

Citizen Participation and Public Petitions Committee
Wednesday 14 January 2026
1st Meeting, 2026 (Session 6)

PE2048: Review the FAST stroke awareness campaign

Introduction

Petitioner James Anthony Bundy

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to increase awareness of the symptoms of stroke by reviewing its promotion of the FAST stroke campaign, and ensuring that awareness campaigns include all the symptoms of a potential stroke.

Webpage <https://petitions.parliament.scot/petitions/PE2048>

1. [The Committee last considered this petition at its meeting on 19 February 2025.](#) At that meeting, the Committee agreed to write to the Minister for Public Health and Women's Health, NHS Fife, NHS Ayrshire and Arran, Chest Heart and Stroke Scotland, the Scottish Ambulance Service, and the Chartered Institute of Marketing.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received new written submissions from the Petitioner, Scottish Ambulance Service, the Minister for Public Health and Women's Health, NHS Ayrshire and Arran, NHS Shetland, Chest, Heart and Stroke Scotland, NHS Forth Valley and Stephen Kerr MSP, which are set out in **Annexe C**.
4. [Written submissions received prior to the Committee's last consideration can be found on the petition's webpage.](#)
5. [Further background information about this petition can be found in the SPICe briefing](#) for this petition.
6. [The Scottish Government gave its initial response to the petition on 17 October 2023.](#)
7. Every petition collects signatures while it remains under consideration. At the time of writing, 1,558 signatures have been received on this petition.
8. [At its meeting on 12 November 2025, the Committee took evidence on emergency cardiac and stroke care issues](#) that have been raised in multiple petitions, including this petition.

Action

9. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
January 2026

Annexe A: Summary of petition

PE2048: Review the FAST stroke awareness campaign

Petitioner

James Anthony Bundy

Date Lodged

19 September 2023

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to increase awareness of the symptoms of stroke by reviewing its promotion of the FAST stroke campaign, and ensuring that awareness campaigns include all the symptoms of a potential stroke.

Previous action

I have contacted Keith Brown MSP and requested a meeting be set up to discuss the petition.

Background information

Anthony (Tony) Bundy tragically lost his life on 29th June 2023 after suffering a Basilar Artery Ischaemic Stroke. When Tony started suffering a stroke, his face and arms were unaffected, and his speech was not slurred. This meant that Tony passed the "FAST" stroke test, and was denied the emergency treatment required to save his life until it was too late.

Tony's family are now raising awareness of all the symptoms of stroke, including the inability to stand, cold sweats, eyes struggling to focus, slowed speech, nausea, and vomiting.

We are calling for a review of the FAST stroke campaign, looking at international examples, in order to ensure stroke awareness campaigns include the wider range of symptoms of stroke. This is intended to maximise knowledge amongst the general public and medical profession.

Increasing awareness will hopefully mean fewer families will have to experience the pain and loss that Tony's family has endured.

Annexe B: Extract from Official Report of last consideration of PE2048 on 19 February 2025

The Convener: That brings us to petition PE2048, which has been lodged by James Anthony Bundy, who I see joins us in the public gallery. The petition calls on the Scottish Parliament to urge the Scottish Government to increase awareness of the symptoms of stroke by reviewing its promotion of the FAST—face, arms, speech, time—stroke awareness campaign and ensuring that awareness campaigns include all symptoms of a potential stroke. My colleague Stephen Kerr joins us for consideration of the petition.

At the previous meeting—I apologise again that I was indisposed and unable to participate—the committee heard evidence from representatives of stroke awareness charities, the Scottish Ambulance Service, NHS 24 and clinician academics who specialise in stroke care. Following that meeting, we have received a new submission from the Stroke Association to provide further detail on the research that Mr John Watson referred to during that discussion.

I remind Mr Bundy that the option to provide written submissions to aid our consideration of the petition is always available, whether that is sharing new views or any additional suggestions that he might hope that the committee would consider.

Unfortunately, as I said earlier, David Torrance is not well and is unable to be with us today, but members have had an opportunity to reflect on the evidence that both panels of witnesses provided. On my reading of the *Official Report*, that evidence appeared to suggest that improving clinical awareness of less common symptoms of stroke and ensuring timely treatment for people experiencing a stroke might hold the key to delivering better outcomes for patients.

Although there appeared to be consensus that the current situation is not good enough, participants raised concerns that, with regard to public awareness, widening the FAST approach to include balance and eyes could have the counter-productive effect of delaying individuals from presenting for diagnosis and treatment, with initial studies indicating lower levels of recall for BE FAST—balance, eyes, face, arm, speech, time—compared to FAST and a risk that individuals will wait for all symptoms to be present before they seek help.

The committee also heard that Scotland's stroke services have limited capacity and that our priority should be ensuring that people experiencing a stroke can access timely and appropriate treatment. Witnesses expressed concern that, if everyone who presents with vision or balance issues was sent for a stroke assessment without further generalist diagnostic examination, the risk increases that we would end up delaying access for patients experiencing a stroke.

Before I invite colleagues to comment and reflect, I invite Mr Kerr to contribute to our discussion.

Stephen Kerr (Central Scotland) (Con): Thank you for the opportunity to say a few words to the committee this morning, particularly in the light of the summary that you have just presented.

Before I do so, I hope that you do not mind if I take the opportunity to acknowledge the incredible efforts of James Bundy and his family, especially his mum, Selena. Their campaign to improve stroke awareness is not just about public health; it is personal, deeply meaningful and already saving lives.

James works in my parliamentary office, and his commitment to BE FAST comes from his experience of the sudden and tragic loss of his dad, Tony, to a stroke. He is determined to ensure that other families do not face the same heartbreak that the Bundy family have faced. They have channelled their grief into action, and their efforts are already making a difference.

At their campaign's heart is a very simple but vital improvement, which builds on the existing FAST model by adding two additional early warning signs: balance and eyes. FAST has done an excellent job at helping the public become more aware of stroke symptoms, but we now know, based on evidence, that it does not cover all strokes.

Many people, in particular those who have strokes that affect the back of the brain, do not present with facial weakness or arm numbness. Instead, the symptoms often include a sudden loss of balance or vision problems. BE FAST strengthens FAST by making sure that more strokes are recognised earlier, so that people get the treatment that they need in time.

The evidence is clear: time is everything when it comes to stroke care. Every minute that is lost reduces the chance of survival and recovery, as was the case in the tragedy that befell Tony and the Bundy family. BE FAST awareness is growing among the public and national health service staff, and, already, strokes are being recognised sooner and patients are receiving life-saving treatment more quickly. I therefore conclude that the campaign is already having a positive impact.

Selena has said:

“Life has been tough since the death of my husband. We believe his condition was not picked up using routine tests. We have been campaigning hard on this issue, and we hope to see positive change to help people displaying the lesser-known signs of stroke, to stop this tragedy happening to others.”

Convener, you mentioned specific evidence that the committee had received about the memorability of FAST versus BE FAST. Frankly, I struggle to believe that the public, who send us to this place, cannot grasp the concept of BE FAST when the evidence suggests that they are aware of FAST. It seems to me that experts are being faintly reductive if in their suggestion that the public cannot grasp BE FAST.

The time has come for us to take the next step, because BE FAST is not difficult to remember. In fact, the two-word acronym is arguably slightly easier to remember, because BE FAST also conveys the essence that lies behind the effective countering of a stroke's effects, which is time. The next step is for Scotland to formally adopt BE FAST in public health messaging, NHS training and emergency response protocols. That simple, practical change will prevent strokes from being missed and ensure that more people receive urgent care when they need it.

I note what you said in your summary, convener, about capacity in the NHS. It is a subject that I have raised with Neil Gray, the Cabinet Secretary for Health and Social Care, in the chamber. He said on the record that the issues of capacity ought not to prohibit people from turning up in hospital if they believe that they or their loved ones have symptoms of a stroke. Therefore, I do not think that the argument that there is an issue of capacity is valid—especially in the eyes of the Scottish Government, according to the pronouncements of Neil Gray.

As you mentioned, the Stroke Association has submitted additional evidence that suggests that it would now support a trial of BE FAST, and I note that. NHS Ayrshire and Arran has said that it is willing run a trial in its health board area.

I see all that as positive. I hope that there might be an opportunity for James Bundy himself to respond to some of the evidence that the committee has received. I thank you, convener and members of the committee, for the way in which you have engaged with the issue. Your scrutiny of the evidence and your willingness to listen and reflect demonstrates a real commitment to improving stroke outcomes in Scotland. That is what this is all about.

The Bundy family has already helped to change and save lives but, together, we can take that further. It is a small change that will lead to a big difference. It will save lives.

Jackson Carlaw: Thank you, Mr Kerr. This petition has impressed its importance on the committee and it is one with which we have engaged, hence the journey that led us to hearing from the two panels of witnesses at our last meeting.

Would any colleagues who were present at that meeting like to offer reflections on the evidence that we heard, on Mr Kerr's contribution and on how we might now proceed?

Fergus Ewing: I am grateful to Mr Kerr for his contribution this morning. I find myself largely in agreement with it.

I should say that the witnesses that we heard from last week were not enthused about moving from FAST to BE FAST. To be fair to them, there were various reasons: they thought that it would bring people from the emergency department to the stroke department who would then be referred back to the emergency department. A separate issue was the overload problem that Mr Kerr mentioned. There was also a hint of a suggestion that the general public are not quite sophisticated or clever enough to cope with and spit out six letters as opposed to four. I must say that I was not particularly impressed by that argument. On the other hand, we have heard from a newly published document in America that BE FAST was found not to work as well as FAST. We will want to study that.

However, we should pursue the matter further. Perhaps we should write to NHS Fife seeking further information on the BE FAST pilot trial that it undertook. We heard in NHS Fife's written submission that it undertook a pilot scheme, but it did not say what the findings were, including any available analysis and evaluation of the pilot.

We might also write to NHS Ayrshire and Arran, which offered to carry out a pilot—it was the only health board to make that offer, and it did so gratis; it was voluntary, not conscripted. The minister Jenni Minto said that she would be sympathetic to a pilot, although she did not go as far as advocating for it.

Were there a pilot in Ayrshire and Arran, it would have to be properly and rigorously set up so that its findings had statistical validity. That might involve a bit of thought and organisation by the experts—otherwise, to put it bluntly, it is rubbish in, rubbish out. If Ayrshire and Arran wants to do that, I think that we should contact the board and ask whether it would be willing to consider that further with the relevant bodies, with the Bundy family also contributing if they wish to do so.

10:30

We could also write to Chest Heart & Stroke Scotland and the Scottish Ambulance Service seeking further detail about the training programme and resources referred to during the round-table discussion and specifically about the guidance being produced for clinicians to increase awareness of atypical stroke symptoms, such as changes to balance and eyesight, that are absent from the FAST acronym but would be present in the BE FAST one.

Lastly, there would probably have to be some sort of public awareness campaign prior to the launch of the pilot so that people in Ayrshire and Arran are aware that it is happening. I think that a modest public awareness campaign would continue to create further interest and awareness nationally, because I am sure that newspapers and the media would cover that campaign very well in the way that, to be fair to them, they do. That in itself would be an opportunity to continue raising awareness and arguably, as Mr Kerr has said, to save further lives, which must be a good thing.

The Convener: Do any colleagues have further reflections?

Maurice Golden: I agree with everything that Mr Ewing has said.

I was slightly concerned by the evidence that we took regarding the marketing of and communication about BE FAST rather than FAST. In that regard, I wonder if we could write to the Chartered Institute of Marketing, first to ask whether there is any evidence about whether the addition of two letters to a four-letter word makes any difference to people remembering that term and secondly to find out whether there is any evidence about the effect that adding two letters has on meaning. That might be useful evidence to obtain.

The Convener: As a former resident of South Ayrshire, I can say that I am sure that my friends and neighbours were sufficiently erudite and compos mentis to absorb those additional two letters. That was my experience.

I wonder whether the minister has seen the evidence that we received from the witness panels. Notwithstanding the slight lack of enthusiasm that was expressed, we could also go back to the minister to highlight Ayrshire and Arran health board's willingness to undertake a pilot, about which the minister was sympathetic. As well as writing to that health board, we could facilitate that discussion.

In light of other recommendations by colleagues, we will keep the petition open and will seek to advance the aims of that petition on the basis that we have just described. I thank Mr Kerr as I do Mr Bundy, who joined us in the public gallery.

Annexe C: Written submissions

Petitioner written submission, 24 February 2025

PE2048/S: Review the FAST stroke awareness campaign

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.

Scottish Ambulance Service written submission, 6 March 2025

PE2048/T: Review the FAST stroke awareness campaign

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 Stoke 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 and 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 logically 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.

**Minister for Public Health and Women's Health written submission,
25 March 2025**

PE2048/U: Review the FAST stroke awareness campaign

Thank you for the response of the Citizen Participation and Public Petitions Committee (CPPPC) following its consideration of PE2048 at its meeting of 19 February.

I note in the discussion from the Official Report of the meeting, the concerns raised from the Committee's earlier meeting on the 5 February regarding the evidence heard and any change in messaging from FAST to BEFAST.

The Scottish Government does not currently plan to deviate from the use of FAST. It is the Scottish Government's position that there is still insufficient evidence to support replacing FAST with BE FAST. The National Clinical Guideline for Stroke states that "further evidence is required before the Working Party could recommend the use of other screening tools". This stance aligns with the positions of both Chest, Heart and Stroke Scotland and the Stroke Association.

The Stroke Speciality Advisor to the Chief Medical Officer has also liaised with their counterparts in the nations in the rest of the UK and Ireland and confirmed that there are currently no plans to adopt BE FAST in public awareness campaigns in these healthcare systems.

I thank NHS Ayrshire and Arran for providing the CPPPC with their submission of 22 November. Regarding any trial of BEFAST within NHS Ayrshire and Arran, I would reiterate, as I said in my letter of 12 November 2024, that the Scottish Government does not currently plan to run local trials of BEFAST in individual Health Boards. This would be a decision for an individual Board to make.

I hope this update is useful and thank you again for your correspondence

Yours sincerely,

Jenni Minto MSP

NHS Ayrshire and Arran written submission, 31 March 2025

PE2048/V: Review the FAST stroke awareness campaign

Within NHS Ayrshire and Arran (NHSAA) we have promoted stroke awareness via the FAST campaign for a number of years. Early recognition of stroke / TIA is essential in reducing mortality / morbidity and long-term outcomes. Being able to recognise the symptoms of stroke is key in getting urgent help by calling 999 and improving the chance of better outcome.

Raising public awareness is key and the FAST campaign enhances this by recognising the signs below:

F - Face: Look for an uneven smile

A - Arm: Check if one arm is weak

S - Speech: Listen for slurred speech

T - Time: Call 999 right away

However approximately 40% of posterior circulation strokes are missed using FAST screening due to a lack of public awareness in relation to balance and vision issues being recognised as signs of stroke.

As such we very much within NHSAA, with the support of Dr Whitehead Stroke Consultant, were keen to raise awareness of the other symptoms of stroke. The current evidence is clear that BEFAST is helpful at identifying posterior stroke events that are missed by FAST and leads to greater treatment rates. However current evidence has demonstrated this can lead to a significant rise in false negative diagnoses. This has knock-on negative effects throughout the system.

Until there is further research to support BEFAST, within NHSAA, we are continuing with the FAST campaign with a reminder that stroke may present with other symptoms such as balance or visual issues. TIME is BRAIN and it is essential all symptoms are recognised by the public to promote early recognition of stroke and rapid access to treatments such as thrombolysis and thrombectomy.

F - Face: Look for an uneven smile

A - Arm: Check if one arm is weak

S - Speech: Listen for slurred speech

T - Time: Call 999 right away

Other symptoms of stroke include balance and visual issues.

A quality improvement questionnaire has been undertaken within NHSAA with patients to identify where patients receive information on stroke symptoms. The results were wide ranging including social media, GP surgery, TV, radio etc. Younger patients were more likely to access information via social media.

We hope to gain support to be able to use real patient stories with the support of the patient experience team and use these to enhance public awareness of stroke. We would like to use stories from patients who have had FAST symptoms as well as visual and balance issues and include patients from each decade to demonstrate stroke can also happen at any age. We want to be able to promote public awareness across NHSAA. Within the stroke unit we have FAST as well as the other symptoms of Balance and Eyes on our whiteboard for patients and families to recognise the wide range of symptoms.

NHS Shetland written submission, 11 April 2025

PE2048/W: Review the FAST stroke awareness campaign

Please accept my apologies for the extremely late reply to this request.

Whilst there have been no large-scale campaigns within Shetland, I can confirm the following awareness activities did take place:

Stroke Awareness month in May 2024 was promoted by NHS Shetland via Facebook, Instagram, X (Twitter), and the organisational newsletter.

There were representatives from Stroke Support who attended a Women's Health & Wellbeing Event held in August 2024 with the YASP (local physio) posting on Facebook that they were continuing their two online exercise classes for people with MS and Stroke.

World Stroke Day 29 October 2024 was promoted by NHS Shetland via Facebook, Instagram, X (Twitter), and the organisational newsletter.

The two articles below were featured within the local press –

- Stroke group praised in parliament, The Shetland Times Ltd, 23 November 2024
- Stroke group marks first 20 years, The Shetland Times Ltd, 19 October 2024

I understand FAST education to all Health Boards, is being delivered as of January 2025 onwards.

I hope the above examples are satisfactory and provides increasing local awareness, and maximising knowledge amongst the general public and our medical professionals.

Chest, Heart & Stroke Scotland written submission, 17 April 2025

PE2048/X: Review the FAST stroke awareness campaign

Thank you for the opportunity to give evidence to the Committee on Wednesday 19 February 2025 on the above petition. I am happy to provide the following supplementary information, which I touched on during the session.

Chest Heart & Stroke Scotland provides high quality, evidence based education and training for staff in patient facing roles, including on stroke awareness. Since the launch of our FAST campaign in October 2024, we have developed and launched an accompanying education package on stroke recognition and FAST awareness which is fully funded by the Scottish Government. We provide an online training session for patient facing staff in Emergency Departments, GP Practices, and Scottish Ambulance Service, across Scotland.

Our initial target was to reach 1000 attendees in 2025, and we are delighted to report that we reached this within the first four months. Between January and April 2025, we reached 1039 healthcare professionals over 9 sessions. Of these, 63% worked in primary care, 26% worked in the Scottish Ambulance Service, and 9% worked in an Emergency Department.

Our stroke education aims to:

- Increase healthcare professionals' knowledge and confidence of stroke symptoms, including the use of FAST
- Have an impact on practice of healthcare professionals
- Improve accuracy in stroke recognition

The training session includes:

- What FAST means – including Time, the importance of urgent action
- Why we use FAST as an acronym for stroke awareness, including the Royal College of Physicians assessment of FAST as the most effective screening tool
- The limitations of FAST, including in relation to posterior strokes
- Other symptoms of stroke, such as ataxia (balance issues) and visual field loss
- The importance of taking on board concerns of family and carers, including with FAST negative strokes.

Feedback from respondents so far has been positive. After attending our education session, 97% of evaluation form respondents were able to recall FAST signs, compared to 85% prior to the session. Furthermore, over 85% of respondents reported that our FAST Education had an impact on their practice. Evaluation forms have included numerous positive comments about the value of learning posterior or 'other' symptoms within the training session, demonstrating the need for a continuation of education on this topic.

The feedback provided demonstrates a clear appetite from healthcare practitioners for this training, increasing awareness of all kinds of stroke symptoms.

We are of course happy to provide more information to the Committee if there are more details you would like.

NHS Forth Valley written submission, 20 June 2025

PE2048/Y: Review the FAST stroke awareness campaign

NHS Forth Valley has been actively supporting local FAST awareness campaigns for many years. These have been held over several days to coincide with World Stroke Day on 29 October.

Some examples of activities undertaken locally include:

- Stroke information stands and leaflets where members of our local stroke team have provided information and advice to members of the public. This has included stands in local shopping centres, hospitals and the Bridge of Allan Highland Games

- Wallet cards with FAST awareness messages have been included with patient prescriptions
- Bags for Life have included FAST messaging
- A wide range of events and initiatives have been organised to help generate media coverage including local photo calls, briefings, interviews with local clinicians etc.
- FAST awareness message included in staff payslips
- The FAST messaging has also been projected onto the outside of Forth Valley Royal Hospital

Over the last 2 years, local FAST campaigns have included:

- Information stands staffed by members of local stroke team. This has included the restaurant at Forth Valley Royal Hospital (open to staff, patients and visitors), the Wallace Suite (for stroke rehabilitation) at Stirling Care Village and the Thistle Shopping Centre in Stirling. We have also been supported by volunteers from the Stroke Association at these events. The leaflets for these events are provided free of charge from our voluntary sector partners (Chest Heart & Stroke Scotland and the Stroke Association) and any promotional giveaways for the public have been provided via NHS endowment funds.
- A FAST information board has been installed outside the Stroke Unit at Forth Valley Royal Hospital with support from CH&SS.
- FAST-related information and advice has been promoted on the NHS Forth Valley website, internet and social media channels.
- A FAST campaign information board was installed at Stenhousemuir FC ground. The local stroke specialist nurses also attend football games to help raise awareness of FAST and provide information and advice to supporters.
- Arrangements have been made to light up local landmarks purple for World Stroke day, including the Kelpies, the Wallace Monument and the Falkirk Wheel.

In addition, NHS Forth Valley's Emergency Department has been using the "BE FAST stroke assessment tool" since early 2024.

Unfortunately, we have not been able to undertake any formal evaluation of the impact of these FAST initiatives locally however this is something that could be considered nationally for all of Scotland.

Stephen Kerr MSP written submission, 24 September 2025

PE2048/Z: Review the FAST stroke awareness campaign

Dear Convener,

When the Committee last considered petition PE2048 and heard evidence from stroke charities, members highlighted the absence of evidence about the use of BE FAST in live medical settings. That absence now appears less clear-cut.

Research on BE FAST—conducted by the petitioner, James Bundy, and published by Enlighten (formerly Reform Scotland)—has already shaped the debate. For the sake of transparency, James is a former employee of mine, and I can personally attest to the thoroughness with which he approached this work. His analysis provided a framework for testing the BE FAST model in Scotland, and it has already helped to inform public discussion on whether current systems for identifying and treating stroke are fit for purpose.

What makes the position even more compelling now is the practical evidence emerging from the NHS. In their submission to the Committee, NHS Forth Valley confirmed that BE FAST has been in use in their A&E since early 2024. That makes them the first health board in Scotland to adopt BE FAST formally, providing a live test case that the Committee cannot afford to overlook. Their latest performance data deserves serious attention:

- NHS Forth Valley is currently the best performing health board in Scotland for delivering thrombolysis within 60 minutes, which is a critical benchmark for positive outcomes.
- They have also achieved a statistically significant improvement in the proportion of stroke and TIA patients being reviewed at a specialist service within four days of referral.

The scale of improvement in these areas is not only measurable but material to patient outcomes. While it is too early to claim direct causation between BE FAST and these results, the correlation is strong enough to warrant closer investigation. At the very least, these outcomes suggest that NHS Forth Valley's approach is creating conditions that support faster and more effective stroke care.

It would therefore strengthen the Committee's consideration of this petition to hear directly from those on the front line. An invitation to a senior member of the NHS Forth Valley stroke team would provide the Committee with valuable first-hand testimony of how BE FAST has been integrated into clinical practice, the challenges encountered, and the benefits observed so far. Such evidence would allow the Committee to deliberate not on abstract theory but on real-world experience, in a Scottish health board context.

This is precisely the kind of practical insight that a petitions process should draw upon to reach balanced, informed conclusions. I hope you will agree that the timing is right for the Committee to hear from NHS Forth Valley, and that doing so would materially enhance the quality of scrutiny applied to petition PE2048.

Thank you for your consideration of this suggestion.

Yours sincerely,

Stephen Kerr MSP

Member for Central Scotland

Petitioner written submission, 5 November 2025

PE2048/AA: Review the FAST stroke awareness campaign

Thank you to the Committee for considering my petition.

This petition follows the tragic death of my father. Before I go further, it is worth reminding the Committee that the Significant Adverse Event Review conducted by NHS Greater Glasgow & Clyde concluded that the limitations of the FAST test “directly contributed” to his death. That conclusion is the foundation of this campaign.

I do not need to rehearse the positions of the Scottish Government or the stroke charities in response to this petition. What I urge the Committee to do is take a step back. Look beyond the usual sources. Take a more open, broader approach to the evidence. Consider real, academic evidence. Listen to the lived experience of those who have suffered because of the gaps in our current system.

The founding principles of this Parliament are openness, accountability, the sharing of power, and equal opportunity. Does openness not extend to listening to the lived experiences of the people of Scotland? Does the sharing of power not mean engaging beyond the insular approach to evidence currently taken? Does accountability not demand the humility to admit when the status quo is failing? Does equal opportunity not require that every Scot, regardless of age, time of day, or presenting symptoms, has access to life-saving care?

The Committee’s rules for written submissions limit my ability to provide links to webpages with commenting sections, but I would urge members to read the comment sections of Facebook posts by Chest, Heart and Stroke Scotland, and the Stroke Association promoting FAST. These posts are filled with testimony from individuals who, or whose loved ones, suffered strokes with symptoms out with FAST. The scale of these comments is increasing, and it is happening beyond the influence of my family’s campaign. The public is learning the hard truth: FAST misses up to one in five strokes.

Beyond lived experience, the expert community supports this message. Dr. Jason Tarpley, stroke neurologist and director of the Stroke and Neurovascular Centre at Providence Saint John’s Health Centre in California, has said:

“If you’re trying to get every stroke, it’s important to put in ‘balance’ and ‘eyes’ because posterior strokes are less likely to be detected by FAST. BE FAST increases sensitivity and enables detection of more strokes in the back of the brain.”

The message is clear: if you want to detect more strokes, BE FAST is superior. Real, academic evidence confirms it. [Research published by the Australasian College for Emergency Medicine](#) in January 2024 found that patient outcomes improved after the introduction of the BE FAST triage tool. More strokes were identified on presentation, interventions happened faster, and patients returned home sooner, with less disability.

[Another study](#) found that among 46 posterior circulation strokes, FAST would have missed 19. BE FAST missed only one. This is not theoretical. This is demonstrable, academic evidence showing BE FAST detects strokes FAST does not.

Yes, concerns exist about false positives. But in stroke care, where every minute counts, a false positive is preferable to a false negative. The cost of missing a stroke is measured in lost lives, lost independence, and families shattered. Ambulances are not dispatched. Patients wait in corridors for hours as vital intervention windows close.

We cannot wait for perfect. We cannot allow the pursuit of a flawless system to justify inaction. The arguments against BE FAST - overwhelming the NHS, public confusion - should be met not with dismissal, but with confidence in the Scottish people and the ingenuity of our health service. The public is not incapable of understanding BE FAST. And the NHS is not omnipotent: the system exists to serve the patient, not the reverse.

On this point, I want to recognise [NHS Forth Valley](#) for their leadership and innovation, attitudes sadly missing in other places where they ought to be. In early 2024, they adopted BE FAST in their A&E department: a bold step demonstrating the benefits of a more open, broader approach to stroke detection. [Early evidence](#) from Forth Valley is encouraging and shows what can be achieved when courage and forward-thinking guide patient care.

My campaign is personal. I watched my father die far too young, just as he was building his business, just as I was starting a family. Knowing that the test designed to detect strokes failed him, it is a wound that will not heal.

FAST has saved lives, but every tool must evolve. Updating FAST to BE FAST is evolution. It is progress. It is lifesaving.

I ask the Committee: do not be bound by Government habits or their insular approach to evidence. Consider the lived experience of thousands of Scots, the research from around the world, the leadership of those health boards willing to innovate. Encourage the Government to act with the humility to learn from out with, to do better, and to save lives.

Knowing FAST is not enough when it comes to stroke. You need to BE FAST.

Petitioner written submission, 8 December 2025

PE2048/BB: Review the FAST stroke awareness campaign

As this parliamentary session draws to a close, this hearing may represent the final opportunity for my family's petition to be considered before dissolution.

I believe the evidence that has emerged via this committee's hearings has shown us that Scotland's stroke system is at a critical juncture, and we cannot afford inaction. Effective public health campaigns have the power to save lives, but if, and only if, life-saving treatments are universally accessible.

During the committee's deliberations, a wide range of views has emerged regarding a potential BE FAST campaign. Fergus Ewing MSP, in his remarks, correctly dismissed concerns that Scots would struggle to remember an additional two letters in a public health campaign.

The more serious issue, however, remains the balance between false positives and false negatives in stroke detection. From a public health perspective, the consequences of false negatives are catastrophic. Being suspected of having a stroke and later reassured you are not is far preferable, I believe, to being dismissed when a stroke is occurring, a reality tragically illustrated by my father's death, which motivates this campaign.

Campaigns such as BE FAST empower Scots with knowledge that can save lives.

Beyond public awareness, evidence presented to the committee has highlighted critical gaps in Scotland's stroke care:

- The absence of 24/7 thrombectomy services anywhere in Scotland.
- Continued reliance on FAST by medical professionals in diagnosing stroke, despite evidence that FAST can fail to identify up to one in five strokes.

These shortcomings demonstrate that urgent reform is required, both in the public's ability to recognise stroke symptoms and in the clinical infrastructure to respond effectively.

Recommendations

Considering this evidence, I respectfully ask the Committee to consider the following actions:

1. **24/7 Thrombectomy Service:** Recommend that the Scottish Government commit to delivering a nationwide, 24/7 thrombectomy service within the lifetime of the next Parliament, a timetable that is feasible and generous. Without universal access to this life-saving treatment, the principle of an NHS free at the point of need is compromised.
2. **BE FAST Evidence in Clinical Use:** Request that the Health, Social Care, and Sport Committee continue to examine evidence on the use of BE FAST as a diagnostic tool in emergency departments, using data from NHS Forth Valley and other relevant sources to compare BE FAST with FAST.
3. **Parliamentary Debate on Public Health Campaigns:** Advocate for a full debate in the Chamber on the role of public health campaigns, specifically addressing the trade-off between false positives and false negatives and the best ways to engage the public with life-saving information.

In conclusion, this petition is about more than an acronym, it is about ensuring that Scots are empowered with knowledge that can save lives and that life-saving treatment is always available.

Parliament can act decisively, to protect the most vulnerable, and to uphold the founding principles of our NHS.

It is a moral and practical imperative that we seize this opportunity before the session ends.