About this Release

Key Points
The Stroke Admission HEAT Target was implemented on 1st April 2011 and measured to 31st March 2013.

“To improve stroke care, 90% of all patients admitted with a diagnosis of stroke will be admitted to a Stroke Unit on the day of admission or the day following presentation by March 2013.” The Scotland average increased from 71% in 2010/11 (pre-HEAT) to 80% (post-HEAT) though only five Health Boards had achieved the HEAT Target by end March 2013.

The other four key NHS QIS quality standards for stroke are:

1. All patients should have a swallow screen on the day of admission. In 2012 68% (2011 - 65%) of patients had a swallow screen recorded on the day of admission.

2. At least 80% should have a brain scan on the day of admission. In 2012 59% (2011 - 57%) of patients had a brain scan on the day of admission.

3. All patients with ischaemic stroke should receive aspirin on the day of admission or the day after unless contraindicated. In 2012 76% (2011 - 72%) of ischaemic stroke patients received aspirin by the day after admission.

4. 80% should be seen within 7 days from referral. In 2012 91% (2011 - 83%) of patients seen in neurovascular clinics were seen within 7 days.
In other areas there have been important increases in the **number of patients receiving thrombolysis within 1 hour of hospital admission** (29% in 2012, compared to 18% in 2010). However, it is clear significant work still needs to be done in this area to meet the current standard of 80%.

A ‘bundle analysis’ for patients who would have been eligible for the HEAT target in 2012/13 is presented in the 2013 National Report (chart 2) and confirms that patients admitted to a Stroke Unit within one day of presentation achieve more standards than those admitted after this or those never admitted to a Stroke Unit. Again there is more work required to ensure that all patients receive all aspects of the stroke care bundle.

**Background**

The SSCA monitors the quality of care provided by the hospitals in all NHS Boards by collating data collected by the Managed Clinical Networks (MCNs). These data are used by the Scottish Government to monitor progress against the NHS QIS standards for stroke (2009), the Stroke Admission HEAT Target (2011) and the Better Heart Disease and Stroke Care Action Plan (2009). The NHS QIS standards were reviewed and updated in 2012 and the new Scottish Stroke Care standards were launched on 1st January 2013.

NHS Boards are expected to identify aspects of their stroke services which do not meet National Standards and to work with their stroke MCNs to improve their standards of care.

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**Further Information**

Further information can be found in the full SSCA 2013 National Report at [http://www.strokeaudit.scot.nhs.uk/Reports/Reports.html](http://www.strokeaudit.scot.nhs.uk/Reports/Reports.html) or on the [ISD website](http://www.strokeaudit.scot.nhs.uk/Reports/Reports.html)

**About ISD**

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up. Information Services Division (ISD) is a business operating unit of NHS National Services Scotland - and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government Health Department and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.