



The Scottish Parliament
Pàrlamaid na h-Alba

Citizen Participation and Public Petitions Committee

Ministear airson Slàinte Phoblach is Slàinte
Bhoireannach
Jenni Minto BPA

Minister for Public Health and Women's Health
Jenni Minto MSP

T: 0300 244 4000

E: scottish.ministers@gov.scot

Jackson Carlaw MSP

Convener of the Citizen Participation and Public Petitions Committee

petitions.committee@Parliament.Scot

Our Reference: 202603_ConvtoMPHWH_Cardiac_and_Stroke_Petitions

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25 March 2026

Dear Jackson,

I am pleased to enclose, as an annex to this letter, a response to your letter highlighting the substantive work undertaken by the Committee on the relevant petitions below:

- [PE2048: Review the FAST stroke awareness campaign](#), 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.
- [PE2067: Improve data on young people affected by conditions causing Sudden Cardiac Death](#), calling on the Scottish Parliament to urge the Scottish Government to commission research to establish how many people aged 14-35 are affected by conditions that cause Young Sudden Cardiac Death; clarify the number of people who die annually in Scotland from these conditions; and set up a pilot study to establish if voluntary screening can reduce deaths.
- [PE2101: Provide Defibrillators for all Primary and Secondary Schools in Scotland](#), calling on the Scottish Parliament to urge the Scottish Government to provide Primary and Secondary Schools with Automated External Defibrillators (AED).

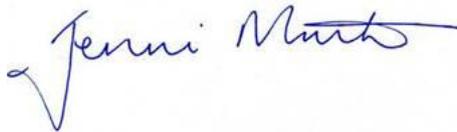
Contact: Citizen Participation and Public Petitions Committee, The Scottish Parliament, Edinburgh, EH99 1SP. Email petitions.committee@parliament.scot. We welcome calls through Relay UK and in BSL through Contact Scotland BSL.

- [PE1989: Increase defibrillators in public spaces and workplaces](#), calling on the Scottish Parliament to urge the Scottish Government to support the provision of defibrillators in public spaces and workplaces.

It has been a pleasure to work with you on these issues. I would like to particularly highlight the value I have gained from engagement with Sharon Duncan and other family members of David Hill and James Anthony Bundy's family.

I hope the Committee finds this helpful.

Yours sincerely,

A handwritten signature in blue ink that reads "Jenni Minto". The signature is written in a cursive style with a large initial 'J'.

Jenni Minto MSP

Scottish Government response on closure of PE1989, PE2048, PE2067 & PE2101:

Stroke awareness and care

NHS Forth Valley BE FAST pilot

As discussed at the Citizen Participation and Public Petitions Committee on 12 November 2025, I have asked my officials to liaise with NHS Forth Valley to understand what learning might be gleaned from their trial of BE FAST.

My officials have yet to receive a response from NHS Forth Valley, however I have asked them to re-engage with the Board and ensure that any response outlining data collected and applicable learning from the BE FAST pilot is relayed to the committee.

Thrombectomy

I wholeheartedly agree with the Committee's assertion that thrombectomy procedures should be available to anyone who has suffered a stroke and requires one.

This is why we have spent £51 million to date on expanding access to thrombectomy. While we continue to face significant financial challenges, we are committed to further expanding the service.

Work to cost thrombectomy service options is underway, with National Services Directorate leading development of the workforce model for 24/7 provision.

Public awareness campaigns

I note the Committee's encouragement that the Scottish Government explore funding and developing periodic, national public stroke symptom awareness campaigns.

Chest Heart and Stroke Scotland have delivered a national FAST campaign; it is important that government ambitions align with work being undertaken by third sector organisations, to maximise effective use of resources.

The decision to support a national, government-led FAST awareness campaign would be one to be taken by the new government following the Scottish Parliament election in May 2026.

National performance targets for stroke

I agree with the Committee's opinion that we must continue to improve access to timely and evidence-based stroke care.

Thank you for recognising the measures to taken to drive increased engagement with, and prioritisation of, stroke services across Scotland. Through the development of accountable individuals for every stroke service, we now have clear routes of engagement with every NHS Board to highlight challenges in stroke care delivery, as well as a means of learning from innovative approaches taken to tackling common issues.

Thank you also for your recognition of the decision to fund Hyperacute stroke nurses in the NHS Boards with the highest rates of ischaemic stroke. I am confident that, in addition to improving access to treatments such as thrombectomy and thrombolysis, these roles will support continued improvement in the delivery of the stroke care bundle.

Data and screening for inherited cardiac conditions

Engagement with the UK National Screening Committee

Since my evidence session in November 2025, I am pleased to confirm that the UK National Screening Committee (UK NSC) is now looking again at screening for the conditions that can cause SCD.

As part of this work, they have produced an evidence map to scope the volume and direction of the evidence base since the last review in 2019. This is in line with the standard UK NSC process to initially assess whether there has been a significant development or change in the evidence base. This has been considered by an internal group within the UK NSC and will be made public in due course.

The UK NSC will launch a public consultation on this topic in the coming months. The consultation will run for 12 weeks and will invite members of the public and stakeholders to comment on the findings of the evidence map. To support the public and stakeholders with submitting their responses, the UK NSC will develop an information coversheet to accompany the evidence map, which will clearly explain the evidence it has taken into consideration.

More generally, my officials participate regularly in a UK NSC discussion forum with representatives from the UK NSC, and from all four nations. This more informal meeting allows for open discussion or questions on any issues or topics of current interest to the nations. They are also invited to attend, when appropriate, the formal UK NSC meetings where screening for specific conditions are considered and discussed. Where appropriate, my officials have also discussed with the Chief Medical Officer topics related to the UK National Screening Committee, the workplan, and whether they should formally make requests to the Committee on specific issues. As the UK NSC are currently reviewing SCD, with a public consultation planned in the coming months, my officials will monitor the progress of their work and review any updates.

Data collection and addressing the gaps

Decisions on the Scottish Government's future support for the expansion of existing SCD projects, as well as the development of new initiatives, including research, are for the new administration to consider after the Scottish Parliament election in May.

Under the current administration, we have continued to support the National SCD Project. This work has delivered improvements in data collection on SCD and the SCD pathway, including increased referrals, shorter waiting times within inherited cardiac conditions services, and a more co-ordinated pathway with additional support such as bereavement services.

This includes the development of the SCD registry, led by the Scottish Cardiac Audit Programme. It is expected that the registry will become operational nationally within the next year.

The registry will incorporate clinical reviews of unascertained deaths to determine whether they should be included in the SCD pathway. Where appropriate, these cases will be added to data fields once the registry is fully established. This work is ongoing and is designed to ensure that the registry provides an accurate picture of SCD incidence in Scotland.

Defibrillator provision and improving survival rates for out-of-hospital cardiac arrests

Since my evidence session on 12 November 2025, the First Minister has announced £2.5 million of funding to help improve cardiac arrest survival rates. This investment will support the purchase of 1,000 to 1,250 additional defibrillators over the next three years. It will also enable the establishment of Cardiac Arrest Rescue Zones (CARE Zones) in local authorities, aimed at strengthening the community response to cardiac arrests. This will drive data-driven placement of public access defibrillators in areas of greatest need, development of first responder networks where these would add value, increased familiarisation with defibrillators within communities and enhanced CPR training in schools.

This announcement follows key improvements in cardiac arrest outcomes due to the work of the Save a Life for Scotland (SALFS) partnership since 2015. Since the first Out-of-Hospital Cardiac Arrest Strategy (2015-2020), partners have equipped over 1 million people with CPR skills. Bystander CPR rates have risen from 43% before the strategy to 62% in 2024/25, public access defibrillator usage rates have increased from 2.5% to 10% and the annual number of survivors have increased from 225 to 338.

I have asked my officials to raise your point about the need for a more structured and cohesive approach to refresher CPR training with SALFS. It is important to note that SALFS already promotes touchpoints for refresher CPR training. Their Restart a Heart Live event, held every October, provides livestreamed CPR training to schools and gives an annual opportunity for pupils to participate through both Primary and Secondary school. Pupils are also encouraged to promote the livestream to family members who can engage online.

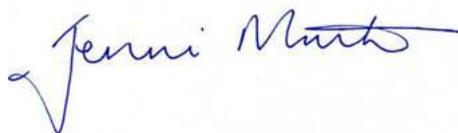
On 9 October 2025, the Cabinet Secretary for Education and Skills invited Cameron McGerr to meet with her and with me to discuss your Pulse of Life campaign and the work underway within the Scottish Government. No response was received to that invitation.

On your suggestion that CPR training be included in the Scottish Football Association and Scottish Women's Football coaching pathways, officials have been in contact with both organisations. They have confirmed that CPR training is included as part of the SCQF Level 6 first aid training, which is offered to all coaches as part of their pathway.

The Minister for Drugs, Alcohol Policy and Sport chairs a round table group involving Scottish football governing bodies, supporter groups and cross-party MSPs on Enhancing Scottish Football to safeguard the game in Scotland. Player safety remains a top priority for the group.

I hope you find this response useful.

Yours sincerely

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Jenni Minto MSP