**All Party Parliamentary Group for Defibrillators**

*First Aid Training*

**Date**: Tuesday 12th September 2023

**Time:** 12.00 – 13.00

**Chair**: Jonathon Gullis MP

Minutes takes by: Lewis Klein, DGA (Secretariat)

**Members Present**:

* Jonathan Gullis (Chair)
* Lord Aberdare
* Lord Storey

**Speakers**:

* Keith Sleightholm, Managing Director, ProTrainings
* Sam Richards, founder of ToBe Heartsafe
* Dr Filip Zemrak, Consultant Cardiologist

**Audience:**

* Marcus Loney-Evans, Resuscitation Council UK
* Olivia Arnold, DGA (Secretariat)
* Ben Mitchell, DGA (Secretariat)

**Minutes**

Jonathon Gullis MP opened the meeting and introduced himself and the other members. He then welcomed the external speakers to the fifth APPG for Defibrillators session on First Aid Training.

Mr Gullis spoke about the reason for the formation of the Group and how it aims to raise awareness of defibrillator access and improve out-of-hospital sudden cardiac arrest survival rates. He also mentioned how it has been great to see the issue of defibrillators featured more frequently in the media and mentioned a recent Private Members’ Bill by Stephen Metcalfe MP focused on mandating the placement of defibrillators in dwellings of 10 or more.

He then asked the speakers to introduce themselves, starting with Ms Sam Richards.

Ms Sam Richards introduced herself as the Founder of ToBe Heartsafe and shared her personal tragedy of losing her son to Sudden Arrhythmia Death Syndrome (SADS) at the age of 22. She emphasised the need to raise awareness about SADS, as it is the third leading cause of death among individuals aged 16-34, following car collisions and suicide.

She said her primary goal is to provide greater access to heart screening for young people and to ensure that CPR training is a mandatory part of education in the United Kingdom. Mr Gullis thanked Ms Richards for sharing her personal story and expressed agreement with the need to increase CPR training in schools.

Mr Gullis then invited Mr Filip Zenmark to speak.

Mr Filip Zenmark introduced himself as a Consultant Cardiologist and stressed the importance of widespread resuscitation training and education. He stated that although cardiac screening is useful in identifying problems and helping to save lives among a few people, resuscitation training has the potential to save lives on a much wider scale.

Mr Gullis asked about the existing barriers in the United Kingdom preventing widespread cardiac screening and checks from taking place. Mr Zenmark explained that in the United Kingdom, such services are not widely available, financial barriers exist, and legislation does not fully support them. He also noted that in Italy, cardiac screening is mandatory in secondary schools and showed his support for such measures to be introduced in the United Kingdom.

Mr Gullis thanked Mr Zenmark for his contribution and asked Mr Keith Sleightholm to speak next about the work he has undertaken on this issue.

Mr Keith Sleightholm introduced himself as the Managing Director of ProTrainings and discussed the various ways his organisation helps in providing access to resuscitation and first aid training for schools, families and communities. He specifically mentioned ProTrainings’ work in providing free e-training to schools as well as launching family and community first aid programmes during the COVID-19 lockdown.

Mr Sleightholm highlighted cost as a significant barrier to increasing the availability of defibrillators and mentioned new alternative products entering the market that would help make them more accessible to the wider population. He also said explained how fear of performing first aid and using a defibrillator was another barrier to developing first-aid and resuscitation in the United Kingdom.

Mr Sleightholm believed this could be overcome through greater education. He also referenced the issue of stigma during female CPR and efforts to reduce this through introducing a female mannequin within practical training.

At this point, Mr Gullis thanked all the participants for their contribution throughout the session so far and directed the other members present to ask any questions they had.

Lord Aberdare began by asking how effective cardiac screening was in detecting irregularities or defects in those aged 16-34 years old. Mr Zenmark responded by saying that cardiac screening is highly effective in detecting structural heart diseases. He also said that to detect non-structural issues other instruments would be needed as there may not be physical signs that can be captured by screening alone.

Ms Richards added that despite cardiac screening not being a ‘catch-all’ solution, many people are made aware of issues they would not otherwise have known of. Ms Richards used the example of Italy, and mandated screening for teenage children, as a case of cardiac screening providing the opportunity for people to become aware of cardiac-related issues at a much younger age.

Lord Storey mentioned the Oliver King Foundation's efforts to develop screening in schools. He expressed a desire to follow up with the Government Heart Strategy and its implications for screening development.

Lord Aberdare emphasised that having defibrillators is not sufficient; there is also a need for greater emphasis on prevention through widespread cardiac screening.

Mr Gullis asked Mr Sleightholm what barriers there are to increasing levels of first-aid training in schools through bringing in organisations such as ProTrainings. Mr Sleightholm clarified that cost is not a major issue in most cases as the resources they provide, particularly e-learning, are free of charge.

Instead, Mr Sleightholm explained the most common barriers are often related to time constraints and the lack of staff members or departments in school who take ownership in ensuring physical first-aid training is provided to students. At this point, Mr Gullis commented on the potential to appoint a member of staff in each school to take ownership of providing first-aid training to ensure that it is provided to all students on a regular basis.

Mr Zemark added that another barrier is often that first-aid training is not always considered a priority in schools until an incident occurs as they feel it is something that will not affect them. He referenced a study in Norway which found that only 2% of the population fear cardiac diseases compared to 40% for Alzheimer's.

Lord Aberdare said that he was struck by this study and commented on the need to educate people more on the risk of cardiac diseases and survival rates, so it is considered more of a realistic problem that needs to be acted on.

At this point, Marcus Loney-Evansfrom Resuscitation Council UK intervened to discuss the disparities between survival rates in the United Kingdom and other European nations. He said in countries such as Denmark and the Netherlands with well-established first-aid training and education survival outcomes range from 20 – 25%. He further added that in the UK survival outcomes are currently as low as 8%.

Mr Loney-Evans explained how public health initiatives in other European countries, such as first-aid training being a requirement of driving licenses, helps in increasing levels of first-aid training and particularly amongst demographics who may not have been taught at a younger age.

Lord Storey stressed the need for government to mandate that first aid and CPR training programmes should be implemented in schools. He suggested implementing such programs during periods when students are not engaged in the curriculum, such as after SATs and GCSEs.

Ms Richards commented on the broader societal impact of equipping young people with these life-saving skills as they are able to use them outside of school. She also commented on the need to ensure first-aid training is regularly undertaken. All participants agreed on the importance of regular first-aid training to ensure that individuals feel confident in emergency situations.

Ms Richards and Mr Sleightholm highlighted the need to address fears associated with and barriers to first-aid training in the United Kingdom. In particular, Ms Richards mentioned the fear associated with the use of defibrillators she often encounters, whilst Mr Sleightholm commented that even if people are prepared to use a defibrillator they are often locked away where people do not know and cannot access them.

Mr Sleightholm once again made reference to new cheaper defibrillator products entering the United Kingdom that he believed could address issues with availability and ensure they are far more accessible to people in emergency situations. Lord Aberdare agreed with Mr Sleightholm and discussed other opportunities where these products could be used, such as in community sports clubs, businesses and building residences.

**Ending Remarks**

Mr Gullis concluded the session by thanking all the speakers for their valuable contributions. He reiterated the importance of implementing CPR training more widely and expressed his intention to draft written questions on screening and training for future steps, as well as to pursue the matter of including CPR training in driving license requirements.

The session concluded with a shared commitment to saving lives through education and training in CPR and heart screening.

He said that the minutes of the meeting will be published.

Mr Gullis thanked the speakers for attending and closed the meeting.