



**Sarah Rickard**

## **SSNAP case study**

Initial work by the Greater Manchester Stroke Operational Delivery Network with stroke teams entering data highlighted the lack of consistency in data entry, mainly due to the different interpretation of the SSNAP technical guidelines. This was leading to differences in SSNAP scores due to inconsistent data entry, rather than variation in care. Teams were also not complying well with case ascertainment or audit compliance, impacting their overall scores. As a result, it was difficult to assess the true picture of care being delivered by stroke units in the Greater Manchester acute pathway.

Lack of knowledge and understanding of how to effectively input data into the SSNAP audit tool were the main barriers for consistency, so the network instigated a programme of upskilling of teams to improve data entry. The network facilitated SSNAP service improvement and awareness events for staff from the 10 acute teams and 18 community teams. At these sessions, staff were trained on using the tool by the network's Co-ordinator and areas where there was disagreement on interpretation of the technical guidance were identified and later clarified with the SSNAP helpdesk. Key learning and the clarifications were promoted through a FAQ document which continues to be updated today.

Consistency was the key driver in encouraging Greater Manchester stroke teams to upload data correctly and then use it to drive service improvement. Teams felt they were more fairly being compared with each other and their results better reflected the care actually being provided.

The network has also focused on empowering teams to use their SSNAP data to inform and then measure the impacts of improvements to their services. It has held several service improvement events across the region including joint northwest meeting with AQUA, a local service improvement organisation.

On release of SSNAP data to teams, the network's Coordinator produces a dashboard in an excel spreadsheet which summarises the scores for each unit and offers easy comparison with similar stroke units, and also shows their performance over time. This is shared with providers and also commissioners if desired.

The dashboard highlights the impacts of poor audit compliance and case ascertainment on overall scoring, showing the comparative national league position of teams if they had not lost points. This representation of the data is powerful in encouraging change and produces rapid improvement once teams are aware of why they are scoring poorly overall due to data entry issues. The dashboard also shows teams their national league position and indicates whether they have moved up or down since last time, creating local competition that has driven further improvement.

The network has worked closely with inpatient teams as well as groups of professionals (e.g. SLTs) to help them use their SSNAP data to identify areas requiring improvement. The network's Co-ordinator assists by re-presenting data in a simpler format (e.g. graphs) whilst explaining how scores are calculated, what they mean and how improvements could be made. The network also facilitated an evaluation of six month review compliance looking why actual number of six month reviews performed were higher than those reported by SSNAP.

Improving compliance and use of SSNAP data by community teams has also been a focus, although it remains challenging, with two teams still not uploading data. Many community teams lack administrative support, and feel the data they enter is of limited value as they do not receive a dashboard to allow benchmarking as for acute teams. To improve compliance, the network has collaboratively developed a set of post-acute outcome measures based on NICE standards that use SSNAP custom fields to collect data. This will allow local reporting of these standards by community teams, enabling benchmarking of teams and highlighting areas of poor performance in the conurbation that may support changes in commissioning in the longer term.

SSNAP data has allowed the network to upskill commissioners via events and training to help them performance manage and commission their services appropriately. The network has extensively used the data to promote the positive benefits of centralising its acute services to key stakeholders, often at a senior level, but also to demonstrate where improvement is still needed. Engagement has included providers, commissioners, our Health & Social Care Partnership (devolution) as well as patients and the public. Data are regularly presented at the network Board and Clinical Effectiveness Group and at Sector Forums where clusters of stroke units discuss operational issues. The network also widely publicises its pathway results nationally at conferences and events to help encourage other regions to centralise their services.

SSNAP data has formed the basis of detailed reviews of the revised acute pathway at 12 and 24 months following implementation. These data have assured local commissioners and providers in the merit of the new model of care, engendering confidence in changes to other clinical pathways. Promoting the positive impact of the re-organisation has also ensured that the stroke staff involved have their achievements recognised, and take pride in being part of a successful clinical pathway.