendation is therefore that on receipt of a stroke discharge notification letter for any stroke survivor that the GP immediately sends notification to the Six Month Reviews service in order that they may effectively plan when to contact the patient. It should be noted that this also requires that the acute hospital trust sends a discharge notification letter to GPs for all stroke survivors.

b. Information / data sharing

Commissioners and providers will need to agree arrangements for patient information to be shared between providers to facilitate a seamless pathway of care. Considerations are

i. Informing the GP of the patient's reviewdate would enable the GP to contact the patient to provide an up to date medications list and check blood pressure, pulse and cholesterol levels

ii. The service will require information captured at the patient's six week review
iii. The service will require discharge information from the last service to support the patient – whether that is acute, ESD or community rehabilitation

c. Who might deliver the service?

In deciding who to award a contract to, commissioners should consider how the service will be delivered for the patient

i. Location of review – there must be sufficient flexibility within the service to enable review meetings to take place at a location suitable to the patients' needs. In costing a service commissioners and providers should seek to model the number of each of the following they will need to plan for
   - Patients' home – enables the person conducting the review to observe how well the patient is coping in their home environment. They may be able to suggest aids the patient had previously not considered or felt necessary (eg. grab rails, ramps).
   - Clinic – it may not be safe for the reviewer to visit the patient's home. The patient may not want the service to visit them. A clinic does not incur travel costs for the service and makes more efficient use of time
   - Telephone – whilst not appropriate for any patients with communication difficulties this approach may suit some patients. This is the lowest cost option. With this approach it is more difficult to include family members and/or carers in the review.

ii. Extent of the service

In deciding what model of service to select commissioners should consider the extent of the service. Questions to assist are

- Do you want the service to complete the review and make referrals only? Under these circumstances the commissioner may wish to monitor the volume and quality of referrals to each of the services involved. For example, how many patients referred back into a Physiotherapy service have further rehabilitation potential? The cost of each onward referral should be factored into decisions.
- Do you want the service to provide advice to patients?
  In what areas is the service provider qualified to offer advice? For example, health and wellbeing, stroke prevention, exercise, emotional support. Consider whether longer appointments with more highly qualified reviewers who can manage some of the patient's needs during the review provides a better patient experience and is more cost effective.
- Do you want the service to be capable of resolving any of the identified unmet needs? In what areas is the service provider qualified to resolve unmet needs?

Six month reviews are sometimes delivered by Stroke Specialist Community Rehabilitation Teams. They can be well placed to assess the patient's potential for further therapy and refer them back into the service. They can also assess when a patient does not have potential therefore avoiding a referral that less qualified reviewers might make. However, the review process itself should not be regarded as a treatment session.

iii. Training and capability

Whilst commissioners are unlikely to specify the precise nature of staff training they should seek to be reassured that staff are

- appropriately trained based on the clinical needs of the patient
- appropriately trained in the required communication skills – including supporting patients with aphasia and other communication difficulties
- appropriately trained to recognise emotional and psychological need in addition to understanding the patient's physical needs
- supported by a multi-disciplinary stroke specialist team
- capable of identifying unmet needs and the services the patient will need to be referred to
- capable of identifying new needs and the services the patient will need to be referred to
- capability and access to referral processes to all services the patient will need to access

The service should also be set up to support people for whom English is not their first language and those with literacy difficulties may also have different requirements.