

## INTRODUCTION

Recent national stroke data for Scotland reveals that many patients face significant delays in accessing treatment following the onset of stroke symptoms (PHS, 2024). These delays could have a detrimental impact on recovery outcomes (Turner et al., 2015).

Backed by government funding, Chest Heart and Stroke Scotland (CHSS) is leading a nationwide initiative to enhance early stroke recognition among patient-facing staff.

This project aims to deliver targeted education on the FAST (Face, Arms, Speech, Time) tool, to equip patient-facing with

the knowledge and confidence to identify common stroke symptoms appropriately and act quickly, which should ultimately contribute to improved stroke patient outcomes across Scotland.



## METHOD

- An evidence-based online education session was developed using national clinical guidelines (RCP, 2023) and expert input.
- Patient-facing staff across the ambulance service, primary care, and emergency departments were invited to attend.
- The project was evaluated through pre- and post-session questionnaires, demographic data, and analysis of trends in Scottish Ambulance Service data.

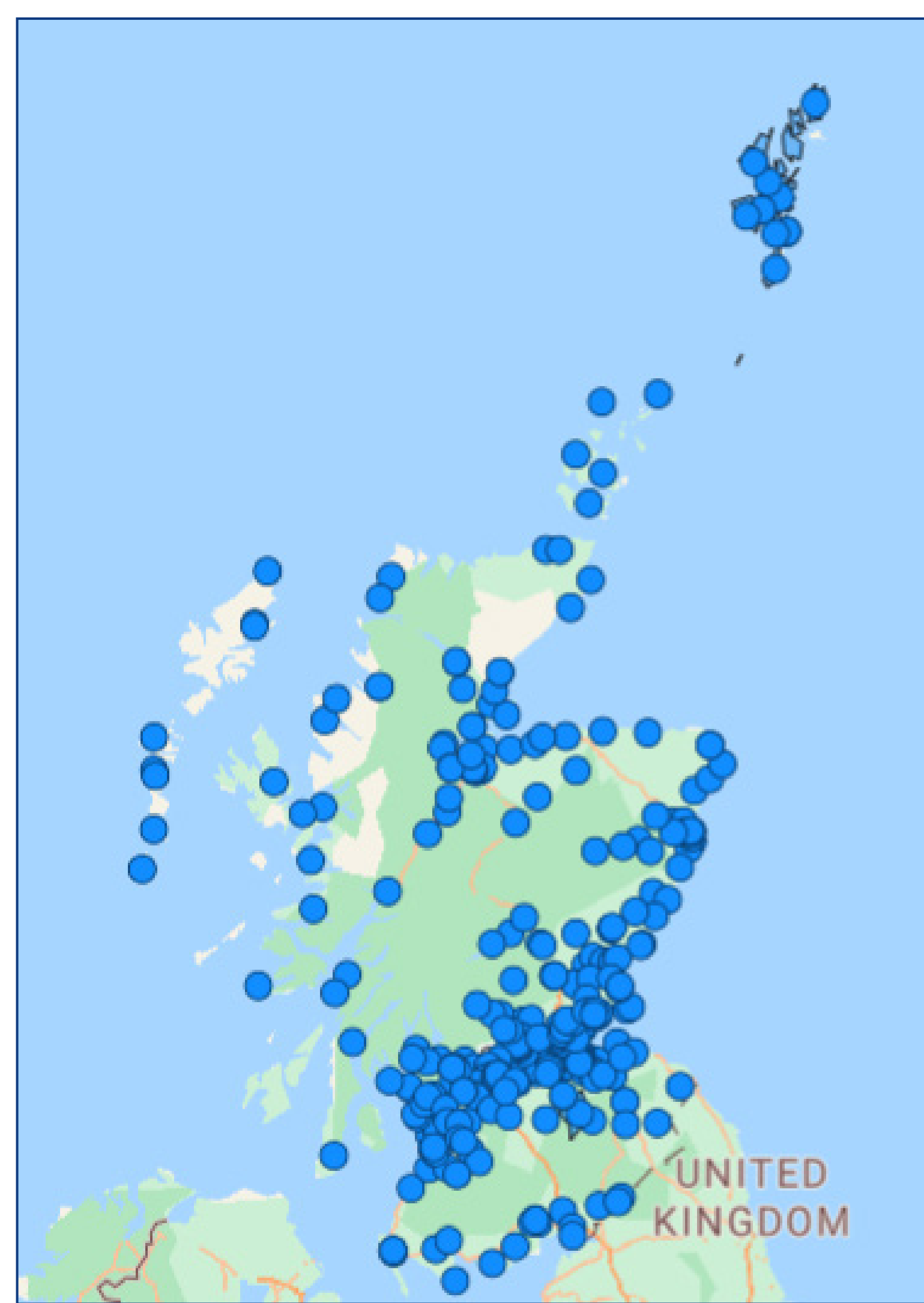


Figure 1 : Geographic distribution of session attendees across Scotland

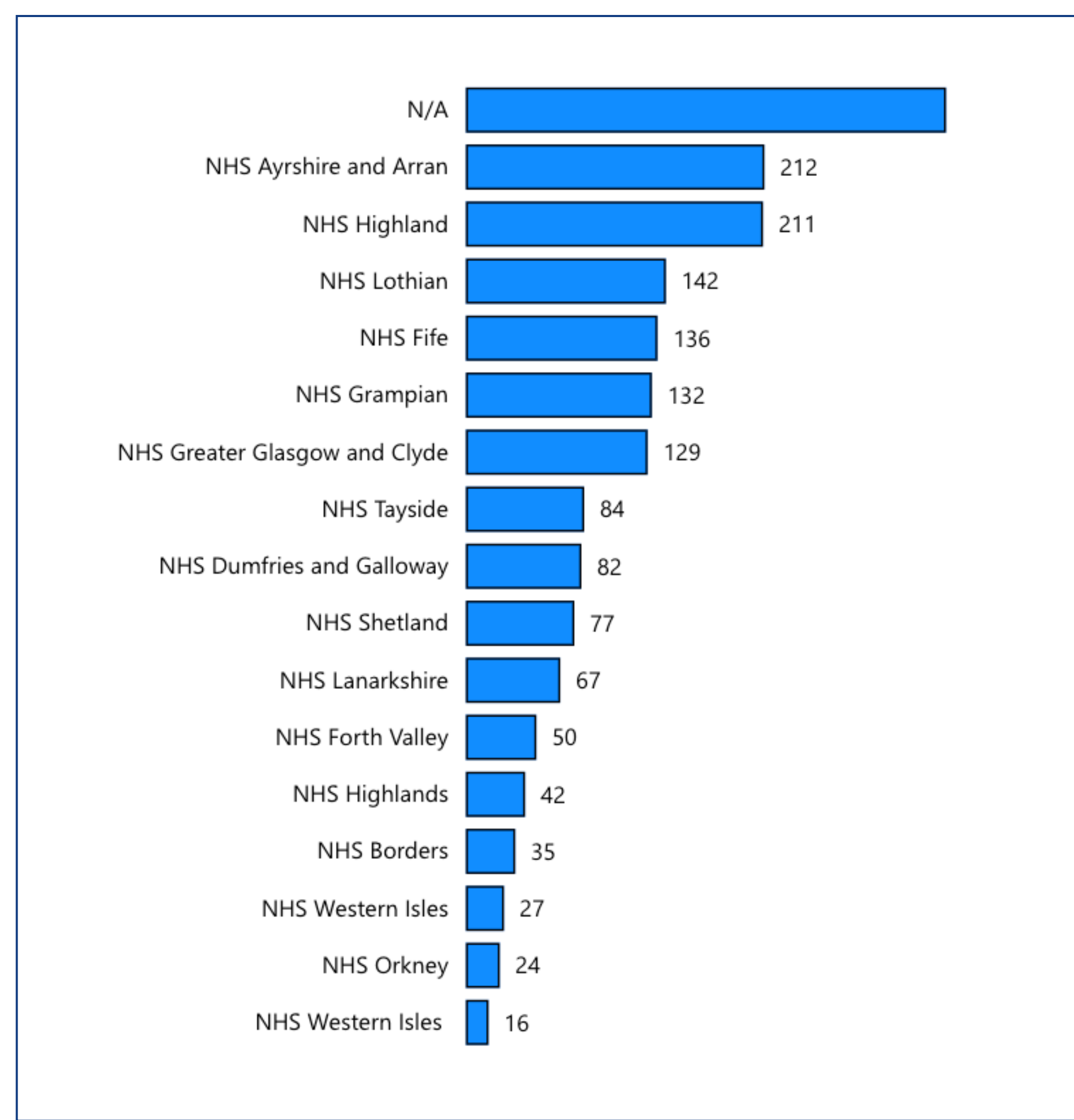


Figure 2 : Breakdown by NHS health boards

## RESULTS

- 1909 patient-facing staff across all 14 Scottish Health Board areas have completed the training.
- Post-session data shows an increase in accurate recall of the FAST acronym from 76.4% to 93.8%.
- 95% of participants reported improved knowledge, and 96% expressed greater confidence in responding to FAST-positive patients.
- Questionnaires at 3-months shows that 89.7% were able to recall the FAST acronym correctly. Qualitative data is shown in Figure 4.

## CONCLUSIONS

Early findings from this CHSS-led education programme indicate it is successfully addressing a critical training need amongst patient-facing staff across Scotland. The three-month follow up data suggests sustained knowledge retention in stroke identification.

The next phase will involve analysing ambulance service data to assess changes in diagnostic accuracy, providing further insight into the project's impact on wider stroke outcomes. This project is ongoing and continues to expand its reach to patient-facing healthcare audiences across Scotland, with the potential to further improve the knowledge of the workforce and ultimately improve patient outcomes.

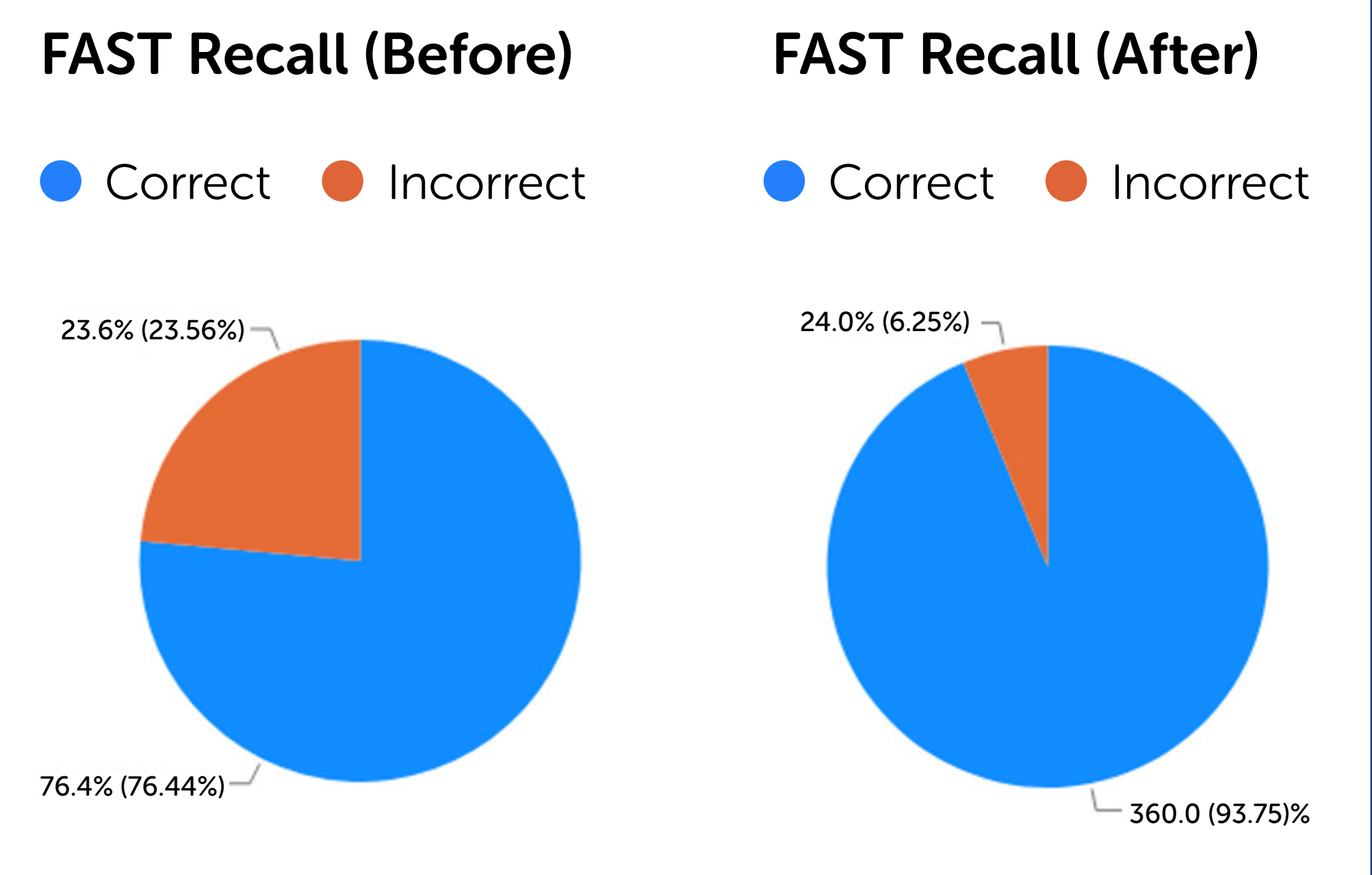


Figure 3 : the proportion of attendees able to accurately recall the FAST acronym before and after the session

## REFERENCES

Public Health Scotland (PHS) (2024). Scottish Stroke Improvement Programme report 2024. Available at: [www.publichealthscotland.scot/publications/scottish-stroke-improvement-programme/scottish-stroke-improvement-programme-annual-report-2024/](http://www.publichealthscotland.scot/publications/scottish-stroke-improvement-programme/scottish-stroke-improvement-programme-annual-report-2024/) (accessed 05/08/25)

Royal College of Physicians (RCP) (2023) National Clinical Guideline for Stroke for the UK and Ireland. Available at: [www.strokeguideline.org](http://www.strokeguideline.org) (accessed 05/08/25)

Turner, M., Barber, M., Dodds, H., Murphy, D., Dennis, M., Langhorne, P. and Macleod, M.J., 2015. Implementing a simple care bundle is associated with improved outcomes in a national cohort of patients with ischemic stroke. *Stroke*, 46(4), pp.1065-1070.

"Our care navigators identified and signposted a young ? FAST positive pt just a week or 2 after our training session!"

"Any team working with people should take time to do this short but impactful course."

"I found the training engaging and very useful as a refresher, very useful to hear about posterior alternative symptoms not highlighted through FAST."

Figure 4 : Qualitative feedback from initial and 3-month follow up questionnaires