

NORTHAMPTONSHIRE COMMUNITY STROKE TEAM

6 month reviews

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Summary

- ◉ What is a 6-month review?
- ◉ Why are they important?
- ◉ Benefits
- ◉ GMSAT Review tool
- ◉ Types of reviews
- ◉ Process within CST
- ◉ Stats
- ◉ Reflections
- ◉ Conclusions



What is a 6MR?

- ◉ Stroke is a long term condition. As such, survivors experience changes (both positive and negative) in their needs over time.
- ◉ A 6 month review is a holistic review of a stroke patients needs at 6 months post the date of stroke.
- ◉ An unmet need is a life area that the individual post stroke requires assistance or advice to improve.
- ◉ This should be completed by a medical professional or an individual supported by an organisation with expert knowledge of stroke.

Why are they important?

- ◉ For many, the full impact of a stroke is only realised following discharge from hospital or community rehabilitation when they are left to suddenly adjust to the full impact of the stroke on their life at home.
- ◉ It is at this stage that many report a sense of 'abandonment' and have difficulty accessing the services they need to address their long term unmet needs.
- ◉ Reviews can help ensure patients and carers receive appropriate support and access to services as their needs require.

Why are they important?

The recommendation for 6 month reviews, reflected in national policy, are drawn from clinical consensus rather than from evidence of benefit.

- ◉ NSF for older people (2001)
- ◉ National Stroke Strategy (QM 14)
- ◉ Department of Health's 2010/11 Accelerating Stroke Improvement Programme
- ◉ RCP National Clinical Guidelines (2008)
- ◉ NICE Rehabilitation Guidelines 2013
- ◉ CQC review on stroke care (2011)
- ◉ NHS IQ guidance on LTC commissioning and improving adult rehabilitation services (2015)
- ◉ RCP Guidelines 2016
- ◉ CCG outcome indicator set (OIS)
- ◉ SSNAP

Why are they important?

- These state all stroke survivors and their carers should receive a six month (after they leave hospital) review of their health and social care needs to ensure they feel supported in the long term.
- It is seen as a way to provide access to further specialist review, advice, information, support and rehabilitation where appropriate.
- This should include medical, psychological, social, emotional and individualised (needs based) interventions and advice.
- Aim is that 100% of stroke survivors get a review.

Northamptonshire CST

- ◉ Bid for contract after service pilot
- ◉ Stroke Association vs. GP vs. CST
- ◉ Allow for longer time to complete review
- ◉ Allow for MDT review
- ◉ Decrease referral rate back to CST
- ◉ Cheaper



6 month reviews

Benefits

- ◎ Increased understanding of stroke
- ◎ Avoidance of hospital admission (avoiding escalation of problems)
- ◎ Identification of secondary prevention needs (e.g. undiagnosed atrial fibrillation, hypertension, medications management) and the modification of risk factors
- ◎ Reduced GP and stroke consultant appointments
- ◎ Identification of mood and relationship issues that otherwise might be missed or not mentioned

6 month reviews

- ◎ Opportunity to reduce dependency
- ◎ Reduce adult services care package and care home placements
- ◎ Reduced duplication between services. Improved joint working across agencies
- ◎ Potential to improve access to voluntary sector support services (by highlighting areas where voluntary services can meet needs)
- ◎ Continuity of care and reassurance
- ◎ Identification of carer needs

6 month reviews

- ◎ Improved ability to cope and self-manage, increased independence
- ◎ More progress than expected for stroke survivors in rehabilitation
- ◎ Improved quality of life
- ◎ Goal driven review processes may help to increase patient engagement in recovery and self-efficacy which can support patients to manage their conditions effectively and to affect lifestyle changes
- ◎ Opportunities for improved data collection processes, audit, improving performance monitoring and inform service development needs

6MR Filming

©Film [..\6MR Filming\6-month review film.wmv](#)

GMSAT

- The Greater Manchester Stroke Assessment Tool (GM-SAT)
- A simple, evidence-based assessment tool which can be used to identify and address individuals' unmet post-stroke needs from across health, social and emotional care domains
- It encompasses a holistic review of 38 areas of potential post-stroke care needs from medication management and secondary prevention through to mood and fatigue, including those required by the Care Quality Commission's Stroke Service Review and the ASI Programme. (Literature review, Professional consultation and service user response)

GMSAT

- ⦿ Together with its supporting materials, it provides everything needed to undertake a six month review
- ⦿ Liaised with team and localised to service needs and Northamptonshire.
- ⦿ Algorithms document
- ⦿ Annually reviewed.

Paperwork

- Complete patients notes/Additional patient information
- Questionnaire – for review
- Algorithm - GMSAT
- 6MR proforma
- Modified Rankin
- SSNAP consent form
- Admin send 6MR outcome letter
- Merging to GMSAT-2



Admin Process

- Email discharge to CST admin with the following information:
- Type of review required ie: Telephone/Home/Clinic & person you wish to complete the review (not anyone)
- Complete set of patient notes to be returned to NGH
- Reviews sorted a month in advance
- Check RIP/current address/GP
- Book calendar & send letter & questionnaire

Admin Process

- Once review booked, admin only to move
- On caseload – 8 month review
- Move review to 8 months, any reviews done post 8 months the data will not be entered on SSNAP
- Commissioned to do them
- If the review doesn't take place – email CST admin & send patient pack back to NGH

Types of review

- ⦿ Not seen by CST/6 month only
- ⦿ Telephone
- ⦿ Home visit – home or care home
- ⦿ Clinics

How to review

Non face to face

- ⦿ Review discharge summary and goals – maintaining? Unless 6-month only
- ⦿ SSNAP consent
- ⦿ Patient Questionnaire – any ticks
- ⦿ Start with those issues
- ⦿ Algorithm questions
- ⦿ Mood / Secondary prevention
- ⦿ Discuss any referrals and why
- ⦿ Get consent for referrals

How to review

Clinic/ Home visit / Care home

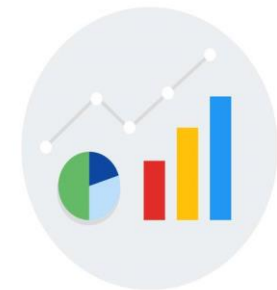
- ⦿ Liaise with nurse in charge (care home)
- ⦿ Typical day for the patient (positioning, activities, quality of life)
- ⦿ Goals – maintaining (if seen before)
- ⦿ Any areas where deteriorated
- ⦿ Questionnaire any ticks
- ⦿ Algorithm questions
- ⦿ Review patient via conversation or discussion with nursing staff and family
- ⦿ Physical review – range, skin integrity etc.
- ⦿ Mood and Secondary prevention
- ⦿ Discuss any referrals and why
- ⦿ Get consent for referrals / SSNAP

DATA

- ⦿ Number of reviews offered
- ⦿ Number of reviews accepted / declined / reason
- ⦿ Number of telephone, home visits, care home
- ⦿ Number of reviews completed by each band
- ⦿ % maintaining goals at 6 months

Unmet needs

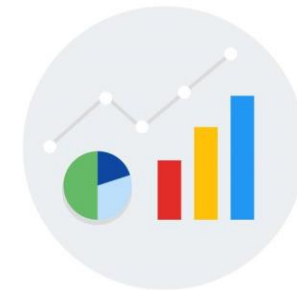
- ⦿ Most common unmet needs (top 5)
- ⦿ % resolved by advice
- ⦿ % resolved by referral to agency
- ⦿ Most common referral (top 5)
- ⦿ Number / % resolved by referral to exercise group or changing minds



DATA

Referral to CST

- Number of patients referred to CST
- Numbers to each speciality
- Number of visits average per review



Admin

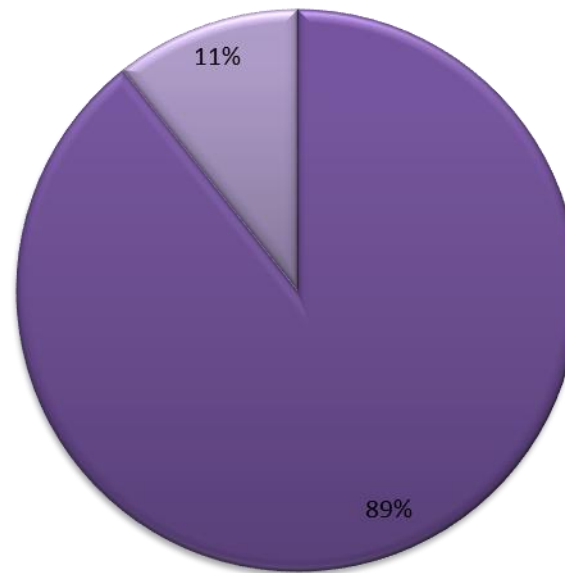
- Time to complete reviews
- Time by band

DATA

- Have data from patients whose date of stroke was in 2016-2018
 - Will present data from patients whose date of stroke in 2017
 - Complete data for this cohort
 - Some issues with data collection
-
- PCS
 - Incomplete data set/ Missing data
 - Sent abstract to UKSF

Consent for SSNAP

Overall Analysis for consent given for
SSNAP 2016 - 2018 %

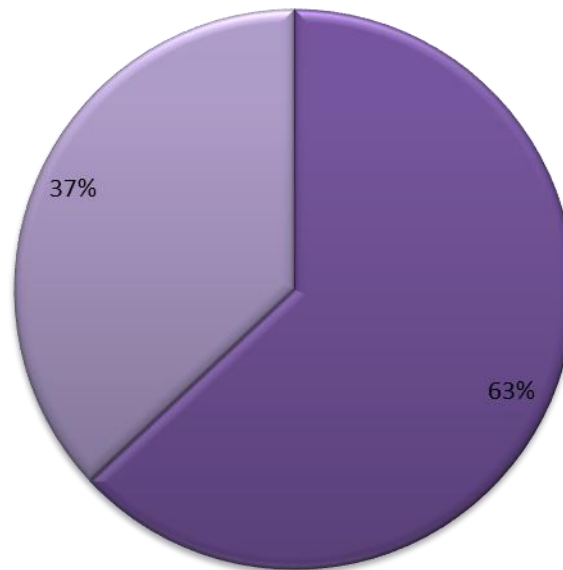


■ Yes ■ No

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6 Month Review vs 6 Month Only

6 M/R vs 6 Month Only 2017 - %

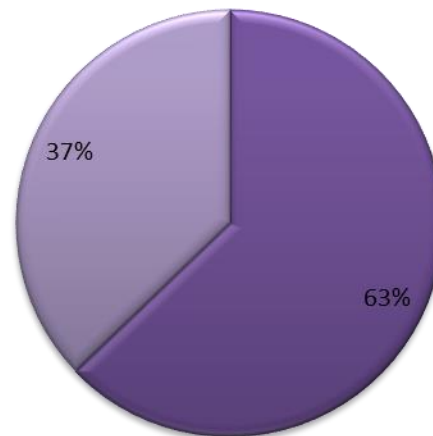


■ 6 Month review ■ 6 Month Only

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6 Month Reviews completed

Overall analysis % 6 month reviews
completed 2016 -2018

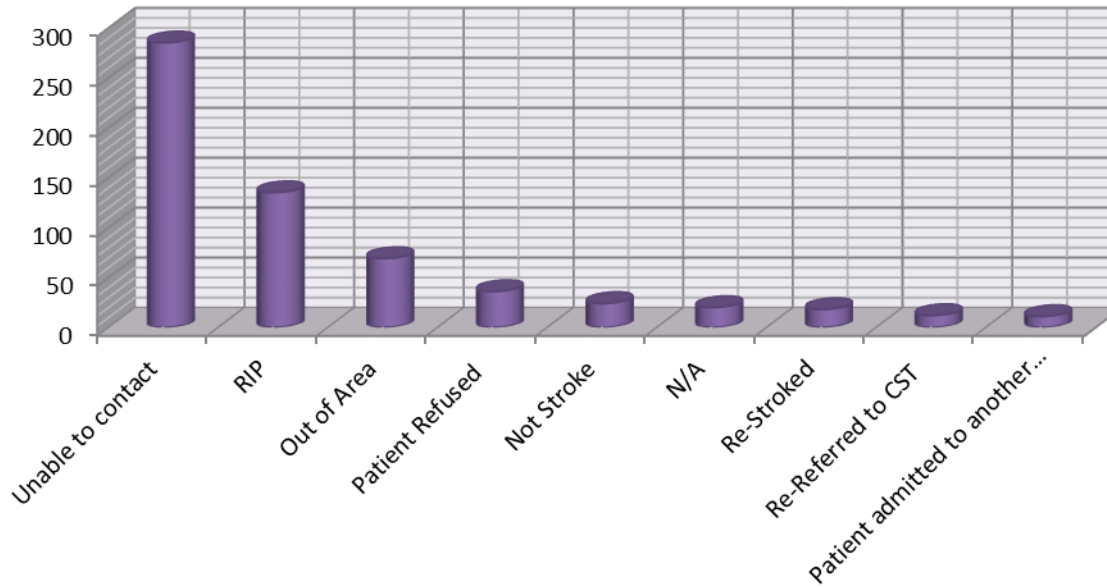


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6Month Review

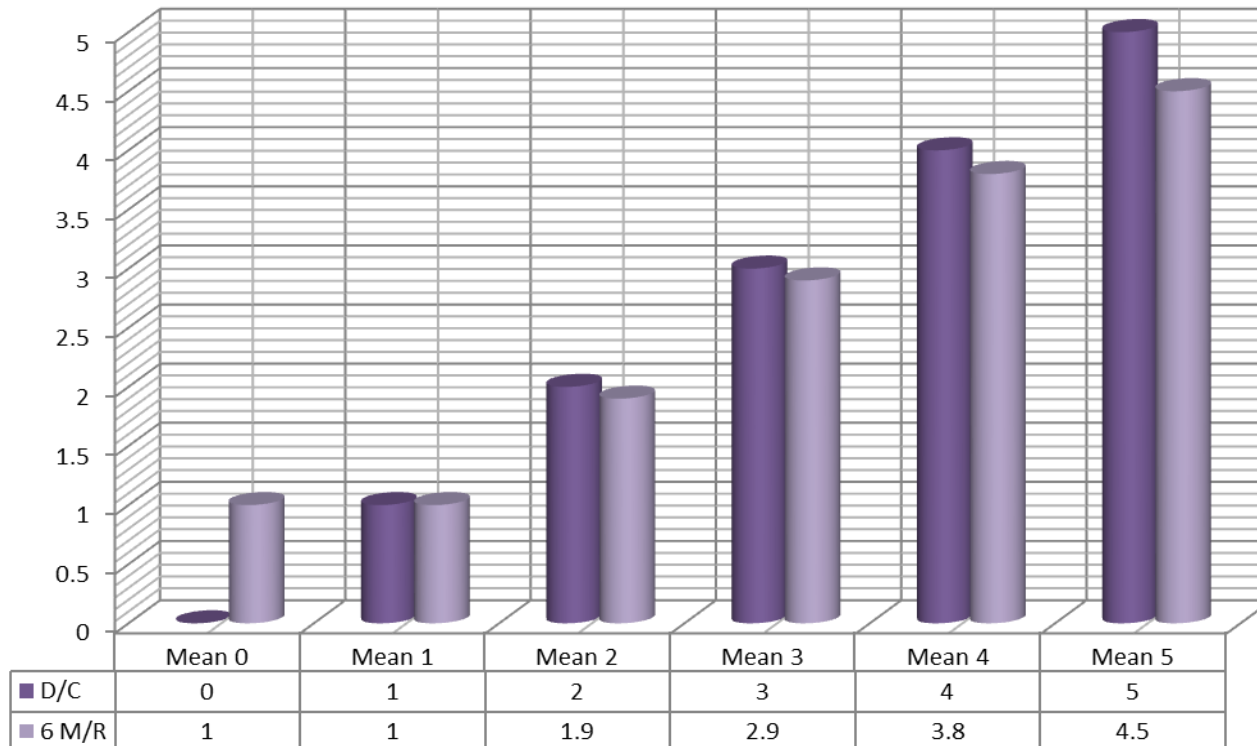
Overall analysis reasons 6 month review not completed 2016 -2018



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Modified Rankin Score

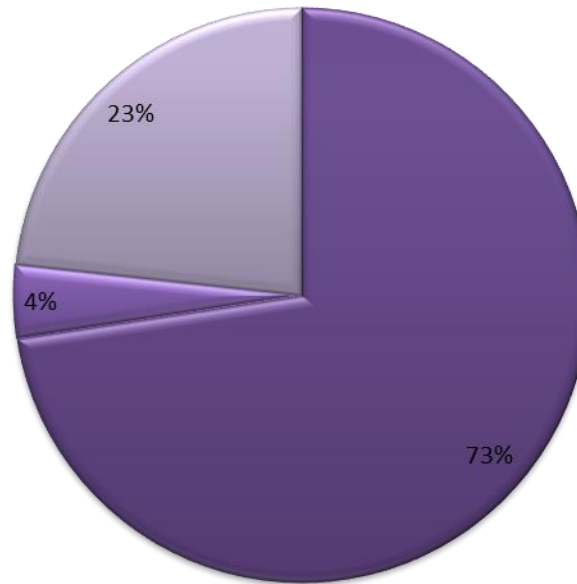
2017 Comparisons Modified Rankin Discharge Vs 6 Month Review



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Rehab

2017 Maintaining Goals

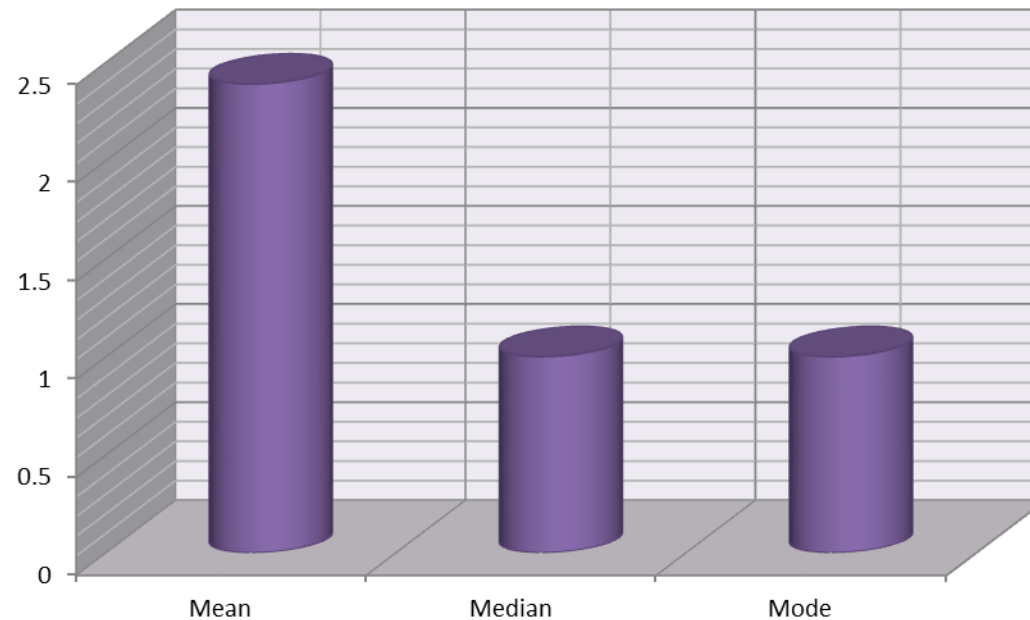


■ Yes ■ No ■ N/A

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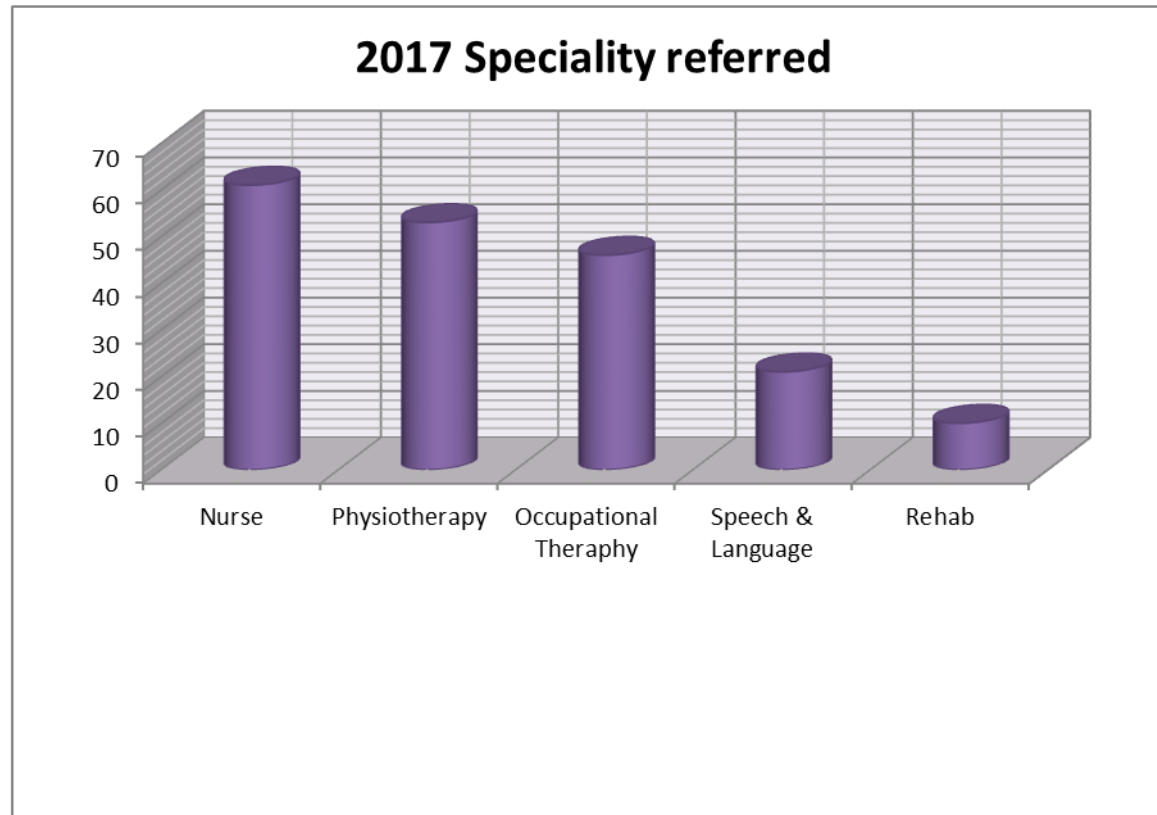
Rehab

**Overall Analysis of contacts post 6 month
review 2016 - 2018**



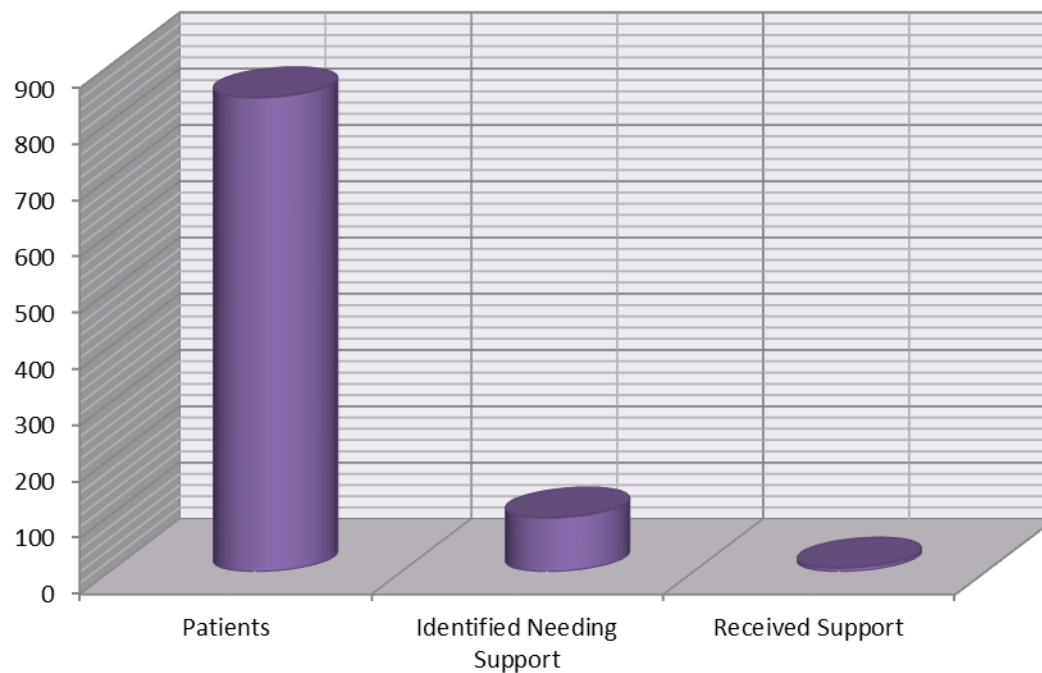
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Rehab



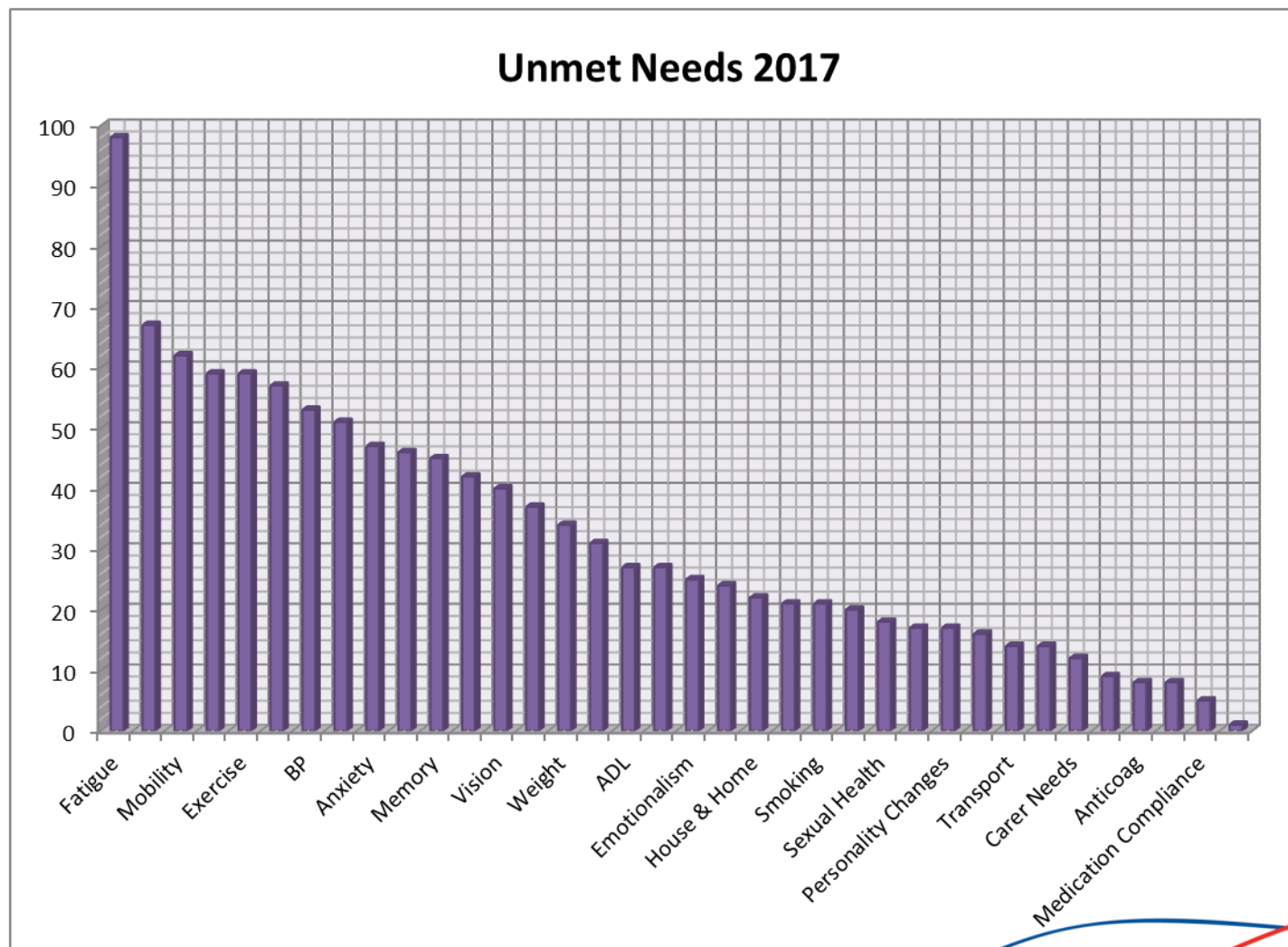
Rehab

Psychology Support - 2017



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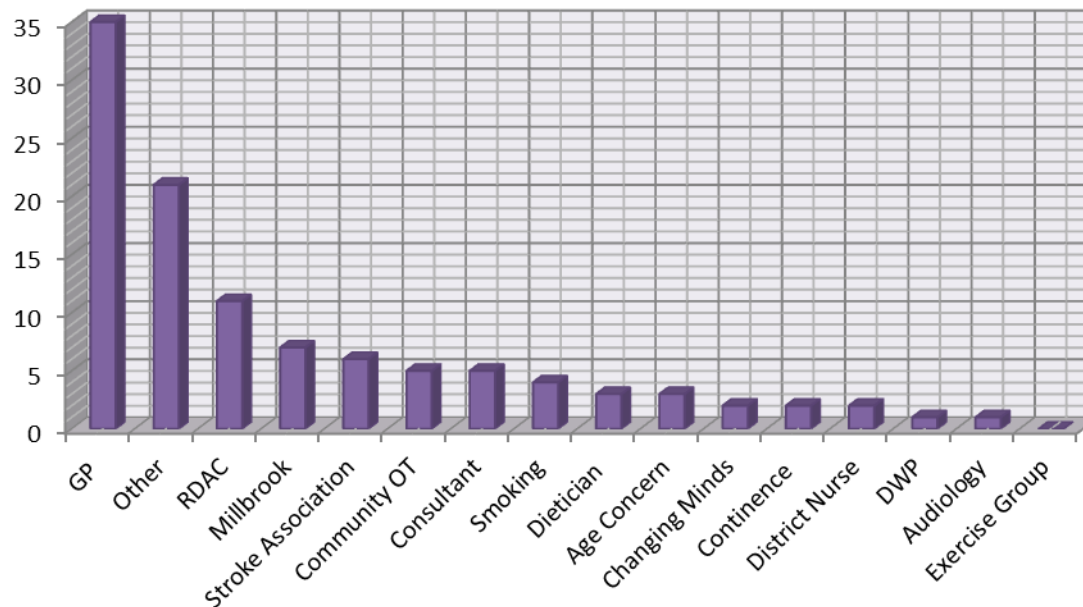
Unmet needs



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Rehab

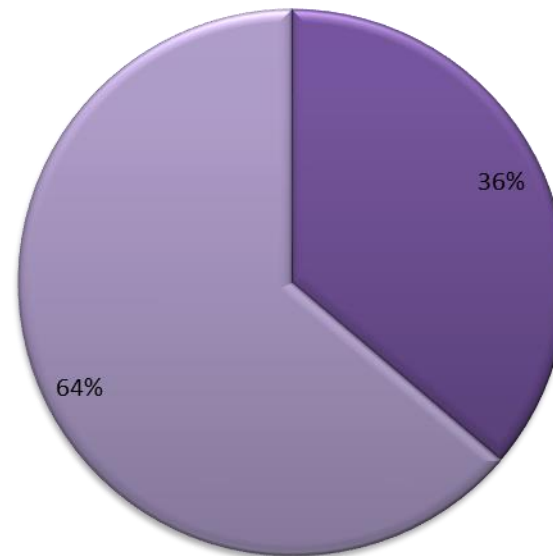
Referrals Made - 2017



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Secondary Prevention

2017 Anticoagulant

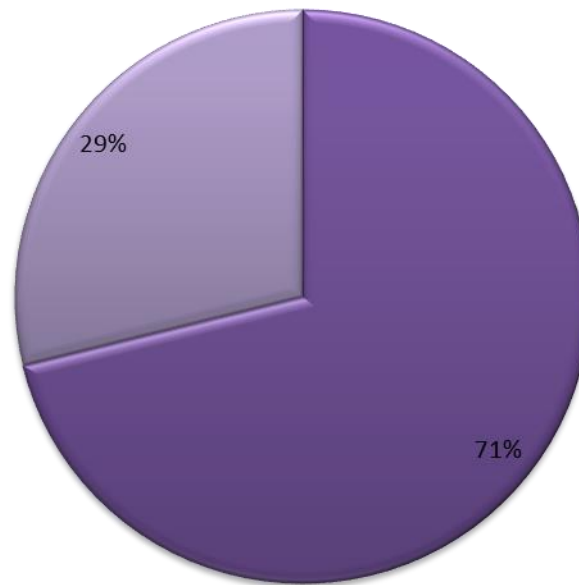


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Secondary Prevention

2017 Anti-Hypertensive

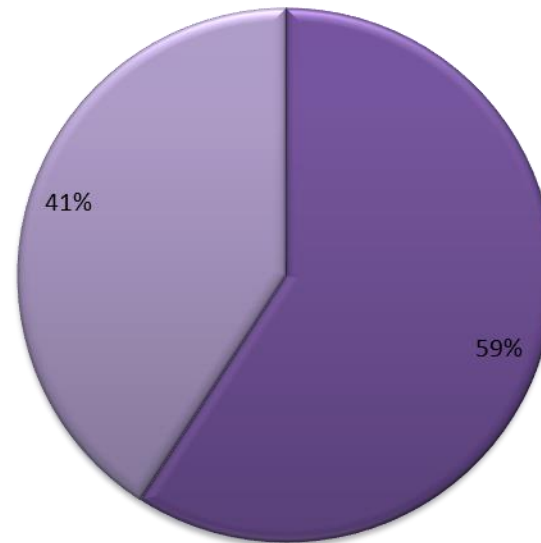


■ Yes ■ No

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Secondary Prevention

2017 Antiplatelet

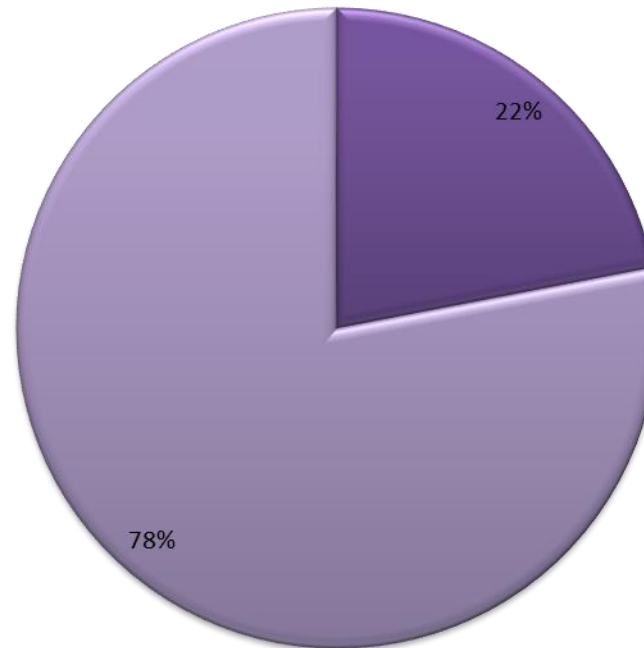


■ Yes ■ No

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Secondary Prevention

2017 Atrial Fibrillation

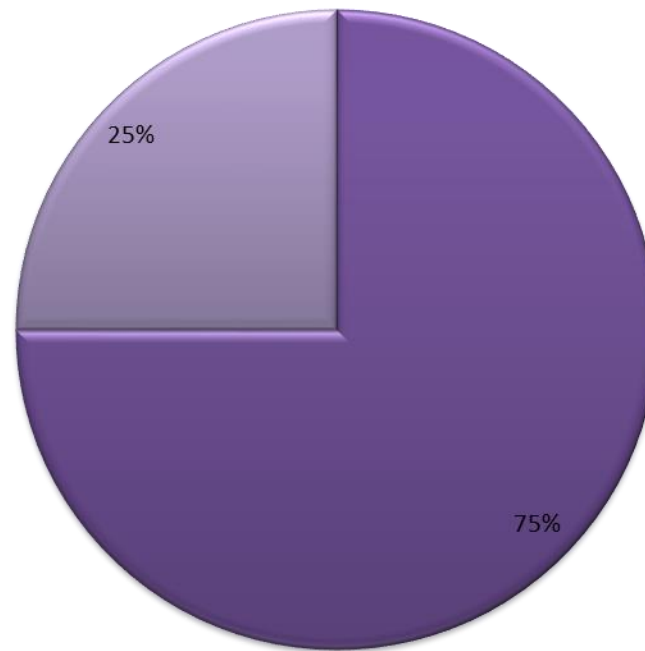


■ Yes ■ No

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Secondary Prevention

2017 Lipid Lowering

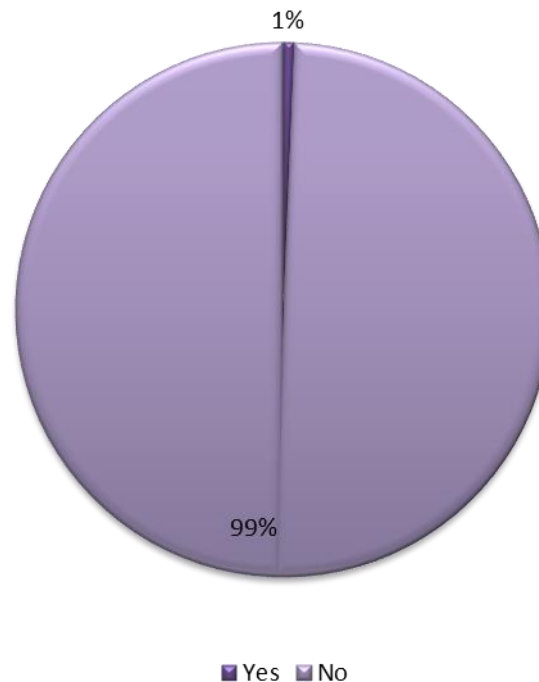


■ Yes ■ No

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Secondary Prevention

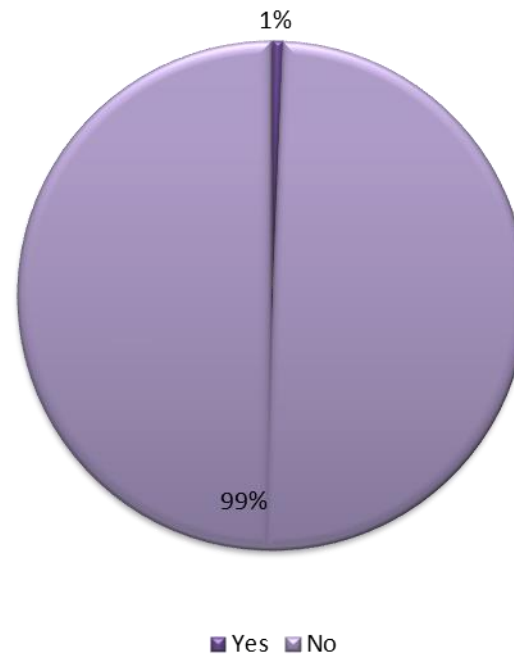
Patients Re-stroked in 2017



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Secondary Prevention

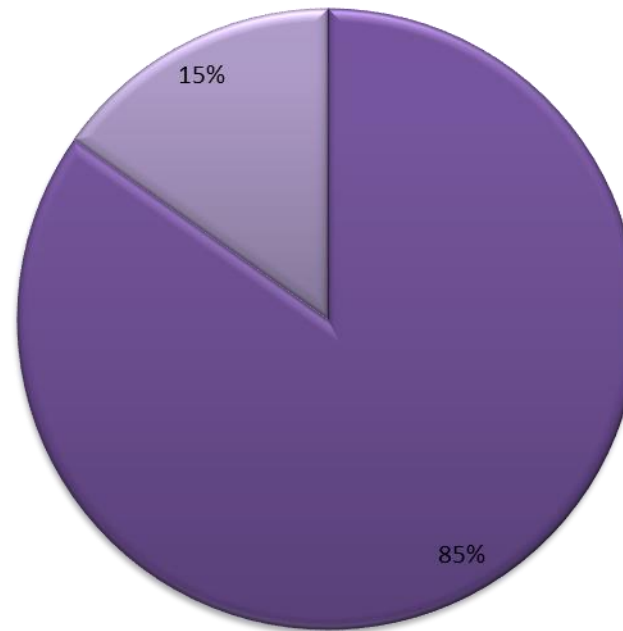
2017 Myocardial Infarction



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Mood Screen

2017 Mood Screen

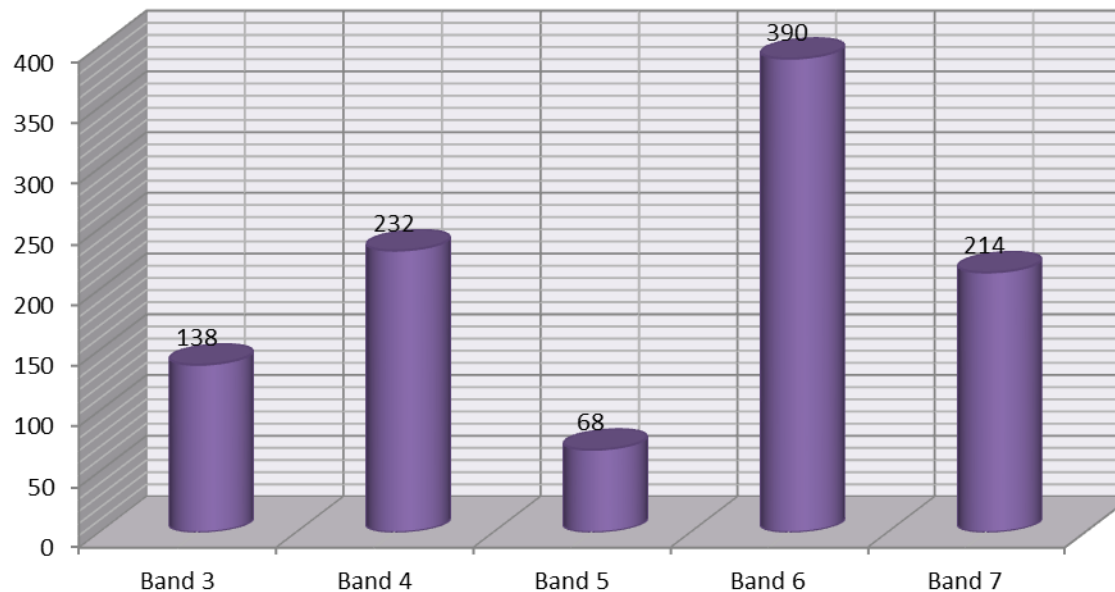


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Band completing review

2016 - 2018 Overall Analysis of 1042 Patients



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6 Month Review – any questions?

