

From: [Mayor of London](#)

Sent: 09/06/2015 14:21

Pre-Hospital Stroke Care in London

Dear Mr Grant

Thank you for your email of 21 May concerning the use of the FAST test by the London Ambulance Service to assess patients who may have had a stroke.

The Deputy Mayor's meeting with Dr Fionna Moore, chief executive of the London Ambulance Service was unfortunately cancelled due to the pre-election period. However we wrote to Dr Moore to raise your concerns. Below is a summary of her response detailing the action LAS has taken:

📧 In November 2014 Dr Neil Thomson, the LAS stroke lead, took a paper to the London Stroke Clinical Leads group seeking advice as to whether LAS should change the stroke triage tool that crews use, in an attempt to address this area of concern. The overwhelming feeling of the group was that the tool should remain as is, with the exception of adding further clarification around stroke in children, and more detail on the importance of recognising aphasia as a symptom.

📧 The importance of recognising aphasia (as opposed to slurred speech) has been stressed in multiple different forms. Most recently, the message has been incorporated into the revised stroke guidance (Medical Directorate Bulletin 142, February 2015): 'Sudden loss of speech (aphasia) can indicate stroke. If it looks like a previously well patient is awake and trying to speak, but unable to, consider the possibility of stroke. 'S' in FAST is positive if the awake patient is unable to speak or has word-finding difficulties or slurred speech. Involve people who know the patient when making this assessment.' LAS knows that Medical Directorate Bulletins are generally well read, but are considering potential mechanisms to record that the information has been received by individual clinicians. The bulletins do form the basis for any teaching materials used internally; LAS also shares them with its Higher Education Partners.

📧 In addition, LAS has issued guidance on the importance of not missing the important significance of a raised respiratory rate (hyperventilation): Medical Directorate Bulletin 143: Hypovolaemic Shock: 'Never assume a raised respiratory rate is due to anxiety or pain until all other causes have been excluded'.

📧 The Clinical Update in April 2015 stated: 'Anxiety and / or fear often accompany significant conditions - consider, for example, a patient who has a stroke and is suddenly unable to speak or communicate, yet is fully conscious. Hyperventilation, anxiety or a panic attack are diagnoses of exclusion - i.e. all possible clinical causes have been considered and actively excluded. There must be a very clear trigger event and the patient must have an established history of an anxiety disorder, ideally confirmed by a close relative or someone with good knowledge of the patient. This is not a diagnosis that ambulance crews should be making routinely and certainly never if the patient doesn't have an established diagnosis.'

📧 Stroke Education Event - April 2015: Several of the presentations included reference to the importance of this sign

📧 LAS is also looking at changing the wording on the 'FAST' section of the Patient

report form on the next revision from 'Speech: Word finding difficulties or slurred speech' to 'Speech: Word finding difficulties, aphasia or slurred speech'.

I hope this information is helpful. If you have further queries on this issue or these specific actions please do contact the London Ambulance Service directly.

Yours sincerely

Charlotte Hall
Communities and Intelligence