



RESEARCH

INFORMATION

## Let's be CPR Ready: a development study



### AIMS

Out-of-hospital cardiac arrest (OHCA) is a significant health problem in Scotland with approximately 3,500 resuscitation attempts each year. Survival is only 8.3%, with people living in a deprived area twice as likely to suffer an OHCA, but less likely to survive compared with those who live in affluent areas. Bystander CPR (cardiopulmonary resuscitation) more than doubles the likelihood of survival, but occurs only around 56% of the time, and least often in deprived communities. This doubles the disadvantage people living in deprived communities face. Working with local communities the aim of this development study was to design an intervention to improve the rate of bystander CPR in deprived communities. We would like to do this by helping local people to have both the confidence and skills to be 'CPR Ready' and feel able to give CPR to someone if they needed it in their community.



### KEY FINDINGS

- Being 'CPR ready' requires more than just the **Practical Skills** (training) to give CPR. It also requires the **Belief** that bystanders *should*, AND the **Confidence** that bystanders *can*, try to save someone who is in cardiac arrest, even if they are not 'professionally' trained.
- The main barrier to being CPR ready was confidence, discussed in different ways
- There was strong support for the intervention idea – 'Let's be CPR ready' - using friends, community and family members to encourage people they know to become CPR ready.



### WHAT DID THE STUDY INVOLVE?

We wanted to design an intervention to help local people living in deprived communities become 'CPR Ready.' We did this by finding out what the barriers were to being CPR Ready and how they could be overcome. We conducted a systematic review of the literature, interviewed 19 stakeholders including community workers, CPR trainers, paramedics, policy makers, and researchers. We also talked to 67 local people via 10 group discussions and held four public involvement workshops where we spoke to 45 people to feedback our findings and ask for their thoughts on our intervention idea.





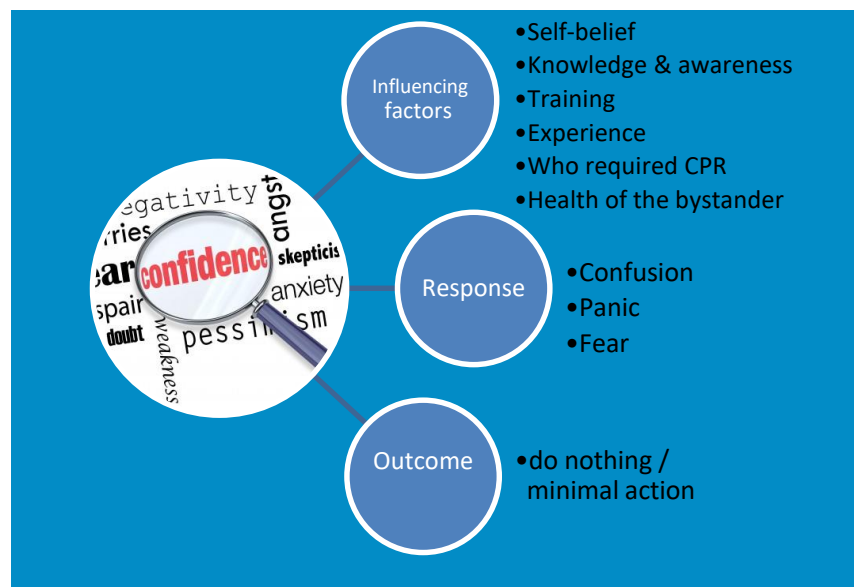
## WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

We found several barriers to being CPR Ready that were all related to confidence. The things that affect levels of confidence to be CPR ready are shown in the diagram below (which we have called 'influencing factors.'). The diagram also shows the likely response from a bystander who does not feel confident which is to panic, feel fear and/or confusion. The outcome of this is not to give CPR but instead take minimal action (e.g. call 999) or wait for someone else to give CPR. There were also two environmental factors: 1) fear for your own personal safety and repercussions if the person requiring CPR did not survive, 2) fear of the police if the bystander had a criminal record or was a drug user or alcohol dependent. All of these barriers affect people being CPR ready in deprived communities more than those who live in more affluent areas.

To respond to these barriers we have created an intervention called 'Let's be CPR Ready' which seeks to raise awareness and interest in bystander CPR in local communities. To do this we need support from local people to become 'Bystander CPR supporters'. Bystander CPR Supporters will chat about being CPR ready with friends, family, colleagues, neighbours to:

- 1) install a belief that they can (and should) give hands only CPR;
- 2) ask them if they would know what to do if they found themselves in a situation where someone needed CPR?;
- 3) encourage them to have a plan – call 999 AND give hands only compressions (they would show them how to do this );
- 4) sign post them to online resources and /or local training.

*" people in this area, very much think that because they are from xxxx [a deprived area] they will never achieve anything.... CPR to people in this area is very much something that a doctor does in the hospital or a nurse – someone who's had training, someone who's got quite a large level of training. (SH08)*





## WHAT IMPACT COULD THE FINDINGS HAVE?

Findings from the research so far will help create the next Out of Hospital Cardiac Arrest Strategy which is due in 2020. Researchers, policy makers, and emergency services will also be better informed of the barriers to being CPR ready in deprived communities. Local communities have already benefited by taking part in the study, learning more about CPR themselves, and raising awareness of bystander CPR, which could save lives. In the future, further development of the 'Let's be CPR ready' programme will raise awareness and change attitudes towards being CPR ready which will save more lives. Local communities will further benefit by having an active role in the set-up and delivery of 'Let's be CPR Ready', developing personal and social skills.



## HOW WILL THE OUTCOMES BE DISSEMINATED?

- Findings have already been fed back via four community and stakeholder finding workshops and Twitter updates
- We aim to present findings at a public health conference (e.g. the 2020 European Public Health Conference)
- We will submit at least two peer reviewed papers in Open Access journals
- A press release will be prepared
- We have started discussion with journalists and a BBC radio producer to scope interest for a press article, opinion piece or a podcast.



## CONCLUSION

The biggest challenges to people living in deprived communities being CPR ready are confidence and creating a mind-set that hands only CPR is something that we can and should all try. We can do this by raising awareness of bystander CPR in local communities and encouraging local people to start a conversation about being CPR ready. We have designed a community based intervention called 'Let's be CPR ready' that can help local communities do this and potentially save lives.



## RESEARCH TEAM & CONTACT

Isa Uny, Kathryn Angus, Eddie Duncan, Martine Stead, Nathan Critchlow, Douglas Eadie, Lisa MacInnes, Liz Hasseld, Gareth Clegg, Fiona Dobbie,

University of Stirling and the University of Edinburgh



[fiona.dobbie@ed.ac.uk](mailto:fiona.dobbie@ed.ac.uk)



07811114469



### Additional Information

We were awarded £130,717. The study ran from August 2017 - July 2019

