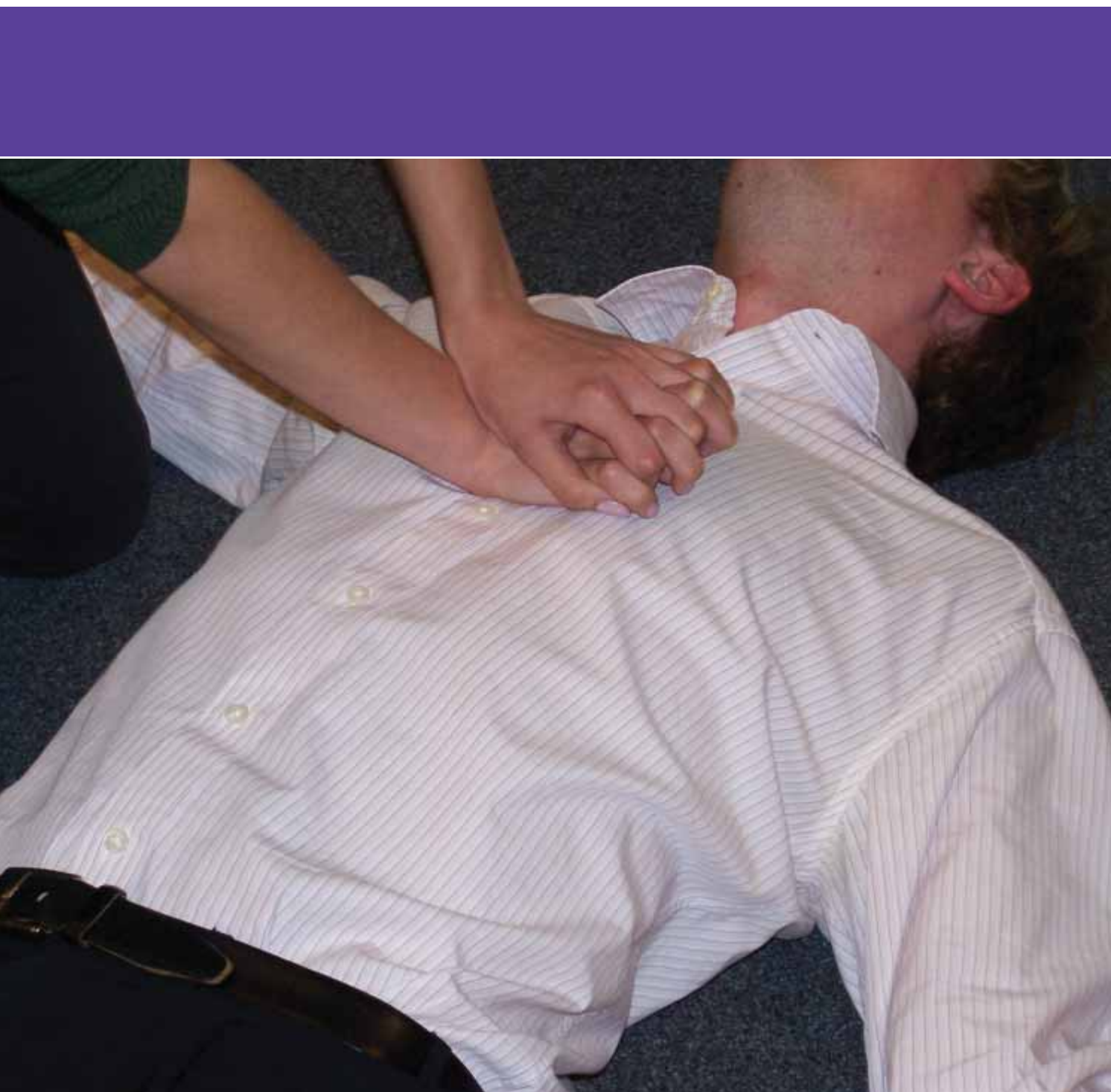


## **A Heartbeat Away**

Emergency Life Support Training in London  
July 2007





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## Chair's foreword

If you were walking down the street and someone collapsed in front of you, would you know what to do? Emergency life support training teaches people the skills they need to help someone whose life is in danger, and can double victims' chances of survival. However, the vast majority of Londoners have not been trained in these vital skills.

The Health and Public Services Committee therefore decided to investigate what could be done to boost the number of Londoners trained in emergency life support.

During our investigation, we found that the proportion of people trained in emergency life support in London is significantly lower than the national average. There are a number of organisations offering good quality training in the capital, but many people do not know that this kind of training exists or how they could access it. Worryingly, the people who are most likely to need to use emergency life support skills are the least likely to actually attend the training.

Our report therefore makes a number of recommendations that we believe would significantly boost the number of Londoners trained in emergency life support, with a focus on those groups who are most likely to have to put their training into practice. We believe that if these recommendations were implemented, many lives could be saved.

As part of this investigation, Members of the Committee attended an emergency life support training course so that they could learn these skills themselves.

A handwritten signature in black ink, appearing to read 'J. McCartney'.

**Joanne McCartney AM**

Chair, Health and Public Services Committee

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## Executive Summary

Every year, around 6,000 Londoners die from a cardiac arrest before they reach hospital<sup>1</sup>. This figure could be significantly reduced if more Londoners receive emergency life support training. Someone having a cardiac arrest outside hospital is twice as likely to survive if a bystander trained in emergency life support intervenes. Therefore, hundreds of lives could potentially be saved if the number of Londoners trained in emergency life support was significantly increased.

Emergency life support (ELS) training gives people the skills to help someone in a life-threatening situation until professional medical help arrives. Worryingly, London has one of the lowest levels of ELS trained citizens in the country, despite the fact that our population contains large numbers of people at high risk of having a heart attack or cardiac arrest.

Our report outlines the steps that should be taken to increase the number of Londoners trained in emergency life support skills, and make London a safer place. We believe that efforts to boost numbers should be focused on those groups where the most lives could be saved, and where we can increase numbers of trained people most quickly.

- Older people, people living in deprived communities and people from South Asian communities are all at a greater risk than other groups of having a heart attack or cardiac arrest. As a result, they are more likely than others to witness their friends, relatives or neighbours in these life-threatening situations. These groups should therefore all be targeted for training.
- Young people tend to pick up ELS skills quickly, retain them well and have confidence about putting them into action. The Saving Londoners Lives schools training programme has shown that thousands of young people can be trained through schools each year, at minimal expense. Training young people through schools must therefore be a priority.
- Employers could help to significantly boost the number of trained Londoners, by offering workplace ELS training courses. The Committee believes that the GLA should lead the way in workplace training, by ensuring that staff at each of its offices are ELS trained.

In the longer term, the Committee believes that the emergency services should work together to promote and deliver emergency life support training. Such cooperation would be the best way to ensure a sustainable programme of ELS training in the capital.

More must be done to promote ELS training, as the most common reasons people do not attend courses are a lack of awareness that this kind of training exists, or not knowing how to access it.

People need to feel more confident in putting their ELS training into practice. More must be done to reassure ELS trainees that the risk of being sued if they intervene in an emergency is extremely slim. Trainers should also encourage participants to regularly refresh their ELS skills, using home-learning methods such as DVDs and Internet resources.

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<sup>1</sup> A cardiac arrest (when a person's heart stops beating meaning that blood and oxygen are no longer travelling round the body to vital organs and most importantly to the brain.)

## Summary of recommendations

**Recommendation 1:** All NHS hospital trusts in London should offer ELS training to relatives of people who are being discharged from hospital following a heart attack or cardiac arrest, either through the in-house cardiac rehabilitation programme, or through promoting other organisations' free courses that are tailored to the needs of cardiac patients' relatives.

**Recommendation 2:** By June 2008, Age Concern London, and the London Ambulance Service with support from the Mayor and the Greater London Forum for Older People, should set up an ELS training scheme for older people and work to encourage older Londoners to get trained. This scheme should offer classes that are specially designed to meet the needs of BAME communities.

**Recommendation 3:** LOCOG should ensure that ELS skills are part of the training programme for a significant proportion of volunteers at the 2012 Olympic Games and Paralympic Games.

**Recommendation 4:** The Committee calls on the Mayor and NHS London to secure funding to enable the Saving Londoners Lives project to continue and develop, if its current application for LDA funding is not successful.

**Recommendation 5:** By December 2007, the Regional Co-ordinators of the Healthy Schools Programme in London should promote emergency life support training to London schools as an initiative that could help them achieve Healthy Schools status.

**Recommendation 6:** In his 2008/09 budget, the Mayor should include plans for purchasing Automated External Defibrillators (AED) for GLA Group buildings, and for providing GLA Group staff with ELS training, including the use of an AED.

**Recommendation 7:** By March 2008, the London Ambulance Service NHS Trust, with support from the Mayor and other training organisations involved in Saving Londoners Lives, should develop a plan for promoting emergency life support training in London.

**Recommendation 8:** The London Ambulance Service NHS Trust, The London Fire Brigade and the Metropolitan Police Service should develop a joint plan for promoting and delivering community ELS training. The London Ambulance Service should lead this work.



# 1. Background and Context

- 1.1 On his way back from a holiday in the South of France, John collapsed suddenly in Heathrow airport, following a cardiac arrest. Luckily, his wife Suzanne's training in emergency life support meant that she quickly worked out what was happening and started giving her husband cardiopulmonary resuscitation (CPR). A paramedic team arrived on the scene a few minutes later, and managed to restart John's heart. John was then taken to hospital, and made a full recovery. One of the paramedics who attended the emergency stated that Suzanne's quick thinking and actions played a big part in saving her husband's life<sup>2</sup>.
- 1.2 Emergency life support training teaches people how to help someone whose life is in danger, and as the example above shows, can make a major difference to survival rates. However, the number of people trained in emergency life support in the capital is significantly lower than the national average and way below the international standard setter, Seattle in the United States. This report therefore suggests the steps that could be taken to boost the numbers of trained Londoners, and in particular to increase the numbers of trained people in the most at-risk groups. By identifying and addressing the barriers to accessing emergency life support training, we believe that significantly more Londoners could become trained in emergency life support, making the capital a safer place to live and work.

## Definition of emergency life support training

- 1.3 Emergency life support training (ELS) teaches people how to help someone in a potentially life-threatening situation, until medical treatment arrives. The British Heart Foundation's Heartstart UK Initiative is a nationally recognised model for emergency life support training. In this training, participants are trained in how to deal with an unconscious person, someone suffering a heart attack, cardiac arrest<sup>3</sup>, bleeding severely or choking. Cardiopulmonary resuscitation (CPR) is the core skill taught within this training. Some related courses train people in how to use an Automated External Defibrillator (AED), used to restart someone's heart following a cardiac arrest.

## Training providers in London

- 1.4 A wide range of organisations provide emergency life support training in London. The most well-known providers are St John Ambulance, the British Red Cross, London Ambulance Service NHS Trust, and Barts City Life Savers. A number of other training companies also operate in the capital, including private training organisations.
- 1.5 Saving Londoners' Lives is a partnership that has delivered emergency life support training to schools in the capital and to the Bangladeshi community in Tower Hamlets. This partnership has involved NHS London, The Mayor, St John Ambulance, the British Heart Foundation, the British Red Cross, Barts City Lifesavers, the London Ambulance Service NHS Trust and the London medical schools. All of these organisations have taken on complementary roles to develop, market or deliver the training. Over the past few years, around 4,000 school pupils and 600 Tower Hamlets residents have been trained through Saving Londoners' Lives.

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<sup>2</sup> London Ambulance Service NHS Trust Press Release 25 April 2007

<sup>3</sup> A heart attack occurs when an artery becomes obstructed and blocks blood flowing normally to the heart. If a heart attack remains untreated it can in some cases lead to cardiac arrest. A cardiac arrest occurs when a person's heart stops beating meaning that blood and oxygen are no longer travelling round the body to vital organs and most importantly to the brain. Someone in cardiac arrest will lose consciousness, will not be breathing and will have no signs of circulation.

## **The Mayor's Health Inequalities Strategy**

- 1.6 The Greater London Authority (GLA) Bill 2006 includes a proposal for the Mayor to produce a health inequalities strategy. If agreed by Parliament, this strategy will aim to tackle inequalities such as the fact that certain groups of Londoners (including those living in poverty) are more likely than others to die early from coronary heart disease. Targeting ELS training at groups who are at particular risk of coronary heart disease could help reduce the number of deaths from heart attack and cardiac arrest from these groups, and therefore lead to a reduction in health inequalities. The Committee therefore believes that the Mayor's Health Inequalities Strategy should include initiatives designed to increase the number of ELS trained Londoners. Section three contains more detail on these proposals.

## 2. Why do we need more Londoners trained?

- 2.1 Training more Londoners in emergency life support skills must be a priority. London has large numbers of people who are likely to need emergency life support, as well as fewer than average numbers of ELS trained citizens. Furthermore, when London is compared to the international model of best practice in Seattle, it is clear that much more could be done in the capital.

### The current situation

- 2.2 Every year, around 6,000 Londoners die from a cardiac arrest before they reach hospital<sup>4</sup>. This figure could be significantly reduced if more Londoners were trained in emergency life support skills<sup>5</sup>. In fact, evidence shows that someone experiencing a cardiac arrest outside hospital is twice as likely to survive if a bystander trained in emergency life support skills intervenes<sup>6</sup>. Since almost three-quarters of cardiac arrests in London happen in the home<sup>7</sup>, training members of the public in these skills really can make the difference between life and death.

*“The importance of these skills is that bystander life support can double the chances of survival for patients who have collapsed in cardiac arrest, and extend the time available for us, as the emergency services, to reach the patient and get a successful outcome.”<sup>8</sup> Dr Fionna Moore, London Ambulance Service NHS Trust*

- 2.3 In the UK, around 836,000 people have to go to hospital each year because of bleeding from an open wound, and around 14,000 people have to attend hospital because of a choking incident<sup>9</sup>. Emergency life support training teaches people to help in both of these potentially life-threatening situations.

### High levels of risk but small numbers of trained Londoners

- 2.4 London’s population contains large numbers of people who are at particularly high risk of having a heart attack or cardiac arrest. People from South Asian communities and people living in poverty are at a higher risk of dying from coronary heart disease than other people, and both groups are more common in London than in other parts of the country<sup>10</sup>.
- 2.5 11 London boroughs<sup>11</sup> are among the 20 per cent of areas with the worst health and deprivation indicators in the country. Life expectancy is significantly lower in these areas than the national average, and early deaths from heart disease and stroke are one of the major reasons for this difference. Worryingly, the inequalities gap in death rates from heart disease and stroke between these London areas and the national average is widening<sup>12</sup>. Therefore, reducing heart disease deaths in these areas must be a priority, and increasing community ELS training could help achieve this goal.

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<sup>4</sup> Source: London Ambulance Service 2005-06 figures. A cardiac arrest occurs when a person’s heart stops beating meaning that blood and oxygen are no longer travelling round the body to vital organs and most importantly to the brain.

<sup>5</sup> Written evidence – Seattle Medic II Programme and London Ambulance Service NHS Trust; London Ambulance Service NHS Trust press release 23 January 2007

<sup>6</sup> Transcript of Health and Public Services Committee meeting, 6 March 2007, page 1

<sup>7</sup> London Ambulance Service NHS Trust 2005/06 Annual Report

<sup>8</sup> Transcript of Health and Public Services Committee meeting, 6 March 2007, page 1

<sup>9</sup> Home and Leisure Accident Statistics 1998 available from <http://www.hassandlass.org.uk/query/index.htm>

<sup>10</sup> British Heart Foundations Statistics Database [www.heartstats.org](http://www.heartstats.org); ONS Population Estimates by Ethnic Group, 2001-2003, (2006) GLA; London Divided: income inequality and poverty in the capital, (2002) GLA

<sup>11</sup> These 11 boroughs are: Islington, Haringey, Barking and Dagenham, Greenwich, Newham, Lewisham, Tower Hamlets, Southwark, Lambeth, Hackney and Hammersmith and Fulham.

<sup>12</sup> The London Health Inequalities Forecast, November 2006, London Health Observatory

- 2.6 ELS training can also be vitally important in emergencies. Incidents such as the terrorist attacks on London's transport system in 2005 show how crucial it is for Londoners to be able to help each other when professional medical help is not immediately available.
- 2.7 However, despite the high level of need for emergency life support training in London, the capital has one of the lowest levels of ELS trained people in the country. Nationally, 27 per cent of people have had some CPR training in the past five years, compared to 21 per cent in London<sup>13</sup>. Importantly, the percentage of Londoners with the full range of ELS skills is likely to be much lower than 21 per cent, since CPR is only one of the skills taught in ELS training. In addition, evidence suggests that confidence in using skills such as CPR deteriorates rapidly<sup>14</sup>, so those who have had training over a year previously may not feel willing or able to intervene in an emergency situation.

### **How London compares to best practice**

- 2.8 Seattle has a world-renowned model for emergency life support training. The Medic II Emergency Life Support Programme has been running in Seattle for more than 30 years, and is run by the city's Fire Service. Around 40 per cent of Seattle's residents have been trained in ELS skills under this programme – almost double the proportion of Londoners trained in CPR (21 per cent)<sup>15</sup>. Through Medic II, every high-school student receives training, and fire service staff provide free training to all other citizens who would like it<sup>16</sup>.
- 2.9 The Medic II Programme is a major reason for Seattle's impressive survival rate from out of hospital cardiac arrest, which at 46 per cent is more than four times London's survival rate of 10.9 per cent<sup>17</sup>. However, other factors also contribute to Seattle's high survival rate, by ensuring that emergency response times are extremely fast. In Seattle, the emergency services are able to control traffic lights, emergency services are based in a large number of small stations across the city; and fire service staff respond to health emergencies as well as fire and rescue emergencies<sup>18</sup>.
- 2.10 There are also some major differences between how the Seattle model of ELS training operates and how the London model operates:
- Firstly, in Seattle one agency is in charge of the citywide training programme, whereas in London a wide range of organisations provide ELS training, and there is very little multi-agency working or co-ordination. The main exception to this is the Saving Londoners' Lives programme, which has involved many different organisations working together.
  - Secondly, in Seattle, fire service staff deliver the Medic II community training programme. In London, the fire service does not currently provide emergency life support training.
  - Thirdly, in London only a minority of schools provide ELS training for their pupils, whereas in Seattle, every school does so.

Section three includes further discussion about these issues, and what can be done to help London work towards Seattle's achievement of having 40 per cent of its citizens ELS trained.

<sup>13</sup> CPR Training Research, 2006, British Heart Foundation

<sup>14</sup> Transcript of Health and Public Services Committee meeting, 6 March 2007, p.2, p.9

<sup>15</sup> Written evidence – British Heart Foundation; CPR Training Research, 2006, British Heart Foundation

<sup>16</sup> Written evidence – Medic II Programme, Seattle

<sup>17</sup> Written evidence – London Ambulance Service NHS Trust. Survival rates quoted are for the number of patients discharged alive from hospital who had resuscitation attempted following a cardiac arrest and who also had their arrest witnessed by a bystander and an initial cardiac rhythm of ventricular fibrillation or ventricular tachycardia (Utstein method).

<sup>18</sup> Written evidence – Medic II Programme, Seattle and London Ambulance Service NHS Trust.

### 3. Increasing the number of trained Londoners

- 3.1 We believe that a range of measures should be implemented to increase the number of Londoners trained in emergency life support skills, and work towards the Seattle standard of 40 percent of trained citizens, a range of measures should be implemented. Efforts should initially be focused on those groups where most lives can be saved, and where most people can be trained quickly. People who are most likely to witness an emergency should be targeted, as should young people through schools, and adults through workplaces. A pan-London strategy should be developed to ensure a co-ordinated approach to promoting ELS training. Finally, in the longer term, the emergency services in the capital should set up a community ELS training scheme similar to the Seattle model, to provide a sustainable ELS training programme for London.

#### Targeting at-risk groups

- 3.2 Certain groups of Londoners are particularly likely to need emergency life support, because they are at high risk of heart attack or cardiac arrest.
- South Asian communities have higher rates of heart disease<sup>19</sup>, and are around 50 per cent more likely to die from heart disease, than the national average<sup>20</sup>.
  - Older people (those aged 65+) are much more likely to have heart attacks than younger people<sup>21</sup>.
  - People who live in poverty are more likely to die from heart disease than people living in affluent communities, as shown in the map below<sup>22</sup>.

#### *Deaths from heart disease in London 2002-4 for people aged 75 and under<sup>23</sup>*



<sup>19</sup> Written evidence- Saving Londoners Lives

<sup>20</sup> British Heart Foundation Statistics Database available at [www.heartstats.org/datapage.asp?id=737](http://www.heartstats.org/datapage.asp?id=737) These statistics show that South Asians living in the UK (Indians, Bangladeshis, Pakistanis and Sri Lankans), have a higher premature death rate from CHD than average. The rate is 46% higher for men and 51% higher for women.

<sup>21</sup> British Heart Foundation Statistics Database available at [www.heartstats.org](http://www.heartstats.org)

<sup>22</sup> British Heart Foundation Statistics Database; Department of Health data at [www.communityhealthprofiles.info](http://www.communityhealthprofiles.info)

<sup>23</sup> British Heart Foundation Statistics Database available at [www.heartstats.org](http://www.heartstats.org);

- 3.6 Some work has been happening in recent years to ensure that courses are accessible to these at-risk groups of Londoners.
- Training organisations, including St John Ambulance, the British Red Cross and the London Ambulance Service NHS Trust, have made sure their courses are accessible to people from South Asian communities. These organisations provide information about their training in a range of community languages, and/ or run courses in these languages. The British Red Cross and London Ambulance Service NHS Trust also try to recruit trainers from minority ethnic communities to ensure courses can be delivered in community languages and in ways that are sensitive to cultural and religious traditions<sup>26</sup>.
  - Some agencies provide free community training, making it accessible to people on low incomes. Training delivered through Saving Londoners' Lives and community training provided by the London Ambulance Service NHS Trust are both part of the British Heart Foundation's Heartstart scheme, which means they are provided for free to members of the public.
  - Some hospital trusts, including the Chelsea and Westminster Hospital NHS Foundation Trust, offer ELS training to the families and friends of people being discharged following a heart attack or cardiac arrest<sup>27</sup>.

***Good practice – Tower Hamlets Emergency Life Support Project***<sup>28</sup>

*The Saving Londoners' Lives Project in Tower Hamlets is an example of good practice in engaging South Asian community members in ELS training. This project was aimed specifically at the local Bangladeshi community. Great efforts were made to involve members of the community in developing the training and its marketing strategy. The project was promoted through communication channels and formats used by the community, including local radio and word of mouth.*

*Members of the community were trained as trainers, and delivered the training in Sylheti, or bilingually in Sylheti and English. Efforts were made to ensure that all materials were acceptable and appropriate for the target community. Single gender classes were made available so that men and women both felt comfortable attending. Saving Londoners Lives believes that this project could easily be adapted and then rolled out across other minority ethnic communities.*

- 3.7 Nevertheless, more needs to be done to target at-risk groups, since:
- Efforts to promote emergency life support training to at-risk groups across London are not co-ordinated. As a result, all the positive work to target these groups has only a limited impact.
  - A number of hospital trusts do not offer ELS training to the relatives of people who have had a heart attack or cardiac arrest.
  - There are no ELS programmes specifically targeting older people. Such a programme would fit within the Mayor's Older People's Strategy objectives, as well as the Mayor's upcoming health inequalities strategy. It would make sense for this programme to be delivered in association with an organisation such as Age Concern, which has links with older people across London. The London Ambulance Service has stated that it would be happy to deliver and co-ordinate this training, which, if delivered through the Heartstart Programme, would mean that training would be free of charge to participants.

<sup>26</sup> Written evidence – British Red Cross, St John Ambulance, London Ambulance Service NHS Trust

<sup>27</sup> Written evidence – Chelsea and Westminster Hospital NHS Foundation Trust

<sup>28</sup> Written evidence – Saving Londoners Lives

**Recommendation 1:** All NHS hospital trusts in London should offer ELS training to relatives of people who are being discharged from hospital following a heart attack or cardiac arrest, either through the in-house cardiac rehabilitation programme, or through promoting other organisations' free courses that are tailored to the needs of cardiac patients' relatives.

**Recommendation 2:** By June 2008, Age Concern London, and the London Ambulance Service with support from the Mayor and the Greater London Forum for Older People, should set up an ELS training scheme for older people and work to encourage older Londoners to get trained. This scheme should offer classes that are specially designed to meet the needs of BAME communities.

- 3.8 The 2012 Olympics Volunteer Programme would be an excellent opportunity to train more people from at-risk groups in ELS skills, as well as adding to the health legacy of the Games for London. The 2012 Games are expected to involve 70,000 volunteers<sup>29</sup>. The location of the Games, and experience from similar sporting events, suggest that a significant proportion of the volunteers are likely to be from at-risk groups. The five Olympics boroughs of Hackney, Newham, Tower Hamlets, Greenwich and Waltham Forest, where many of the volunteers live, are among most deprived in London, and have large South Asian communities<sup>30</sup>. Furthermore, evidence from the Commonwealth Games in Manchester showed that older people tend to be well represented amongst volunteers for these kinds of events<sup>31</sup>.

**Recommendation 3:** LOCOG should ensure that ELS skills are part of the training programme for a significant proportion of volunteers at the 2012 Olympic Games and Paralympic Games.

### Targeting young people

- 3.9 Young people should be a target group for emergency life support training. Evidence shows that young people pick up the skills quickly, retain them well, and are confident about putting them into action<sup>32</sup>. As a result, St John Ambulance, London Ambulance Service NHS Trust, the British Red Cross and the Resuscitation Council (UK) all believe that young people should be a key target group in efforts to boost the numbers of ELS trained Londoners<sup>33</sup>.
- 3.10 Some young people learn emergency life support skills through uniformed youth groups, including the armed forces cadet organisations and the Scouts. The Air Cadet Organisation has recently affiliated to the British Heart Foundation's Heartstart Scheme. They plan to ensure that all their cadets in London (there are between 2,000 and 2,500 of them) are trained within the next two years<sup>34</sup>. However, only a minority of young people attend these kinds of groups, and membership may not be representative of the diversity of London's population.
- 3.11 School provides the perfect opportunity for all young Londoners to learn emergency life support skills. Over the past two years, the Saving Londoners' Lives project has been working with 50 schools in the capital, which has led to 4,000 pupils being trained. Because the project involves training teachers to train their pupils, it is both cost-effective and sustainable. Indeed, the schools project's running costs in 2005/06 were

<sup>29</sup> <http://www.london-2012.co.uk/London-2012-Volunteer/>

<sup>30</sup> [www.communities.gov.uk](http://www.communities.gov.uk); ONS Population Estimates by Ethnic Group 2001 to 2003, 2006, Data Management and Analysis Group, GLA.

<sup>31</sup> Written evidence – London Ambulance Service NHS Trust

<sup>32</sup> Transcript of Health and Public Services Committee meeting, 6 March 2007

<sup>33</sup> Written evidence – London Ambulance Service NHS Trust, St John Ambulance, Resuscitation Council UK and the British Red Cross

<sup>34</sup> Notes of meeting with Squadron Leader Alan Clark, Air Cadet organisation, 15 March 2007

less than £30,000<sup>35</sup>. Most importantly, Saving Londoners Lives has been well received by pupils and teachers:

*"The interest and response from the students is overwhelming. The students themselves have expressed a desire to make the entire school aware of what the programme is about."*<sup>36</sup>

*"The scheme is excellent. There is the promise of support whenever we need it. Students receive the programme very well... teachers feel very fulfilled – they have delivered skills children enjoy learning."*<sup>37</sup>

- 3.12 However, funding for the Saving Londoners Lives schools project has recently finished. The project manager has submitted a funding bid to the London Development Agency (LDA) to continue this project, focusing on the five Olympic boroughs. The Committee believes that Saving Londoners Lives has done extremely valuable work in schools, and supports its efforts to secure funding in order to continue and develop its schools programme.

**Recommendation 4:** The Committee calls on the Mayor and NHS London to secure funding to enable the Saving Londoners Lives project to continue and develop, if its current application for LDA funding is not successful.

- 3.13 Emergency life support skills are not a compulsory part of the national school curriculum, which means that most schools do not offer ELS to their pupils. The Committee believes that emergency life support training would be a valuable addition to the secondary school curriculum. There are currently 423,150 students at London's secondary schools<sup>38</sup>; so adding ELS to the curriculum would be a major boost to the number of trained Londoners. In other places such as Norway, where ELS training is a compulsory part of the curriculum, many lives have been saved as a consequence<sup>39</sup>.
- 3.14 Research by the Resuscitation Council for the British Heart Foundation has found that by the age of 13, children are able to put emergency life support skills into action as effectively as adults<sup>40</sup>. It would therefore make sense for pupils to receive training at the end of key stage three, with refresher training during key stage four. The Committee has submitted a formal response to the QCA review of the secondary curriculum outlining their views, and the response has been attached to this report as Appendix 2.
- 3.15 Emergency life support training could also be promoted to schools through the Healthy Schools Programme. ELS training would fit well within the aims of this national initiative, which are to improve the physical and emotional health of children and young people, reduce health inequalities and improve pupil achievement. Every school involved in the scheme must meet a set of criteria to achieve Healthy School status<sup>41</sup>. London has two Healthy Schools Co-ordinators whose role is to work with schools to share best practice and to help them achieve healthy schools status. The co-ordinators could therefore promote emergency life support as something schools should consider implementing to help them achieve Healthy School status.

<sup>35</sup> Written evidence – Saving Londoners' Lives

<sup>36</sup> Fiona Dempsey, PE Teacher, Capital City Academy, Brent, quoted in Saving Londoners' Lives leaflet

<sup>37</sup> Telephone conversation with Mr Baldoo, Haverstock Business and Enterprise College, Camden, March 2007.

<sup>38</sup> Schools and Pupils in England: January 2006 Statistics, Department for Education and Skills, available at [www.dfes.gov.uk](http://www.dfes.gov.uk)

<sup>39</sup> Transcript of Health and Public Services Committee, 6 March 2007

<sup>40</sup> Transcript of Health and Public Services Committee meeting 6 March 2007, p.22

<sup>41</sup> <http://www.healthyschools.gov.uk/>



**Recommendation 5:** By December 2007, the Regional Co-ordinators of the Healthy Schools Programme in London should promote emergency life support training to London schools as an initiative that could help them achieve Healthy School status

- 3.16 The British Red Cross and Resuscitation Council (UK) both believe that emergency life support should become part of the training for learner drivers<sup>42</sup>. This approach has already been adopted in many European countries, and if replicated in the UK would clearly increase the numbers of people trained in emergency life support skills – especially young people.

### **Targeting employers**

- 3.17 Workplace training schemes are an excellent way of increasing the number of Londoners trained in ELS, and helping to make workplaces safer. In research conducted for the London Ambulance Service NHS Trust, participants felt strongly that employers should be encouraged to take a more active role in raising awareness and providing ELS training<sup>43</sup>. Furthermore, all employers need to ensure that a certain proportion of their staff is trained in first aid, so it would not be difficult to add emergency life support skills to existing first aid training programmes.

#### ***Good practice – workplace ELS training at News International<sup>44</sup>***

*A workplace ELS training scheme has been operating at News International's London office for the last two years. The scheme is affiliated to the British Heart Foundation's Heartstart UK scheme. Six News International staff have been trained as emergency life support trainers, and they have trained over 100 employees so far. Because internal trainers provide the training, with the support of the British Heart Foundation, this scheme is cost-effective and sustainable. In fact, ongoing costs are limited to the cost of the trainers' annual refresher course and the cost of replacement of course equipment.*

- 3.18 It would be beneficial to increase the number of publicly accessible Automated External Defibrillators (AEDs). AEDs can save the lives of people experiencing a cardiac arrest, by restarting the heart. Indeed, the main role of emergency life support is to keep someone alive until defibrillation can take place. AEDs must be easily accessible to be effective since defibrillation is only likely to succeed within a few minutes of cardiac arrest. Recent schemes to install defibrillators in public places have led to 420 AEDs being installed in London stations, tourist attractions and other public places<sup>45</sup>. However, this means that there is only around one defibrillator per 17,500 Londoners. It would therefore be beneficial to increase the number of publicly accessible AEDs. Large workplaces would be sensible places to locate AEDs: they contain large numbers of people, and workplaces are among the most common locations for heart attacks and cardiac arrest<sup>46</sup>.
- 3.19 The Mayor should lead by example as an employer. GLA staff at City Hall should have the opportunity to receive ELS training, as well as arranging for AEDs to be fitted in GLA buildings. Following the public meeting for this investigation, the Chair and

<sup>42</sup> Written evidence – British Red Cross and Resuscitation Council UK

<sup>43</sup> Public perceptions and experiences of myocardial infarction, cardiac arrest and CPR in London; 2005, Donohoe, R et al; London Ambulance Service NHS Trust – published in Resuscitation (2006) 71, sent as part of London Ambulance Service NHS Trust written evidence

<sup>44</sup> Email from Ann Carville, News International, May 11 2007 and telephone conversation with Ann Carville, April 2007

<sup>45</sup> Transcript of Health and Public Services Committee Meeting 6 March 2007 p.3-7

<sup>46</sup> Chest, Heart and Stroke Association, Northern Ireland, Press release, 14 February, 2001

Deputy Chair of the Committee questioned the Mayor about installing an Automated External Defibrillator (AED) at City Hall, and training staff in how to use it. These Members believe that City Hall would be an excellent place to site an AED, since the building houses around 600 staff and receives more than 1000 visitors a month. In response to these questions, the Mayor agreed to ask GLA staff to contact Saving Londoners' Lives to discuss how best to provide a defibrillator at City Hall and the necessary staff training<sup>47</sup>.

- 3.20 The Committee believes that the Mayor should also make ELS training available to the rest of the GLA Group, and should assess which other GLA Group buildings should be fitted with an AED. In each GLA Group building, at least two people per office floor should be ELS trained to ensure that there is always someone available to provide help. The London Ambulance Service NHS Trust has recommended that any AEDs installed in GLA Group buildings should conform to the same standards as those installed by the London Ambulance Service and British Heart Foundation.

**Recommendation 6:** In his 2008/09 budget, the Mayor should include plans for purchasing Automated External Defibrillators (AED) for GLA Group buildings, and for providing GLA Group staff with ELS training, including the use of an AED.

### Promoting ELS training

- 3.21 There is a clear need for better promotion of emergency life support training. British Heart Foundation research<sup>48</sup> has discovered that the three most common reasons why people do not access ELS training are: a lack of awareness that such training exists; not knowing how to get onto a course; and not thinking that they would ever need to put the skills into practice.

*"Accessibility of courses is...reserved for those in the know. The public need to be informed about the existence of courses and the need for training first to raise awareness."*<sup>49</sup>

- 3.22 Publicity campaigns about emergency life support training are effective. In 2003, the London Ambulance Service NHS Trust ran a three-month awareness campaign entitled Live or Let Die, which aimed to encourage people to get trained in emergency life support skills. The campaign was a major success. In the three months following its launch, 1600 people attended London Ambulance Service NHS Trust ELS training, compared to 200 people in the whole of the previous year<sup>50</sup>.
- 3.23 A plan should therefore be developed to promote emergency life support training in London. The London Ambulance Service NHS Trust has useful experience of promotional campaigns, and should therefore lead the development of the plan. The Mayor should support the development and implementation of this plan: it would fit well within both the proposed Health Inequalities Strategy, and his existing duty to promote the health of Londoners. In addition, the other training organisations involved in Saving Londoners Lives could be usefully involved in this work. Their knowledge and experience of training in London could feed into the development of the plan, and they can be involved in disseminating promotional material.

<sup>47</sup> Written answers to Mayor's Questions on 21 March 2007: Questions 706/2007 and 836/2007

<sup>48</sup> CPR Training Research, 2006, British Heart Foundation

<sup>49</sup> Written evidence – St Mary's Hospital NHS Trust

<sup>50</sup> Written evidence – London Ambulance Service NHS Trust

- 3.24 ELS training could be promoted in a large number of ways. Obvious examples include an article in *The Londoner*<sup>51</sup>, promotion of ELS training at events organised by the GLA, and an advertising campaign on the transport network. The plan could also include targeted promotion to groups of Londoners who are most likely to witness an emergency, but who have been under-represented on ELS training courses (people living in deprived communities, South Asian communities and older people).
- 3.25 Access to training should be as simple as possible. Promotional materials could include a single phone number and website, through which people could access a range of courses from different providers. However, we believe that the campaign should only promote training courses that adhere to the Resuscitation Council's standards and guidance (see Section 4 for more information).
- 3.26 There are likely to be financial implications involved in developing and implementing a plan for promoting ELS training in London. London's Primary Care Trusts' public health budgets would seem to be the best potential sources of funding for this work.

Recommendation 7: By March 2008, the London Ambulance Service NHS Trust, with support from the Mayor and other training organisations involved in Saving Londoners Lives, should develop a plan for promoting emergency life support training in London.

### **The role of the emergency services in delivering ELS training**

- 3.27 London Ambulance Service NHS Trust provides ELS training courses across London to businesses and to community members. Courses are provided free to community groups through the Heartstart UK Programme, and are delivered in line with Resuscitation Council (UK) guidelines. Between 2004 and 2007, the London Ambulance Service NHS Trust trained approximately 26,000 Londoners in ELS skills<sup>52</sup>. The London Ambulance Service NHS Trust is uniquely placed to deliver and oversee ELS training in the capital, because of their dual role in providing paramedic services and ELS training.
- 3.28 In Seattle, fire service staff have been responsible for delivering the programme of community ELS training for 30 years. They have managed to train 40 per cent of the community since the programme was set up, and also provide annual refresher training to existing trainees. A key difference between Seattle and UK is that fire service staff in Seattle are all trained as first responders, which means they provide medical help in an emergency. This is not the case for UK fire services. However, despite this difference, the Seattle model of community ELS training is being replicated in certain areas of the UK. In Cleveland in Northeast England, fire service staff plan to train 40 per cent of the local community in ELS skills in the next 5 years, and a similar project is underway in Greater Manchester<sup>53</sup>.
- 3.29 London Fire Brigade (LFB) staff do not currently provide community ELS training, although they agree that this could be an option in the future. Over the next four years, all LFB frontline staff are being trained in enhanced first aid (similar to ELS), which will include the use of an AED. In addition, the London Fire and Emergency Planning Authority (LFEPA) has agreed in principle a pilot project to introduce a co-responder scheme. Under this scheme, fire service staff could provide help in medical emergencies to support London Ambulance Service staff. These two initiatives would mean that fire service staff will develop knowledge of ELS techniques, making it easier for them to

<sup>51</sup> The *Londoner* is a monthly newsletter produced by the Greater London Authority, and is distributed free to Londoners' homes, and to public buildings.

<sup>52</sup> Written evidence - London Ambulance Service NHS Trust

<sup>53</sup> Written evidence - British Heart Foundation

train others in these skills<sup>54</sup>. Furthermore, providing ELS training would also fit well with the London Fire Brigade's existing community safety role<sup>55</sup>.

- 3.30 The Metropolitan Police Service plans to train all its officers in emergency life support skills, and to commence a programme of placing AEDs on their vehicles. The Committee supports this initiative.
- 3.31 The Committee believes that the emergency services in London should investigate the potential for developing a joint project to promote and deliver ELS training. This project could form the basis of a long-term, sustainable ELS training programme for the capital. As the London Ambulance Service NHS Trust has the expertise in ELS training, it seems the obvious organisation to lead this initiative. Initial work on the potential for a joint ELS project should commence once LFEPA's enhanced first-aid programme has had a chance to bed in. **In the shorter term, the Committee believes that the Metropolitan Police and LFEPA should promote ELS training (provided by other organisations such as the London Ambulance Service) as part of their community safety work.**

Recommendation 8: The London Ambulance Service NHS Trust, The London Fire Brigade and the Metropolitan Police Service should develop a joint plan for promoting and delivering community ELS training.
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<sup>54</sup> Written evidence – LFEPA, and follow up email from Jon Webb, London Fire Brigade, 23 March 2007

<sup>55</sup> LFEPA London Safety Plan: Action Plan for 2007/08

## 4. Ensuring training works effectively

- 4.1 There are a number of potential barriers to effective emergency life support. Firstly, the lack of quality control of courses could mean that some trainers are not training people in line with recognised medical guidelines. In addition, a lack of refresher training, and the fear of litigation could both prevent people putting their learning into practice.

### Quality control

- 4.2 Currently, emergency life support training is not nationally regulated. As a result, anyone can set themselves up as a trainer and charge for their services, without the quality of their training being monitored in any way. Hospital trusts and training organisations have concerns about the quality of some providers' training<sup>56</sup>, and a number of these organisations therefore believe there is a need for greater regulation.

*"Public life support training should be more tightly regulated, allowing for the maintenance of standards of education across the board. The lack of regulation at present means many independent healthcare workers who are inexperienced in the techniques of life support are teaching lay people, and often providing outdated or incorrect information."*<sup>57</sup> Heather Lawrence, Chelsea and Westminster Hospital, NHS Foundation Trust

*"There is currently no regulation over who can teach life support and there are many unqualified people charging large amounts of money to teach a skill of which they have no experience or understanding."*<sup>58</sup> Paula McLean, St George's Hospital NHS Trust

- 4.3 Nevertheless, others feel that strict regulation could have a negative impact on ELS training, because of the extra resources it would involve.

*"Regulation involves paperwork which needs to be processed by people who need to be paid – regulating ELS provision will add to the overall cost which is likely to have the effect of reducing the amount of training provided."*<sup>59</sup> Alan Powell, St John Ambulance

- 4.4 Despite concerns about the negative impact of regulation, the Committee feels that more must be done to assure the quality of ELS training courses. The Resuscitation Council (UK) has produced a syllabus and set of competencies that should be taught in emergency life support training courses. The syllabus is updated regularly, in line with changing international medical guidelines on best practice in delivering emergency life support. All of the major voluntary sector service providers, the London Ambulance Service NHS Trust and some private companies such as Safe and Sound, are signed up to the Resuscitation Council (UK) guidance. However, signing up to this guidance is totally voluntary. **The Committee suggests that training organisations signed up to Resuscitation Council guidelines promote this in all their literature, and that the Resuscitation Council (UK) investigates the potential for endorsing individual courses or trainers, and assuring the quality of endorsed courses, through a kitemark style scheme.**

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<sup>56</sup> Written evidence – British Red Cross, Barts and the London NHS Trust, Guys and St Thomas NHS Trust, St Mary's NHS Trust, and Chelsea and Westminster Hospital NHS Foundation Trust.

<sup>57</sup> Written evidence – Chelsea and Westminster Hospital NHS Foundation Trust.

<sup>58</sup> Written evidence – St George's Hospital NHS Trust

<sup>59</sup> Written evidence – St John Ambulance

## Fear of litigation

- 4.5 A minority of people who attend ELS training feel that they might not intervene in an emergency, because of their fear of being sued if something goes wrong. A recent British Heart Foundation survey<sup>60</sup> found that 16 per cent of ELS trained people who felt that they might not intervene in an emergency stated that this was because of a fear of being sued.
- 4.6 In fact, the chance of a “rescuer” being successfully sued is extremely slim. There has never been a case in England of someone successfully suing a first aider who has come to their rescue<sup>61</sup>.
- 4.7 The only possibility of successful legal action would come from someone intervening in an inappropriate way, and left someone worse off than they were previously<sup>62</sup>.
- “A person who attempts resuscitation will only be legally liable if the intervention leaves a casualty in a worse position than he would have been in had no action been taken at all. It is difficult in the circumstances under consideration to see how a rescuer’s intervention could leave a casualty worse off since in the case of cardio-pulmonary arrest a victim would, without immediate resuscitation, certainly otherwise die.”<sup>63</sup>*
- 4.8 Nevertheless, the potential for litigation does reinforce the importance of good quality training, and the need for stronger regulation of courses. Furthermore, because of some trainees’ concerns about litigation, **the Committee believes that during ELS courses, trainers should explain to participants that the risk of litigation is extremely low.**

## Refresher training

- 4.9 Over time, people who are trained in emergency life support skills often lose confidence in their ability to intervene. Regular refresher training is therefore recommended to ensure people remain confident, willing and able to provide help if necessary.
- “I really feel lacking in confidence about whether I could remember what to do...because one has not [had] to use the skills, they soon get forgotten”.<sup>64</sup>*
- 4.10 However, people often fail to attend regular refresher training sessions, because of the time required, the expense involved or simply because they forget they should. Innovative methods are starting to be used to tackle these barriers to refresher training. These methods enable people to refresh their skills at home, at work or on the move, without having to attend a formal training course. Initial research has shown that these kinds of training tools are effective<sup>65</sup>.
- The British Heart Foundation is developing a “Mini Annie Home Learning Kit”. This includes an inflatable manikin and DVD to enable people to learn or refresh their skills at home<sup>66</sup>.
  - St John Ambulance has released a set of podcasts on ELS skills, which are available to download for free from their website [www.sja.org.uk/ifirstaid](http://www.sja.org.uk/ifirstaid)

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<sup>60</sup> CPR Training Research, 2006, British Heart Foundation

<sup>61</sup> The legal status of those who attempt resuscitation, 2000, Resuscitation Council UK and Transcript of Health and Public Services Committee meeting, 6 March 2007

<sup>62</sup> Transcript of Health and Public Services Committee meeting, 6 March 2007

<sup>63</sup> The legal status of those who attempt resuscitation, 2000, Resuscitation Council UK

<sup>64</sup> Written evidence – M Ramsay, Londoner trained in ELS skills.

<sup>65</sup> Transcript of Health and Public Services Committee meeting, 6 March 2007

<sup>66</sup> Transcript of Health and Public Services Committee meeting, 6 March 2007

- A website on life-saving techniques has been set up in conjunction with the University of Washington School of Medicine, Seattle USA. This website includes free videos and illustrated guides on practising CPR, and dealing with choking: [www.learn-cpr.org](http://www.learn-cpr.org)

4.11 Training organisations should promote these innovative methods for refresher training at the end of their courses. They could also consider setting up emailing lists to send out annual reminders to trainees, encouraging them to refresh their emergency life support skills. **The Committee believes that ELS training organisations should encourage people attending ELS courses to use DVD, online and podcast training resources to refresh their skills at least annually.**

## 5. Conclusions

- 5.1 Our report shows that there is a real need for more ELS trained Londoners. However, if we want to move towards Seattle's achievement of 40 per cent of citizens trained in ELS, much more must be done. Efforts need to be made to target training at groups of Londoners who are at particular risk of witnessing someone having a heart attack or cardiac arrest, including older people and relatives of people who are being discharged from hospital following a heart attack or cardiac arrest. ELS training should also be offered to young people through schools and to adults through their employers, and volunteer training schemes such as the Olympics volunteer programme. Finally, we believe that more must be done to promote ELS training to Londoners, since one of the main barriers to training is people's lack of awareness that such training exists, or how they can access it.
- 5.2 In the short term, the report recommends that:
- all hospital trusts should offer ELS training to the relatives of people who are being discharged following a heart attack;
  - funding should be found to enable the Saving Londoners' Lives schools Project to continue;
  - ELS should be promoted to schools as an option to be covered under the Healthy Schools Initiative; and:
  - the Mayor with support from other organisations should develop and implement a plan for promoting emergency life support training in London.
- 5.3 In the longer term, our report recommends that:
- a training scheme should be set up that is specifically aimed at older people;
  - ELS training should be part of the Olympics volunteer programme, since older people, people from deprived communities and South Asian communities are likely to be well-represented amongst these volunteers; and:
  - the Mayor should offer ELS training to GLA and GLA Group employees, and install AEDs in GLA and GLA Group buildings as appropriate.



## Appendix 1 – How we conducted this investigation

- a. We started this investigation in January 2007, with a call for written views and information. We received around 20 responses from a range of organisations, and from individual Londoners. The full list of people and organisations who sent written views is as follows:
- The British Heart Foundation
  - The British Red Cross
  - Resuscitation Council (UK)
  - The London Ambulance Service NHS Trust
  - St John Ambulance
  - Saving Londoners Lives
  - City of Seattle Fire Department
  - The London Fire and Emergency Planning Authority
  - The Health and Safety Executive
  - Barts and the London NHS Trust
  - Chelsea and Westminster Hospital NHS Foundation Trust
  - Guys and St Thomas NHS Foundation Trust
  - Homerton University Hospital NHS Foundation Trust
  - St Mary's NHS Trust
  - St George's Hospital NHS Trust
  - North East London Cardiac Network
  - Safety First Consultants (London) Ltd
  - First Aid Training Organisation
  - London 2012
  - M Ramsay, London resident
  - N Warran, London resident
- b. We held a public meeting for this investigation in March 2007, with a number of invited guests. The guests were from a range of organisations that all play key roles in emergency life support in London: Saving Londoners' Lives, the London Ambulance Service NHS Trust, St John Ambulance, Resuscitation Council (UK) and the British Heart Foundation.
- c. In May 2007, Committee Members and officers attended an emergency life support training course run by the London Ambulance Service NHS Trust. This training course provided an opportunity for the Committee to learn ELS skills, as well as understanding how these training courses work.

## Appendix 2 – Response to the QCA consultation on the secondary curriculum

**LONDON**ASSEMBLY

Chair of the Health and Public Services Committee



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12 April 2007

Annette Hagan  
Qualifications and Curriculum Authority

*By email*

Dear Ms Hagan,

### **Response to the secondary curriculum review**

The London Assembly's Health and Public Services Committee welcomes the opportunity to respond to the Qualification and Curriculum Authority's review of the secondary curriculum. The Health and Public Services Committee is conducting an investigation into emergency life support training, and because of this work, we believe that emergency life support skills should be taught as a compulsory part of the secondary curriculum.

Emergency life support training gives people the skills they need to help someone in a potentially life-threatening situation such as having a heart attack, cardiac arrest, choking or bleeding severely. This training can save lives. These skills can make a real difference to survival rates – as someone having a cardiac arrest is twice as likely to survive if a bystander trained in emergency life support intervenes.

Teaching young people emergency life support skills at school would be the most effective way of significantly increasing the number of trained people in the UK. In some European countries, and many US states, every young person learns emergency life support skills at school, and as a result, many lives have been saved. Clearly, emergency life support training fits well within the objectives of PSHE and Citizenship classes, as it helps young people develop a sense of their responsibility to others, their understanding of healthy lifestyles, as well as learning useful practical skills. The training is not particularly time-consuming either, as most courses take two to three hours.

People living in poverty and people from South Asian communities are more likely than others to die from coronary heart disease, but less likely than others to attend emergency life support training, often because of language barriers and cost. Training the children from South Asian communities and families living in poverty could help to reduce death rates from

coronary heart disease among these groups, and therefore tackle this particular health inequality.

Research by the Resuscitation Council for the British Heart Foundation has found that by the age of 13, children are able to put emergency life support skills into action as effectively as adults.

The Committee therefore believes that emergency life support training should be a compulsory part of the school curriculum at key stage three. Furthermore, evidence shows that people retain these skills far better if they have opportunities to refresh their learning. We therefore propose that all young people should have refresher training at key stage four.

I look forward to hearing your response on these issues

Yours sincerely,

A handwritten signature in black ink, appearing to read 'J. McCartney', with a stylized flourish at the end.

**Joanne McCartney AM**  
**Chair, Health and Public Services Committee**

## Appendix 3 - Orders and translations

For further information on this report or to order a copy, please contact Susannah Drury at [susannah.drury@london.gov.uk](mailto:susannah.drury@london.gov.uk) or on 020 7983 4947.

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## **Appendix 4 - Principles of London Assembly scrutiny**

### **An aim for action**

*An Assembly scrutiny is not an end to itself. It aims for action to achieve improvement.*

### **Independence**

*An Assembly scrutiny is conducted with objectivity; nothing should be done that could impair the independence of the process.*

### **Holding the Mayor to account**

*The Assembly rigorously examines all aspects of the Mayor's strategies.*

### **Inclusiveness**

*An Assembly scrutiny consults widely, having regard to issues of timelessness and cost.*

### **Constructiveness**

*The Assembly conducts its scrutinies and investigations in a positive manner, recognising the need to work with stakeholders and the Mayor to achieve improvement.*

### **Value for money**

*When conducting a scrutiny the Assembly is conscious of the need to spend public money effectively.*

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