



# THE SCOTTISH OFFICE

## National Health Service in Scotland Management Executive

St. Andrew's House  
Edinburgh EH1 3DG

Dear Colleague

### REPORT ON CARDIO-PULMONARY RESUSCITATION (CPR)

#### Summary

1. This letter draws the attention of Health Boards and Trusts to the attached Report, produced by a Working Group of the Scottish Health Service Advisory Council under the Chairmanship of Dr W Keith Davidson. Its membership included representatives of the Health Service and St Andrew's Ambulance Association.

2. The lives of a significant number of heart attack victims could be saved if treatment could be given immediately. CPR provides the means by which they could be kept alive until appropriate treatment is available. Basic CPR consists of clearing the victim's airway, mouth-to-mouth breathing and chest compression. Members of the public can acquire the relevant skills through short training courses in the basic techniques for cardiac life support which also cover the recognition of cardiac arrests and access to the emergency services. Advanced cardiac life support training includes advanced airway management and ventilation techniques, defibrillation and intravenous or endotracheal medication.

3. The early signs of heart attack are not readily recognised by the victims or bystanders and there is some reluctance to summon the emergency services. Training in CPR for members of the public is currently provided by a variety of organisations in Scotland and is of a satisfactory standard. However, overall provision is patchy and unco-ordinated with the very real danger that some of the people most likely to witness cardiac arrests, such as the relatives of people with heart disease, are not encouraged to seek CPR training.

#### Action

4. Against this background, the report has made a number of recommendations designed to increase the amount of CPR training both in the NHS and in the community. The main recommendations are:-

#### National Health Service

- that resuscitation committees be set up by

28 October 1993

#### Addressees

General Managers,  
Health Boards

General Manager,  
State Hospital

Chief Executives  
NHS Trusts

Chief Executives  
Designate of proposed  
Third Wave Trusts

General Manager,  
Health Education Board  
for Scotland

#### Enquiries to:

Mr Owen Kelly  
Strategic Planning &  
Performance Review  
Division  
NHS Management  
Executive  
Room 267  
St Andrew's House  
EDINBURGH EH1 3DG  
Tel: 031-244 2401  
Fax: 031-244 2683

COMMON SERVICES AGENCY	
RECEIVED:	
- 1 NOV 1993	
FILE No.	
REFERRED TO	ACTION TAKEN

Unit General Managers or Trust Chief Executives covering all acute hospitals;

- resuscitation officers, appointed by UGMs and Trust Chief Executives, should be primarily responsible for providing training for hospital staff;
- all medical and appropriate nursing staff in the acute specialties should be trained in advanced cardiac life support;
- all other hospital staff whose work brings them into patient contact should be trained in basic cardiac life support;
- CPR training should also be included at an early stage in the medical undergraduate core curriculum and in basic nurse training.

#### 5. Community CPR Training

- that a public CPR training programme be introduced in the community by health boards. Health boards should arrange for initial training in CPR to be carried out under contract by bodies such as the Scottish Ambulance Service or the St Andrew's Ambulance Association with training courses co-ordinated by resuscitation officers.

6. The Management Executive endorses the findings of the report and considers that Health Boards, NHS Trusts and other interests should give the recommendations very serious consideration in developing their response to combating the major problem of heart disease in Scotland.

#### Resources

7. It is estimated that the training of hospital staff most likely to benefit from a knowledge of CPR, throughout Scotland, might cost in the region of £1.3m to £1.6m per year initially, dropping to £1.1m after the third year. It is a matter for Health Boards as purchasers to decide the priority for such training against the competing demands and from within the resources available to them. While the cost of community training is difficult to assess, economic analysis suggests that it would be a very cost effective method of saving lives. To illustrate, it is considered that the total cost of training up to 200,000 members of the public annually would be around £1.5m. The aim, however, should be to make the community training schemes largely self financing, through contributions provided by companies and organisations for which training programmes are run, together with donations from individuals attending courses and other fund raising initiatives. Boards will wish to ensure that procedures are set up to monitor the efficiency and outcome of the training.



WILLIAM MOYES  
Directorate of Strategic  
Management