

The Scottish Government's report *Delivering for Health* required mechanisms for the assessment of performance in neurosciences against standards, and action plans to address areas of improvement.¹ Scottish Audit of Intracranial Vascular Malformations Steering Committee set standards for the care of adults with intracranial vascular malformations (IVMs) in Scotland. These standards provide the opportunity for comparison with current practice within NHS Scotland, under the direction of the SAIVMs steering committee, which is representative of the patient community, primary care, secondary care (neurology, neurosurgery, and interventional neuroradiology), and encompasses all four Scottish neuroscience centres.

Our eight core audit standards are:

1. **Every adult diagnosed with an IVM should be informed of their diagnosis.** If the adult has mental incapacity, their guardian, welfare attorney, legal representative, or next of kin should be informed. If a consultant does not inform a patient / their relative, the reasons must be documented.
2. **Every adult diagnosed with an IVM should be assessed by a consultant neurologist or neurosurgeon.** If in-person assessment is not feasible (for example, for geographical reasons), or clinically inappropriate (for example, because attendance at a neuroscience centre would distress the patient), then an opinion from a neurosurgeon or neurologist based on a written account of the patient's clinical history, examination, and brain imaging may suffice.
3. **Every radiological diagnosis of an IVM should be confirmed by a consultant neuroradiologist, following their review of the adult's brain imaging.** These radiology departments should have the necessary staff, facilities, and services to enable this to happen.²
4. **Patients undergoing neurosurgery** should receive recommended standards of care for postoperative management.³
5. **Patients with one or more epileptic seizures** should receive recommended standards of care.⁴
6. **Patients who have suffered a stroke** due to their IVM should receive recommended standards of care,^{5,6,7} which are themselves audited in Scotland (<http://www.strokeaudit.scot.nhs.uk>). Patients with subarachnoid haemorrhage should be managed according to the BSNR and SBNS consensus statement.⁸
7. **Patients who are admitted to hospital because they are acutely ill with any neurological problem** should be seen by a neurologist within 24-48 hours, and the degree of urgency should be determined by how ill they are.⁹
8. **The provision of stereotactic radiosurgery** should be centred in a small number of designated supra-regional services; such centres will be expected to undertake prospective audit and to report their results.¹⁰

¹ Scottish Executive. *Delivering for Health*. Section 3.7. Edinburgh, November 2005.

² British Society of Neuroradiologists. *Effective neuroradiology*. 2003

³ Scottish Intercollegiate Guidelines Network. *Postoperative management in adults*. No. 77. August 2004.

⁴ Scottish Intercollegiate Guidelines Network. *Diagnosis and management of epilepsy in adults*. No. 70. October 2005.

⁵ Scottish Intercollegiate Guidelines Network. *Management of patients with stroke part I: Assessment, investigation, immediate management and secondary prevention*. No. 13. May 1997.

⁶ Scottish Intercollegiate Guidelines Network. *Management of patients with stroke: rehabilitation, prevention and management of complications, and discharge planning*. No. 64. October 2006.

⁷ Scottish Intercollegiate Guidelines Network. *Management of patients with stroke: Identification and management of dysphagia*. No. 78. September 2004.

⁸ British Society of Neuroradiologists and Society of British Neurological Surgeons. *Consensus conference on neurovascular services*. October 2005.

⁹ Association of British Neurologists. *Acute neurological emergencies in adults*. 2002.

¹⁰ Society of British Neurological Surgeons. *Stereotactic radiosurgery*. 2001.