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

PE2067: Improve data on young people affected by conditions causing Sudden Cardiac Death

Introduction

Petitioner	Sharon Duncan
Petition summary	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.
Webpage	https://petitions.parliament.scot/petitions/PE2067

1. The Committee last considered this petition at its meeting on 5 March 2025. At that meeting, the Committee agreed to write to the Cabinet Secretary for Health and Social Care and to the Italian Embassy.

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 new written submissions from the Consulate General of Italy in Edinburgh, the Cabinet Secretary for Health and Social Care, and British Heart Foundation Scotland, which are 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 2023.

7. Every petition collects signatures while it remains under consideration. At the time of writing, 2,086 signatures have been received on this petition.

8. At its meeting on 12 November 2025, the Committee took evidence on emergency cardiac and stroke care issues that have been raised in multiple petitions, including this petition.

Action

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

Clerks to the Committee
January 2026

Annexe A: Summary of petition

PE2067: Improve data on young people affected by conditions causing Sudden Cardiac Death

Petitioner

Sharon Duncan

Date Lodged

14 November 2023

Petition summary

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.

Previous action

I have written to, and met with, my MSP, Oliver Mundell, regarding the lack of clarity in data currently available.

I have also introduced an MSP Pledge urging MSP's to support a **national strategy to prevent Young Sudden Cardiac Death** and help save the lives of at least 12 healthy young people who die every week. Along with other bereaved parents, I have raised money to provide screening and publicised this issue in national press and television.

Background information

On 19 March 2022, my son, David Hill, died while playing for the Parliament's rugby team in Dublin. Almost a year after his death we found that he had died from an undiagnosed genetic condition which stopped his heart.

There is no screening programme for young people with these conditions and current estimates are that there are at least 12 preventable deaths each week in the UK.

Cardiac Risk in the Young (CRY) support and fund research as well as providing screening, which is mostly funded by bereaved families. Through this, CRY believes the incidence of young people identified with a potentially fatal cardiac condition (if untreated) to be 1:300, with another 1:100 to be found with a condition that could cause serious issues later in life if not monitored. The National Screening Committee (NSC) believe the incidence to be approx. 1 or 2:100,000. This discrepancy makes it difficult to establish the benefit of funding a national strategy. With accurate data from Scotland, the NSC could revisit their decision.

Screening costs £65 per person, and initially consists of an ECG, with follow-up by cardiologists.

Annexe B: Extract from Official Report of last consideration of PE2067 on 5 March 2025

The Convener: The next petition is PE2067, which was lodged by Sharon Duncan and calls on the Scottish Parliament to urge the Scottish Government to commission research to establish how many people aged 14 to 35 are affected by conditions that cause young sudden cardiac death, to clarify the number of people in Scotland who die annually from these conditions and to set up a pilot study to establish if voluntary screening can reduce deaths.

Is that Sharon Duncan in the public gallery? My eyesight is so faulty these days, but I believe that she is in the gallery—a very good morning to you.

We had hoped to be joined by Oliver Mundell for our consideration of this petition but, unfortunately, he is unwell and has not been able to attend the Parliament this week. He has sent his apologies.

We last considered this petition at our meeting on 20 March 2024, when we agreed to write to a number of organisations with a view to better understanding what research may be under way and to invite views on the call for a pilot study for a voluntary screening programme. Copies of all the responses that we have received are included in our papers for today's meeting.

The response from Cardiac Risk in the Young—CRY—provides details on calculating and understanding the incidence of conditions associated with young sudden cardiac death. It suggests that there are inaccuracies in the way that the incidence is recorded by the Office for National Statistics, which has led to the UK and Scottish Governments underestimating the impact that those conditions have on families and society at large. That is clearly disturbing.

Similarly, the British Heart Foundation and Chest Heart & Stroke Scotland both highlighted the importance of research for improving understanding of the prevalence of sudden cardiac death and how best to identify the risks associated with it. Both organisations indicated support for further research, with Chest Heart & Stroke Scotland believing that, if the Scottish Government commissioned research, including a pilot study on voluntary screening, it could provide crucial insight and offer a valuable contribution to the current evidence base.

We also received a response from the Minister for Public Health and Women's Health setting out how the Scottish Government and other UK nations engage with the work of the UK National Screening Committee. It noted that Governments cannot tell the NSC which issues it should consider or review.

In its response dated May 2024, the UK National Screening Committee states that it is not aware of any significant new work on whole population screening that would suggest a different outcome to its 2019 review. It does, however, plan to review evidence relating to population screening for sudden cardiac death within the next three years. The response also notes that the NSC's terms of reference have been expanded to include consideration of targeted or stratified screening programmes, and although it has not yet been asked to consider targeted or stratified screening for

sudden cardiac death, it can be alerted to any new published peer-reviewed evidence that might suggest a case for a new screening programme.

We have also received two submissions from the petitioner. She welcomes the responses from Cardiac Risk in the Young, Chest Heart & Stroke Scotland and the British Heart Foundation, and also draws our attention to discussions that have taken place elsewhere in the UK, including an event at the Italian embassy in London that explored the mandatory screening programme for young people who are involved in organised sport in Italy, and how that programme might be adapted for use in the UK. Ms Duncan also shared information about the meeting that she had with the then First Minister, Humza Yousaf, and the Cabinet Secretary for Health and Social Care to discuss the possibility of commissioning or supporting research into the impact of diseases leading to sudden cardiac death in Scotland.

Quite a bit of progress has been made, but there is still work to do. Do colleagues have any suggestions for action?

Foysol Choudhury (Lothian) (Lab): We should keep the petition open and write to the Cabinet Secretary for Health and Social Care to highlight the evidence that the committee has received, and seek an update on any discussions that the cabinet secretary has had with the chief scientific officer about commissioning or supporting research into the impact of diseases that lead to sudden cardiac death in Scotland.

We could also ask what consideration the Scottish Government has given to commissioning a pilot study on voluntary screening, including details of any engagement that it has had with organisations such as the British Heart Foundation, Cardiac Risk in the Young, and Chest Heart & Stroke Scotland on that particular ask of the petition.

Given what the petitioner highlighted in their submission about the Italian screening programme, I wonder whether the Italian consulate would be able provide a briefing or some research on that programme, which has reduced SCD by almost 90 per cent.

The Convener: That is also a welcome suggestion. I have to say that I was unaware of the programme in Italy, so I think that it would be useful to have some further information on it.

Obviously, this is an issue that has resonance for all of us here in Parliament, given the loss of one of our staffing colleagues.

Fergus Ewing: I agree with that recommendation. I note that Mr Mundell has been pursuing the issue doggedly and with feeling since the outset.

There is a very serious issue that has not, to me, been resolved, although I am no expert. The Minister for Public Health and Women’s Health has provided a fairly lengthy reply, unlike in some cases, so that is good. On one hand, the petitioner initially argued that there were 12 preventable deaths per week, which is quite a high incidence, but the National Screening Committee argues precisely the opposite. In her response of 21 April 2024, the minister said:

“The error, or misunderstanding of the incidence of YSCD, is why we have made repeated requests to meet with the National Screening Committee to clarify this issue … We have also requested for the NSC to transparently publish the pre-screening and post-screening incidence death rates for other conditions which meet the NSC screening criteria.”

I wonder whether we have quite got to the bottom of that, and whether, when we are writing to the cabinet secretary, we could ask whether that meeting with the National Screening Committee has taken place, what it says, what its updated position is, and what is the explanation for the apparent massive discrepancy between the two positions. If the petitioner is right, the problem is profoundly serious, not only for her, given her tragic loss, but for many families across Scotland and, indeed, the UK. We therefore have a duty to ensure that the minister’s efforts are assisted by the committee, so that we get to the bottom of this, if we possibly can.

The Convener: Thank you, Mr Ewing. Because of the scheduling of the petition, we have ended up considering it almost as we come around to the anniversary of the death of Sharon Duncan’s son, David Hill, on 19 March 2022. I thank colleagues and the Scottish Rugby Union for the work that they do in keeping David’s memory alive and the work that the Parliament and others do to bring attention and feeling to the issue. He is still sorely missed by many of us here in the Parliament.

On the basis of those recommendations, are we content to keep the petition open and pursue the various suggestions that have been made?

Members indicated agreement.

Annexe C: Written submissions

Consulate General of Italy in Edinburgh written submission, 13 March 2025

PE2067/L: Improve data on young people affected by conditions causing Sudden Cardiac Death

The following briefing provides an overview about the mandatory screening programme for all young people involved in organised sport in Italy, the legislation and protocols in place, and a review of the most recent studies analysing the impact of the screening and its cost-effectiveness.

The briefing is based on the proceedings of a scientific symposium organised on 28th January 2025 by the Embassy of Italy in London, in collaboration with the Italian Society for Sport Medicine (FMSI), as part of the initiatives comprised in the *Memorandum of Understanding* signed by the Italian and the British governments in April 2023.

Based on the evidence that approximately two thirds of Sudden Cardiac Deaths (SCDs) in young athletes happen during competition or training and an additional 13% of SCDs are linked to sport-related activities, and that the incidence rate of SCD victims was significantly higher among young athletes compared to the general population, in the late 70s/early 80s Italian sport medicine physicians made recommendations to the Italian Parliament to introduce relevant legislation to prevent SCDs.

Italian legislation (Decree of the Minister of Health, 18th February 1982 for professional and competitive athletes; last, Decree of the Minister of Health, 24th April 2013 for non-competitive athletes) mandates that every participant engaged in sports activities must undergo a clinical evaluation and obtain an eligibility certificate. This certificate is reviewed at least every year.

Accordingly, a nationwide systematic screening program was launched in Italy in 1982. The screening protocol can be carried out exclusively by a physician specialised in Sport Medicine. The same guidelines for sports medicine define as “young competitive athletes” adolescents and young adults aged 12 to 35 years who participate in an organized sports program that required regular training and competition.

Each sport federation part of the Italian National Olympic Committee (CONI) defines the age at which screening becomes mandatory from (e.g. from 8 years of age for swimming athletes; from 12 years of age for rugby players, etc…) and any specific examination to guarantee the athlete’s health protection. In general terms, the protocol includes: athlete anamnesis (family history, previous personal health history); anthropometric measurements (weight, height); visual acuity examination; urine analysis; resting and stress 12-lead electrocardiogram (EKG); spirometry. Further examinations (physical examination for particular organ districts specifically involved) may be included in the protocol for different sport disciplines and, therefore, the certificate is specific for a particular sport.

Additional tests are requested only for those athletes who had positive findings during the first screening and following this second screening, the athlete can be certified qualified for sport activities, temporarily disqualified, or permanently disqualified.

The major result of the introduction of this mandatory screening is the significant decrease of SCDs among young athletes. Indeed, a study carried out on the population of the Veneto region (north-east of Italy) between 1979 (prior the introduction of the mandatory screening) and 2004 shows an 89% decrease in the incidence rate of SCDs among young competitive athletes aged 12 to 35 years (from 3.6 in every 100,000 people/year in 1979 to 0.4 in every 100,000 people/year in 2004).

Remarkably, the incidence rate result obtained among the athletes is even lower than the one obtained in non-athletes, where the SCD incidence rate is 0.7/0.8 in every 100,000 people/year, unchanged over the last decades.

The decrease of SCDs incidence rate is accompanied by the concomitant increase of the proportion of young competitive athletes who were identified and hence disqualified from competition because of cardiomyopathies during the same interval. Indeed, on average, only a bit more than 90% of the athletes are cleared for competition after a normal first-line evaluation. After the second-line evaluation, 2% of the athletes were diagnosed with a disease, with 0.3% temporarily disqualified and 0.3% permanently disqualified.

Notably, despite the screening being mainly focused on the cardiovascular system performance, 74% of the athletes are diagnosed with disease pertaining to the heart or the vascular systems; the remaining 26% relate to pneumology, allergology, neurology, or oncology fields.

Therefore, the screening has a particular relevance in the early diagnosis of a major disease, in finding possible risk factors or minor diseases, and in being a first preventive screening for the population.

It has been determined that the mean cost on the Italian Health System per athlete for the first-line evaluation screening is €64 (approximately £54), with additional €15 (approximately £13) when including additional investigations. The sport medical examination is officially recognised by the Health System: it is provided free of charge to minors and to people with disabilities, while all other people can access it by contributing €36.15 (approximately £30) towards its cost.

Relevant bibliography:

1. Decree of the Italian Ministry of Health, February 18, 1982. Norme per la tutela sanitaria dell'attività sportiva agonistica [*Rules concerning the medical protection of athletic activity*]. Gazzetta Ufficiale della Repubblica Italiana. March 5, 1982:63.

2. Decree of the Italian Ministry of Health, April 24, 2013. Disciplina della certificazione dell'attività sportiva non agonistica e amatoriale e linee guida sulla dotazione e l'utilizzo di defibrillatori semiautomatici e di eventuali altri

dispositivi salvavita. [*Rules concerning non-athletic and leisure sport activities certification, and guidelines on the installation and use of defibrillators and other life-saving* devices]. Gazzetta Ufficiale della Repubblica Italiana. July 20, 2013:169.

3. 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. doi: 10.1001/jama.296.13.1593. PMID: 17018804.

4. Vessella T, Zorzi A, Merlo L, Pegoraro C, Giorgiano F, Trevisanato M, Viel M, Formentini P, Corrado D, Sarto P. The Italian preparticipation evaluation programme: diagnostic yield, rate of disqualification and cost analysis. Br J Sports Med. 2020 Feb;54(4):231-237. doi: 10.1136/bjsports-2018-100293. Epub 2019 Jul 17. PMID: 31315826; PMCID: PMC7029244.

Cabinet Secretary for Health and Social Care written submission, 1 April 2025

PE2067/M: Improve data on young people affected by conditions causing Sudden Cardiac Death

Thank you for writing to me on the important issue of young sudden cardiac death and for highlighting the evidence that the Committee has received so far.

Firstly, the Committee has requested an update on discussions that have been had with the Chief Scientist Office (CSO) about commissioning or supporting research into the impact of diseases leading to sudden cardiac death in Scotland. I can confirm that, following a meeting on 18 April 2024 with Sharon and Gordon Duncan, I asked officials to explore with the CSO any opportunities to support research into sudden cardiac death in the young.

My officials sought further advice from CSO and, consistent with previous responses provided to this Committee by the Minister for Public Health and Women's Health, it was confirmed that the CSO is a response mode funder and does not commission research on specific topics. It was reiterated that applications on sudden cardiac death are welcomed and would go through CSO's standard independent expert review process to allow funding decisions to be made. Further information about the CSO funding schemes, the application process, and upcoming deadlines can be found at https://www.cso.scot.nhs.uk/grant-funding/.

Scottish researchers are also able to apply to the National Institute of Health Research (NIHR) schemes that CSO buys into. Information about these opportunities is available on the CSO website. Beyond these routes, there are other large scale funders of cardiovascular research in the UK, including the British Heart Foundation – information on applications for grant funding from BHF can be found here - What we fund - Cardiovascular Research Grants - BHF.

CSO also reached out to the Cardiovascular Research Network to encourage any academics in Scotland with an interest in this topic, to make a research application on sudden cardiac death via any of these routes.

With regard to the Committee's second question, asking what consideration the Scottish Government has given to commissioning a pilot study on voluntary screening. I would highlight the information provided above – that within the Scottish Government, the CSO has policy responsibility for health research and that funding opportunities are provided through a response mode scheme.

Further, the Committee has also asked what engagement the Scottish Government has had with the British Heart Foundation, Cardiac Risk in the Young (CRY) or Chest, Heart & Stroke Scotland on the commissioning of a pilot study on voluntary screening. The decision to provide funding for such a research project, or indeed to apply themselves for research funding to deliver a project on this topic, would be the individual responsibility of those organisations and therefore the Scottish Government has not engaged with the three organisations on this particular ask of the petition.

You have also drawn my attention to the written evidence provided by CRY about the misunderstanding of the incidence of Young Sudden Cardiac Deaths, and asked whether Scottish Government officials have raised this matter during its engagement with the UK National Screening Committee (NSC).

I should reiterate for the Committee that the UK NSC is an independent, expert advisory group which advises all four UK nations on aspects of screening. While representatives from Scotland attend UK NSC meetings and remain in close contact to discuss any emerging issues, they must, at all times, respect and uphold the independence of the committee in formulating its advice, which is based on the best and most up to date evidence available.

As outlined in the UK NSC response to the Committee, dated 9th May 2024, the UK NSC does not make decisions regarding which conditions to screen for based on how rare a condition is or is not. Rather, it assesses evidence against a set of internationally recognised criteria covering the condition, the test, the treatment options, and the effectiveness and acceptability of the screening programme. The details of the criteria considered by the UK NSC with regard to screening those aged under 30 for cardiac conditions associated with sudden cardiac death can be found in the evidence summary provided here (summarised on pages 8-11); Sudden cardiac death - UK National Screening Committee (UK NSC) - GOV.UK

In summary, challenges included;

- A lack of a sufficiently predictive test for risk of sudden cardiac death
- Often low quality evidence supporting guideline statements relating to the treatment of individuals without symptoms.

The UK NSC plans to review the evidence relating to population screening for SCD within the next three years, in line with their current work plan. The evidence review process involves consultation and engagement with stakeholders and opportunities for internal and external stakeholders, such as CRY, to draw the UK NSC's attention to developments. This is set out more fully in the UK NSC stakeholder engagement strategy.

The CRY response reiterates the important issue raised by the original petition, which is that the epidemiology of sudden cardiac death remains uncertain and there is potential to improve this matter. To this end, we are working closely with the West of Scotland Inherited Cardiac Conditions Service, the Network for Inherited Cardiac Conditions (NICCS), genetics and pathology services, and the Scottish Cardiac Audit Programme, to enhance data quality and develop a robust national audit process in order that we might improve the understanding of sudden cardiac death incidence in Scotland.

Yours sincerely

NEIL GRAY

British Heart Foundation Scotland written submission, 14 October 2025[1]

PE2067/N: Improve data on young people affected by conditions causing Sudden Cardiac Death

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.

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[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

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 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

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[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
[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

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 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/-

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

/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.