

PE2048/AA: Review the FAST stroke awareness campaign

Petitioner written submission, 5 November 2025

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.