CPPP/S6/26/1/11

Citizen Participation and Public Petitions Committee
Wednesday 14 January 2026
1st Meeting, 2026 (Session 6)

Thematic Cardiac and Stroke Care Issues

Overview

1. During this parliamentary session, the Committee has considered a number of petitions calling for action on issues related to emergency cardiac and stroke care.

2. At its meeting on 7 May 2025, the Committee agreed to take evidence on petitions related to the provision of defibrillators in Scotland. The Committee then agreed to include these petitions in a thematic evidence session on emergency cardiac and stroke care with the Minister for Public Health and Women's Health. The Committee also agreed to hear evidence from cardiac care stakeholders prior to hearing from the Minister, and the Committee did so on 29 October 2025.

3. The Committee took evidence from the Minister for Public Health and Women's Health at its meeting on 12 November 2025. During the evidence session, the Committee considered the following themes–

   - Defibrillator access, usage and community response
   - Sudden Cardiac Death – research, data and coordination
   - Screening for, and reporting on, cardiac conditions in young people
   - CPR training
   - Public awareness and education around stroke

4. After the evidence session, the Minister for Public Health and Women's Health followed up in writing to the Committee on a few outstanding issues. The correspondence is provided at **Annexe A**.

5. British Heart Foundation Scotland provided a written statement prior to the evidence session on 29 October 2025, and it followed up with a brief update after the session. Both of these are included at **Annexe B**.

Clerks to the Committee
January 2026

Annexe A: Correspondence from the Minister for Public Health and Women's Health to the Committee Convener

Dear Convener,

Thank you for the constructive evidence sessions held on the four important petitions relating to cardiac and stroke emergencies. During my evidence on 12 November, I agreed to write to you with several updates.

Italian cardiac screening in sport study

The committee asked whether the Scottish Government acknowledge the findings from the Italian screening experience in sport, in particular the study which reported an 89% decrease in sudden cardiac death**.**

Having reviewed the submission from the Consulate General of Italy in Edinburgh, I note that the main study referenced which references an 89% decrease in the incidence rate of sudden cardiac death among young competitive athletes aged 12 to 35 years is *Corrado D, Basso C, Pavei A, Michieli P, Schiavon M, Thiene G. Trends in sudden cardiovascular death in young competitive athletes after implementation of a preparticipation screening program. JAMA. 2006 Oct 4;296(13):1593-601.*

When making decisions regarding screening, it is necessary to consider the body of research, rather than the outcomes of a single study. However, the UK National Screening Committee (UK NSC) did consider this study in its last review on screening for conditions associated with sudden cardiac death in the young. Full details on its consideration, along with the other evidence considered, can be found in *Evidence summary sudden cardiac death (2019)* available here; Sudden cardiac death - UK National Screening Committee (UK NSC) - GOV.UK

The UK NSC evidence summary also recognised that international guidelines – the American Heart Association and the European Society of Cardiology – do not recommend population level screening but do support pre-participation screening in competitive athletes.

Sportscotland offer cardiac screening to all Sportscotland Institute of Sport supported athletes in-house. Some sports require cardiac screening, via the International Federation regulations, which is also provided at the Institute.

Sportscotland also provide guidance for Sports Governing Bodies if a requirement is identified. These bodies have been guided to promote Cardiac Risk in the Young screening for their wider athlete populations.

First Aid Training and CPR in sport coaching pathways.

The committee highlighted the opportunity to better embed CPR training within coaching pathways, with particular reference to the Scottish Football Association coaching pathway.

My officials will raise this with Sportscotland.

Defibrillator registration campaign

The committee discussed the previous evidence provided by Kym Kestell, British Heart Foundation Scotland, in which she noted the importance of defibrillator registration and the fact that many defibrillators remain unregistered.

The committee considered whether it could play a role in raising awareness of this issue and encouraging other MSPs to promote defibrillator registration in their constituencies. I agreed that this would be a positive action and confirmed that I would check whether there was a graphic or awareness campaign which we could use.

BHF Scotland have provided a poster which contains a QR link to the Circuit website and also some social media assets which can be used by members to draw attention to the importance of defib registration in their constituencies. I have attached both alongside this letter.

FAST stroke awareness campaign

Regarding NHS Forth Valley's use of 'BE FAST' for stroke screening, I have instructed my officials to speak to NHS Forth Valley to understand what data has been collected as part of this pilot and whether there is learning that can be applied to our wider stroke awareness work.

I trust this response is helpful.

Yours sincerely,

Jenni Minto MSP

Annexe B: British Heart Foundation Scotland Submissions

Written submission, 14 October 2025[1]

British Heart Foundation is committed to improving survival of out-of-hospital cardiac arrest, understanding the barriers to improving survival, and influencing all steps of the Chain of Survival.

BHF's 2025 Strategy outlines its commitments to helping to place defibrillators in high-priority communities, continuing the rollout of The Circuit, and CPR training though RevivR.[2]

BHF Scotland welcomes the opportunity to provide evidence to the Citizens Participation and Petitions Committee. This submission outlines evidence on defibrillator access and potential data-led placement strategies.

Current Context

Currently in Scotland there are approximately 3752 out-of-hospital cardiac arrests (OHCA) each year, and less than one in ten people survive an OHCA.[3] For every minute that a person experiencing a cardiac arrest does not receive CPR and defibrillation, their chance of survival reduces by up to 10%.[4] Early defibrillation is a key part of the Chain of Survival, but it is estimated that a public access defibrillator (PAD) is only used in one in ten OHCAs.[5] PADs are an essential resource for community survival, however, data shows that access to defibrillators is not consistent across communities in Scotland.

Access to Defibrillators

Early defibrillation is key to increasing survival of an OHCA, evidence shows defibrillation within 3-5 minutes can increase survival rates by as much as 50-70%.[6] However, across Scotland there are multiple areas that lack defibrillators and where long retrieval times are impacting survival.

For example, Scottish Ambulance Service's OHCA report highlights a significant difference in PAD use in different areas across Scotland that they suggest is attributed to lack of access to PADs.[7] Earlier this year, using Circuit data (the UK's national defibrillator network) BHF identified 12 areas across Scotland with limited

[1] This document has been provided as a briefing ahead of the Committee's thematic evidence session on emergency cardiac care petitions on 29 October 2025.
[2] British Heart Foundation (2025). *Our Strategy: Turning an Era of Scientific Opportunity into Lifesaving Progress*. Available at: https://www.bhf.org.uk/-/media/files/what-we-do/our-strategy/bhf-strategy-final.pdf?rev=42c4b86b4ddb4f8e930cf980e1f2e7c3 [www.bhf.org.uk]
[3] Scottish Ambulance Service. (2025). *Scotland's out-of-hospital cardiac arrest report 2023–24*. https://www.scottishambulance.com/media/pelfnspc/ohca-report-2023-24.pdf
[4] Resuscitation Council UK. *Defibrillation*. https://www.resus.org.uk/public-resources/defibrillation
[5] Scottish Ambulance Service. (2025). *Scotland's out-of-hospital cardiac arrest report 2023–24*. https://www.scottishambulance.com/media/pelfnspc/ohca-report-2023-24.pdf
[6] Scottish Ambulance Service. (2025). *Scotland's out-of-hospital cardiac arrest report 2023–24*. https://www.scottishambulance.com/media/pelfnspc/ohca-report-2023-24.pdf
[7] Scottish Ambulance Service. (2025). *Scotland's out-of-hospital cardiac arrest report 2023–24*. https://www.scottishambulance.com/media/pelfnspc/ohca-report-2023-24.pdf

access to defibs and significant levels of deprivation, the retrieval time in some of these areas can be as high as 17 minutes 46 seconds (Saltcoats, North Ayrshire).[8]

People in areas of greatest deprivation are up to twice as likely to experience an OHCA and because data shows a link between areas of greatest deprivation and lower availability of PADs.[9] Rates of bystander CPR, another key link in the chain of survival, are also much lower in area of greatest deprivation as are rates of survival.

This data makes clear that any action to increase access to PADs should consider these areas of greatest need, where retrieval rates remain high and survival remains low, to reduce these health inequalities. Ensuring defibrillators are emergency-ready also requires robust guardianship and maintenance protocols, which BHF supports through The Circuit but securing guardians can be a challenge which should also be considered when placing PADs.

It is estimated that around 15% of OHCAs happen in the workplace,[10] so although some workplaces may be a good place to site a defibrillator, evidence suggests there are more likely to be needed in more residential areas, with 71% of worked arrests in Scotland taking place at an individual's home.

Data and tools are available that could aid in the strategic placement of defibrillators to areas that need them most.

PADmap is a free, publicly available resource that was launched earlier this year by the University of Edinburgh and was funded by the Scottish Government and St John Scotland. The tool uses data from the Scottish Ambulance Service and The Circuit to create a map showing mathematically optimised locations for suggested PAD placement, combining 'historic cardiac arrest locations with the locations of all the existing defibrillator to compute locations that are most likely to see future cardiac arrests'.[11]

Defibrillators and Schools

One proposal to increase access to defibrillators across Scotland is to provide all schools in Scotland with a PAD. This is a measure that has been implemented in England, and to some extent Wales, and is being implemented in Northern Ireland.

There are potential benefits to providing schools with PADs, research has shown that 33% of all OHCAs occur within 300m of a school, making them potentially good sites to place PADs where they are most needed.[12] They are often well located within residential areas and with most worked arrests happening in the home supplying a PAD to every school could potentially provide better defibrillator

[8] BHF Circuit data
[9] Scottish Ambulance Service. (2025). *Scotland's out-of-hospital cardiac arrest report 2023–24*. https://www.scottishambulance.com/media/pelfnspc/ohca-report-2023-24.pdf;
Burgoine T, Austin D, Wu J*, et al* Automated external defibrillator location and socioeconomic deprivation in Great Britain, *Heart* 2024;110:188-194.
[10] Resuscitation Council UK. (2021). *Epidemiology of cardiac arrest Guidelines*. https://www.resus.org.uk/library/2021-resuscitation-guidelines/epidemiology-cardiac-arrest-guidelines
[11] PADmap. *PADmap: Public Access Defibrillator Locations*. https://padmap.org/
[12] M. Benson *et al,* (2022) Location of out-of-hospital cardiac arrests and automated external defibrillators in relation to schools in an English ambulance service region

coverage to local communities. It would also increase the number of registered defibrillators in Scotland by 19.4% from 9,829 to 11,731.[13] Rollout of this measure could also be delivered at pace.

Using data from The Circuit, BHF Scotland have investigated the potential impact of placing PADs on all schools on average retrieval times across each local authority in Scotland. In some local authorities there is a marked reduction in retrieval time. For example, in Glasgow City the average retrieval time drops from an average of 5 minutes 12 seconds to 3 minutes 48 seconds and in the most deprived areas in Glasgow City there would be a 25% decrease in the average retrieval time.[14]

However, evidence is limited, and this impact is not seen across all local authority areas. In some areas there is only a small decrease in retrieval time by only a few seconds, like North Ayrshire and Renfrewshire.[15] The impact in areas of greatest deprivation is also not seen consistently across all local authorities. This data is top level and presents only an average retrieval time, meaning that it will potentially include schools that are not best placed to site a defibrillator.

Schools could be a beneficial place to site defibrillators in some cases, however, this option is less strategic than using a tool like PADmap to ensure that PADs are places where they are most likely to be used.

Sudden Cardiac Death

BHF Scotland defer to the guidance published by the UK National Screening Committee on population screening for cardiac conditions. We note that the current recommendation is against a population level screening programme.

For more information on sudden cardiac death and screening please see BHF Scotland's response to petition PE2067/G: https://www.parliament.scot/-/media/files/committees/citizen-participation-and-public-petitions-committee/correspondence/2023/pe2067/pe2067_g.pdf

A further briefing on this subject can be provided to committee members on request.

West of Scotland Pilot Rollout Update, 12 December 2025

British Heart Foundation have funded 1.2 WTE Clinical Nurse Specialist Sudden Cardiac Death roles for 24 months to expand and further rollout a successful pilot to implement a new clinical pathway for sudden unexpected death (SUD), sudden cardiac death (SCD), and out-of-hospital cardiac arrest (OHCA) in the West of Scotland. The service is fully operational in the West of Scotland, and the roles have now been appointed. Rollout of the service to the rest of Scotland will be phased as the other Inherited Cardiac Condition (ICC) centres and procurators fiscal from other areas of Scotland are onboarded onto the programme. The aim is to achieve full national coverage by the end of the 24-month period and progress will be monitored throughout.

[13] BHF Circuit data
[14] BHF Circuit data
[15] BHF Circuit data