



Scottish Stroke Care Audit

PUBLIC SUMMARY
of 2012 National Report
Stroke Services in Scottish Hospitals

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If you would like this leaflet in a different language, large print or Braille (English only), or would like information on how it can be translated into your community language, please phone 0131 275 6665.

This booklet is a shorter version of the full-length report:

Scottish Stroke Care Audit
2012 National Report
Stroke Services in Scottish Hospitals

It gives you some of the information in the full report but in much less detail.

It aims to help people with communication difficulties, for example difficulty concentrating, remembering, reading small print or understanding what you are reading.

Fewer and shorter words are used with larger print and spacing. We have also used bolded text to highlight important words.

If you have aphasia you may like to have someone with you to support you and help you understand the information in the booklet.

We are grateful to Chest Heart & Stroke Scotland, the Stroke Association, Speakability, the patient/ carer groups and health professionals that provided feedback on the 2011 Public Summary and those involved in viewing the drafts of the 2012 Public Summary.

If you would like to print more copies of this booklet or look at the full-length report you can find both at <http://www.strokeaudit.scot.nhs.uk/Reports.html>.

STROKE?
Think **FAST** & save a life
CALL 999

F ace – Can they smile?
Does one side droop? 

A rm – Can they lift both
arms? Is one weak? 

S peech – Is their speech
slurred or muddled? 

T ime – To call 999. 

If you see these signs call 999 FAST.

Chest Heart & Stroke Scotland  www.chss.org.uk  healthier scotland
SCOTTISH GOVERNMENT

Chest Heart & Stroke Scotland and CHSS are operating names of The Chest Heart & Stroke Association Scotland, a registered Charity No. SC018761



Stroke patients could get to hospital quicker thanks to a new smartphone App

The FAST test app - the first of its kind - has been devised by Graeme Heron and Dr. William Whiteley in the Division of Clinical Neurosciences University of Edinburgh, funded by Chest Heart & Stroke Scotland, to provide people with a simple test to spot stroke.



Scan with QR code reader

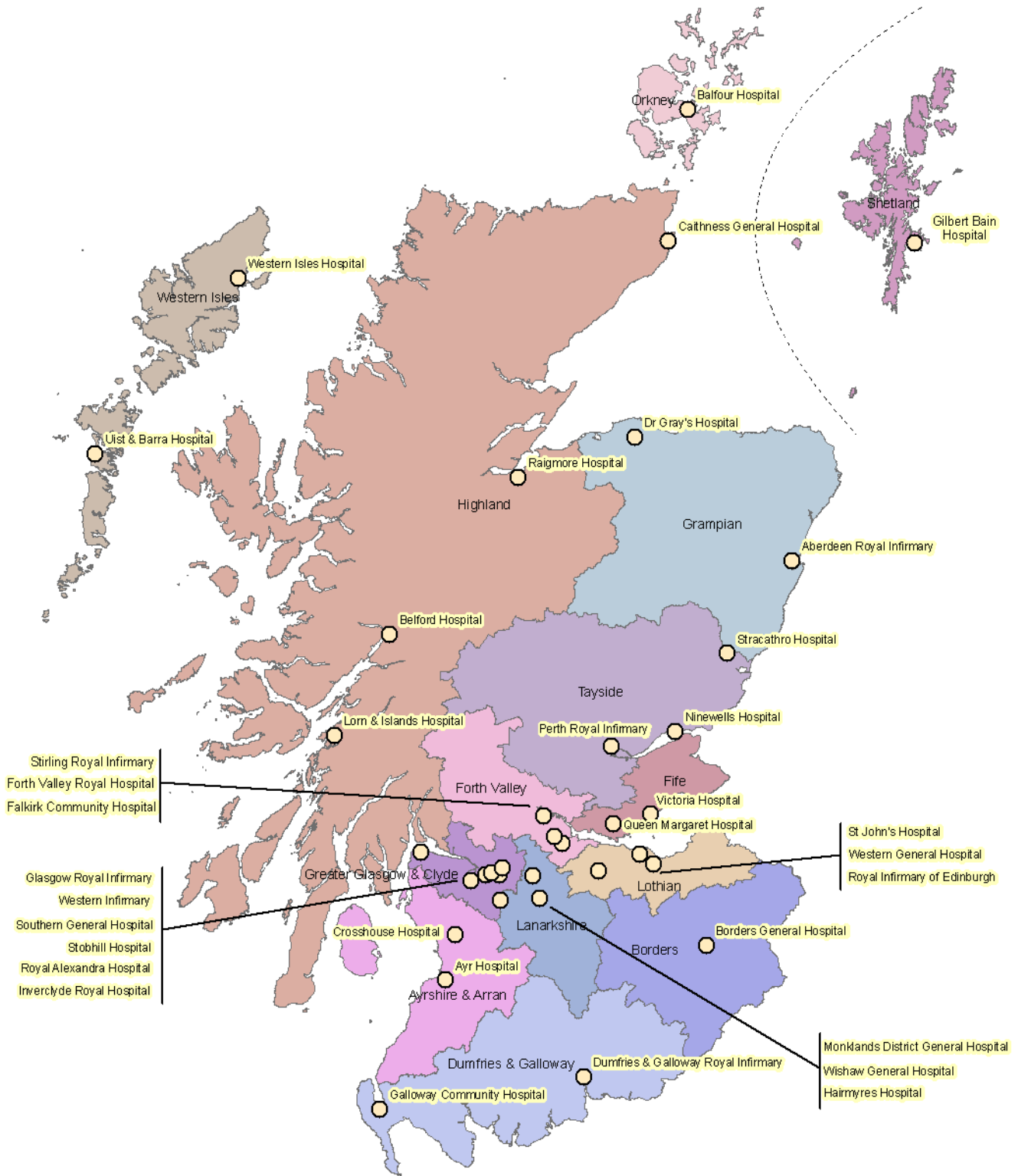


The FAST poem was supported by the Burns Federation for their Burns Suppers around Ayrshire & Arran earlier this year.

“When suddenly they cannae smile, their mooth an’ee
hae droopit,
Their aims alas aboon their heid they can nae mair
achieve it,
For them tae speak is nae mair guid,
Tae unerstaun is worse still,
Be FAST ma frein, pick up ye’re phone, maist likes
they’ll later thank ye”

**Face, Arm, Speech Time (FAST) Poem in the Ayrshire style
by Hugh McNeillie
(The Ayrshire Ploughman Feb 2011)**

Map of Scotland showing all hospitals in NHS Boards contributing to the Scottish Stroke Care Audit



Contents

Map of Scotland.....	4
The Scottish Stroke Care Audit and how the information is collected and stored.	6
What is the Scottish Stroke Care Audit?	6
Hospitals across Scotland routinely collect information about stroke.....	6
Who keeps the information?	6
Stroke and Transient Ischaemic Attack.	7
What is a stroke?	7
Stroke can affect people in different ways.....	7
Transient Ischaemic Attack (TIA)	8
Standards for stroke care in Scotland.	9
Standards 1 and 2: Admission to Stroke Unit.....	10
Standard 3: Swallow Screen and/ or Test.....	12
Standard 4: Brain Scan	14
Standard 5: Medication.....	15
Standard 6: Specialist neurovascular (stroke) clinic	17
Standards 7 and 8: Thrombolysis	19
Standard 9: Carotid Endarterectomy	19
Performance of Scottish Hospitals against standards for stroke care.....	20
Patients and Carers experiences of Stroke Care in Hospitals across Scotland..	21
Stroke Managed Clinical Networks (MCNs)	24
Standards 1 and 2: Admission to Stroke Unit.....	25
Standard 3: Swallow Screen/ Test.....	26
Standard 4: Brain Scan	27
Standard 5: Medication.....	28
Standard 6: Specialist neurovascular (stroke) clinic	29
Standards 7 and 8: Thrombolysis	29
Standard 9: Carotid Endarterectomy	30
Summary	30
Brief explanation of some of the key words used in this booklet.	31
Who was involved in the development of this booklet.	33
Who you can contact to find out more about stroke and organisations that can provide you with further information.	34
Who you can contact to find out more about the Scottish Stroke Care Audit, Stroke Care in general and Stroke Care in your local area.....	36

This section tells you about the **Scottish Stroke Care Audit** and how the **information is collected and stored**.

What is the Scottish Stroke Care Audit?

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

The Scottish Stroke Care Audit **monitors the quality of care** of over **13,000 people seen in hospitals** 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?



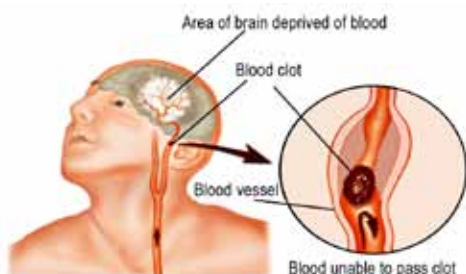
Each hospital in Scotland **gives the information to the health information service**.

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

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

This section tells you about **Stroke and Transient Ischaemic Attack**.

What is a stroke?



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

This can be caused by

- a **blocked** blood vessel (a **blood clot - ischaemic stroke**)
- or a **burst** blood vessel which leads to bleeding into the brain (a **bleed - haemorrhagic stroke**)

Stroke can affect people in different ways.

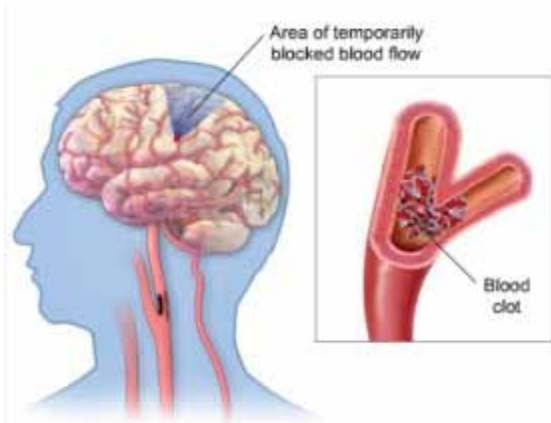


Stroke can cause

- **paralysis** and/ or **muscle weakness**, causing
 - **difficulty** in **getting around**;
 - **lack of movement**; and
 - **mobility problems**.
- **difficulty** with:
 - **speech** and **communication**;
 - **eating** and **drinking**;
 - **vision**; and
 - **thinking** and **planning**.



Transient Ischaemic Attack (TIA)



Some people have a **TIA**, sometimes called a **mini stroke**.

A TIA is **like a stroke** except that in a TIA the **symptoms last less than a day** and then the person is **back to normal**.

People who have TIAs are **at risk of having a full stroke** and they should be **referred to a specialist neurovascular (stroke) clinic** immediately.

This section tells you about the **standards for stroke care in Scotland** and how **hospitals in Scotland** performed in 2011 compared to 2010.



NHS Quality Improvement Scotland (NHS QIS) was part of the National Health Service. It set **standards of care** for NHS hospitals to meet. Healthcare Improvement Scotland took over responsibilities of NHS QIS on 1st April 2011.

The standards for stroke care were updated in June 2009.

The tables below show how hospitals in Scotland performed in 2011 compared to 2010 against the current standards.

☺ = Meets or does better than the standard, or has significantly improved since 2010.

☹ = Does not meet the standard, and has stayed the same since 2010.

☹ = Does not meet the standard, and the service is worse than in 2010.

NB: To find out where the hospitals are located please refer to the map on page 4.

For more detailed information on the contents of any of the tables please refer to the 2012 Scottish Stroke Care Audit National Report which can be found at <http://www.strokeaudit.scot.nhs.uk/Reports.html>.

Standards 1 and 2: Admission to Stroke Unit



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

1. **At least 60%** of all patients who come to hospital with a stroke should be **admitted to the Stroke Unit on the day they come in.**
2. **At least 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.**

The tables below show how hospitals in Scotland performed in 2011 compared to 2010 against standards 1 and 2.

Standard 1

😊 Meets or does better than the standard or has significantly improved since 2010		
Aberdeen Royal Infirmary	Dumfries & Galloway Royal Infirmary	Inverclyde Royal Hospital
Ayr Hospital	Forth Valley Royal Hospital (2011 data only)	Lorn & Islands Hospital
Belford Hospital	Galloway Community Hospital	Ninewells Hospital
Caithness General Hospital	Gilbert Bain Hospital	Southern General Hospital
Crosshouse Hospital	Hairmyres Hospital	Western Infirmary Glasgow

😐 Does not meet the standard and has stayed the same since 2010		
Balfour Hospital	Queen Margaret Hospital	Stirling Royal Infirmary
Borders General Hospital	Raigmore Hospital	Victoria Hospital Kirkcaldy
Dr Gray's Hospital	Royal Alexandra Hospital	Western General Hospital
Glasgow Royal Infirmary	Royal Infirmary of Edinburgh	Wishaw General Hospital
Perth Royal Infirmary	St John's Hospital	



Does not meet the standard and the service is worse since 2010

Monklands Hospital

Standard 2

Meets or does better than the standard or has significantly improved since 2010

Aberdeen Royal Infirmary	Crosshouse Hospital	Ninewells Hospital
Ayr Hospital	Forth Valley Royal Hospital (2011 data only)	Royal Infirmary of Edinburgh
Balfour Hospital	Galloway Community Hospital	St John's Hospital
Belford Hospital	Gilbert Bain Hospital	Western General Hospital
Caithness General Hospital	Inverclyde Royal Hospital	Wishaw General Hospital



Does not meet the standard and has stayed the same since 2010

Borders General Hospital	Lorn & Islands Hospital	Southern General Hospital
Dr Gray's Hospital	Perth Royal Infirmary	Stirling Royal Infirmary
Dumfries & Galloway Royal Infirmary	Queen Margaret Hospital	Victoria Hospital Kirkcaldy
Glasgow Royal Infirmary	Raigmore Hospital	Western Infirmary Glasgow
Hairmyres Hospital	Royal Alexandra Hospital	



Does not meet the standard and the service is worse since 2010

Monklands Hospital

Standard 3: Swallow Screen and/ or Test



3. All patients (**100%**) should be checked 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**.

About half 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 dehydrated** if they cannot eat or drink.

The tables below show how hospitals in Scotland performed in 2011 compared to 2010 against standard 3.

Standard 3

☺ Meets or does better than the standard or has significantly improved since 2010		
Aberdeen Royal Infirmary	Ninewells Hospital	Victoria Hospital Kirkcaldy
Forth Valley Royal Hospital (2011 data only)	Stirling Royal Infirmary	

☹ Does not meet the standard and has stayed the same since 2010		
Ayr Hospital	Galloway Community Hospital	Queen Margaret Hospital
Balfour Hospital	Gilbert Bain Hospital	Raigmore Hospital
Belford Hospital	Glasgow Royal Infirmary	Royal Alexandra Hospital
Borders General Hospital	Hairmyres Hospital	Royal Infirmary of Edinburgh
Caithness General Hospital	Inverclyde Royal Hospital	St John's Hospital
Crosshouse Hospital	Lorn & Islands Hospital	Western General Hospital
Dr Gray's Hospital	Monklands Hospital	Western Infirmary Glasgow
Dumfries & Galloway Royal Infirmary	Perth Royal Infirmary	Wishaw General Hospital

☹ Does not meet the standard and the service is worse since 2010		
Southern General Hospital		

Standard 4: Brain Scan



4. **At least 80%** of patients should have a **brain scan on the day they come into hospital.**

A **brain scan** shows whether the stroke is due to a **blocked blood vessel** or a **burst blood vessel** (see page 7).

This is important so that the person can have the **correct medication** as soon as possible.

The tables on the next page show how hospitals in Scotland performed in 2011 compared to 2010 against standard 4.

Standard 4

😊 Meets or does better than the standard or has significantly improved since 2010		
Aberdeen Royal Infirmary	Inverclyde Royal Hospital	St John's Hospital
Forth Valley Royal Hospital (2011 data only)	Perth Royal Infirmary	Western Infirmary Glasgow

😐 Does not meet the standard and has stayed the same since 2010		
Ayr Hospital	Galloway Community Hospital	Raigmore Hospital
Balfour Hospital	Gilbert Bain Hospital	Royal Alexandra Hospital
Belford Hospital	Glasgow Royal Infirmary	Royal Infirmary of Edinburgh
Borders General Hospital	Hairmyres Hospital	Southern General Hospital
Caithness General Hospital	Lorn & Islands Hospital	Stirling Royal Infirmary
Crosshouse Hospital	Monklands Hospital	Victoria Hospital Kirkcaldy
Dr Gray's Hospital	Ninewells Hospital	Western General Hospital
Dumfries & Galloway Royal Infirmary	Queen Margaret Hospital	Wishaw General Hospital

Standard 5: Medication



5. Patients with **blocked blood vessels** should have **aspirin** on the **day they come into hospital or the day after**.

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 stroke due to a blocked blood vessel, not a burst one (see page 7).


People who have had a stroke **should only take aspirin on the advice of a doctor** since it is not always appropriate.


Some people **can't have aspirin** but may be able to have an **alternative medication**.

The tables below show how hospitals in Scotland performed in 2011 compared to 2010 against standard 5.

Standard 5

 Meets or does better than the standard or has significantly improved since 2010		
Forth Valley Royal Hospital (2011 data only)	Inverclyde Royal Hospital	Ninewells Hospital

 Does not meet the standard and has stayed the same since 2010		
Aberdeen Royal Infirmary	Galloway Community Hospital	Royal Alexandra Hospital
Ayr Hospital	Gilbert Bain Hospital	Southern General Hospital
Balfour Hospital	Glasgow Royal Infirmary	St John's Hospital
Belford Hospital	Hairmyres Hospital	Stirling Royal Infirmary
Borders General Hospital	Lorn & Islands Hospital	Victoria Hospital Kirkcaldy
Caithness General Hospital	Monklands Hospital	Western General Hospital
Crosshouse Hospital	Perth Royal Infirmary	Western Infirmary Glasgow
Dr Gray's Hospital	Queen Margaret Hospital	Wishaw General Hospital
Dumfries & Galloway Royal Infirmary	Raigmore Hospital	

 Does not meet the standard and the service is worse since 2010		
Royal Infirmary of Edinburgh		

Standard 6: Specialist neurovascular (stroke) clinic



6. **At least 80%** of new patients with a **TIA** should be seen **within 7 days** from when the referral is received by the clinic.

If people with a **TIA don't need to be admitted into hospital**, they should be seen at a specialist neurovascular (stroke) clinic as soon as possible.


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


Early treatment can reduce this risk by half.

The tables below show how hospitals in Scotland performed in 2011 compared to 2010 against standard 6.

Standard 6

😊 Meets or does better than the standard or has significantly improved since 2010		
Aberdeen Royal Infirmary	Lorn & Islands Hospital	Stirling Royal Infirmary
Ayr Hospital	Monklands Hospital	Vale of Leven General Hospital
Borders General Hospital	Ninewells Hospital (2011 data only)	Victoria Hospital Kirkcaldy
Crosshouse Hospital	Queen Margaret Hospital	Victoria Infirmary
Dumfries & Galloway Royal Infirmary	Raigmore Hospital	Western General Hospital
Forth Valley Royal Hospital (2011 data only)	Royal Alexandra Hospital	Western Infirmary Glasgow
Hairmyres Hospital	Southern General Hospital	Western Isles Hospital
Inverclyde Royal Hospital	St John's Hospital	Wishaw General Hospital

 Does not meet the standard and has stayed the same since 2010	
Perth Royal Infirmary	Stobhill Hospital

 Does not meet the standard and the service is worse since 2010	
Dr Gray's Hospital	Stracathro Hospital

Standards 7 and 8: Thrombolysis



Hospitals should use **thrombolysis** in line with **current guidelines**.

7. Hospitals should aim to treat **at least 5 patients** per **100,000 persons** per **year** in their area.

8. **At least 80%** of patients should receive the first dose of the drug **within 1 hour** of **arrival at hospital**.

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

It **works if given within 4½ hours** of the first signs of stroke.

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

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

Standards 7 and 8

Most hospitals are exceeding the requirements of 5 patients per 100,000 population.

All hospitals continue to strive to meet the 1 hour door to needle time of standard 8. For further details of thrombolysis services please refer to table 5 on the SSCA website.

Standard 9: Carotid Endarterectomy



If people need to have a **carotid endarterectomy**

9. **At least 80%** of patients should have the operation **within 14 days** of their **stroke event**.

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

There was no data collected in relation to standard 9: carotid endarterectomy in 2011. Data will be collected from 2012 and will be reported in next years report.

This section tells you how hospitals in Scotland have performed over the past 7 years in relation to the **current standards for stroke care**.

There have been **significant improvements** since 2005 in the number of patients admitted to a Stroke Unit at any time during their admission, an increase from **71% to 87%**.

There are also **improvements in all of the standards** for stroke care since 2005.

	2005	2011
Standard 1: More patients go to a Stroke Unit on the day they come into hospital.	28%	45%
Standard 2: More patients go to a Stroke Unit by the day after they come into hospital.	49%	72%
Standard 3: More patients have a brain scan on the day they come into hospital.	27%	57%
Standard 4: More patients have a swallow screen on the day they come into hospital.	47%	65%
Standard 5: More patients with a blocked blood vessel have aspirin by the day after they come into hospital.	41%	72%
Standard 6: More patients are seen within 7 days from referral at a specialist neurovascular (stroke) clinic.	30%	83%

The **standards for stroke care** are based on **evidence** that **certain treatments improve outcomes**.

Hospitals are expected to

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

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

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

This section tells you how **patients and carers** have **experienced** stroke care in hospitals across Scotland.

NHS Ayrshire and Arran

“We cannot thank you and your colleagues enough for all the help and support you gave to not only my dad but also to our family right from ambulance, through A&E to the stroke wards.” (Carer)

NHS Fife

“The care which my Husband received following his 2nd stroke was impeccable. Most of this was provided in the community however I have no complaints especially now that this carer training service is available for me. I am not as frightened as I was after his first stroke and this has helped even more - thank you” (Carer)

“The carer training today and help I have had on discharge for my Mum has been such a relief. Thanks to the carers centre for informing me of the services and the stroke staff who visited us every week at home, without these services I would be lost” (Carer)

NHS Grampian

“From the start the CHSS Stroke Nurses were supportive, helpful and informative and treated me with respect and kindness and I feel my confidence getting better every day.” (Patient)

NHS Greater Glasgow and Clyde

“On behalf of my family I cannot thank your team enough. Their professionalism and dedication is a credit to the NHS. They spend a significant amount of time with my father and through their skill, patience and encouragement undoubtedly played a major part in his rehabilitation.” (G.C., Carer, letter re Glasgow community stroke team)

“I write to express my thanks to the members of the team who have worked with me since my discharge from hospital. I realise I cannot have them for evermore but I will miss them, ever demanding, always smiling, ever encouraging ‘you can do it!!!’ I wanted to express my extreme pleasure at the service you provide.” (I.M., Patient, letter re Glasgow community stroke team)

NHS Highland

“Once in stroke unit care was excellent.” (Carer)

“I have been so fortunate in the care I have received since I suffered my brain haemorrhage. During my four month stay in the 3 hospitals where I was a patient, I have had excellent care from the whole team of health professionals. Following my discharge from hospital, the three follow up visits from the CHSS Stroke Nurse were particularly helpful at that time. The follow up from the Clinical Psychology Department has really helped me deal with the huge changes in my life due to my illness. This has helped me come to terms with my situation and helped me to think about and build on alternatives for my future. I feel that psychological support is crucial and needs to be available for a considerable length of time.” (Patient)

NHS Lothian

“It was coffee time, I drank my coffee but I knew something wasn’t as I expected. When I tried to speak all I could manage was swearing! I managed to persuade my helper that something was wrong.

At work they phoned for an ambulance. At the hospital I was assessed by a doctor from the stroke unit. He figured out what was wrong pretty quickly. I was having an ischaemic stroke.

The doctor knew that I needed thrombolysed. First of all he had to contact my family to get permission to go ahead. I think the thrombolysis happened about 4 hours after the stroke started.

The doctors had done a brilliant job for me. I had limited physical symptoms. I was left with Aphasia. The doctors advised me that I had to address the things which could mean another stroke - blood pressure control, warfarin, cut down alcohol, low salt cooking and frequent exercise.

It was slow at first. I felt as though it would never get better. There were tears at first but with the speech and language support and the help of my wife and family we could see progress.

Eventually I felt I was ready to go back to work. The employer I had was sympathetic and gave me an assisted start programme to help me get started. I have now returned to work full time.” (Patient)

NHS Tayside

“Staff are friendly, good sense of humour, good at keeping spirits up and good at keeping you informed of what’s happening.” (Patient, acute stroke unit)

“Being an active voice in a Stroke Liaison Group can influence health strategies and decisions.” (R. Singer, Patient)

“I think I can safely say the FAST Campaign has achieved what we wanted it to do in Tayside by raising awareness of the condition and also I feel it has emphasised to a lot of people that it does not have to be a killer if treated quickly, which is part of the message I was trying to get across.” (I. McArthur, Patient, NHS Tayside FAST Campaign)

This section tells you how **Stroke Managed Clinical Networks (MCNs)** are working to improve stroke services across Scotland.



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 full-length report at <http://www.strokeaudit.scot.nhs.uk/Reports.html>.

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

For each of the **stroke care standards** there are a number of **general actions** being applied by MCNs, for example

- **regular feedback to relevant staff** in the Stroke Unit and other related wards and units on performance, change and re-audit and
- use of **Incident Forms** when appropriate to highlight that appropriate standards of care are not being given to patients.

Standards 1 and 2: 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:

- **changed admission pathways** to allow **direct admission** to the Stroke Unit;
- kept a **‘protected’ bed** at all times in the Stroke Unit to allow direct admission of stroke patients;
- developed an acute **‘outreach service’** – a senior nurse monitors patients in Accident & Emergency and the Medical Admitting Units/ Wards and ensures they are transferred to the Stroke Unit as soon as possible;
- **fed back** to the wards **performance against stroke admission standards** and **examined the pathway** taken by patients who did not get admitted to the Stroke Unit;
- **arranged daily meetings** to ensure that all appropriate patients are discharged or moved to rehabilitation beds to allow Acute Stroke Unit beds to become available each day; and
- **reviewed discharge and rehabilitation pathways.**

Standard 3: Swallow Screen/ Test



To make sure more **stroke patients** have their **swallowing checked on the day they come into hospital**, some Stroke MCNs have:

- provided continuing **training programmes** for nurses who perform the swallow screen/ test in relevant areas;
- **reviewed the protocols and forms** used to record swallow screen/ test;
- **developed** an acute '**outreach service**' – nurses from the Stroke Unit contact admitting/ other wards with stroke patients that cannot be moved to the Stroke Unit and either prompt a swallow screen or attend the ward to swallow screen the patients; and
- **fed back** to the wards **performance against swallow screen standard** and **examine why** patients did not have a swallow screen on the day of admission.

Standard 4: Brain Scan



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

- put in place **training programmes** for medical staff;
 - agreed with Accident & Emergency staff to **order brain scans earlier**;
 - **increased the amount of time** the brain scanner is **available** to include some out of hours time;
- ensured that **slots for brain scanning are flexible** and not set at a particular time of day;
 - **examined how patients are referred** for brain scans and **identified delays** in this referral process; and
 - **fed back** to the wards and x-ray staff **performance against brain scan standard** and **examine why** patients did not have a brain scan on the day of admission.

Standard 5: Medication



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

- provided continuing **training programmes** for nursing and medical staff;
- arranged with x-ray departments that **brain scan reports are available as soon as possible**;
- ensured that patients have been **prescribed aspirin immediately the scan result is known** and they don't wait until the next day;
- **ensured** that the **correct protocol** for prescribing aspirin and other related medications **is followed**; and
- **fed back** to the wards **performance against aspirin standard** and **examine why** patients did not have aspirin given on the day of admission or the day following admission.

Standard 6: Specialist neurovascular (stroke) clinic



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

- **increased** the number of available **appointments** at clinics;
- ensured that **clinics do not run on only one day of the week**; and
- **set up a hotline** for GPs to contact stroke doctors directly.

Standards 7 and 8: Thrombolysis



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

- **provided training programmes** for hospital and community doctors and nurses and the Scottish Ambulance Service (SAS);
- used **Telemedicine** (see page 32) when local stroke doctors are not available to give advice;
- worked with Chest Heart & Stroke Scotland on a **FAST Campaign** – provided in most health boards areas; and
- **agreed pre-hospital protocols** with the SAS. **Paramedics can now contact stroke doctors directly** in some areas.



Standard 9: Carotid Endarterectomy



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

- **pathways are developed** that support **rapid access** for brain scanning and carotid artery imaging; and
- **increased and quicker access** to surgical assessment and operating theatres.

Summary

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



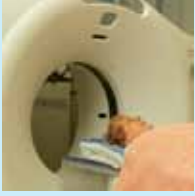




Hospitals are **making progress to meet the NHS QIS Stroke Care Standards** published in June 2009.

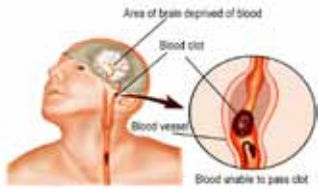





The **quality** of stroke services **still varies** across Scotland.

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**.

This section gives a brief **explanation** of some of the **key words** used in this booklet.

	<p>Aphasia - When people have problems with talking, understanding, reading and writing.</p>
	<p>Blood Clot - Cause of ischaemic stroke. The other cause of stroke is bleeding in the brain (haemorrhagic stroke).</p>
	<p>Brain Scan - Sometimes referred to as CT scan or imaging (Computerised Tomography). It is an x-ray to look at someone's brain to help diagnose any problems. (Sometimes an MRI scan is also mentioned – Magnetic Resonance Imaging)</p>
	<p>Carotid Endarterectomy - An operation to clear narrowing of the blood vessels in the neck that could cause a further stroke.</p>
	<p>Data Protection - If you handle personal information about people, you have a number of legal obligations to protect that information under the Data Protection Act 1998. This is a United Kingdom Act of Parliament which defines UK law on the processing of data on identifiable living people.</p>
	<p>Managed Clinical Network (MCN) - Groups of staff and people with stroke who work together to improve stroke services in their local area.</p>
	<p>Specialist neurovascular (stroke) clinic - An outpatient clinic for patients with TIA (mini stroke) to investigate causes and help prevent stroke.</p>

	<p>Stroke - A condition that happens when blood flow to part of the brain is stopped.</p>
	<p>Stroke Units - hospital wards where the doctors, nurses, and other staff have been trained specifically to provide care for acute stroke patients. Care in Stroke Units has been shown to improve a patient’s chance of recovery and independent living.</p>
	<p>Swallow Screen/ Test - An assessment carried out to check if a person can swallow safely.</p>
	<p>Telemedicine - Stroke doctors use computers and telephone links. They discuss results and treatment with local doctors. This means that patients can have treatment more quickly.</p>
	<p>Thrombolysis - Treatment with a drug that breaks down blood clots (sometimes referred to as a clot busting drug)</p>
	<p>Transient Ischaemic Attack (TIA) – a less serious or mini stroke, where the effects pass quickly and leave no damage.</p>

This section tells you **who** was involved in the **development** of this booklet.

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
- the Report Writing Group.

This Summary was written by Professor Martin Dennis, Hazel Dodds, Robin Flaig, David Murphy, Alan Reekie, Jan Cassells, Professor Peter Langhorne, Dr Christine McAlpine and Dr Mary-Joan Macleod, with contributions from NHS Boards and voluntary organisations.

Some of the material used in this report was from the National Advisory Committee for Stroke documents

Royal College of Physicians National Stroke Audit 2008 – Organisation of Care

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.

The various images throughout the document have come from the following websites:

www.bing.com

www.chss.org.uk/

www.medicimage.co.uk/Index.asp

Chest Heart and Stroke Scotland provided the Swallow Screen/Test photograph.

This section tells you **who you can contact to find out more** about stroke and organisations that can provide you with further information.



Chest Heart & Stroke Scotland

3rd Floor, Rosebury House
9 Haymarket Terrace, Edinburgh, EH12 5EZ
telephone: 0131 225 6963
advice line: 0845 077 6000
email: admin@chss.org.uk
website: www.chss.org.uk



The Stroke Association

Links House, 15 Links Place
Edinburgh, EH6 7EZ
telephone: 0131 555 7240
stroke helpline: 0303 3033 100
email: scotland@stroke.org.uk
website: www.stroke.org.uk



Different Strokes

9 Canon Harnett Court
Wolverton Mill
Milton Keynes, MK12 5NF
telephone: 0845 130 7172
email: webcontact@differentstrokes.co.uk
website: www.differentstrokes.co.uk



Speakability

1 Royal Street
London, SE1 7LL
telephone: 080 8808 9572
(Helpline Monday to Friday 10am - 4pm)
email: speakability@speakability.org.uk
website: www.speakability.org.uk



Aphasia Help

Explains about stroke and aphasia
www.aphasiahelp.org

AphasiaNow

For people with aphasia
www.aphasianow.org

This section tells you who you can contact to find out more about the Scottish Stroke Care Audit, Stroke Care in general and Stroke Care in your local area.

If you have any general questions about stroke care in your local area please contact your local Stroke Managed Clinical Network.

Health Board	Contact Name	Phone Number	Email Address
Ayrshire & Arran	Denise Brown	01563 825818	denise.brown@aaaht.scot.nhs.uk
Borders	Sandi Haines	01896831869	sandi.haines@borders.scot.nhs.uk
Dumfries & Galloway	Christine Cartner	01387 244227	christine.cartner@nhs.net
Fife	Morag Maillie	01592 226841	moragmaillie@nhs.net
Forth Valley	David Munro	01786 457304	david.munro@nhs.net
Grampian	Lorraine Urquhart	01224 555380	lorraine.urquhart@nhs.net
Greater Glasgow & Clyde	Camilla Young	0141 314 0220	camilla.young@nhs.net
Highland	Christian Goskirk	01408 664078	christian.goskirk@nhs.net
Lanarkshire	Katrina Brennan	01236 707724	katrina.brennan@lanarkshire.scot.nhs.uk
Lothian	Morag Medwin	0131 537 9208	morag.medwin@nhslothian.scot.nhs.uk
Orkney	Nickie Milne	01856 888023	nichola.milne@nhs.net
Tayside	Gail Smith	01307 474157	gailsmith@nhs.net
Shetland	Kerry Russell	01595 743632	kerry.russell@nhs.net
Western Isles	Chrisanne Campbell	01851704704	chrisanne.campbell@nhs.net

Please refer questions on this report to **Hazel Dodds** or **Robin Flaig** and questions relating to data included in the report to **David Murphy**.

For general questions about the Scottish Stroke Care Audit contact **Hazel Dodds**.

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email: david.murphy2@nhs.net

Gyle Square

1 South Gyle Crescent,

Edinburgh, EH12 9EB

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

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Clinical Lead

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