PE2048/S: Review the FAST stroke awareness campaign

Petitioner written submission, 24 February 2025

Dear Members of the Committee,

At the meeting on Wednesday 19th February, it was mentioned that it would be good to analyse the research cited by the Stroke Association in their latest submission to the Committee. I have analysed this research and believe that it does not undermine my family's request to trial BE FAST in Scotland. To the contrary, it showcases the need for further studies of trialling BE FAST.

The first paper was "A Randomized Pilot Trial Comparing Retention of Stroke Symptoms Between 2 Mnemonics". It is correct that the conclusion of this paper reads:

> "Significantly higher retention and ability to recall stroke symptoms, fully or partially, was found with FAST. Adding B and E to FAST resulted in lower retention of more common symptoms."

I believe, however, that the method of research used to come to this conclusion is weak.

The biggest weakness is that research does not resemble a public health campaign. The paper states:

> "A brief 5-minute instruction was provided by a trained educator visually and verbally to best support retention. The educator read a script (Data S1) to provide brief stroke education to each participant. A coloured and laminated 8.5×11 educational card consisting of BE FAST (Data S2) or FAST (Data S3) was presented to the participant. The educational card included a visual and textual depiction of each mnemonic letter. The educator verbally instructed each letter on the educational card to participants".

This was the only education which the participants of the survey received. Afterwards, they were asked to recall the symptoms after 3-5 minutes; 60 minutes; and 30 days.

This is not reflective of a public health campaign, when the BE FAST message would be shared repeatedly on different formats.

As also highlighted by the research, "Mnemonic recall was similar at 30 days". The ability to learn and remember FAST and BE FAST were similar. The problem the research concluded was the ability to recall the symptoms of stroke after the introduction of Balance and Eyes, not the memorability of BE FAST itself.

With only five minutes of education of BE FAST, compared to nearly two decades worth of FAST public health messaging, I believe it is encouraging that the memorability of BE FAST and FAST were similar.

Whilst I acknowledge the conclusion that there was a lower retention of stroke symptoms after the adoption of BE FAST, I pose the question: could this be because there was only five minutes education in this research, and not a true functioning public health campaign which constantly reminds people of the symptoms of stroke?

Of course, I was deeply disappointed to hear the lack of enthusiasm from the Stroke Association and Chest, Heart, and Stroke Scotland at the committee on Wednesday 6th February regarding a pilot of BE FAST. This was especially disappointing as it contradicts the written submissions made by both charities to the Committee.

On 12th January 2024, the Stroke Association wrote:

> "Amongst the issues that warrant such attention we would include... How we could clarify the situation, and make better informed decisions, by funding research into comparing FAST and BEFAST approaches in a practical setting in Scotland".

On 26th February 2024, Chest, Heart, and Stroke Scotland wrote:

> "This highlights the importance of gathering further information from health boards on pilot study results and investing in future research of practical, local applications of FAST and BEFAST in Scotland to identify potential benefits and risks…CHSS is committed to improving stroke prevention and detection in Scotland, and we believe that further research in practical settings is required before committing to the use of BEFAST as part of a national campaign."

At the committee meeting on Wednesday 6th February, Dr Cook said:

> "What is key with regard to the application of FAST in a healthcare setting—I made a point earlier about being clear on this to healthcare professionals, junior doctors and clinicians who are triaging patients—is that it is about inclusion, not exclusion. You do not say that someone is FAST-negative then say that therefore they are not having a stroke."

Whilst I do not doubt the sincerity of Dr Cook's remarks, they do not reflect the reality of what happened to my Dad.

As highlighted by the Significant Adverse Event Review into my Dad's death, written by NHS Greater Glasgow & Clyde, my Dad's treatment was altered because his symptoms were outwith FAST. The report reads:

> "If symptoms are suggestive of a 'FAST positive' stroke, the Scottish Ambulance Service would treat the presentation as an emergency, and an 'AMBER' response would be initiated, i.e., the only divert from the tasking would be for a 'PURPLE' call e.g. cardiac arrest. The patient would be called as a STANDY (a pre-alert call to advise ED staff of an incoming high priority emergency presentation) by airwave radio to the receiving department and they would be taken immediately into the Resuscitation area for medical assessment, without a requirement for Triage (thus minimising any delays). This type of presentation would be treated as 'time critical'. On the Hospital 1

> site in daytime hours, a rapid assessment Stroke team is immediately contactable and available to assess and manage such patients…In the absence of FAST positive features, the Triage nurse in this case categorised Mr A as category 3 – this has varying definitions including 'Urgent but Stable' or 'to be seen within 60 minutes' (Manchester Triage System)."

The use of FAST, therefore, resulted in my Dad being put into a different, slower queue.

This is why NHS Greater Glasgow & Clyde wrote:

> "This finding (Failure to identify the signs and symptoms of Posterior Circulation Stroke through the use of FAST) directly contributed to the Event (death of Anthony James Bundy)."

And in their reflections, NHS Greater Glasgow & Clyde wrote:

> "The limited literature around BEFAST does however suggest a potential benefit in identifying approximately half of all missed Posterior Circulation Strokes… In broad terms it would be reasonable to say that approximately 15-20% of strokes are missed using the FAST-screening tool. The majority of these missed strokes are posterior circulation strokes."

Summary

Stronger than ever, I believe that the evidence supports the case for a BE FAST trial in Scotland.

All people who presented evidence on Wednesday 6th February stated that the status quo is not good enough.

The research cited against BE FAST is methodologically weak and does not reflect a real public health campaign.

The Stroke Association and Chest, Heart, and Stroke Scotland previously supported calls to trial BE FAST in Scotland, making their recent opposition inconsistent.

The Significant Adverse Event Review into my Dad's death proves that FAST resulted in my Dad getting slower treatment, contradicting evidence given to the Committee.

Given these points, trialling BE FAST is a reasonable and necessary step to improve stroke recognition and prevent avoidable deaths in Scotland.

I would also like to put on the record that I would be happy to attend a future meeting of the Committee to answer any questions in person that any Members would like to ask me to support their consideration.