PE2048/Q: Review the FAST stroke awareness campaign

Petitioner written submission, 14 January 2025

My family and I extend our sincere gratitude to the Citizen's Participation and Public Petitions Committee for their continued interest in our campaign to review Scotland's stroke Public Health Awareness strategy.

Since the committee last considered this petition, we have gathered further evidence that strengthens the case for a trial of the BE FAST acronym within a Scottish NHS Health Board.

Significant Adverse Event Report (SAER)

The Significant Adverse Event Report (SAER) conducted by NHS Greater Glasgow & Clyde following the sudden passing of my father, Anthony James Bundy, concluded that the use of the FAST acronym "directly contributed" to his death. The report also highlighted critical limitations of FAST, stating that it fails to identify up to 1 in 5 strokes—a figure that rises to nearly 50% in cases of Posterior Circulation Strokes¹.

Additionally, the report noted that Scotland's thrombectomy services are not available on a 24/7 basis anywhere in the country, creating further barriers to optimal stroke care. This lack of comprehensive thrombectomy coverage is in direct conflict with the Scottish Government's goals to improve detection and hyperacute care for stroke patients².

While the SAER raises concerns about a potential increase in false positives with the adoption of BE FAST, the panel of stroke consultants and researchers acknowledged there is "a role for consideration of the BE FAST tool" and that it could "halve the number of missed strokes."

It is important to emphasise that false positives—while a concern—should not outweigh the primary goal of ensuring that those suffering a stroke are identified and treated as quickly as possible. It is far preferable for individuals who are not having a stroke to seek medical attention unnecessarily than for stroke sufferers to avoid seeking help because their symptoms do not align with the limitations of the FAST acronym. BE FAST expands symptom recognition to include balance and vision disturbances, addressing key gaps in current awareness efforts.

Scottish Parliament Debate

On Thursday, 21st November, motion S6M-15065 on increasing stroke awareness, brought forward by Roz McCall MSP, was debated in the Scottish Parliament Chamber. This marked the first time that BE FAST was formally discussed in the Chamber.

^{1 &#}x27;Scottish Government should consider test for strokes, review finds', The Telegraph 31/12/2024

² Stroke Improvement Plan 2023, Scottish Government

The debate highlighted strong cross-party support for further exploration of BE FAST, including the possibility of conducting a pilot trial. Responding to the discussion, the Cabinet Secretary for Health and Social Care stated: "We do not plan to run trials of BE FAST in NHS boards. That is a decision for each board, but I keep that situation under review."

This response underscored the importance of engaging with Scotland's health boards to explore their views on piloting BE FAST. It also demonstrates the Government's recognition of the importance of reviewing stroke awareness strategies, which aligns with its broader goals of improving primary prevention, detection, and hyperacute care for stroke patients.

Submissions from Health Boards to the Committee

Since the Citizen Participation and Public Petitions Committee last considered PE2048, several health boards have provided updates on their efforts to improve stroke symptom recognition.

In particular, I would like to highlight the submission from NHS Ayrshire and Arran, which stated:

"The clinical and management teams met with Alan Gemmell MP and Lillian Jones MP on 25 October 2024 to share the improvements in the stroke service, including advancements in thrombectomy and the BE FAST initiative. This update was subsequently shared by Alan Gemmell in the UK Parliament. While we understand that further work is required before BE FAST can be fully adopted, the team at NHS Ayrshire and Arran would welcome the opportunity to act as a pilot site should this be agreed. One of our consultant staff has noted that BE FAST would likely address the symptoms highlighted in the petition, including balance, gait, and visual disturbances."

Given NHS Ayrshire and Arran's willingness to pilot a BE FAST trial, we request that the Committee facilitate discussions between the Scottish Government and NHS Ayrshire and Arran to progress the implementation of such a trial. This would be a concrete step toward addressing the gaps identified in the SAER report and improving stroke care in Scotland.

Requests to the Committee

- 1. **Amplify the findings of the SAER report**: Highlight to the Scottish Government that the limitations of FAST, as identified by experts within Scotland's NHS, necessitate further exploration of BE FAST.
- 2. **Facilitate discussions for a pilot trial**: Encourage the Scottish Government to engage with NHS Ayrshire and Arran regarding their readiness to conduct a BE FAST trial.
- 3. Address thrombectomy service gaps: Advocate for urgent improvements to ensure 24/7 thrombectomy services are available across Scotland, in line with Government targets for hyperacute care.

4. **Align BE FAST with broader stroke targets**: Emphasise how a BE FAST trial supports the Scottish Government's goals of improving primary prevention, detection, and hyperacute care.

Conclusion Summary

The SAER report into my father's death reveals critical flaws in Scotland's stroke awareness and care strategies that are costing lives. These findings – coupled with the Scottish Government's own stroke targets – present an opportunity to trial an expansion of FAST in the form of BE FAST. This trial has the potential to improve stroke detection rates, reduce healthcare inequality, and save lives.

The willingness of NHS Ayrshire and Arran to act as a pilot site provides a clear and actionable path forward. We urge the Committee to seize this opportunity by amplifying the findings of the SAER report, facilitating discussions for a BE FAST trial, and addressing the critical gaps in Scotland's thrombectomy services.

Improving stroke awareness and care aligns with the common good and Scotland's commitment to equitable healthcare. We must act now to ensure that no more lives are lost due to preventable delays in stroke recognition and treatment.

Thank you for your continued engagement with our campaign.