

# Petitioner submission of 4 January 2024

## PE2048/E: Review the FAST stroke awareness campaign

I am writing in response to the [Minister for Public Health and Women's Health submission of 21 December](#). My family and I were deeply disappointed to read that the Scottish Government "*do not currently plan to deviate from supporting the use of FAST.*"

My family and I acknowledge the conclusion of the National Clinical Guideline for Stroke that the Minister references, "*that further evidence is required before a recommendation regarding the use of other screening tools that screen for non-FAST stroke symptoms could be made*", but we believe it is also important for the Committee to be given the full context of the considerations undertaken by the National Clinical Guideline for Stroke before giving this recommendation.

Just before giving their recommendations, the National Clinical Guideline for Stroke state that "[some people with symptoms of stroke will not be identified by the FAST test and thus stroke may not be detected.](#)" This is an admission that the FAST test is not infallible, and aligns with the findings within the [SPICe briefing](#) which shows that up to 40% of posterior circulation strokes are missed by the FAST test. As highlighted by my [previous submission](#), this has the potential to be as high as 1,125 strokes per year in Scotland. [Independent academic research](#) shows that there is a greater identification of ischaemic strokes with a BE FAST test, compared to with a FAST test. With an admission that "some people with symptoms of stroke will not be identified by the FAST test", and initial evidence suggesting that a BE FAST test can identify more ischaemic strokes, surely this should be an area where the Scottish Government are urgently encouraging and undertaking further research?

The National Clinical Guideline for Stroke also state that "[\[t\]he Working Party considers that community-based clinicians should continue to treat a person as having a suspected stroke if they are suspicious of the diagnosis despite a negative FAST test.](#)" When my father's FAST test was negative, he was left in a hospital corridor for over five hours before his fatal stroke struck. When being examined by the triage nurse, my mum stated that she believed that my father was possibly having a

stroke. She did this not because she had knowledge about strokes that extended beyond the FAST campaign, but because my father had visited the GP two weeks earlier, suspecting he had suffered a TIA (transient ischaemic attack). Despite these fears being directly raised by my mum, the medical professional's reliance on the FAST test resulted in my father not getting the 'fast' treatment that was required to save his life.

It greatly upsets me and my family that my dad was not treated as having a suspected stroke despite suspicions being raised, and whilst this appears to be a potential infringement of existing guidelines, it also highlights a flaw within them: the emphasis on the FAST test. Why should emphasis be placed upon a test which is known not to identify all strokes? Why should emphasis be placed upon a test which independent research shows misses 40% of ischaemic strokes? Why should emphasis be placed upon a test which academic research shows is not as effective as a BE FAST test?

In her letter, the Minister stated that the National Clinical Guideline for Stroke believe that "*more research into improving public awareness and the appropriate action upon suspecting a stroke is needed*". My family and I support these calls for more research, but also want to put on the record that existing academic research demonstrates the benefits of a BE FAST test compared to a FAST test. We hope that the Committee will support the National Clinical Guideline for Stroke acknowledgment that more research is needed, especially within the context of evidence that highlights the fact that the FAST test does not detect all strokes; my father's story which shows that a negative FAST test can result in inadequate treatment for stroke; and independent academic research detailing the benefits of a BE FAST test in comparison to a FAST test.

Supporting calls for more research, my family and I are supportive of the idea to ask the Health, Social Care, and Sport Committee of the Scottish Parliament to hear evidence from different stakeholders regarding the effectiveness of the FAST campaign/test and consideration of potential improvements, including a BE FAST campaign/test, and after due reflection, their presenting recommendations to the Scottish Government.