



Business Case for Public Automated External Defibrillators in areas throughout Calne Without Parish

Strategic Planning Committee Nov 2023

Executive Summary:

This business case outlines the imperative and advantages of establishing a network of public Automated External Defibrillators (AEDs) in the villages throughout Calne Without parish. Deploying AEDs in these rural areas will significantly enhance emergency response times, save lives, and enhance the well-being of local communities. They can be used by people with limited, or no medical training. The total cost budgetary cost estimate is £18,900 to purchase and install the AEDs and £30,000 to provide 5 years support for these and the existing Derry Hill & Studley AEDs. I propose that all of the funding comes from CIL.

1. Background:

Sudden cardiac arrest (SCA) is a leading cause of death worldwide, often striking individuals with little to no warning. Rural villages surrounding Calne face distinct challenges in accessing timely emergency medical care, especially during SCA incidents. The limited proximity to healthcare facilities and extended emergency response times can lead to life-threatening delays.

Currently there are six AEDs in Derry Hill and Studley which are managed by the Heartbeat group. The most recent one was funded by Calne Without Parish Council (CWPC), which also provides annual grant funding for support and maintenance. There are no other AEDs in the parish.

Calne has eleven publicly accessible AEDs throughout town Heddington has two and Cherhill one.

2. Objectives:

- a. To strategically install AEDs in the villages throughout the parish, addressing the crucial accessibility gap. Seven areas have been identified (Lower Compton x2, Calstone, Pewsham, Sandy Lane, Stockley, and Cherhill View).
- b. To minimize response times during SCA emergencies, improving the chances of survival for residents and visitors.
- c. To strengthen the health, safety, and resilience of these rural communities.
- d. Fund the 5-year maintenance of all the Heartbeat group and CWPC purchased AEDs from CIL income.

3. Benefits:

- a. Lives Saved:
 - Quick access to AEDs in these rural areas can have a transformative effect on survival rates for SCA victims.

- Each minute without defibrillation diminishes the survival rate by approximately 10%.
- A study in January 2022 showed that 30-day survival rates after an SCA outside hospital decreased by 10% per 100m that an AED was placed from the patient. (source Resuscitation journal, vol 170, p44 to 52, Jan 22)

b. Enhanced Community Health and Safety:

- AED deployment contributes to improved health outcomes for rural residents and visitors, reducing the disparity in access to medical care between rural and urban areas.
- These rural communities become safer and more appealing for residents and businesses due to the enhanced safety.

c. Social Responsibility:

- Creating a public AED programme demonstrates a strong commitment to the well-being of the community, enhancing public perception and trust.
- It fosters a positive image and reputation for the parish council.

d. Security of funding for 5 years:

- By securing the AED maintenance and consumables funding for 5 years for all devices it ensures that these vital devices will be available for use throughout this period.

4. Cost-Benefit Analysis:

- The investment required for procuring and maintaining AEDs in these rural villages is relatively modest compared to the potential lives saved and the positive impact on the communities.
- The economic benefits, including reduced NHS costs and community growth, can substantially surpass the initial costs.
- The budgetary cost for an AED, cabinet and first year management is £2,500 plus £200 installation. Therefore, the cost for the seven proposed AEDs is £18,900.
- Five-year maintenance for all 13 AEDs will cost an estimated £30,000 (£350 per annum per AED for a managed service to maintain them and £500 per AED over 5 years for new pads and batteries).
- The key performance indicators for a programme such as this are clear. For each use of an AED a potential life is saved. Whilst a price cannot be put on human life it can be easily argued that just one AED use as a result of this programme will make it worthwhile. The governance procedures for the AEDs mandate that usage data is recorded and that information should be reported to the council annually. Data regarding successful deployments, i.e. a life saved, is impossible to capture for privacy reasons.

5. Implementation Plan:

- Identify key locations throughout the parish, such as areas of dense population, and high-traffic areas for AED placement. Seven potential areas have been identified (Lower Compton x2, Calstone, Stockley, Cherhill View, Sandy Lane and Pewsham) – see map 2 below. The provision on one on the Low Lane development within the parish is not required as Persimmon Homes have funded one on the Spar shop there.
- There will be two phases.
 - Phase 1 will be for Lower Compton (one each side) and Calstone. Sites have been allocated and approval given from the owners of those sites (see map 1). Fact finding work has already started with Cherhill Parish Council to identify their AED ownership and maintenance model.

- Phase 2 will be to consult with the relevant people in Stockley, Cherhill View, Sandy Lane and Pewsham to identify sites and agree a support and maintenance model with the relevant groups and councils.
- Develop a distribution and maintenance plan, ensuring AEDs are accessible and functional at all times.
- Facilitate training programmes for designated personnel and community members to use AEDs effectively.
- Lower Compton has been selected for two AEDs due to the size of the area (a population of approximately 650 people separated by a busy road). It is proposed that one is sited either side of the road on, or adjacent to, lampposts owned by the management committees.
- Calstone is an isolated village of with a population of approximately 200. It is a centre for walkers, cyclists, and horse riders. The nearest AED is over 1.5 miles away.

6. Risk Assessment:

- Potential risks include the initial cost of procuring and installing AEDs and the ongoing maintenance expenses. However, these costs are outweighed by the numerous benefits and potential cost savings.
- Liability concerns should be addressed through proper training and adherence to legal and regulatory considerations and best practice.
- The programme will be closely linked to Derry Hill and Studley's Heartbeat group, Cherhill and Heddington Parish Councils and Calne Town Council to ensure that after the Community Governance Review changes in 2025 the AEDs can simply be migrated to the new areas.

7. Conclusion:

Deploying public AEDs in the villages around Calne is a strategically sound and cost-effective initiative that addresses a critical gap in access to emergency medical care, saving lives, enhancing community health, and boosting local economies. It demonstrates a commitment to the well-being of rural communities and reflects positively on organizations, local authorities, and businesses that support this vital program.

Recommendation:

I strongly recommend implementing a comprehensive programme for public AED deployment throughout Calne Without parish. This initiative aligns with our commitments to the health of the community, social responsibility, and a safer environment for residents and visitors. The total cost is estimated to be £18,900 to purchase and install seven AEDs and £30,000 to maintain them over 5 years.

Specific requests:

1. Approval to procure three AEDs now (two for Lower Compton and one for Calstone) at a cost of £2,500 each plus £200 each for installation.
2. Approval in principle to procure an additional four AEDs (Stockley, Cherhill View, Sandy Lane and Pewsham) on the condition that the local communities support their installation and suitable sites are found.
3. Approval in principle to use CIL income to fund 5-year support and maintenance arrangements for the seven new AEDs plus the existing six owned and managed by the Heartbeat group.

Next Steps:

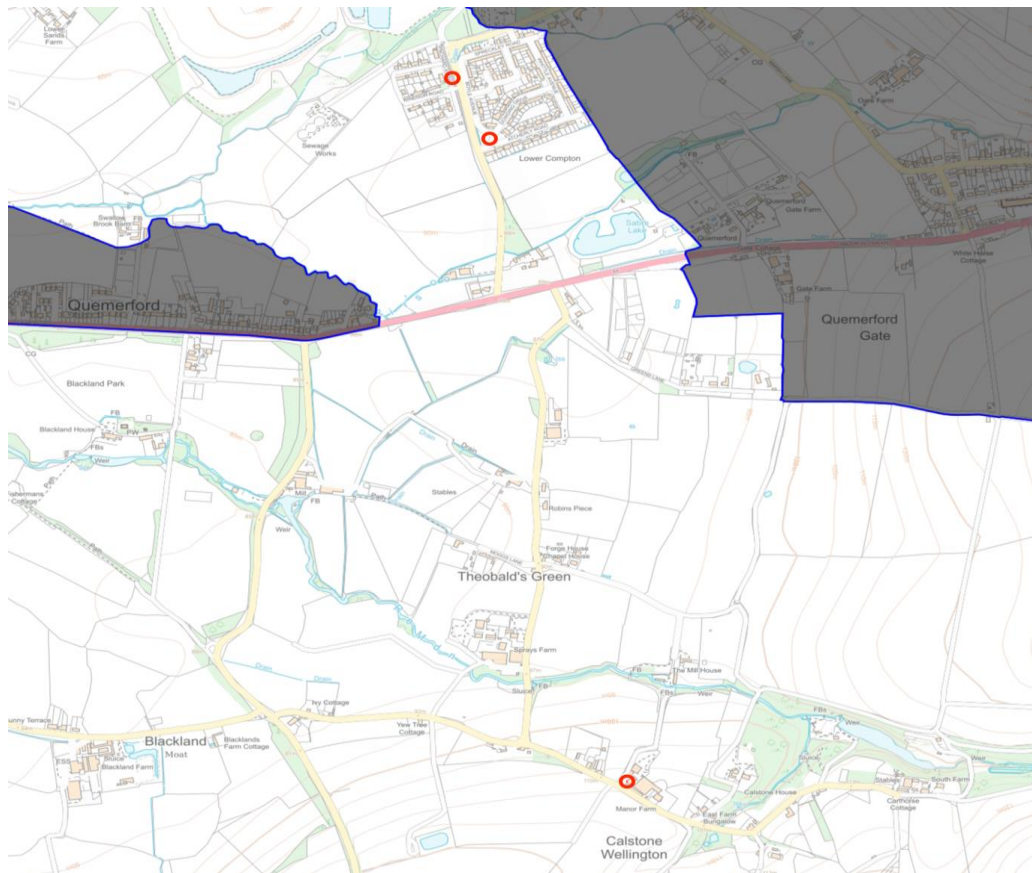
Phase 1.

- Work with Cherhill Parish Council on an ownership and support model for the first 3 AEDs. After May 2025 they will be responsible for them, and it may make sense for them to own them from the start – Target Jan 2024
- Develop maintenance and training plans as outlined above. Target Feb 2024
- Seek agreement from CWPC for 5-year support and maintenance funding. Target Feb 2024.
- Target March 2024 for operational running of AEDs

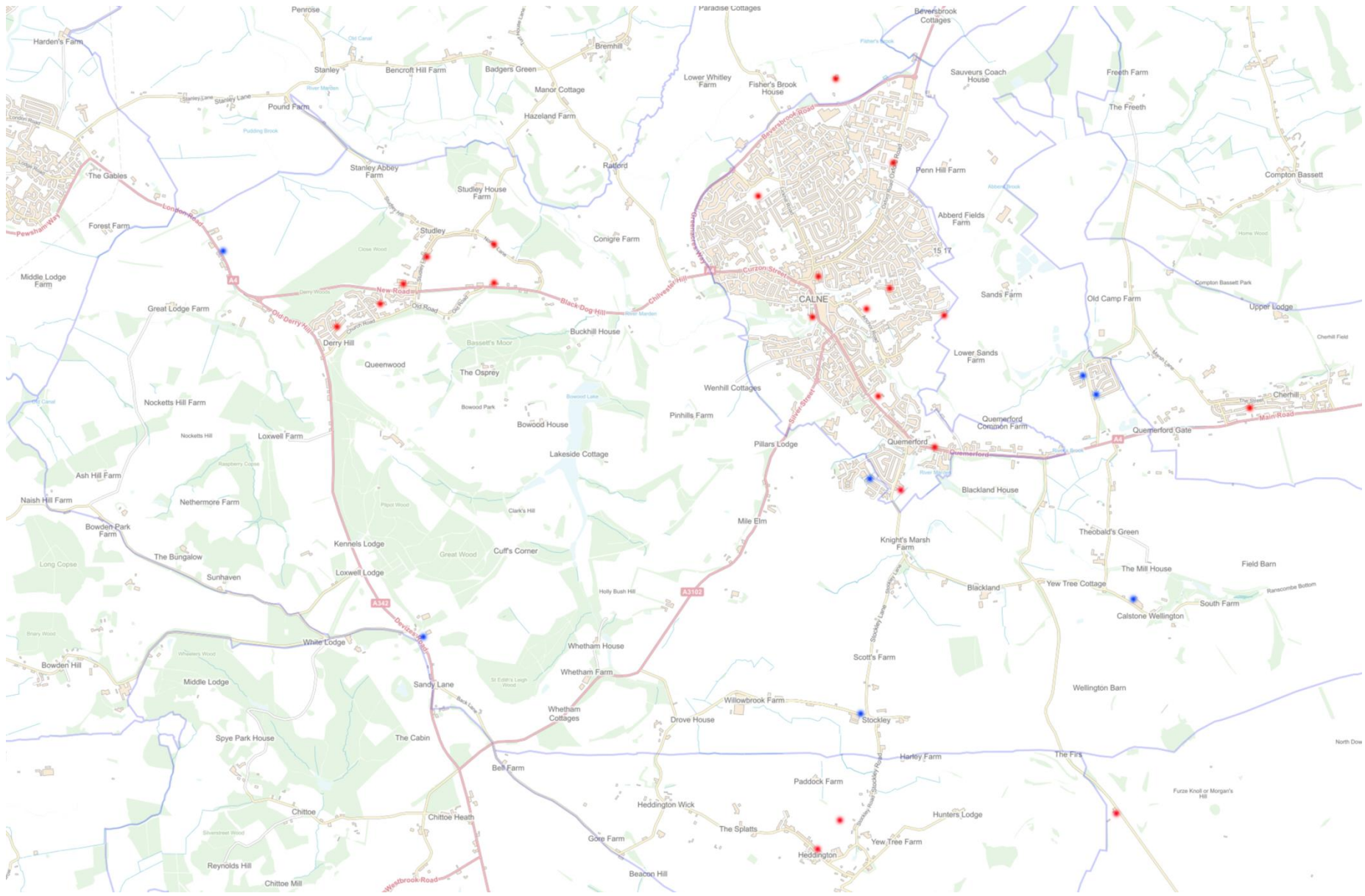
Phase 2.

- Work with the communities in Sandy Lane, Cherhill View, Stockley and Pewsham to determine local support for having an AED and running the governance required to support it. Target March 2024
- Once the above has been done identify sites for the AEDs. Target March 2024
- Work with the Heartbeat group in Derry Hill and Studley, Heddington Parish Council and Calne Town Council to identify the post 2025 governance arrangements for the AEDs. As with phase 1 it may make sense for the AEDs to be purchased by the receiving council.
- Provide update to CWPC in April 2024 and request additional funding for remaining AEDs with 5-year support and maintenance funding. Target April 2024.
- Target Dec 2024 for completion of all deployments. Earlier if they do not have to be phased and are managed by receiving councils.

Cllr Doug Price, East Ward



Map 1 Showing agreed positions of proposed AEDs in Calstone and Lower Compton.



Map 2 showing positions of existing AEDs (red dots as of Nov 23) and indicative positions of proposed AEDs (blue dots)