**NHS Digital**

**Indicator Supporting Documentation**

**IAP00135 Stroke patients who have a joint health and social care plan on discharge from hospital**

**Indicator Governance Board Meeting – 30th November 2012**

**Indicators for Appraisal**

**Batch 3 – STROKE indicators for use in the Commissioning Outcomes Framework**

Record of Assurance provided by **Indicator Governance Board**

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| **Indicator Title** | **1.34 - Mortality rate within 30 days of hospital admission for stroke** | IAS Ref Code: | IAP00091 |
| Indicator Set | Commissioning Outcomes Framework |  |  |

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| Construction summary | *Denominator: Number of spell records where the patient was admitted with a primary diagnosis of stroke.**Numerator: The number of spell records that have a mortality record within 30 (<=30) days of being admitted to hospital, including deaths that occur in or out of hospital.* |

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| Initial IGB discussion  | 30/11/12 | Further discussed |  |

**Strategic Considerations & Implications**

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| Applicant / Sponsor Organisation | Primary Medical Care Branch, DH\*Costing for assurance appraisal included in development cost | Assurance process funded? | **Yes\***[x] **No**[ ]  |  |

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| Indicator rationale  | “This indicator measures a health outcome. It may be regarded as a proxy measure for the acute care of people who have been admitted to hospital with stroke.”  |
| Basis for rationale [Details of quality statement, policy etc] | The indicator is based on a NICE Quality Standard and has been identified by the NICE COF Advisory Committee for use in the Commissioning Outcomes Framework. The RCP who run the SINAP and SSNAP audits have expressed their support for the use of this indicator for the COF.  |
| Risks & assumptions | * Stroke defined as one of following primary diagnosis codes: I61 – Intracerebral haemorrhage, I63 – Cerebral infarction,I64 – Stroke not specified as haemorrhage or infarction.
* Timescales for reporting at CCG level will be dependent on the case ascertainment rate. For mortality, it is particularly important to have a significant number of records at each reporting level, so it is anticipated that this could not be reported more frequently than annually.
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| IG Considerations [e.g. release of under-lying data, intermediaries access to data, data ownership impact on production] | *Data Source:* RCP Sentinel Stroke National Audit Programme (SSNAP) using SSNAP data and ONS mortality via record linkage RCP is the data owner with HQIP data controller (as organisation running the audit). Access to data would be on the basis of data sharing agreement with the RCP and HQIP. Work is in progress to establish such a data sharing agreements involving the HSCIC and the two organisations. |
| Potential impacts on other business areas [inc outstanding generic issues] | Use of SSNAP data for this indicator is in context of other COF indicators collected via SSNAP (i.e. stroke indicators within COF have a common data source). |
| Implementation Method[inc production funding] | Funding being sought.* Costs for the production of the COF indicators are being included in the COF/CQRS project business case. The requirements for publication of the indicators by HSCIC is yet to be agreed with DH and the NHS Commissioning Board.
* For the producer of the indicator, costs have been fully identified via the tendering process for the SSNAP audit. There are no additional costs for collecting, constructing, disseminating and presenting this indicator, as these will be a by-product of the HQIP commissioned audit.
* Anticipated that SSNAP will collect this indicator from December 2012, and there will be national reporting by December 2013, however there is a lag time for the record linkage with ONS which will need to be taken into account.
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**Record of MRG Discussion**

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| Discussion dates: | * 27/3/12, 6/9/12, 8/11/12
 |
| By: | HSCIC - John Varlow, Andy Sutherland, Azim Lakhani, Julie Henderson, Jonathan Hope, Alyson Whitmarsh* NICE – Daniel Sutcliffe; UHB – Irena Begaj
 |
| Summary of MRG discussions:  | * The indicator proposed is similar to an existing NCHOD indicator, based on HES. Clarification was sought on why this indicator would be better than the HES indicator
* RCP cited over-coding of stroke from HES compared to epidemiological studies and that clinicians report poor coding for stroke when they use HES as the sole means of identifying cases. Poor coding at local level will affect the results for CCGs.
* The National Sentinel Stroke Audit Programme team confident that with audit being mandatory alongside, wide clinical ownership of the audit, the case ascertainment will be high.
* MRG recommended that work on cross-validating the audit dataset with HES data should continue, and that including a contextual indicator showing the SSNAP case ascertainment compared with HES will also encourage data quality improvements.
* MRG recommended that information on the quality of the linkage between the audit and ONS mortality data should be included. RCP will produce a guide similar to “A guide to linked HES-ONS mortality data” to be used alongside the indicators.
* Clarification sought from RCP on what standardisation will be used in the indicator
* RCP reported desire to include multiple measures in case mix adjustment for mortality; as a minimum, age and gender would be used, but also to adjust for stroke severity and stroke type and sub-type. MRG recommended that the number of cases should be considered when assessing the suitability of variables for standardisation.
* Acknowledged that there are multiple factors which go into the model and that this needs to be interpreted in the data, and therefore it is important that this is only for CCG level rather than at a lower level of granularity.
* Also acknowledged the extent to which the predictive power of the model comes from each variable cannot be determined at present, and the model not able to be tested until there is some data for SSNAP.
* The rationale for selecting the ICD-10 codes used to identify stroke patients should be clearly stated in the documentation for each indicator.
* Investigation undertaken on breakdowns on age and sex shown to be comparable with published literature and not felt to represent a selection bias.
* RCP annual report will provide detailed information on the demographics of the patients included in SSNAP. Will be referenced for those looking at COF indicators.
* May be possible for RCP to provide table showing the breakdown of the case mix measures used in adjustments for the first data analysis conducted for COF indicators.
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| *Outcome of MRG consideration:* | 1. **No significant issues identified**
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|  | 1. **No significant issues on basis of completion of outstanding actions**
 |[x]   |
|  | 1. **Some concerns expressed as caveats or limitations**
 |[ ]   |
|  | 1. **Significant reservations**
 |[ ]   |
|  | 1. **Unresolved issues**
 |[ ]   |

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| MRG statement of recommendation: | Indicator recommended for consideration by IGB on the basis that MRG have accepted the additional information provided by RCP, and that the release of the indicator is accompanied with a report on the quality of the fit of the risk model. |

**Additional Assurance Details**

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| --- | --- |
| Peer Reviewers: | No peer review undertaken at present |
| Peer Review summary: | n/a |
| Range of input[Have relevant business areas contributed e.g. clinical assurance?]  | * Clinical advisors to the RCP SSNAP have contributed.
* Professor Rudd, chair of the Intercollegiate Stroke Working Party, was involved in the formulation of the NICE Quality Standard for Stroke and the COF development.
* Clinical input received within the HSCIC COF consultation and NICE advisory committee
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IGB – Additional Recommendations:

[Add new section as necessary]

**Recommendations & Updates**

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| Made: | xx/xx/xx |
| Comments & Recommendations[List additional comments and recommendations raised by IGB] |  |

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| Action required: | **None Required**  |[ ]  **Further Update IGB** |[ ]  **Refer to MRG**  |[ ]   |

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| Update:Made: xx/xx/xx |  |

Review:

**Review**

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| Review Timescale |  |
| **1 year** |[x]
| **3 years** |[ ]
| **Other:** |  |

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| Rationale |  [Issues to consider – Changes to process, policy data source, coding definitions HES definitions ]In light of the fact that this indicator is based on a newly established data source it is recommended that this indicator be reviewed at the point at which results from the first publication are known and any potential issues resulting from the collection are identified |

IGB Sign-off:

**Indicator Assurance Process Output**

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| --- | --- | --- |
| *Final Appraisal Status* | 1. **Assured**
 |[ ]   |
|  | 1. **Assured with Comments**
 |[ ]   |
|  | 1. **Not Assured**
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| Basis of Sign-off[Detail caveats and limitations ] |  |
| Sign-off Date |  |

Record of Assurance provided by **Indicator Governance Board**

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| **Indicator Title** | **2.87 - People with stroke who are discharged from hospital with a joint health and social care plan** | IAS Ref Code: | IAP00135 |
| Indicator Set | Commissioning Outcomes Framework |  |  |

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| Construction summary | *Denominator: The number of eligible patients entered into the SSNAP audit with a primary diagnosis of stroke. Eligible patients are those alive at time of discharge from their final hospital inpatient stay to their final place of residence except for those patients who, who refuse a health and/or social care assessment or intervention, or for whom a joint plan is not applicable as they only have a health or a social care need (not both) or have neither need.**Numerator: Of the denominator, the number of patients for whom there is documented evidence of joint care planning between health and social care for post discharge management.* |

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| Initial IGB discussion  | 30/11/12 | Further discussed |  |

**Strategic Considerations & Implications**

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| Applicant / Sponsor Organisation | Primary Medical Care Branch, DH\*Costing for assurance appraisal included in development cost | Assurance process funded? | **Yes\***[x] **No**[ ]  |  |

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| Indicator rationale  | People should receive safe and coordinated care when they move between providers or receive care from more than one provider, and patients can expect to always be involved in discussions about their care and treatment. Care Quality Commission Essential Standards of Quality and Safety - Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The National Clinical Guidelines for Stroke (2007) state that patients and carers should be adequately informed about the treatment they receive in hospital and ongoing requirements for treatment and rehabilitation. |
| Basis for rationale [Details of quality statement, policy etc] | The Indicator relates to the NHS Stroke Improvement Programme (SIP), set up to support the development of stroke care networks and the implementation of the National Stroke Strategy.  |
| Risks & assumptions | * The National Sentinel Stroke Audit Programme team confident that with audit being mandatory alongside, wide clinical ownership of the audit, the case ascertainment will be high.
* MRG recommended that work on cross-validating the audit dataset with HES data should continue, and that including a contextual indicator showing the SSNAP case ascertainment compared with HES will also encourage data quality improvements.
 |
| IG Considerations [e.g. release of under-lying data, intermediaries access to data, data ownership impact on production] | *Data Source:* RCP Sentinel Stroke National Audit Programme (SSNAP) RCP is the data owner with HQIP data controller (as organisation running the audit). Access to data would be on the basis of data sharing agreement with the RCP and HQIP. Work is in progress to establish such a data sharing agreements involving the HSCIC and the two organisations. |
| Potential impacts on other business areas [inc outstanding generic issues] | * Use of SSNAP data for this indicator is in context of other COF indicators collected via SSNAP (i.e. stroke indicators within COF have a common data source).
 |
| Implementation Method[inc production funding] | Funding being sought.* Costs for the production of the COF indicators are being included in the COF/CQRS project business case. The requirements for publication of the indicators by HSCIC is yet to be agreed with DH and the NHS Commissioning Board.
* For the producer of the indicator, costs have been fully identified via the tendering process for the SSNAP audit. There are no additional costs for collecting, constructing, disseminating and presenting this indicator, as these will be a by-product of the HQIP commissioned audit.
* Anticipated that SSNAP will collect this indicator from December 2012, and there will be national reporting by December 2013.
 |

**Record of MRG Discussion**

|  |  |
| --- | --- |
| Discussion dates: | 6/9/12, 8/11/12 |
| By: | HSCIC - John Varlow, Andy Sutherland, Azim Lakhani, Julie Henderson, Jonathan Hope, Alyson Whitmarsh;NICE – Daniel Sutcliffe; UHB – Irena Begaj |
| Summary of MRG discussions:  | Generic issues for SSNAP based COF indicators:* The rationale for selecting the ICD-10 codes used to identify stroke patients should be clearly stated in the documentation for each indicator.
* Investigation undertaken on breakdowns on age and sex shown to be comparable with published literature and not felt to represent a selection bias.
* RCP annual report will provide detailed information on the demographics of the patients included in SSNAP. Will be referenced for those looking at COF indicators.
* May be possible for RCP to provide table showing the breakdown of the case mix measures used in adjustments for the first data analysis conducted for COF indicators.

Indicator Specific Issues:* MRG recommended that exclusions should be made clear in the description of the denominator, and that the description of the numerator should make it clear that it is a subset of the denominator (see description above)
* In response to MRG recommendation that the data quality should be assessed for the various exclusions for this indicator, RCP suggested that they could create a funnel plot for numbers of patients excluded and investigate any who are outside the confidence intervals.
* Documentation accompanying the indicator should state that clinicians are provided with definitions such as what constitutes a joint health and social care plan.
* “Not resident in the UK” is removed from the description of exemptions in the denominator with additional clarification of eligibility for social care provided in the (SSNAP) guidance instead.
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| *Outcome of MRG consideration:* | 1. **No significant issues identified**
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|  | 1. **No significant issues on basis of completion of outstanding actions**
 |[x]   |
|  | 1. **Some concerns expressed as caveats or limitations**
 |[ ]   |
|  | 1. **Significant reservations**
 |[ ]   |
|  | 1. **Unresolved issues**
 |[ ]   |

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| MRG statement of recommendation: | Indicator recommended for consideration by IGB on the basis that MRG accepted the additional information provided by RCP |

**Additional Assurance Details**

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| Peer Reviewers: | University Hospital Birmingham (UHB) |
| Peer Review summary: | * Issue of data completeness of audit raised
* Will the Social Care plans be recorded in the patients notes for such information to be entered in the audit. Who has the responsibility for recording the social care plan? Is it the discharging hospital or the team in the community?
* Concern that indicator is a process measure and doesn’t provide information about the quality of the plan.
 |
| Range of input[Have relevant business areas contributed e.g. clinical assurance?]  | Clinicians input formed part of UHB peer reviewClinical input received within the HSCIC COF consultation and NICE advisory committee |

IGB – Additional Recommendations:

[Add new section as necessary]

**Recommendations & Updates**

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| --- | --- |
| Made: | xx/xx/xx |
| Comments & Recommendations[List additional comments and recommendations raised by IGB] |  |

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| Action required: | **None Required**  |[ ]  **Further Update IGB** |[ ]  **Refer to MRG**  |[ ]   |

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| Update:Made: xx/xx/xx |  |

Review:

**Review**

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| Review Timescale |  |
| **1 year** |[x]
| **3 years** |[ ]
| **Other:** |  |

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| Rationale |  [Issues to consider – Changes to process, policy data source, coding definitions HES definitions ]In light of the fact that this indicator is based on a newly established data source it is recommended that this indicator be reviewed at the point at which results from the first publication are known and any potential issues resulting from the collection are identified. |

IGB Sign-off:

**Indicator Assurance Process Output**

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| --- | --- | --- |
| *Final Appraisal Status* | 1. **Assured**
 |[ ]   |
|  | 1. **Assured with Comments**
 |[ ]   |
|  | 1. **Not Assured**
 |[ ]   |

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| Basis of Sign-off[Detail caveats and limitations ] |  |
| Sign-off Date |  |

Record of Assurance provided by **Indicator Governance Board**

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| **Indicator Title** | **2.89 - People with stroke who are reviewed 6 months after leaving hospital** | IAS Ref Code: | IAP00137 |
| Indicator Set | Commissioning Outcomes Framework |  |  |

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| Construction summary | *Denominator: The number of stroke patients entered into SSNAP excluding patients who died within 6 months of initial admission for stroke, who decline an appointment offered and patients for whom an attempt is made to offer an appointment but are untraceable as they are not registered with a GP.**Numerator: Of the denominator, the number of patients who had a follow-up assessment between 4 – 8 months after initial admission for stroke.* |

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| Initial IGB discussion  | 30/11/12 | Further discussed |  |

**Strategic Considerations & Implications**

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| Applicant / Sponsor Organisation | Primary Medical Care Branch, DH\*Costing for assurance appraisal included in development cost | Assurance process funded? | **Yes\***[x] **No**[ ]  |  |

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| Indicator rationale  | Local projects have demonstrated that effective review processes can deliver a range of benefits, including reducing emergency readmissions, improving secondary prevention and providing better support for stroke survivors and their carers (www.improvement.nhs.uk/stroke). |
| Basis for rationale [Details of quality statement, policy etc] | This is a policy based indicator. The indicator relates to the NHS Stroke Improvement Programme (SIP), set up to support the development of stroke care networks and the implementation of the National Stroke Strategy.  |
| Risks & assumptions | The list of indicators for the COF may still be subject to change as the NHS Commissioning Board develops this part of its remit. This post hospital indicator was new to the stroke community in 2010. National attention on early supported discharge (ESD) as part of the Accelerating Stroke Improvement (ASI) initiative following the National Audit Office review of stroke services in 2010, has focussed attention of the stroke community on the need to improve this aspect of stroke care and systems to institute compliance with the measure and to record it are becoming more established. Applicability at CCG level is difficult to predict until pilot and actual data are available via the Sentinel Stroke National Audit Programme (SSNAP). |
| IG Considerations [e.g. release of under-lying data, intermediaries access to data, data ownership impact on production] | *Data Source:* Royal College of Physicians, Sentinel Stroke National Audit Programme RCP is the data owner with HQIP data controller (as organisation running the audit). Access to data would be on the basis of data sharing agreement with the RCP and HQIP. Work is in progress to establish such a data sharing agreements involving the HSCIC and the two organisations. |
| Potential impacts on other business areas [inc outstanding generic issues] | * Use of SSNAP data for this indicator is in context of other COF indicators collected via SSNAP (i.e. stroke indicators within COF have a common data source).
 |
| Implementation Method[inc production funding] | Funding being sought.* Costs for the production of the COF indicators are being included in the COF/CQRS project business case. The requirements for publication of the indicators by HSCIC is yet to be agreed with DH and the NHS Commissioning Board.
* For the producer of the indicator, costs have been fully identified via the tendering process for the SSNAP audit. There are no additional costs for collecting, constructing, disseminating and presenting this indicator, as these will be a by-product of the HQIP commissioned audit.
* SSNAP will collect this indicator from Dec 2012, and there will be national reporting by the end of 2013 (although this could be earlier depending on rate of uptake). The timescale for reporting at CCG level will be dependent on the case ascertainment rate.
 |

**Record of MRG Discussion**

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| --- | --- |
| Discussion dates: | 6/9/12, 8/11/12 |
| By: | HSCIC - John Varlow, Andy Sutherland, Azim Lakhani, Julie Henderson, Jonathan Hope, Alyson Whitmarsh;NICE – Daniel Sutcliffe; UHB – Irena Begaj |
| Summary of MRG discussions:  | Generic issues for SSNAP based COF indicators:* The rationale for selecting the ICD-10 codes used to identify stroke patients should be clearly stated in the documentation for each indicator.
* Investigation undertaken on breakdowns on age and sex shown to be comparable with published literature and not felt to represent a selection bias.
* RCP annual report will provide detailed information on the demographics of the patients included in SSNAP. Will be referenced for those looking at COF indicators.
* May be possible for RCP to provide table showing the breakdown of the case mix measures used in adjustments for the first data analysis conducted for COF indicators.

Indicator Specific Issues:* Clarification provided as to which patients were included and excluded from the indicator to ensure there isn’t a numerator / denominator mismatch.
* RCP suggested providing the mean arrival at hospital to 6 month follow-up review time lag per CCG could be given as contextual information alongside the results to highlight where any CCGs were carrying out 6 month follow-up reviews particularly early or late.
* RCP described the reason for allowing follow-ups between 4 and 8 months as being pragmatic and in order to increase the impact of the indicator on patient care. Only accepting details on follow-up assessments at 6 months exactly would limit the amount of information received on follow-up care but would also limit the number of patients who actually receive an assessment (as the incentive to have results included in the audit and the COF would disappear).
* Additionally, RCP reported the differences between patient outcomes in the 4 to 8 month post-stroke period are limited.
* Results will be assessed when they become available to determine whether the data are showing that there is a significant difference between those assessed earlier and those assessed later.
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| *Outcome of MRG consideration:* | 1. **No significant issues identified**
 |[ ]   |
|  | 1. **No significant issues on basis of completion of outstanding actions**
 |[x]   |
|  | 1. **Some concerns expressed as caveats or limitations**
 |[ ]   |
|  | 1. **Significant reservations**
 |[ ]   |
|  | 1. **Unresolved issues**
 |[ ]   |

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| MRG statement of recommendation: | Indicator recommended for consideration by IGB on the proviso that an explanation is provided in the Quality Statement explaining why the denominator refers to a time period of 6 months and the numerator uses a time period of 4-8 months. MRG recognises that there may still be a potential mismatch in the numerator and denominator but accepts RCP’s view that the denominator takes precedence as it reflects the Quality Standard on which the indicator is based. |

**Additional Assurance Details**

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| Peer Reviewers: | University Hospital Birmingham |
| Peer Review summary: | * Peer review commented on whether there was uncertainty around data completeness in the audit collection as it is new.
* Additionally, the peer reviewer asked for clarification on how follow-ups, usually done in the community, would be captured as the peer reviewer hadn’t didn’t have full understanding of how data will be completed in the audit.
 |
| Range of input[Have relevant business areas contributed  | Clinical advisors to the RCP SSNAP have contributed.Clinical input received within the HSCIC COF consultation and NICE advisory committee |

IGB – Additional Recommendations:

[Add new section as necessary]

**Recommendations & Updates**

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| --- | --- |
| Made: | xx/xx/xx |
| Comments & Recommendations[List additional comments and recommendations raised by IGB] |  |

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| Action required: | **None Required**  |[ ]  **Further Update IGB** |[ ]  **Refer to MRG**  |[ ]   |

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| Update:Made: xx/xx/xx |  |

Review:

**Review**

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| Review Timescale |  |
| **1 year** |[x]
| **3 years** |[ ]
| **Other:** |  |

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| Rationale |  [Issues to consider – Changes to process, policy data source, coding definitions HES definitions ]In light of the fact that this indicator is based on a newly established data source it is recommended that this indicator be reviewed at the point at which results from the first publication are known and any potential issues resulting from the collection are identified. |

IGB Sign-off:

**Indicator Assurance Process Output**

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| --- | --- | --- |
| *Final Appraisal Status* | 1. **Assured**
 |[ ]   |
|  | 1. **Assured with Comments**
 |[ ]   |
|  | 1. **Not Assured**
 |[ ]   |

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| Basis of Sign-off[Detail caveats and limitations ] |  |
| Sign-off Date |  |

Record of Assurance provided by **Indicator Governance Board**

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| **Indicator Title** | **3.33 - People who have had an acute stroke who receive thrombolysis** | IAS Ref Code: | IAP00093 |
| Indicator Set | Commissioning Outcomes Framework |  |  |

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| Construction summary | *Denominator: All acute stroke patients, including those who were already in hospital at the time of new stroke occurrence.**Numerator: The number of acute stroke patients who were given Thrombolysis for Stroke (Alteplase).* |

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| Initial IGB discussion  | 30/11/12 | Further discussed |  |

**Strategic Considerations & Implications**

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| Applicant / Sponsor Organisation | Primary Medical Care Branch, DH\*Costing for assurance appraisal included in development cost | Assurance process funded? | **Yes\***[x] **No**[ ]  |  |

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| Indicator rationale  | This indicator has been identified as being a key component of high quality care as defined in the NICE quality standard for stroke. Statement 3: “Patients with suspected stroke are admitted directly to a specialist acute stroke unit and assessed for thrombolysis, receiving it if clinically indicated.” |
| Basis for rationale [Details of quality statement, policy etc] | The indicator is based on a NICE Quality Standard and has been identified by the NICE COF Advisory Committee for use in the Commissioning Outcomes Framework.  |
| Risks & assumptions | * There is no absolute rate of thrombolysis which is appropriate. The rate must be interpreted in the light of other standards. It is not appropriate to simply have a high rate as it is a procedure which carries significant risk. The intervention must take place within the criteria specified in the Technology appraisal.
* The list of indicators for the COF may still be subject to change as the NHS Commissioning Board develops this part of its remit.
 |
| IG Considerations [e.g. release of under-lying data, intermediaries access to data, data ownership impact on production] | *Data Source:* RCP Sentinel Stroke National Audit Programme (SSNAP)RCP is the data owner with HQIP data controller (as organisation running the audit). Access to data would be on the basis of data sharing agreement with the RCP and HQIP. Work is in progress to establish such a data sharing agreements involving the HSCIC and the two organisations. |
| Potential impacts on other business areas [inc outstanding generic issues] | * Use of SSNAP data for this indicator is in context of other COF indicators collected via SSNAP (i.e. stroke indicators within COF have a common data source).
 |
| Implementation Method[inc production funding] | The RCP who run the SINAP and SSNAP audits have expressed their support for the use of this indicator for the COF. This has been via correspondence during the definition of the indicators in preparation for consultation. Funding being sought.* Costs for the production of the COF indicators are being included in the COF/CQRS project business case. The requirements for publication of the indicators by HSCIC is yet to be agreed with DH and the NHS Commissioning Board.
* For the producer of the indicator, costs have been fully identified via the tendering process for the SSNAP audit. There are no additional costs for collecting, constructing, disseminating and presenting this indicator, as these will be a by-product of the HQIP commissioned audit.
* SSNAP will collect this indicator from Dec 2012, and there will be national reporting by the end of 2013 (although this could be earlier depending on rate of uptake). The timescale for reporting at CCG level will be dependent on the case ascertainment rate.
 |

**Record of MRG Discussion**

|  |  |
| --- | --- |
| Discussion dates: | * 27/3/12, 6/9/12
 |
| By: | * HSCIC - John Varlow, Andy Sutherland, Azim Lakhani, Julie Henderson, Jonathan Hope, Alyson Whitmarsh,
 |
| Summary of MRG discussions:  | * MRG recommended that the title of the indicator be reviewed. Should the word ‘acute’ be included when all strokes are included in the denominator?
* The denominator for this indicator is all patients with stroke rather than all patients considered suitable for thrombolysis, as there are many clinical reasons for which patients might not be considered suitable which may not be captured by the data. MRG recommended that the accompanying documentation for the indicator should explain why this treatment isn’t suitable for all patients, along with an indication of what might represent good practice
* MRG recommended that the metadata for the indicator include some indication that there isn’t a variation between CCGs in contraindications such as haemorrhage.
* It was suggested that ineligible patients, those where use of thrombolysis is contraindicated, were evenly distributed and as such there is no need to adjust for case mix or attempt to adjust the denominator to remove these patients.
* Initial analysis by HSCIC suggests case mix does seem to play an important factor and is by no means uniform, therefore if this is ignored in the indicator construction the result could be to unfairly penalise some areas having proportionally higher numbers of ineligible patients.
* Although it is accepted that HSCIC analysis is by not comprehensive as that provided by the RCP, there is still the recommendation that case mix adjustment or improvements to the cohort used are investigated.
 |

|  |  |  |
| --- | --- | --- |
| *Outcome of MRG consideration:* | 1. **No significant issues identified**
 |[ ]   |
|  | 1. **No significant issues on basis of completion of outstanding actions**
 |[x]   |
|  | 1. **Some concerns expressed as caveats or limitations**
 |[ ]   |
|  | 1. **Significant reservations**
 |[ ]   |
|  | 1. **Unresolved issues**
 |[ ]   |

|  |  |
| --- | --- |
| MRG statement of recommendation: | Indicator approved for escalation to Indicator Governance Board on the basis that the outstanding recommendations are followed up. |

**Additional Assurance Details**

|  |  |
| --- | --- |
| Peer Reviewers: | No peer review undertaken at present |
| Peer Review summary: | n/a |
| Range of input[Have relevant business areas contributed e.g. clinical assurance?]  | Clinical advisors to the RCP SSNAP have contributed.Clinical input received within the HSCIC COF consultation and NICE advisory committee |

IGB – Additional Recommendations:

[Add new section as necessary]

**Recommendations & Updates**

|  |  |
| --- | --- |
| Made: | xx/xx/xx |
| Comments & Recommendations[List additional comments and recommendations raised by IGB] |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Action required: | **None Required**  |[ ]  **Further Update IGB** |[ ]  **Refer to MRG**  |[ ]   |

|  |  |
| --- | --- |
| Update:Made: xx/xx/xx |  |

Review:

**Review**

|  |  |
| --- | --- |
| Review Timescale |  |
| **1 year** |[x]
| **3 years** |[ ]
| **Other:** |  |

|  |  |
| --- | --- |
| Rationale |  [Issues to consider – Changes to process, policy data source, coding definitions HES definitions ]In light of the fact that this indicator is based on a newly established data source it is recommended that this indicator be reviewed at the point at which results from the first publication are known and any potential issues resulting from the collection are identified. |

IGB Sign-off:

**Indicator Assurance Process Output**

|  |  |  |
| --- | --- | --- |
| *Final Appraisal Status* | 1. **Assured**
 |[ ]   |
|  | 1. **Assured with Comments**
 |[ ]   |
|  | 1. **Not Assured**
 |[ ]   |

|  |  |
| --- | --- |
| Basis of Sign-off[Detail caveats and limitations ] |  |
| Sign-off Date |  |

Record of Assurance provided by **Indicator Governance Board**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator Title** | **3.34 - Patients with stroke admitted to an acute stroke unit within 4 hours of arrival to hospital** | IAS Ref Code: | IAP00094 |
| Indicator Set | Commissioning Outcomes Framework |  |  |

|  |  |
| --- | --- |
| Construction summary | *Denominator: All patients admitted to hospital with a primary diagnosis of stroke except for those whose first ward of admission was ITU, CCU or HD**Numerator: The number of acute stroke patients whose first ward of admission is a stroke unit AND who arrive on the stroke unit within 4 hours of arrival at hospital, except for those patients who were already in hospital at the time of new stroke occurrence, who should instead be admitted to a stroke unit within 4 hours of onset of stroke symptoms.* |

|  |  |  |  |
| --- | --- | --- | --- |
| Initial IGB discussion  | 30/11/12 | Further discussed |  |

**Strategic Considerations & Implications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant / Sponsor Organisation | Primary Medical Care Branch, DH\*Costing for assurance appraisal included in development cost | Assurance process funded? | **Yes\***[x] **No**[ ]  |  |

|  |  |
| --- | --- |
| Indicator rationale  | This indicator has been identified as being a key component of high quality care as defined in the NICE quality standard for stroke. Statement 3: “Patients with suspected stroke are admitted directly to a specialist acute stroke unit and assessed for thrombolysis, receiving it if clinically indicated.” |
| Basis for rationale [Details of quality statement, policy etc] | The indicator is based on a NICE Quality Standard and has been identified by the NICE COF Advisory Committee for use in the Commissioning Outcomes Framework.  |
| Risks & assumptions | The list of indicators for the COF may still be subject to change as the NHS Commissioning Board develops this part of its remit.  |
| IG Considerations [e.g. release of under-lying data, intermediaries access to data, data ownership impact on production] | *Data Source:* RCP Sentinel Stroke National Audit Programme (SSNAP)RCP is the data owner with HQIP data controller (as organisation running the audit). Access to data would be on the basis of data sharing agreement with the RCP and HQIP. Work is in progress to establish such a data sharing agreements involving the HSCIC and the two organisations. |
| Potential impacts on other business areas [inc outstanding generic issues] | * Use of SSNAP data for this indicator is in context of other COF indicators collected via SSNAP (i.e. stroke indicators within COF have a common data source).
 |
| Implementation Method[inc production funding] | The RCP who run the SINAP and SSNAP audits have expressed their support for the use of this indicator for the COF. This has been via correspondence during the definition of the indicators in preparation for consultation. Funding being sought.* Costs for the production of the COF indicators are being included in the COF/CQRS project business case. The requirements for publication of the indicators by HSCIC is yet to be agreed with DH and the NHS Commissioning Board.
* For the producer of the indicator, costs have been fully identified via the tendering process for the SSNAP audit. There are no additional costs for collecting, constructing, disseminating and presenting this indicator, as these will be a by-product of the HQIP commissioned audit.
* SSNAP will collect this indicator from Dec 2012, and there will be national reporting by the end of 2013 (although this could be earlier depending on rate of uptake). The timescale for reporting at CCG level will be dependent on the case ascertainment rate.
 |

**Record of MRG Discussion**

|  |  |
| --- | --- |
| Discussion dates: | * 27/3/12, 6/9/12
 |
| By: | * HSCIC - John Varlow, Andy Sutherland, Azim Lakhani, Julie Henderson, Jonathan Hope, Alyson Whitmarsh,
 |
| Summary of MRG discussions:  | * Clarification sought around the reasoning for the inclusion of inpatients and how this impacts the indicator.
* RCP responded that there is evidence that patients who have a stroke in hospital are sometimes treated less quickly because it is not recognised or systems are not well set up for in-hospital pathways. The audit has always defined the timelines in this way and it is recognised as helpful by the steering group and hospital clinicians.
* RCP also confirmed that the term “direct admission” has been defined as the first ward the patient was admitted to and within 4 hours (because of the need to admit patients within 4 hours).
* Around 98% of stroke patients would be included in this indicator (only around 2%of stroke patients are admitted to ITU, CCU or HDU – based on SINAP results).
* MRG recommended further clarity over the timescales involved be included in the Quality Statement.

  |

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| --- | --- | --- |
| *Outcome of MRG consideration:* | 1. **No significant issues identified**
 |[x]   |
|  | 1. **No significant issues on basis of completion of outstanding actions**
 |[ ]   |
|  | 1. **Some concerns expressed as caveats or limitations**
 |[ ]   |
|  | 1. **Significant reservations**
 |[ ]   |
|  | 1. **Unresolved issues**
 |[ ]   |

|  |  |
| --- | --- |
| MRG statement of recommendation: | Indicator approved for escalation to Indicator Governance Board with no significant issues identified |

**Additional Assurance Details**

|  |  |
| --- | --- |
| Peer Reviewers: | No peer review undertaken at present |
| Peer Review summary: | n/a |
| Range of input[Have relevant business areas contributed e.g. clinical assurance?]  | * Clinical advisors to the RCP SSNAP have contributed.
* Professor Rudd, chair of the Intercollegiate Stroke Working Party, was involved in the formulation of the NICE Quality Standard for Stroke and the COF development.
* Clinical input received within the HSCIC COF consultation and NICE advisory committee
 |

IGB – Additional Recommendations:

[Add new section as necessary]

**Recommendations & Updates**

|  |  |
| --- | --- |
| Made: | xx/xx/xx |
| Comments & Recommendations[List additional comments and recommendations raised by IGB] |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Action required: | **None Required**  |[ ]  **Further Update IGB** |[ ]  **Refer to MRG**  |[ ]   |

|  |  |
| --- | --- |
| Update:Made: xx/xx/xx |  |

Review:

**Review**

|  |  |
| --- | --- |
| Review Timescale |  |
| **1 year** |[x]
| **3 years** |[ ]
| **Other:** |  |

|  |  |
| --- | --- |
| Rationale  | [Issues to consider – Changes to process, policy data source, coding definitions HES definitions ]In light of the fact that this indicator is based on a newly established data source it is recommended that this indicator be reviewed at the point at which results from the first publication are known and any potential issues resulting from the collection are identified. |

IGB Sign-off:

**Indicator Assurance Process Output**

|  |  |  |
| --- | --- | --- |
| *Final Appraisal Status* | 1. **Assured**
 |[ ]   |
|  | 1. **Assured with Comments**
 |[ ]   |
|  | 1. **Not Assured**
 |[ ]   |

|  |  |
| --- | --- |
| Basis of Sign-off[Detail caveats and limitations ] |  |
| Sign-off Date |  |

|  |
| --- |
| Logo for indicator governance board |
| Indicator Assurance Report |
| **IAP00091** |
| **IAP00135** |



**Final Assurance Rating from the Indicator Governance Board**

|  |  |
| --- | --- |
| **Clarity** | **Fit for use** |
| **Rationale** | **Fit for use with caveats** |
| **Data** |  **Fit for use with caveats** |
| **Construction** |  **Fit for use** |
| **Presentation and Interpretation** |  **Fit for use with caveats** |
| **Risks and Usefulness** |  **Fit for use with caveats** |
| **Overall rating** | Fit for use with caveats |

|  |
| --- |
| **This indicator has been approved for inclusion in the National Library of Qualtiy Assured Indicators** |

|  |
| --- |
| **Key findings from Assurance** |
| * IGB members accepted the conclusions reached by MRG, noting the identified limitation being what constitutes a health and social care plan in one place my not be the same in another, and that this had been considered as part of the MRG assessment.
* IGB members consider the indicator as suitable for inclusion in the Library, pending the sign off by the Chair of the action to clarify the denominator description. A review date of 3 years has been set.
 |

|  |  |
| --- | --- |
| **Approval date** | 14/12/2015 |
| **Review date** | 14/12/2018 |

**Details of Methodology Appraisal - 10/09/2015**

|  |  |
| --- | --- |
| **Methodology appraisal body** | HSCIC's Indicator & Methodology Assurance Service |
| **Reason for assessment** | Scheduled review (review date reached) |
| **Iteration** | 1st MRG meeting |

**Suggested Assurance Rating by Methodology Appraisal Body**

|  |  |
| --- | --- |
| **Clarity** |  **Fit for use** |
| **Rationale** | **Fit for use with caveats** |
| **Data** | **Fit for use with caveats** |
| **Construction** | **Fit for use**  |
| **Presentation and Interpretation** |  **Fit for use with caveats** |
| **Risks and Usefulness** |  **Fit for use with caveats** |
| **Overall rating** | Fit for use with caveats |

**Summary Recommendation to Applicant:**

MRG noted that the indicator has been previously assured (with comments) as suitable for inclusion in the Library of Quality Assured Indicators, however this was under an earlier iteration of the assurance process. Members thanked the applicant for the “uplift” in documentation which has allowed the indicator to be assessed against the standard criteria assessment and “levels of assurance”.

Upon review the indicator has been given an overall rating of “fit for purpose with caveats” and as such MRG are endorsing its inclusion in the Library of Quality Assured Indicators. However, there are improvements which could be made to the indicator, which can be found in the appraisal log below.

**Summary Recommendation to IGB:**

MRG endorse the indicator for inclusion in the Library, however there are small improvements which could be made to the metadata, specifically around the definition of a health and social care plan, justification of the data source, how and why HES is used to measure case ascertainment, and the interpretation guidelines. In addition, there is currently no named sponsor for the indicator.

**Please find a detailed description of recommendations and actions in the appraisal log at the end of the document.**

**What do the Assurance Ratings mean?**

|  |  |
| --- | --- |
| **Rating** | **Description** |
| **Fit for use** | This indicator can be used with confidence that it is constructed in a sound manner that is fit for purpose. |
| **Fit for use with caveats** | The indicator is fit for use, however users should be aware of caveats and/or recommendations for improvement that have been identified during the assurance process. |
| **Use with caution** | The indicator is based on a sound methodology for which the assurance process endorse the use, however issues have been identified with the national data source which have implications for its use as an indicator. |
| **Not fit for use** | Issues have been identified with the indicator which have resulted in the assurance process currently not endorsing its use as a quality indicator. |
| **Not enough information provided** | There has not been enough information supplied to the assurance process to be able to accurately give the indicator a level of assurance. |

**Appraisal Log**

**Clarity**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
| 1a | MRG recommended that the documentation accompanying the indicator should state that clinicians are provided with definitions such as what constitutes a joint health and social care plan. | MRG6/9/12 | There is variation across the country in what processes are used for health and social care planning, therefore the SSNAP allows providers to use their local agreements to determine whether the standard has been met. | 13/08/15 |[ ]   |

**Rationale**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
| 2a | Concern that indicator is a process measure and doesn’t provide information about the quality of the plan. | Peer review19/11/12 | The peer review comment is valid, however this measure was recommended by the NICE CCG OIS Indicator Advisory Committee and accepted by NHS England as a relevant measure which contributes towards assessing the quality of care delivered for stroke patients.  | 13/08/15 |[x]  MRG10/09/15 |
| 2b | A sponsor for the indicator needs to be identified. | MRG10/09/15 | The sponsor of the CCG OIS is Richard Owen, Outcomes Strategy Lead, NHS Medical Directorate, NHS England. |  |[ ]   |
| 2c | The definition should be clear as to the types of stroke included in the indicator. | MRG10/09/15 | A sentence is included in the definition section of the IAS application form and Indicator Quality Statement, stating: Stroke is defined within this indicator as intracerebral haemorrhage (ICD-10 code: I61), cerebral infarction (I63) and stroke, not specified as haemorrhage or infarction (I64). |  |[ ]   |

**Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
| 3a | MRG recommended that investigations into whether case ascertainment is the same for different age and sex breakdowns as selection bias could affect the calculation of the indicators.  | MRG6/9/12 | The age and sex breakdowns were investigated by the RCP in 2012 and found to be comparable with published literature and therefore not felt to represent a selection bias. The SSNAP annual report provides some overall demographic details of patients included in the SSNAP [https://www.strokeaudit.org/Documents/Newspress/SSNAP-Annual-Report-(April-2013-March-2014).pdf](https://www.strokeaudit.org/Documents/Newspress/SSNAP-Annual-Report-%28April-2013-March-2014%29.pdf) Along with a host of other detailed audit information, the quarterly SSNAP public report provides specific details on the casemix breakdowns, including patient numbers, gender, age, co-morbidities, stroke type, Modified Rankin Scales scores, NIHSS and the onset of symptoms (Section 2: Casemix, p48) <https://www.strokeaudit.org/Documents/Results/National/OctDec2014/OctDec2014-PublicReport.aspx> | 13/08/15 |[x]  MRG10/09/15 |
| 3b | The rationale for selecting the ICD-10 codes used to identify stroke patients should be clearly stated in the documentation for each indicator.Update:There is a discrepancy between what SSNAP and the clinical classifications service consider a stroke, therefore further justification for the codes used is required and the definition should be updated (as stated in recommendation 2c). | MRG6/9/12MRG10/09/15 | The SSNAP uses the following ICD-10 diagnosis codes to identify stroke patients:* I61 - Intracerebral haemorrhage
* I63 - Cerebral infarction
* I64 - Stroke, not specified as haemorrhage or infarction

The coding advice from the Clinical Classifications Service also includes I60 (Subarachnoid haemorrhage) and I62 (Other nontraumatic intracranial haemorrhage), however this advice would not be endorsed by the RCP as subarachnoid haemorrhage and other non-traumatic intracranial haemorrhage have a different care pathway and outcome.Update:Subarachnoid haemorrhages and other non-traumatic intracranial haemorrhages are routinely and nearly always managed entirely outside of the stroke unit by neurosurgeons or by interventional neuroradiologists, which is what is recommended in national guidelines for these cases. The indicators need to reflect the care given on appropriate clinical pathways, not arbitrary groupings. | During initial assurance |[ ]   |
| 3c | MRG recommended that the data quality should be assessed for the various exclusions for this indicator. | MRG6/9/12 | The indicator denominator is:*The number of eligible patients entered into the SSNAP with a primary diagnosis of stroke.* *Eligible patients are those alive at time of discharge from their final hospital inpatient stay to their final place of residence excluding;** *Patients who refuse a health and/or social care assessment or intervention*
* *Patients for whom a joint plan is not applicable as they only have a health or a social care need (not both) or have neither need*

Around 55% of patients are deemed to not be applicable for this indicator due to not being resident in the UK, refusing a health and/or social care assessment or intervention, having only a health or a social care need (and not both), having no need for either or having died in inpatient care. The median for applicability is 55.1% (interquartile range: 31.2% to 77.7%), whilst the mean remained approximately stable from 2012/13 to 2013/14 at around 46%.  | During initial appraisal |[x]  MRG10/09/15 |
| 3d | Issue of data completeness of audit raised | Peer review19/11/12 | Detailed in section 6a following MRG recommendation.  | During initial appraisal |[x]  MRG10/09/15 |
| 3e | Will the Social Care plans be recorded in the patients notes for such information to be entered in the audit. Who has the responsibility for recording the social care plan? Is it the discharging hospital or the team in the community? | Peer review19/11/12 | As stated in section 1a, there is variation across the country in what processes are used for health and social care planning with teams employing local recording practices. Some areas may use a shared or integrated care record. The data are submitted by providers via a secure web tool which has strong built-in validation. | 13/08/15 |[x]  MRG10/09/15 |
| 3d | The narrative around why SSNAP is being used as opposed to HES should be strengthened. The application states that over-coding occurs in HES, however the results in section 5.9 show that case “ascertainment” against HES is over 100%. | MRG10/09/15 | The application for this indicator did not state that over-coding occurs in HES. The application stated that HES does not contain the necessary detail required to measure this indicator. |  |[ ]   |
| 3e | The applicant should consider how useful it is to provide case ascertainment against HES data, since it is recognised that over-coding occurs in HES, making the figure hard to interpret. If the figure is to be presented, MRG recommend changing the name from “case ascertainment” to “case comparison” and to present bands above 90+%. | MRG10/09/15 | This contextual case ascertainment information aligns to the information and bandings presented in the RCP SSNAP publication. The RCP view is that it is not case comparison as it is not comparing the same year’s HES with SSNAP. Since the purpose of including case ascertainment is to highlight CCGs with low case ascertainment indicating that hospitals within the CCG have not been entering in all their patients onto SSNAP (and the results may therefore not reflect the care that all the CCGs patients received), having bands above 100% would not be useful. HES is not the ‘gold standard’, but it is a useful indication of case selection. The HES case ascertainment figure (‘Estimated expected number of patients from HES’) is the number of patients who have been coded as a primary diagnosis of stroke during their admission in a year’s worth of HES, split by the patient’s CCG recorded in the HES record. The indicator is not reported for CCGs with less than 50% case ascertainment. |  |[ ]   |

**Construction**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
| 4a | MRG recommended that exclusions should be made clear in the description of the denominator. For example, the denominator might begin ‘the number of eligible patients with a primary diagnosis of stroke …’. The description of the numerator should make it clear that it is a subset of the denominator. For example, the description of the numerator might begin ‘of the denominator, the number of patients who …’, in order to avoid repetition. This recommendation applies more widely to other indicators. | MRG6/9/12 | Following MRG’s suggestions, the denominator is described in the indicator specification as:*The number of eligible patients entered into the SSNAP with a primary diagnosis of stroke.* *Eligible patients are those alive at time of discharge from their final hospital inpatient stay to their final place of residence excluding.** *Patients who refuse a health and/or social care assessment or intervention*
* *Patients for whom a joint plan is not applicable as they only have a health or a social care need (not both) or have neither need*

The numerator is described in the indicator specification as:*Of the denominator, the number of patients for whom there is documented evidence of joint care planning between health and social care for post discharge management.* | During initial appraisal |[x]  MRG10/09/15 |
| 4b | IGB sought clarification on the description of the denominator which was identified as ambiguous. It was suggested that the denominator should refer to “final hospital inpatient stay related to their stroke”. | IGB – 14/12/2015 |  |  |  |  |

**Presentation and Interpretation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
|  |  |  |  |  |[ ]   |

**Risks and Usefulness**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
| 6a | MRG recommended that work on cross-validating the audit data set with HES data should continue, as the credibility of the indicators could be impacted by conflicting sources. MRG recommended including a contextual indicator on the relationship between the audit and HES data as this would also encourage improvements in data quality.  | MRG6/9/12 | The indicator is published in the context of case ascertainment between SSNAP and HES. This is the percentage of patients with primary ICD-10 codes I61, I63 and I64 in HES who are included in SSNAP for the same time period.The SSNAP is a mandatory collection and overall case ascertainment increased from 72% in Quarter 1 to 95% in Quarter 4, 2013/14 (Quarter 2: 83%, Quarter 3: 90%). It has further improved to 97% by Quarter 4, 2014/15. Case ascertainment is reported alongside the indicator for all CCGs in the published CCG OIS data files. 18 CCGs (8.5%) had their percentages suppressed in the published 2013/14 data due to less than 50% case ascertainment with HES.Patient records are only included in audit analyses if they include the minimum requirements of completion of mandatory fields. The minimum includes all of the fields required to calculate this indicator. Case ascertainment is reported publicly at hospital level and therefore there is a strong incentive for hospitals to ensure they have submitted all of their patients to the audit and completed the mandatory fields. The data is received via a secure web tool which has strong built-in validation meaning that data is fully complete. | 13/08/15 |[x]  MRG10/09/15 |
| 6b | A query was raised at IGB as to whether there was a chance of the proposed indicator allowing for perverse outcomes in which patients receive only a health or social care plan rather than a joint plan, and that it should be checked whether this came up in the application | IGB30/11/12 | The indicator only includes patients that are applicable for both a health and a social care need. The denominator assesses applicability by only including patients where Audit Question 7.11 (‘Is there documented evidence of joint care planning between health and social care for post discharge management?’) is equal to ‘Yes’ or ‘No’. The question also provides a ‘Not Applicable’ option.The numerator only includes patients where the same Audit Question is equal to ‘Yes’. The only perverse outcome we can see is if the data is recorded incorrectly or false information is entered, however this could apply to any of the fields in the audit.  | 13/08/15 |[x]  MRG10/09/15 |
| 6c | As stated by the applicant, “there is variation across the country in what processes are used for health and social care planning”, therefore there is a risk associated with this indicator that it is not necessarily measuring the same process with the same output. | MRG10/09/15 | The following statement will be included in the Indicator Quality Statement:‘This indicator requires careful interpretation due to the variation in processes used for health and social care planning across the country. There is a risk that the indicator does not necessarily measure the same process at each CCG.’ |  |[ ]   |

**Any complaints or appeals against the decisions made during the assurance process should be made to the Indicator & Methodology Assurance Service (IMAS) Team at HSCIC. Likewise, if you are unclear regarding any of the recommendations in this report, or have any queries about the assurance process in general, please contact the IMAS team.**

**Indicator and Methodology Assurance Service**

**Health and Social Care Information Centre**

**1 Trevelyan Square, Boar Lane,**

**LEEDS**

**LS1 6AE.**

**Email:** **indicator.assurance@hscic.gov.uk**

**Website:** [**http://www.hscic.gov.uk/article/1674/Indicator-Assurance-Service**](http://www.hscic.gov.uk/article/1674/Indicator-Assurance-Service)