

# **PE2048/T: Review the FAST stroke awareness campaign**

## **Scottish Ambulance Service written submission, 6 March 2025**

Thank you for your correspondence of 21 February. As requested, the response is as below for your information.

*The Committee agreed to write to you seeking further detail on the training programmes and resources referred to during the roundtable discussion, specifically on the guidance being provided to clinicians to increase awareness of atypical stroke symptoms.*

Scottish Ambulance Service Clinicians facilitate pre-hospital stroke assessment through use of the 'FAST' stroke screening tool. It is recognised that while correct application of the tool is fundamental for diagnostic accuracy in the majority of suspected ischaemic strokes, the use of FAST does have limitations and is less sensitive in more atypical stroke presentations.

On-going training around the correct application of FAST and knowledge and understanding of atypical, or less common presentations of stroke, is critical for Ambulance Clinicians and therefore remains a key pillar of the 'Stroke Improvement' programme of work underway within the Scottish Ambulance Service.

To counter the competing priorities and limited capacity available in relation to the 'Learning in Practice' curriculum (mandatory training for all Ambulance Clinicians), on-going learning, awareness and principles of care associated with pre-hospital stroke are available through multiple platforms and partnerships.

In partnership with Chest Heart and Stroke Scotland, training resources and stroke awareness merchandise from the newly launched FAST campaign, were adapted to focus key messaging towards Ambulance Clinicians reflecting latest guidance and reinforcing FAST messaging.

As part of our partnership working with CHSS, on-line FAST and Stroke Awareness training sessions have been established with Stroke Education Facilitators. These training sessions are offered to all Ambulance Clinicians and are and will continue to be delivered across multiple dates with varying time slots available to ensure that as many Ambulance Clinicians as possible can access the training and have access to the Stroke Specialist Educators to ask questions relating to stroke identification and care.

Finally, as part of the CHSS work, a short, targeted Stroke and FAST assessment video has been developed by CHSS and SAS, which is available on @SAS, the Board's internal intranet available to all staff, clinical and non-clinical to access.

To further aid learning and awareness of both FAST and related stroke symptoms, specifically, acute neurological changes, focussed educational podcasts are available on @SAS for Ambulance Clinicians to listen to and learn from. Sitting

alongside the Podcast on @SAS, Ambulance Clinicians can access the Pre-Hospital Clinical Guideline which has a section reinforcing the use of FAST and associated neurological changes that Clinicians need to be familiar with as part of their stroke assessment.

Various on-line programmes and modules are available for Ambulance Clinicians to access which are all specifically developed and aimed at increasing stroke awareness and identification. As an example, 'STARS' modules, developed by the University of Edinburgh, are available to SAS Clinicians which cover the principles of stroke care, common and less common signs and symptoms of stroke along with multiple case studies for Clinicians to work through.

As part of a pilot scheme, our internal 'East Region Stroke Improvement Programme' (including work with multiple health boards), SAS are in the process of establishing education days where our Clinicians are invited to work alongside and learn from the health board stroke teams as they assess and treat patients suspected to be or that have a confirmed diagnosis of stroke. While this work is logistically challenging for the boards to facilitate (availability is dependent on staffing levels and the requirements of medical students aligned to the stroke units) both SAS and the Health Boards are fully aware of the benefits that this will bring in improving awareness and treatment of pre-hospital stroke. With a workable model established, it is the intention of SAS to roll this work out across the remaining boards in NHS Scotland.

Underpinning all knowledge and available resources, Ambulance Clinicians have immediate access to current best practice and clinical guidelines for the treatment of suspected hyper acute stroke through access to NICE and SIGN clinical guidelines and Joint Royal Colleges Ambulance Liaison Committee (JRCALC) which, while reinforcing general stroke and FAST guidance, SAS have the ability to add additional information which ensures we can highlight and promote specific messaging and relevant information in relation to stroke care.

Finally, while FAST is the recognised and approved stroke screening tool across NHS Scotland, the Scottish Ambulance Service consistently promotes the messaging that patients should be considered to be suffering from stroke when they are 'FAST+ve' or where there is a suspicion of stroke through clinical decision making, i.e. where the patient presents as FAST-ve yet the crew have assessed acute neurological changes (which would include balance and visual changes as a wider sub-set of clinical presentations) and cannot rule out the possibility of stroke.

SAS continue to work with Health Board partners and the charity sector to ensure we can capitalise on and maximise the use of educational opportunities for our Clinicians in relation to stroke identification and treatment.

Future innovations which will further assist in the timely identification of stroke patients in the pre-hospital setting are focussed on 'Enhanced Video Triage' (EVT) and 'Pre-Hospital Video Triage' (PVT). A small pilot study has concluded with EVT in which an ambulance control centre based Paramedic used live video streaming technology to assess suspected stroke patients (coded as both stroke and non-stroke) to confirm the presence of FAST+ve symptoms/acute neurological changes prior to the ambulance arriving on-scene allowing for the response to be upgraded, if

appropriate. PVT, active and successful in areas across NHS England, demonstrates the absolute benefit of live stream video assessment from the scene with a hospital-based Stroke Physician/Specialist. The expansion and introduction of both EVT and PVT are key objectives for SAS and are being explored in partnership with the Scottish Government.

SAS remain focused on delivering evidenced based and expert pre-hospital stroke care in partnership with the National Advisory Committee for Stroke and our partners and colleagues across NHS Scotland.