



Scottish Stroke Care Audit Public Summary of 2010 National Report

Stroke Services in Scottish Hospitals



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يمكن أن يتوفر هذا الإعلان بلغات مختلفة، وطباعة بحجم أكبر، وطباعة برايل (باللغة الإنجليزية فقط). للحصول على معلومات حول ترجمة هذا الإعلان بلغتك المحلية، يرجى الاتصال بالرقم الوارد أدناه.

यह प्रकाशन विभिन्न भाषाओं, बड़े अक्षरों, ब्रेल लिपि (सिर्फ अंग्रेजी) में उपलब्ध कराया जा सकता है। आपके समुदाय की भाषा में इसे प्रकाशन के अनुवाद के बारे में जानकारी के लिए कृपया नीचे दिए हुए नम्बर पर टेलीफोन करें।

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یہ طبع مختلف زبانوں اور بڑے چھاب میں دستیاب کی جاسکتی ہے، برائلی (صرف انگریزی میں)۔ اپنی کمیونٹی کے زبان میں اس طبع کے ترجمے کے بارے میں معلومات حاصل کرنے کے لئے، براہ کرم مندرجہ ذیل نمبر پر فون کیجئے۔

Telephone 0131 275 7777

Introduction

What is the Scottish Stroke Care Audit?

The Scottish Stroke Care Audit **checks the quality of stroke care in hospitals** in Scotland.

About **15,000 people have a new stroke** in Scotland each year. There is strong evidence that **well organised stroke care improves the outcome** for stroke patients.



Hospitals across Scotland routinely collect information about stroke.

- How many people have a new stroke?
- How quickly do people go to hospital?
- Do they go to a Stroke Unit?
- When do they have a brain scan?
- When do they start on medical treatment (for example aspirin)?



Who keeps the information?

Each hospital in Scotland **gives the information to the health information service.**

The information is stored **in keeping with the law** (Data Protection Act 1998).



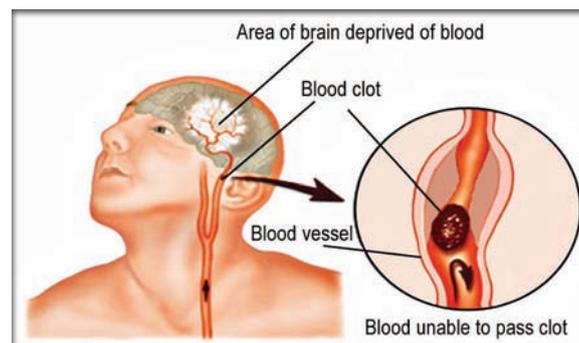
People can ask to have their information removed from the audit.

What is a stroke?

A stroke happens when **blood flow** to part of the **brain** is **stopped**.

This can be caused by

- a blockage (**blood clot**)
- or a **burst** blood vessel



Stroke can affect people in different ways.

Stroke can cause

- muscle weakness
- difficulty with:
 - speech and communication;
 - vision;
 - thinking and planning.



Mini stroke

Some people have a **mini stroke**, sometimes called a **TIA** (transient ischaemic attack).

A mini stroke **may not cause disability**.

People who have mini strokes may be **at risk of having a full stroke** and they should be **referred to a stroke clinic** as soon as possible.

Further information about stroke is available from:

Chest, Heart & Stroke Scotland

65 North Castle St, Edinburgh, EH2 3LT

telephone: 0131 225 6963

email: admin@chss.org.uk

website: www.chss.org.uk



The Stroke Association Scotland

Links House, 15 Links Place, Edinburgh, EH6 7EZ

telephone: 0131 555 7240

email: scotland@stroke.org.uk

Stroke Helpline: 0303 3033 100

website: www.stroke.org.uk/scotland



Standards for stroke care in Scotland

NHS Quality Improvement Scotland (NHS QIS) is part of the National Health Service.

It sets **standards of care** that NHS hospitals should meet.

The standards for stroke care were updated in June 2009.

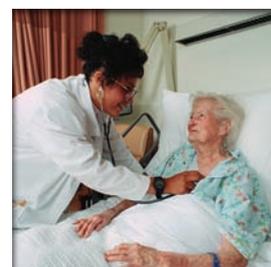
This report **checks stroke care against these new 2009 standards.**

1. Stroke Units

Stroke Unit care can **reduce** the risk of dying and disability after a stroke.

Current Standard (June 2009)

- 60% of all patients who come to hospital with a stroke should be **admitted to the Stroke Unit** on the day they come in.
- 90% of all patients who come to hospital with a stroke should be **admitted to the Stroke Unit** on the day they come in, or the day after.



2. Swallow Screen

About 1/2 of all stroke patients **can't swallow safely** when they come to hospital.

If they have food or drink it may go 'down the wrong way' and cause a chest infection or they may become 'dry'.



Current Standard (June 2009)

- All patients (100%) should have a check **to see if they can swallow safely**.
- This check should be carried out on the day the person comes into hospital - and before they are given food, drink or medicines.
- The results of the swallow check should be clearly written in the patient's notes.

3. Brain scan

A brain scan shows whether the stroke is due to a blockage of the blood vessel or a burst blood vessel.

This is important so that the person can have the correct medication.



Current Standard (June 2009)

- 80% of patients should have a brain scan on the day they come into hospital unless there is a specific reason why they can't have a scan.

4. Medication

If people have aspirin **as soon as possible** after a stroke this can reduce the risk of another stroke and reduce disability.

Aspirin is only given to people who have a clot, not a bleed.

Current Standard (June 2009)

- Patients with a clot should have aspirin on the day they come into hospital or the day after.

Some people can't have aspirin.



5. Mini strokes

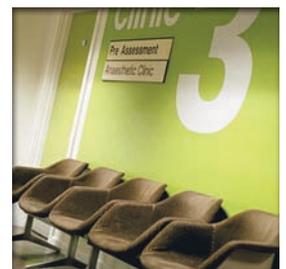
If people with mini stroke don't need to go into hospital, they should be seen at a specialist clinic as soon as possible.

There is a 10% risk of having another stroke in the first week.

Early treatment can reduce this risk by half.

Current Standard (June 2009)

- 80% of new patients with a mini stroke should be seen within 7 days from when the referral is received by the clinic.



6. Thrombolysis

This is a drug that **breaks up clots in blood vessels**.

It **works best up to 4½ hours after the first signs of stroke**.

It **can only be used in people who have had a stroke due to a clot**.



It is not a cure but can **reduce disability** in some people.

Current Standard (June 2009)

- Hospitals should use thrombolysis in line with current guidelines.
- Hospitals should aim to treat at least 5 patients per 100,000 persons per year in their area.
- 80% of patients should receive the first dose of the drug within 1 hour of arrival at hospital.



7. Carotid Endarterectomy

This is an operation to clear narrowing of the blood vessels in the neck that could cause a further stroke.

Current Standard (June 2009)

If people have this operation

- 80% of patients should have the operation within 14 days of stroke.

How well are hospitals providing stroke care?

Since 2005, **more patients are going to a Stroke Unit - 71% to 81%.**

There are **improvements in other standards** between 2005 and 2009:



	2005	2009
More patients go to a Stroke Unit on the day they come into hospital.	28%	37%
More patients have a brain scan on the day they come into hospital.	27%	49%
More patients have a swallow screen on the day they come into hospital.	47%	61%
More patients have aspirin by one day after they come into hospital – if they have a clot.	41%	68%
More patients are seen within 7 days from referral at a specialist clinic.	30%	80%

The new standards are **based on evidence that certain treatments improve outcomes.**

Hospitals are expected to

- **improve their stroke services as quickly as possible**
- **meet as many of these new standards as possible**

Some of the standards require **all patients** to receive the care (e.g. swallow check and aspirin).

This is possible but it is important to **look for improvements** each year.

GREEN Meets or does better than the new National Standards

RED Does not meet the new National Standards but **stays the same or improves** from 2008 to 2009. This also includes centres that only have data for 2009.

BLACK Does not meet National Standards and **is doing worse** than in 2008 or can't provide data.

Information from 2009

For more detailed information on the contents of this table please refer to the 2010 Scottish Stroke Care Audit National Report which can be found at

www.strokeaudit.scot.nhs.uk.

Hospital	Numbers of stroke patients who come into hospital: 2009	Go to Stroke Unit on day they come into hospital %	Go to Stroke Unit up to 1 day after they come into hospital %	Swallow check on day they come into hospital %	Brain scan on day they come into hospital %	Aspirin up to 1 day after they come into hospital %	Seen in a specialist clinic within 7 days of mini stroke %
NHQ QIS Standard (from June 2009)		60%	90%	100%	80%	100%	80%
The new standards above were introduced from June 2009							
Scotland-wide	8012	37	61	61	49	68	80
Aberdeen Royal Infirmary	544	64	75	53	42	74	69
Dr Grays, Elgin	78	0	0	46	59	75	n/a
Ninewells Hospital	352	30	70	68	31	60	NR
Perth Royal Infirmary	229	3	7	70	47	57	50
Stracathro Hospital	NR*	NR*	NR*	NR*	NR*	NR*	91
Royal Infirmary Edinburgh	409	21	50	61	71	86	NR
St John's Hospital	162	28	52	62	64	84	57
Western General Hospital	425	38	59	61	67	77	96
Glasgow Royal Infirmary	411	27	62	74	36	63	65
Stobhill Hospital	201	18	59	72	32	71	89
Western Infirmary Glasgow	401	62	81	73	70	64	62
Southern General Hospital	601	73	79	80	66	72	89

Hospital	Numbers of stroke patients who come into hospital: 2009	Go to Stroke Unit on day they come into hospital %	Go to Stroke Unit up to 1 day after they come into hospital %	Swallow check on day they come into hospital %	Brain scan on day they come into hospital %	Aspirin up to 1 day after they come into hospital %	Seen in a specialist clinic within 7 days of mini stroke %
Inverclyde Royal Hospital	243	6	18	18	31	38	25
Royal Alexandra Hospital	255	27	59	n/a	35	44	n/a
Vale of Leven Hospital	55	11	20	n/a	53	50	NR
Ayr Hospital	295	66	81	72	39	60	97
Crosshouse Hospital	375	55	71	76	23	55	63
Hairmyres Hospital	305	45	70	54	42	63	93
Monklands Hospital	310	43	80	47	41	66	69
Wishaw General Hospital	312	35	82	92	51	77	99
Forth Valley	584	27	52	52	62	72	96
Borders General Hospital	194	17	48	64	54	73	74
Dumfries & Galloway Royal Infirmary	239	38	67	77	43	78	90
Galloway Community Hospital	16	0	0	13	50	55	NR
Raigmore Hospital	308	17	40	54	48	76	60
Lorn & Islands	28	64	75	54	18	62	81
Belford Hospital	33	0	0	73	9	73	n/a
Caithness Hospital	52	0	0	88	40	69	n/a
Queen Margaret Hospital	188	25	59	55	43	66	41
Victoria Hospital, Kirkcaldy	319	38	69	62	55	79	66
Orkney	16	38	38	38	19	47	NR
Shetland	32	0	0	69	9	68	NR
Western Isles	40	35	35	73	60	77	NR

n/a = data not available (hospital does not collect or has not reported the data).

NR = not relevant (usually because service does not exist).

NR* = Inpatient rehabilitation service only, recorded as part of the local acute hospital service.

How can we improve stroke care?

Every region in Scotland has a Stroke Managed Clinical Network (MCN).

Stroke MCNs are groups of staff and people with stroke who work together to improve stroke services in their local area.



For further details about the work of your local Stroke MCN see Appendix A of the main Scottish Stroke Care Audit National Report 2010 which can be found at www.strokeaudit.scot.nhs.uk.

Below are listed examples of changes Stroke MCNs across Scotland have made to improve stroke care in their local areas.

Admission to Stroke Unit

To increase the number of stroke patients who go to a Stroke Unit within 1 day of coming into hospital, some Stroke MCNs have:



- reorganised services so that stroke patients go directly to Stroke Units;
- the stroke team (doctors and therapists) visit other wards and make sure that stroke patients go to the Stroke Unit;
- GPs phone the stroke doctor directly;
- hospitals check the numbers of Stroke Unit beds and the patients who go to the Stroke Unit; and
- identified special areas for people who have just had a stroke.

Swallow checks

To make sure more stroke patients have a swallow check on the day they come into hospital, some Stroke MCNs have:

- patients go to a Stroke Unit where staff are trained to assess swallowing;
- the results of the swallow check in patients' notes;
- nursing staff on other wards trained to carry out swallow checks; and
- used an information poster to show the importance of swallow checks.



Brain scans

To make sure more stroke patients have a brain scan on the day they come into hospital, some Stroke MCNs have:

- brain scan departments make stroke patients a priority;
- made brain scans available 24 hours a day; and
- made scan results available on computer so that they can be seen by stroke doctors in hospital or in other places.



Aspirin given

To make sure more patients with clots have aspirin within 1 day of coming into hospital, some Stroke MCNs have:

- provided early brain scanning to check whether they have a clot; and
- provided guidelines for staff, for example that nurses could give aspirin.



Outpatient clinics

To make sure more patients with a mini stroke are seen in a specialist clinic within 7 days of referral to clinic, some Stroke MCNs have:



- worked to raise public awareness of the signs of stroke (FAST Campaign – face, arm, speech – time to call 999);
- provided GPs with a fast way of contacting stroke doctors to make an early hospital appointment;
- more flexible clinics allowing patients to be seen at almost any time;
- made sure that people at highest risk of a stroke are seen as a priority; and
- set up phone links to remote areas so that specialist doctors can talk to the patient by telephone or video link.

Thrombolysis

To make sure more patients receive thrombolysis, some Stroke MCNs have:



- worked to raise awareness of stroke with the FAST Campaign;
- worked with the Scottish Ambulance Service to transfer the patient to hospital as soon as possible; and
- used telemedicine to improve access to thrombolysis across Scotland.

Carotid endarterectomy

To reduce the delays for operations (carotid endarterectomy), some Stroke MCNs have worked with surgeons to ensure:

- quicker referrals for operations;
- that patients are fully assessed before they are referred for the operation;
- that patients can see surgeons and stroke doctors at the same clinic; and
- that these operations are a priority.



Summary

There has been **an improvement in stroke services** across Scotland in the past year.

Hospitals are **making progress to meet the new NHS QIS Stroke Standards** published in June 2009.

The quality of stroke services still varies across Scotland.

No hospital meets **all of the NHS QIS standards**, so **all** need to **try to improve stroke services**.

The Scottish Stroke Care Audit team are working closely with the Stroke Managed Clinical Networks across Scotland to identify areas where changes could be made to improve performance against the standards and ultimately improve stroke care.

Acknowledgements

Many people have helped to write this report

- patients with stroke who have given medical information to the audit;
- staff at all hospitals involved in the audit;
- the Audit Team; and
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Some of the material used in this report was from National Advisory Committee for Stroke documents

- What's new in stroke and aphasia?
- Easy Access Version of Better Heart Disease and Stroke Action Plan

These were written by Annette Cameron, Speech & Language Therapist with help from a group of people with aphasia across Scotland and designed by Medical Illustration Department, Aberdeen University.

Contacts

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If you have general questions about stroke care in Scotland please contact Professor Martin Dennis, Chair of the National Advisory Committee for Stroke.

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