

# **PROPOSED MANDATORY REGISTRATION OF AUTOMATED EXTERNAL DEFIBRILLATORS (SCOTLAND) BILL – ANAS SARWAR MSP**

## **SUMMARY OF CONSULTATION RESPONSES**

This document summarises and analyses the responses to a consultation exercise carried out on the above proposal.

The background to the proposal is set out in section 1, while section 2 gives an overview of the results. A detailed analysis of the responses to the consultation questions is given in section 3. These three sections have been prepared by the Scottish Parliament's Non-Government Bills Unit (NGBU). Section 4 has been prepared by Anas Sarwar MSP and includes his commentary on the results of the consultation.

Where respondents have requested that certain information be treated as “not for publication”, or that the response remain anonymous, these requests have been respected in this summary.

In some places, the summary includes quantitative data about responses, including numbers and proportions of respondents who have indicated support for, or opposition to, the proposal (or particular aspects of it). In interpreting this data, it should be borne in mind that respondents are self-selecting and it should not be assumed that their individual or collective views are representative of wider stakeholder or public opinion. The principal aim of the document is to identify the main points made by respondents, giving weight in particular to those supported by arguments and evidence and those from respondents with relevant experience and expertise. A consultation is not an opinion poll, and the best arguments may not be those that obtain majority support.

Copies of the individual responses are available on the following website <https://anassarwar.co.uk/defib-registration/>.

A list of respondents is set out in the Annex.

## SECTION 1: INTRODUCTION AND BACKGROUND

Anas Sarwar's draft proposal, lodged on 2 March 2020 was as follows:

**Proposed Mandatory Registration of Automated External Defibrillators (Scotland) Bill:** a proposal for a Bill to require the registration of existing and newly acquired automated external defibrillators (AEDs) in Scotland.

The proposal was accompanied by a consultation document, prepared with the assistance of NGBU. This document was published on the Parliament's website, from where it remains accessible:

<https://www.parliament.scot/parliamentarybusiness/Bills/114678.aspx>.

The consultation period ran from 3 March to 26 June 2020 (extended from 25 May).

The consultation process was supported by the British Heart Foundation. The primary awareness and distribution method was via online and social media activity (Facebook, Twitter) and through the British Heart Foundation's network of stakeholders and their social media channels.

The member is pleased that the volume and nature of consultation responses reflect a broad range of contributors and, indeed, a range of views. This is crucial to demonstrate both support for the proposed legislation but, also, tease out any issues which require further consideration or consultation.

The consultation process is part of the procedure that MSPs must follow in order to obtain the right to introduce a Member's Bill. Further information about the procedure can be found in the Parliament's standing orders (see Rule 9.14) and in the *Guidance on Public Bills*, both of which are available on the Parliament's website:

- Standing orders (Chapter 9):  
<https://www.parliament.scot/parliamentarybusiness/26514.aspx>
- Guidance (Part 3):  
<http://www.parliament.scot/parliamentarybusiness/25690.aspx>.

## **SECTION 2: OVERVIEW OF RESPONSES**

In total, 74 responses were received.

The responses can be categorized as follows:

- eight (11%) from third sector organisations (including charities involved in fundraising for, raising awareness of, and providing training around AEDs, and community groups);
- one (1%) from a commercial organisation (Greenlaw Medical Practice and the Dental Surgery Ltd);
- three (4%) from 'other' organisations (including Butchers At The Heart of Communities and Coastwatch Scotland<sup>1</sup>);
- seven (9%) were from professionals with experience in a relevant subject;
- one (1%) was from an individual politician; and
- fifty-four (73%) from members of the public;

Of those submissions:

- eighteen (24%) respondents asked for their response to be treated anonymously; and
- six (8%) respondents asked for their response not to be published.

### **Summary of responses**

A large majority of respondents (92%) were supportive of the member's proposal to make it a legal requirement to register every Automated External Defibrillator (AED) with the Scottish Ambulance Service. There was also widespread agreement (90%) that requiring the registration of AEDs would lead to an improvement in out-of-hospital cardiac arrest survival rates.

There were mixed views on questions such as how often, if at all, the Scottish Ambulance Service should verify that registered AEDs remain in place and accessible, and on whom the legal requirement to register an AED should lie. There was also disagreement as to whether sanctions should be applied should there be a failure to comply with mandatory registration, with around a third of respondents stating that there should be sanction, a third saying there should not and the final third stating they were unsure. However, most respondents agreed that the requirement to register AEDs should not be limited to public bodies.

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<sup>1</sup> The third organisation chose the 'not for publication' option and therefore cannot be named in this document.



## SECTION 3: RESPONSES TO CONSULTATION QUESTIONS

This section sets out an overview of responses to each question in the consultation document.

### **General aim of proposed Bill**

The consultation document outlined the aim of the proposed Bill and what it would involve. Respondents were asked:

**Question 1: Which of the following best expresses your view of making it a legal requirement to register every Automated External Defibrillator with the Scottish Ambulance Service? Please explain the reasons for your response.**

All 74 respondents answered this question. Of those who responded:

- fifty-nine (80%) were fully supportive, whilst nine (12%) were partially supportive;
- three (4%) were fully opposed, whilst two (3%) were partially opposed; and
- one (1%) was unsure.

### **Reasons for supporting the proposed Bill**

The importance of AEDs was repeatedly referred to, with many respondents stating that they save lives and therefore anything that may lead to them being easily identified and accessed should be supported. One individual respondent, Paul Marlow, stated:

“Access to an AED in the event of cardiac arrest can increase survival to between 40% and 90% according to varied research studies, with differing inclusion criteria. Where an AED is provided, knowledge of its location and availability to the public and to users of the venue where it is provided reduces time to first shock and increases survival. Mandatory registration ensures that this information is available centrally and can be given by dispatchers to 999 callers at the time when the AED would be needed, thus reducing delays in accessing an AED.” (Response 48, SS ID: 137015432)

It was suggested by some respondents that there was little point in AEDs being available for use, if those who needed them did not know that they existed or where to find them. Some respondents highlighted the need for AEDs to be registered with the Scottish Ambulance Service (SAS) in order for a central database of AEDs to be created. The creation of such a resource would be an important factor in reducing delays in accessing AEDs, with one respondent stating:

“If we are to improve survival rates from sudden cardiac arrest there needs to be an accurate data base that the SAS can have access to. In addition,

they need to be properly located, signage provided and awareness of the general public raised.” (Response 55, SS ID: 137115253, Steve Jelfs)

It was also suggested that creating a register of all available AEDs would help identify gaps, so it was clear to the SAS where there were shortages and perhaps allow new AEDs to be installed. (Response 11, SS ID: 137028371, Anonymous)

Some respondents, whilst partially supportive of the proposal, raised some concerns as to how it might work in practice, including how the mandatory registration of AEDs would be enforced (Response no 60, ID: 137001739, Appin Community Council and Appin Community Development Trust) and whether making registration mandatory would deter some parties from owning an AED, thus lessening the number available for use (Response 66, SS ID: 141571372 Resuscitation Council UK)

### **Reasons for opposing the proposed Bill**

The reasons stated for opposing the proposed Bill reflect some of the concerns noted above. It was feared that making the registration of AEDs mandatory would deter people from purchasing them in the first instance. One organisation, Lucky2BHere, expressed strong concerns, stating:

“Making registration a legal requirement is NOT the way to improve access. Introducing legislation will ultimately REDUCE the number of PADs available to the Scottish public.

We never place a defibrillator without providing hands-on training. On every training course we deliver, we encounter misconceptions about the devices and the legalities of using them. We (along with so many other training organisations) work hard to address and correct these fears. Burdening community members/business owners with an unnecessary legal responsibility is not only unworkable, it will undoubtedly magnify existing fears surrounding defibrillators. This will inhibit and reduce the future placement of devices, with untold negative impact on existing devices.” (Response 65, ID: 142101471, Lucky2BHere)

<b>Question 2: What do you think would be the main practical advantages and disadvantages of the proposed Bill?</b>
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Sixty-eight respondents (92% of the total) answered this question.

### **Advantages**

Most of the advantages listed echoed the points made in response to Question 1 by those who were supportive of the proposal. The points made included that the Bill will:

- improve access to AEDs which will in turn improve survival rates from those who suffer cardiac arrests;
- lead to a raised awareness about AEDs thus making it more likely they are used when needed; and
- allow for the creation of a centralised database which will help the emergency services to access AEDs quickly and easily.

## Disadvantages

As previously noted, there was an apprehension among some respondents that making AED registration mandatory will deter organisations and individuals from installing them, meaning that there will be fewer available for use. It was also suggested that those who register AEDs may then be obliged to meet the ongoing cost of maintaining them, creating a further deterrent to purchasing one.

Some concern was raised over the accuracy and helpfulness of information that could be held on databases. It was considered that it would be difficult to keep information on the location of AEDs up-to-date. Further to this, it was pointed out that an AED may be located in a building which was not open to the general public, or only open at certain times. It was queried whether any database would be nuanced enough to include details of when an AED was available or not. (for example, response 16, SS ID: 137089614, Anonymous)

Others were of the view that, since the Bill would lead to information on the location of AEDs being more accessible, this could lead to them being vandalised and damaged by members of the public. One anonymous respondent stated:

“(if) all registered are easy access to anyone needing one but there are also the idiots out there who will abuse this and make false calls only to get at a machine and what would the implications be if these got into the wrong hands? these machines are not cheap and it would be so easy for this system to be abused and have this equipment stolen or vandalised.” (Response 8, SS ID: 136995598)

**Question 3: What impact would you expect a legal duty to register Automated External Defibrillators with the Scottish Ambulance Service to have on out-of-hospital cardiac arrest survival rates in Scotland?**

All 74 respondents answered the question. Of those respondents:

- fifty-seven (77%) considered that there would be improved survival rates;
- ten (14%) considered that there would be slightly improved survival rates;
- three (5%) considered that there would be neither improved nor worsened survival rates;
- one (1%) considered that there would be slightly worsened survival rates;

- two (2%) considered that there would be considerably worsened survival rates; and
- one (1%) was unsure.

### **Improved survival rates**

Those who answered in this way made points similar to many of those already covered above. The main view expressed was that early use of AEDs in cases of cardiac arrest could save lives. Therefore, if, as a result of the Bill, emergency services call handlers could easily and quickly direct members of the public to the location of AEDs, survival rates would increase. Keiran's Legacy explained:

“The evidence states that for every minute a defibrillator is not in place the chance of survival reduces by 10%. Faster access by registering location will get treatment faster to the person and give them an enhanced chance of survival.” (Response 64, SS ID: 137021140)

Another respondent made reference to personal experience, stating:

“In my husband's case, the hospital made us aware that without the AED he would not have survived. He needed 2 shocks to restart his heart. Two off duty nurses were administering CPR and it took 18 minutes for an ambulance to arrive.” (Response 13, SS ID: 137056113, Anonymous)

Others considered that the registration of AEDs could help improve survival rates as part of a suite of measures put in place:

“Having access and registration of AEDs is a positive step, but on its own it's not really enough - it would also require members of the public to know how to use them and be confident in doing so to merit any marked improvement. I feel strongly that courses should be provided on this - as they are by BHF [British Heart Foundation], however as they are free of charge, people sign up but then often cancel or don't show up, making it impractical for BHF staff to run the courses from a financial perspective.” (Response 39, SS ID: 137069623, Jenni Cockburn)

### **Worsened survival rates**

The few who considered that survival rates would worsen suggested that people may be deterred from purchasing defibrillators or from using defibrillators as a result of the Bill, with Lucky2BHere stating:

“The Bill will magnify fears of litigation / legal responsibility, which will ultimately reduce the number of Public Access Defibrillators available in Scotland. Successful placement of PADs requires a robust structure of training and maintenance to ensure that they are 'rescue ready'. Successful placement also requires the support of local business and



communities, which will be withdrawn if a legal responsibility is introduced.” (Response 65, ID: 142101471, Lucky2BHere)

**Question 4: Do you consider that the proposed Bill should place a duty on The Scottish Ambulance Service or NHS Scotland to verify at regular intervals whether registered Automated External Defibrillators remain in place and are accessible?**

All 74 respondents answered the question. Of those respondents:

- twenty-six (35%) considered that verification should be carried out every six months;
- sixteen (22%) considered that verification should be carried out once a year;
- two (3%) considered that verification should be carried out every five years;
- seven (9%) considered that verification should be carried out at another interval;
- sixteen (22%) considered that verification should not be carried out; and
- seven (9%) were unsure.

#### **Verification should be carried out by SAS/NHS**

It was considered important that AEDs were checked on a regular basis to ensure that they were in place and in working order. Concerns were raised that inaccuracies in a database of AEDs could lead to delays in obtaining potentially life-saving equipment. One respondent explained:

“Individuals could either sell the AED; the AED may become damaged or develop a fault; the individual may move; the company could close down; if an individual does not have the money to replace the battery, pads or device. Any number of possible situations could arise that could make the data out of date.” (Response 26, SS ID: 143762665, Craig Usher)

While some emphasised the need to have as accurate a database as possible by carrying out verifications every six months or more frequently, others considered that allowing more time to elapse between verifications would strike an appropriate balance between the need for accuracy and avoiding overburdening the NHS and SAS.

Other timeframes suggested included weekly, quarterly, and every two years. One respondent explained that varying factors made it difficult to determine which timeframe would be most appropriate:

“Individual experience from England indicates that AED availability does change owing to properties changing ownership, location or removal for other reasons. Once registered, a duty should be placed on the owner to inform of changes, but realistically this may be omitted,

and the body with which AEDs are registered may be the appropriate body to recheck availability. It is impossible to specify a timeframe without data to suggest the frequency with which AEDs are made unavailable.” (Response 48, SS ID: 137015432, Paul Marlow)

### **Verification should not be carried out by SAS/NHS**

The consensus amongst those who answered in this way was that the responsibility for ensuring information on the whereabouts and condition of AEDs was up-to-date and shared with the appropriate parties should lie with the owners of the devices. This would prevent further burden being placed on often overstretched SAS and NHS teams. Others noted that voluntary organisations already play a role in ensuring information is kept up-to-date, something which they could continue to do going forward:

“This is already done by all voluntary organisations who ensure a robust structure for Public Access Defibrillator placement. Successful placement relies on the local community / business taking ownership of the device with the support of the placing organisation. There is no need for SAS or NHS Scotland to also get involved as this will discourage this sense of 'ownership' and add confusion to systems that already work. Local ownership works and the charities working on the ground know how to foster and encourage this whilst providing support for maintenance and ensuring that devices are 'rescue ready'.” (Response 65, SS ID: 142101471, Lucky2BHere)

**Question 5: Who should be legally required to register a newly-purchased Automated External Defibrillator? Please choose all that apply.**

- the purchaser
- the vendor
- someone other than the purchaser or vendor (please specify)
- none of the above
- unsure

All 74 respondents answered the question. The results are broken down as follows:

- forty-nine (66%) considered that a requirement should be placed on the purchaser;
- twenty-six (35%) chose the vendor;
- eight (11%) chose someone other than the purchaser or the vendor;
- six (8%) chose 'none of the above'; and
- five (7%) were unsure.

It was considered by most that either the purchaser or the vendor would be best placed to provide the correct details required to register an AED. Many who answered this question considered that it should be the responsibility of both the purchaser and the vendor.

Of those who considered that the requirement to register should lie with someone other than the purchaser or vendor, most made reference to a guardian or caretaker, with the Resuscitation Council UK explaining that the purchaser and guardian of an AED are often not the same person or organisation:

“If defibrillator registration were to become mandatory, RCUK recommends that the guardian of the defibrillator (i.e. the caretaker who is responsible for its maintenance) would be the best person to be legally required [to] register the AED. This is because the purchaser or vendor may not be the same person as the guardian: the defibrillator may be purchased on behalf of someone else or a community group, and the purchaser may not have further contact or information regarding the defibrillator’s status after the time of purchase. However, the guardian will have ongoing responsibility for the defibrillator, and as such is better placed to provide registration information.” (Response 66, SS ID: 141571372)

Some respondents did not choose one of the options provided. The majority who answered in this way were of the view that there should not be a legal requirement to register AEDs, with one anonymous respondent stating:

“A purchaser who chooses to make their defibrillator available for public use should be allowed to indicate the terms under which it may be accessed.” (Response 16, SS ID: 137089614)

<b>Question 6: Should the legal requirement to register Automated External Defibrillators be limited to AEDs owned by (or held on the premises of) public bodies?</b>
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All 74 respondents answered the question. Of those respondents:

- eleven (15%) said the legal requirement should be limited to public bodies;
- fifty-five (74%) said it should not be limited in this way; and
- eight (10%) were unsure.

#### **Legal requirement should be limited to public bodies**

Of the eleven respondents who answered in this way only a very few gave further substantive comments, with some appearing to misunderstand the question.

#### **Legal requirement should not be limited to public bodies**

The view was expressed that all AEDs should be registered as this would maximise the information that could be made available about where to access one should an emergency occur. It was noted that an AED could be for public

use even if not owned by a public body and that an AED may be needed at any place, at any time. One respondent stated:

“I feel that if an AED is available anywhere it should be used if it is needed, whether in a public place, private office etc. I could not imagine in an emergency that a private office or premises would refuse use of an AED to someone in a critical situation if they were not an employee or customer for example. Surely this is all about more of a combined public approach to save lives and encourage everyone to play their part?” (Response 39, SS ID: 137069623, Jenni Cockburn)

**Question 7: Do you consider there should be any sanction for failure to comply with the mandatory registration?**

Seventy-three respondents answered this question. Of those who responded:

- twenty-three (32%) thought that there should be sanctions;
- twenty-six (36%) did not think that there should be sanctions; and
- twenty-four (33%) were unsure.

**There should be sanctions**

Many of those who commented further reiterated their view that a sanction should be in place, suggesting that it would be unhelpful to require AEDs to be registered if that requirement could not be enforced. Some respondents suggested sanctions such as fines, community service and the removal of the AED device. However, some concern was expressed that it would be difficult to enforce any sanctions put in place.

**There should not be sanctions**

The general view expressed was that imposing sanctions would have a negative effect in that it would deter individuals and organisations from purchasing AEDs. It was instead considered that the purchase and registration of AEDs should be encouraged in any way possible. Some respondents questioned how any sanctions would be enforced. The Resuscitation Council stated:

“Imposing sanctions would be too burdensome, and as identified above, we anticipate that this would deter the public from purchasing defibrillators and making them publicly accessible. In addition, it is also unclear how such sanctions would be applied.” (Response 66, SS ID: 141571372)

**Question 8: If you are the guardian of an Automated External Defibrillator which has already been registered, please tell us how you found the registration process. If it has not been registered, what were the reason(s) for not registering it?**

Only a few respondents commented on either their own experience of registering or on their reasons for not doing so. Those who had registered an AED had generally found the process to be straightforward. A few respondents who had not registered referred to some of the conditions put in place in order to be able to do so.

**Question 9: Taking account of both costs and potential savings, what financial impact would you expect the proposed Bill to have on:**

**(a) Government and the public sector (including the NHS and the Scottish Ambulance Service;**

**(b) Businesses (including those making or selling AEDs and those with AEDs on their premises);**

**(c) Individuals (including those owning or responsible for AEDs.**

A total of 73 respondents (99%) answered this question. However, many of those who responded did not leave further comment. Those who did comment did not necessarily comment on all three sectors that the question asks about.

### **Government and the public sector**

Of those who answered:

- eight (11%) thought that the proposed Bill would lead to a significant increase in costs for the Government and the public sector;
- twenty-six (36%) thought it would lead to some increase in costs;
- twenty-four (33%) thought it would be broadly cost-neutral;
- three (4%) thought it would lead to some reduction in costs;
- five (7%) thought it would lead to a significant reduction in costs; and
- seven (10%) were unsure.

Most who commented on this question considered that should costs be generated by the proposed bill, they would be most likely to fall on the Government and public sector, specifically the Scottish Ambulance Service and the NHS. Reference was made to costs associated with setting up and maintaining a database holding all the information on AEDs (Response 26, SS ID: 143762665, Craig Usher). However, some mention was made of potential savings for the NHS should, for example, a patient receive quicker treatment by means of AED and thus need less treatment in hospital (For example, response 21, SS ID: 137241708, Carlye Campbell)

### **Businesses**

Of those who responded:

- three respondents (4%) thought that the Bill would lead to a significant increase in costs for businesses;
- twenty-one (29%) thought it would lead to some increase in costs;

- forty-one (56%) thought it would be broadly cost-neutral;
- one (1%) thought it would lead to a significant reduction in costs; and
- seven (10%) were unsure.

Very few comments were made specifically on the financial impact on businesses with some respondents suggesting there may be a fee to register placed on a business which owns an AED. Others suggested there may be costs involved should the Bill require a business in possession of an AED to pay for its maintenance and repair.

### **Individuals**

Of those who responded:

- five respondents (7%) thought that the Bill would lead to a significant increase in costs for individuals;
- thirteen (18%) thought it would lead to some increase in costs;
- forty-eight (66%) thought it would be broadly cost-neutral; and
- seven (10%) were unsure.

As with businesses, it was considered that any individual who was an owner or guardian of an AED may face costs, either in registering the device or in paying for its maintenance and repair.

<p><b>Question 10: Are there ways in which the Bill could achieve its aim more cost-effectively?</b></p>
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Forty-nine respondents answered this question. Various suggestions were made as to how the bill could be delivered more cost-effectively.

### **Using existing technology and systems**

Here, and in a number of responses to questions throughout the consultation, reference was made to existing schemes, namely GoodSam<sup>2</sup>, which provides a map of AED locations on its app, and the Circuit, a voluntary registry of AEDs.<sup>3</sup> It was suggested that using this existing infrastructure would help deliver the Bill more cost-effectively. (For example, response 41, SS ID: 136992026, John C)

### **Registration fee**

It was considered by one or two respondents that charging a small fee for registration would offset costs to the NHS and Scottish Ambulance Service. (For example, response 8, SS ID: 136995598, Anonymous)

<sup>2</sup> <https://www.goodsamapp.org/aed>.

<sup>3</sup> <https://www.thecircuit.uk/>.

## Encouraging voluntary registration

Some respondents were of the view that increased publicity and education on the benefits of AEDs and AED registration would lead to an increase in voluntary registration of AEDs and, as a result, negate the need for mandatory registration. (For example, Response 60, ID: 137001739, Appin Community Council and Appin Community Development Trust)

## Costs met by businesses

It was suggested by one or two respondents that businesses who manufacture AEDs could contribute towards the costs of setting up and maintaining an AED register. (Response 30, SS ID: 137028371, Anonymous) Other suggestions included that large corporations could sponsor the purchase and registration of AEDs (Response 3, SS ID: 36969451, Anonymous) and that companies with a certain number of employees could be required to purchase and register AEDs. The cost of registering would contribute towards maintaining the register of devices. (Response 10, SS ID: 137025632, Anonymous)

**Question 11: What overall impact is the proposed Bill likely to have on equality, taking account of the following protected characteristics (under the Equality Act 2010): age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation?**

All 74 respondents answered this question. Of those:

- twenty-two (30%) considered that the Bill would have a positive impact on equality;
- two (3%) considered it would have a slightly positive impact;
- forty (54%) considered it would have a neutral impact;
- two (3%) considered it would have a slightly negative impact; and
- eight (11%) were unsure.

Of those respondents who provided further comment, most expressed the view that anyone may require the use of an AED regardless of their age, gender, sexuality etc and therefore the Bill can benefit all of society. Some respondents suggested that those who were older may be more likely to suffer from cardiac arrest and therefore would benefit from quick access to an AED. Resuscitation Council suggested that people's socio-economic circumstances can often mean they are more likely to be in poor health:

“A strength of this proposal is that it would facilitate the ability to advise on locating AEDs in areas where the availability, awareness and potential use of AEDs would be more likely to have an impact: i.e. where there are high risks for cardiovascular disease, poor health and low incomes ... socio-economic factors are also relevant, as those living within deprived communities are more likely to need a

defibrillator, and less likely to have access to one when it is needed. This proposal could aid strategic defibrillator placement, increasing numbers of defibrillators in areas of greatest clinical need. However, the consequent burden of this proposal on less affluent communities should also be considered.” (Response 66, SS ID: 141571372 Resuscitation Council UK)

Only a couple of respondents felt that the Bill would have a slightly negative impact on equalities. One considered that AEDs are usually located in less deprived areas meaning that if, as a result of the Bill, more AEDs could be accessed, this would lead to an increase in disparity between richer and poorer areas. (Response 56, SS ID: 137028743, Steven Brooks)

**Question 12. Do you consider that the proposed Bill can be delivered sustainably, i.e. without having likely future disproportionate economic, social and/or environmental impacts?**

All 74 respondents answered this question. Of those:

- fifty-five (74%) considered that the Bill could be delivered sustainably;
- ten (14%) did not consider that the Bill could not be delivered sustainably; and
- nine (12%) did not know if the Bill could be delivered sustainably.

Comments made by those who believed the Bill could be delivered sustainably included the view that the financial cost of the Bill will be relatively low and that any costs will be balanced by the reduction in lives lost. Others were positive about the sustainability of the Bill but emphasised that any resulting registration system must be properly resourced and managed.

The main concern amongst those who considered the Bill could not be delivered sustainably was that individuals and organisations would be discouraged from purchasing AEDs due to the registration requirement and thus limiting their availability and reducing the ability for them to be used to save lives.

**Question 13. Do you have any other comments or suggestions on the proposal?**

Forty-four respondents answered this question.

The majority of comments made expressed the respondents’ support or opposition to the proposed Bill. Other points made included:

- steps should be taken to ensure that AEDs are more accessible rather than, as in many cases, locked inside buildings. One respondent suggested there should be fines for companies which keep AEDs in inaccessible locations (Response 10, SS ID: 137025632, Anonymous);



- the Bill should incorporate existing schemes, such as the GoodSam programme (Response 34, SS ID: 137020135, Gordon Low);
- other existing services, such as Google maps, could be used to pinpoint where AEDs are available. (Response 57, SS ID: 137153971, William Campbell).

## **SECTION 4: MEMBER'S COMMENTARY**

Firstly, I would like to thank the British Heart Foundation and the Non-Government Bills Unit for their support thus far in the drafting of the consultation and collation and analysis of responses. It would not have been possible without your support.

I would also like to thank everyone who has taken the time to respond, whatever your view may have been. Should my draft Bill ever become legislation then it should be the best possible legislation with the widest possible support and I am pleased the volume and nature of consultation responses reflects a broad range of contributors and, indeed, a range of views.

At its heart, my proposal is about saving lives. I'm delighted, therefore, that more than 90% of respondents support the proposal in some form, with 80% fully supportive. I think that speaks volumes and demonstrates a recognition among respondents that this Bill seeks only to do good, with the majority, 81%, believing it will help improve survival rates.

I do not agree with the suggestion that survival rates will fall. This suggestion is counter-intuitive and fails to recognize the key point – that increased awareness of location by the Scottish Ambulance Service will lead to shorter times to 'first shock'. This can only help increase survival rates.

For those who are not supportive of the draft bill, your comments are important and I will give your comments due consideration as the process continues. My door is always open, whether supportive or otherwise, to anyone who has a contribution to make.

I do believe mandatory registration can save lives. I'm heartened so many, with knowledge and experience of this issue much greater than mine, do so too.

## ANNEXE

List of respondents by number (individuals, then organisations)

<b>Response number</b>	<b>Name of individual or organisation</b>
1	Alan Crawford CFIOSH
2	Anna Martin
3	Anonymous ID 136969451
4	Anonymous ID 136973079
5	Anonymous ID 136974217
6	Anonymous ID 136987362
7	Anonymous ID 136992762
8	Anonymous ID 136995598
9	Anonymous ID 137012596
10	Anonymous ID 137025632
11	Anonymous ID 137028371
12	Anonymous ID 137054375
13	Anonymous ID 137056113
14	Anonymous ID 137087646
15	Anonymous ID 137089519
16	Anonymous ID 137089614
17	Anonymous ID 137121881
18	Anonymous ID 137323941
19	Ben Gordon
20	Bryan
21	Carlye Campbell
22	Catherine Steenson
23	Catriona Mcconachie
24	Christopher Judson
25	Colin Robson
26	Craig Usher
27	David C Gallacher
28	David Hunter
29	David Souness
30	Doug Reilly
31	Douglas Boyce
32	Fiona Corps
33	Fiona Higgins
34	Gordon Low
35	Ian Livingstone
36	Isobel Noonan
37	James Johnston
38	James McQuillan
39	Jenni Cockburn
40	John Brown
41	John C
42	Julie Martin
43	Karen Kidd

<b>Response number</b>	<b>Name of individual or organisation</b>
44	Kenny Gough
45	Kevin Scott
46	Louise Port
47	Neil Campbell
48	Paul Marlow
49	Ramsay Milne
50	RE Milne
51	Robert Liddell
52	Ronnie McGovern
53	Sarah Phillips
54	Stephen Beadle
55	Steve Jelfs
56	Steven Brooks
57	William Campbell
58	William Marshall
59	Anonymous ID 137025609
60	Appin Community Council and the Appin Community Development Trust
61	Butchers At The Heart of Communities
62	Coastwatch Scotland
63	Greenlaw Medical Practice and Dental Surgery
64	Keirans Legacy
65	Lucky2BHere
66	Resuscitation Council UK
67	The Community Heartbeat Trust charity

List of respondents by name (individuals and organisations together)

<b>Name of organization/individual</b>	<b>Response number</b>
Anonymous ID 136969451	3
Anonymous ID 136973079	4
Anonymous ID 136974217	5
Anonymous ID 136987362	6
Anonymous ID 136992762	7
Anonymous ID 136995598	8
Anonymous ID 137012596	9
Anonymous ID 137025609	59
Anonymous ID 137025632	10
Anonymous ID 137028371	11
Anonymous ID 137054375	12
Anonymous ID 137056113	13
Anonymous ID 137087646	14
Anonymous ID 137089519	15
Anonymous ID 137089614	16
Anonymous ID 137121881	17
Anonymous ID 137323941	18

<b>Name of organization/individual</b>	<b>Response number</b>
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Beadle, Stephen	54
Boyce, Douglas	31
Brooks, Steven	56
Brown, John	40
Bryan	20
Butchers At The Heart of Communities	61
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Campbell, Carlye	21
Campbell, Neil	47
Campbell, William	57
Coastwatch Scotland	62
Cockburn. Jenni	39
Community Heartbeat Trust charity	67
Corps, Fiona	32
Crawford, Alan CFIOSH	1
Gallacher, David C	27
Gordon, Ben	19
Gough, Kenny	44
Greenlaw Medical Practice and Dental Surgery	63
Higgins, Fiona	33
Hunter, David	28
Jelfs, Steve	55
Johnston, James	37
Judson, Christopher	24
Keirans Legacy	64
Kidd, Karen	43
Liddell, Robert	51
Livingstone, Ian	35
Low, Gordon	34
Lucky2BHere	65
Marlow, Paul	48
Marshall, William	58
Martin, Anna	2
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Mcconachie, Catriona	23
McGovern, Ronnie	52
McQuillan, James	38
Milne, Ramsay	49
Milne, RE	50
Noonan, Isobel	36
Phillips, Sarah	53
Port, Louise	46
Reilly, Doug	30
Resuscitation Council UK	66

<b>Name of organization/individual</b>	<b>Response number</b>
Robson, Colin	25
Scott, Kevin	45
Souness, David	29
Steenson, Catherine	22
Usher, Craig	26