Stroke Association submission of 12 January 2024

PE2048/F: Review the FAST stroke awareness campaign

Thank you for your invitation for the Stroke Association to give views in response to PE2048: review the FAST stroke awareness campaign. I am happy to do so.

I would like to repeat here our condolences to the family of Anthony Bundy. We applaud the admirable work the family have been doing to increase awareness of stroke, and to raise funds to support those affected by stroke, since this tragedy occurred.

Stroke is a huge part of the health and social care environment in Scotland - being the fourth biggest killer, and the largest cause of adult disability. Stroke is designated a “clinical priority” in Scotland, but the reality often feels quite different.

Stroke is always a medical emergency. A stroke happens when the blood supply to part of the brain is cut off, which quickly leads to brain cells dying. Stroke patients have the best chance of surviving and making a good recovery when they receive specialist medical treatment as soon as possible.

Early recognition of a stroke, whether by the public or by health professionals, is a crucial part of a speedy response. As stroke can strike anyone at any time, broad public awareness of the symptoms of stroke saves time and therefore saves lives, shortens hospital stays and reduces ongoing support needs (and thus saves NHS resources). We, along with most public health agencies, have focused on the FAST (Face, Arms, Speech, Time) campaign to achieve this.

The need for such campaigns is particularly urgent in Scotland, where the incidence of stroke is 20% higher than in Northern Ireland, and 40% higher than in England, and so we welcome and strongly encourage recent progress by Scottish Government towards resumption of public campaigns to raise awareness of stroke symptoms.

There is strong evidence that FAST is effective, both in terms of health outcomes and return on funds invested. However the evidence comparing the relative impact of FAST and BEFAST formulations is

limited and at this time does not clearly favour one over the other. With regard to any preference between FAST or BEFAST (which adds Balance and Eyesight symptoms), the Stroke Association does not take an ideological position on this and we will be led by the available evidence. If further research suggests BEFAST, or any other formulation, leads to better outcomes then we will of course support it.

While we are aware that some countries use BEFAST, with the aim of capturing a higher proportion of strokes, the impact of these messages has not been researched in practical situations in the UK and could potentially have detrimental consequences to individual patients and to health systems that are already overloaded. For example, we already know that too many people don't understand that you need to call 999 when you see any single symptom, and wait for all of the FAST symptoms. Adding further symptoms into the campaign could exacerbate this, and BEFAST has not been tested to see whether this would increase the delay suspected stroke patients make in calling 999. There is a genuine concern that extending the range of identified symptoms will lead to an increase in “false alarm” calls, which can draw resources away from treating actual stroke patients. Poor balance and double vision are very common, and usually not due to stroke.

We note that Scotland’s Progressive Stroke Pathway includes the recommendation to “support the use of FAST, and work to embed other pre-hospital stroke tools", but it will take time to properly explore and test these. In the meantime, we are aware that a significant proportion of strokes do not exhibit the FAST symptoms, and share the concern of the petitioners over the resultant harm caused, the lives lost and the cost to health and social system in longer hospital stays and increased ongoing support needs.

While we do not currently have the evidence to support a switch of public messaging to a BEFAST formulation, we do strongly support the idea of further Committee scrutiny of how we can improve early diagnosis and treatment of stroke. Amongst the issues that warrant such attention we would include:

- The chance to hear from research professionals as to what we do and do not know about FAST and BEFAST comparisons
- 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

- Exploration of the information and training provided to health care professionals, who could reasonably be expected to hold more nuanced and detailed formulations than the general public
- This to include consideration of referral pathways to TIA (Transient Ischaemic Attack) clinics, where the warning signs of impending stroke can be investigated and stroke prevention measures agreed
- A review of the categorisation used by the ambulance service, so that the time-urgent nature of stroke is reflected in an “amber-plus” category, sitting in between the current amber and red designations. This would reflect a recent, successful pilot carried out by NHS England, now being rolled out in England.
- Increased efforts to equip ambulance crews with the ability to make video calls with stroke specialists from the scene, enabling more expert and nuanced diagnoses at the earliest stage of the process.
- In the meantime, a commitment to regular, appropriately funded public-facing FAST campaigns. There is strong evidence in support of running campaigns every two years.
- This to be accompanied by enhanced messaging to clarify that any one symptom should be taken as a trigger to call emergency services.

We would be happy to provide further details of campaigns evaluations or research evidence if the Committee would find this useful, and look forward to any opportunities to further explore this important and urgent topic.