

Citizen Participation and Public Petitions Committee  
Wednesday 7 May 2025  
8th Meeting, 2025 (Session 6)

## PE1989: Increase defibrillators in public spaces and workplaces

### Introduction

**Petitioner** Mary Montague

**Petition summary** Calling on the Scottish Parliament to urge the Scottish Government to support the provision of defibrillators in public spaces and workplaces.

**Webpage** <https://petitions.parliament.scot/petitions/PE1989>

1. [The Committee last considered this petition at its meeting on 30 October 2024](#). At that meeting, the Committee agreed to write to the Minister for Public Health and Women's Health.
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 a new written submission from the Minister for Public Health and Women's Health which is 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 13 December 2022](#).
7. Every petition collects signatures while it remains under consideration. At the time of writing, 581 signatures have been received on this petition.

### Action

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

**Clerks to the Committee**  
**May 2025**

## **Annexe A: Summary of petition**

### **PE1989: Increase defibrillators in public spaces and workplaces**

#### **Petitioner**

Mary Montague

#### **Date Lodged**

16 November 2022

#### **Petition summary**

Calling on the Scottish Parliament to urge the Scottish Government to support the provision of defibrillators in public spaces and workplaces.

#### **Previous action**

I contacted Paul Sweeney MSP to ask about a Petition to widen access to Automated External Defibrillators (AED) and was advised of the Committee route.

#### **Background information**

Following the fatal cardiac arrest of a close family member in a large, local supermarket, my request for an Automated External Defibrillator (AED) was refused, despite my highlighting that all other large supermarkets locally provided these.

A bereaved family may be comforted to know that everything that could have been done to save the life of their loved one, was done. The effect on shop staff in such a fatality can be traumatic also.

Sudden cardiac arrest is the leading cause of death in adults over the age of 40. British Heart Foundation say that "Cardiac arrest is a critical medical emergency" and "Unless treated immediately, leads to death within minutes. With around 3,200 out-of-hospital cardiac arrests in Scotland each year, the survival rate is just 1 in 10". An AED increases survival rates but the provision of AEDs is random.

## **Annexe B: Extract from Official Report of last consideration of PE1989 on 6 December 2023**

**The Convener:** Our next continued petition is PE1989, which was lodged by Mary Montague, who I should say is known to me, as the constituency member for Eastwood, because she is the provost of my local authority, East Renfrewshire Council. The petition calls on the Scottish Parliament to urge the Scottish Government to support the provision of defibrillators in public spaces and workplaces.

We last considered the petition in December 2023, when we agreed to write to the Scottish Government. We received a response from the then Minister for Public Health and Women's Health, Maree Todd, which stated that defibrillators are purchased "mainly through fundraising in the community" or are funded by business and organisations. It also stated that the Scottish Government is "working alongside the Resuscitation Research Group at the University of Edinburgh to better understand the evidence around placement of defibrillators in Scotland and to develop a tool, which would help defibrillator guardians make informed decisions about where best to place their device in order that it could have most impact."

That sounds a bit like gobbledegook. Anyhow, the committee had asked whether the Scottish Government would consider making representations to the United Kingdom Government to update the legislation on health and safety at work to include defibrillator provision as part of the minimum first aid requirements. The minister's response stated that

"As the Health and Safety at Work etc. Act 1947 is a reserved policy area it would be the responsibility of the UK Government to consider the evidence"

and that the Scottish Government's priority is its collective partnership approach.

In considering the petition, members will have in mind that we recently asked the minister whether the Government would provide direct funding for primary and secondary schools to purchase and install defibrillators, under PE2101. The minister's response reiterated that it was for local authorities to make decisions on purchasing, installing and maintaining defibrillators for schools. I think that the committee has been quite charged on the aims behind the campaign for defibrillators but a bit underwhelmed by the response.

Do members have any comments or suggestions for action??

**David Torrance:** I have a personal interest in the issue. It is close to my heart, because I know someone whose life was saved by a defibrillator and I know how important it is for the public to have easy access to them. Perhaps the committee would consider writing to the current Minister for Public Health and Women's Health to ask whether she is confident that relying on community fundraising, businesses and organisational resources to purchase defibrillators will ensure that the Scottish Government meets the 2026 targets in the out of hospital cardiac arrest strategy, which are that 20 per cent of all cardiac arrest patients will have a defibrillator applied before the Ambulance Service arrives and that survival from OHCA will increase to 15 per cent. Perhaps we could also ask what the Scottish Government's

rationale is for not engaging with the UK Government on the issue of defibrillator provision through the Health and Safety at Work etc Act 1947.

**The Convener:** I wonder whether colleagues would be content for us to frame this with slightly stronger language—to say that the committee is concerned about what appears to be growing evidence of a lack of urgency behind the will to take forward the issues. Given that we all support a preventative health agenda, the provision of defibrillators not only saves lives but is, potentially, through preventing the subsequent need for hospital admission and other interventions, a preventative measure that we should encourage. Taken together with the evidence that we heard on the petition in relation to schools—that Scotland seems to be lagging significantly behind the rest of the UK, for whatever reason—it seems that the impetus is just not being put into this programme in Scotland. Are members content to frame our questions in that way?

**Members *indicated agreement.***

## **Annexe C: Written submission**

### **Minister for Public Health and Women's Health written submission, 2 December 2024**

#### **PE1989/H: Increase defibrillators in public spaces and workplaces**

Thank you for your letter of 6 November 2024, regarding the issues raised during the Committee's consideration of *PE1989: Increase defibrillators in public spaces and workplaces*. I wish to acknowledge the Committee's concerns that there appears to be growing evidence of a lack of urgency from the Scottish Government to make progress on this issue, and reassure you that this is not the case.

The Scottish Government is committed to improving survival from out of hospital cardiac arrest (OHCA) in Scotland and continues to work actively to do so. We are a key member of the Save a Life for Scotland (SALFS) partnership and work closely with our partners to ensure improvements across the whole chain of survival, including improving defibrillator access and usage.

I recognise that the Committee's view is that increased access to defibrillators should be progressed with greater urgency. Before I directly address your specific questions, I would like to take this opportunity to outline the various factors which need to be considered, as increasing the number of defibrillators is just one factor relevant to increasing their usage.

In fact, although the number of public access defibrillators (PAD) registered on the Circuit has more than doubled in Scotland since 2019, this has not coincided with a similar increase in defibrillator usage in the event of an OHCA<sup>i</sup>. International evidence shows that the optimal placement, availability and accessibility of the equipment, and bystander confidence to use these devices are other vital factors which must also be addressed to increase usage.

The availability of PAD requires that there is an accessible PAD within a relevant distance to the OHCA, and that the location of the device is known to a bystander or to the emergency call handler. In an incident of OHCA, Scottish Ambulance Service call handlers use the Circuit to locate nearby PAD and direct bystanders to it. SALFS partners continue to promote the Circuit and to increase the number of PAD registered in Scotland.

However, despite the increase in registered PAD in Scotland from August 2019 to March 2022, the proportion of OHCA occurring within the optimal 100m range of a PAD showed only a modest increase<sup>ii</sup>. The data also suggests that PAD are more likely to be used if they are located within 100m or 200m of OHCA. This is consistent with international evidence suggesting that closer PAD proximity to OHCA results in higher rates of PAD usage. This indicates that a more data-driven approach to PAD placement is required to ensure that they are in optimal locations.

To achieve this, the Scottish Government and St John Scotland funded the Resuscitation Research Group to develop a tool, PADmap, which will support organisations and communities with evidence on the best location to place their PAD to maximise its impact. PADmap is in the final stages of development and will be free for anyone in Scotland to use.

The accessibility of PAD is also an important factor in increasing usage. Again, although the number of registered PAD has increased, the proportion which are not accessible 24/7 has also increased<sup>iii</sup>. We are working with our SALFS partners to address this. To maximise defibrillator accessibility, they are usually best mounted on the outside of buildings and placed in unlocked cabinets.

Lack of bystander confidence can also create barriers to defibrillator usage. Therefore, SALFS partners include PAD familiarity in their CPR training and awareness raising efforts.

It is important to note that early defibrillation can be a lifesaving intervention in many OHCA, but that PAD are not the only way this can be achieved. Whilst retrieving a defibrillator from a fixed, publicly accessible location is an effective solution in a high footfall environment, it is likely that other approaches, such as community responders carrying defibrillators, should be considered to increase the opportunity for early defibrillation across the range of settings where OHCA occur in Scotland.

We are therefore working with our SALFS partners to support innovation in this area. This includes encouraging the use of [GoodSAM](#), an app to crowdsource volunteer responders to help in instances of OHCA, and learning from the successful [Sandpiper Wildcat](#) project which supports on-call first responder volunteers, travelling with a defibrillator to the scene of an OHCA.

## Funding

You have asked whether I am confident that relying on community fundraising, businesses and organisational resources to purchase defibrillators will ensure that the Scottish Government meets the targets in the Out of Hospital Cardiac Arrest Strategy (2021 – 2026) which are:

- 20% of all cardiac arrests will have a defibrillator applied before the ambulance service arrives.
- Increase survival from out-of-hospital cardiac arrest to 15%.

Firstly, I would like to note my gratitude to all defibrillator guardians and those who fundraise or identify resources to place a defibrillator. They are making a vital contribution to efforts to increase survival from OHCA in Scotland.

A number of organisations already provide advice, support and funding opportunities for the purchasing and maintenance of defibrillators. This includes:

- The British Heart Foundation: [Defibrillators - BHF](#)
- St Johns Scotland [Public Access Community Defibrillators | St John Scotland](#)

As I have outlined earlier, we must consider several drivers of defibrillator usage to achieve our targets. I am confident that our partnership approach with SALFS is making progress towards these. For example;

- The rate of defibrillator deployment by the public continues to increase and in 2022-23, 9.8% of worked arrests had a PAD in place on arrival<sup>iv</sup> of the ambulance service compared to 2.5% prior to the first OHCA strategy in 2015<sup>v</sup>.

- In 2022-23 overall, 30-day survival was 9.1% compared with a mean survival in the five years (2010 – 2015) before the launch of the first OHCA strategy of 6.2%<sup>vi</sup>.

Prompt defibrillation is just one aspect of improving survival, and we continue to work with our partners to support improvements across the whole chain of survival. For example, the early delivery of CPR is also vital and since 2015 SALFS partners have equipped over 725,000 people in Scotland with the skills to perform CPR. As a result, bystander CPR rates have increased from 43% before the strategy to 66% in 2022/23<sup>vii</sup>.

### **Health and Safety at Work etc. Act 1974**

The Committee has also asked what the rationale is for not engaging with the UK Government on the issue of defibrillator provision through the Health and Safety at Work etc Act 1974.

I noted in my previous response that any legislative action would have to be based on strong evidence that it would achieve the aim of improving OHCA survival, and that, as the Health and Safety at Work etc. Act 1974 is a reserved policy, it is for the UK Government to fully assess the evidence and make a decision on this matter.

Our rationale for not engaging with the UK Government on this, is that there is currently a lack of strong evidence for the effectiveness of enacting legislation to mandate deployment of PAD in designated places. As it is unclear whether such legislation would be an effective way to improve OHCA outcomes, and as it is not a devolved policy area, we have focused our efforts on our demonstrably effective approach, working as part of the SALFS partnership, to address the issues I have outlined earlier in this response.

In case further context is helpful to the Committee, the health and safety system in Scotland is led by the Health and Safety Executive (HSE) and the [Health and Safety \(First-Aid\) Regulations 1981](#) require employers to provide adequate and appropriate first aid equipment and facilities to employees who are injured or become ill at work.

The regulations do not prescribe the personnel or equipment each business should have. Instead, employers must undertake a [first aid needs assessment](#) to determine this. If the needs assessment determines an employer should have a defibrillator on site, they will be expected to provide one. Although the regulations only cover employees, accompanying guidance strongly recommends that employers take account of others who might be affected by their business, such as members of the public, in their needs assessment. Additional information is on HSE's website: [Frequently asked questions on first aid - First aid at work](#).

I hope this further information is helpful.

Yours sincerely,

**Jenni Minto MSP**