THE DISCHARGE GAP - FOR COMMISSIONERS

Six months is not the end. Who is responsible after it?

A commissioner's guide to the gap between discharge and recovery.

35.1%

of eligible survivors had a six-month review — down from 38.8% and falling since 2019/20

(SSNAP, 2025)

180 min

minimum multidisciplinary therapy time offered per day, on at least five days per week

(NICE, 2023)

45 min

the benchmark per therapy, v. median delivered: 13.8 min of physiotherapy

(Gittins et al., 2020)

FUNDED HOW

No new money asked of the ICB. Step 1 is a variation to the existing SSNAP contract, owned by HQIP and NHS England; its price is yet to be agreed.

WORKFORCE

Step 1 needs none. For the pilot, the named person is from the existing support team (the GP or Community Team)

NET POSITION, YEARS 1–3

The costs have not been modelled and will be established by the pilot, with a stop rule if the pilot does not pay back.

THE ASK

STEP 1

Extend SSNAP to 12 months, as a variation to the existing contract (HQIP to confirm). No new clinical workforce for the data point itself.

STEP 2

A bounded pilot in two or three ICBs, with a defined stop rule.



CONTACT US

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Honesty note: figures are drawn from published NHS and SSNAP data and should be read as indicative, not definitive.

Read the full report on Substack

An independent policy report on England stroke after care

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