

**Debate Pack**

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# Public access to Automatic External Defibrillators

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## 1

## Summary

A general debate on public access to automatic external defibrillators will take place in Westminster Hall on 4 November 2021. The debate has been selected by the Backbench Business Committee and will be led by Jim Shannon MP.

During a cardiac arrest, electrical activity in the heart is disrupted, altering its rhythm and normal functioning. An automatic external defibrillator (AED) can be used to provide an electric shock to the heart to restore its normal rhythm. There are many possible causes of a cardiac arrest, these include heart attack, genetic heart defect or drug overdose.

The timely provision of defibrillation, alongside cardiopulmonary resuscitation (CPR), can significantly improve the likelihood that a person will survive a cardiac arrest. The Resuscitation Council states that a person's chance of survival decreases by around 10% with every minute that defibrillation is delayed.<sup>1</sup>

Many commercial, community and charitable organisations have installed AEDs on their premises to support the timely provision of defibrillation in the event of a cardiac arrest. Some organisations, such as the [British Heart Foundation](#), have created databases which map the availability of publicly available defibrillators (PADs) across the UK.

The government has encouraged organisations across England to consider purchasing AEDs, particularly where there are high concentrations of people.<sup>2</sup>

There is no legal requirement for an organisation to provide an AED, though there has been some discussion about whether failure to do so could give rise to negligence claims if an individual was to experience a cardiac arrest on the organisation's premises. There has also been some suggestion that an individual who administers defibrillation to a person experiencing a cardiac arrest may assume some liability if the individual comes to harm.

The Resuscitation Council notes that “the courts have always looked benevolently on those who have gone to the assistance of others”.<sup>3</sup> The Council also explains that modern AEDs are very reliable and will not allow a shock to be given unless it's needed. For this reason, the Council explains that a person administering an AED is “extremely unlikely to do any harm” to a person suffering a suspected cardiac arrest.

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<sup>1</sup> Resuscitation Council UK and BHF, [A guide to automated external defibrillators \(AEDs\)](#), Dec 2019

<sup>2</sup> [PQ 45270](#), 14 Sep 2021

<sup>3</sup> Resuscitation Council, [Cardiopulmonary resuscitation, automated defibrillators and the law](#), Apr 2018

On 21 June 2021, Jim Shannon MP introduced [the Automated External Defibrillators \(Public Access\) Bill](#) as a Private Members' Bill. The Bill would require the installation of AEDs in public buildings, sporting facilities, schools, higher education and other education and skills facilities, and facilities that provide care to vulnerable people. The Bill, which would also make provision about training and signage, is scheduled to have its Second Reading on 10 December 2021.

## 2 Background

### 2.1 Cardiac arrest

Normally, the heart is controlled by an electrical impulse which helps it to maintain the correct rhythm.<sup>4</sup> During a cardiac arrest, the normal rhythm of the heart is disrupted. The heart stops beating properly, and normal breathing is disturbed.<sup>5</sup>

There are many different causes of cardiac arrest. Those relating to the heart include:

- a [heart attack](#) (caused by [coronary heart disease](#))
- [cardiomyopathy](#) and some inherited heart conditions
- [congenital heart disease](#)
- [heart valve disease](#)
- acute [myocarditis](#) (inflammation of the heart muscle).<sup>6</sup>

Other causes include:

- electrocution
- a drug overdose
- a severe haemorrhage (known as hypovolaemic shock) – losing a large amount of blood
- hypoxia - caused by a severe drop in oxygen levels.<sup>7</sup>

In response to a suspected cardiac arrest, the Resuscitation Council explains that steps within the “Chain of survival” should be taken to increase the chances of a person surviving. These are:

1. Early recognition and call for help- to prevent cardiac arrest
2. Early cardiopulmonary resuscitation (CPR)- to buy time
3. Early defibrillation- to restart the heart
4. Post resuscitation care- to restore quality of life<sup>8</sup>

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<sup>4</sup> Resuscitation Council UK, [Defibrillation](#), accessed 2 Nov 2021

<sup>5</sup> Resuscitation Council UK, [Defibrillation](#), accessed 2 Nov 2021

<sup>6</sup> BHF, [Cardiac arrest](#), accessed 3 Nov 2021

<sup>7</sup> BHF, [Cardiac arrest](#), accessed 3 Nov 2021

<sup>8</sup> Resuscitation Council UK and BHF, [A guide to automated external defibrillators \(AEDs\)](#), Dec 2019

The Resuscitation Council has published [guidance for adult basic life support](#) which advises on how CPR and defibrillation should be administered during a suspected cardiac arrest.

In 2017, the National Institute for Health Research (NIHR) published the results of a [systematic review of 41 observational studies](#), examining survival outcomes of 11,410 people who experienced an out-of-hospital cardiac arrest. The studies took place in 11 high-income countries including the US and UK, and compared outcomes when defibrillators were used by bystanders and non-medical professional first responders (e.g. police and firefighters). The main findings were:

If a defibrillator had been attached to the patient:

- The median survival rate was 22% (range 4% to 78% across 22 studies) if attended to by any non-medical first responder.
- Median survival rate was higher following defibrillator attachment by bystanders at 32% (range 14% to 78% across 13 studies) than for dispatched firefighters or police at 12% (range 4% to 21% across nine studies).

If the defibrillator had been attached to the patient and they had a shockable rhythm:

- The median survival rate was 40% (range 9% to 76% across 36 studies) if the defibrillator was attached by any non-medical first responder.
- Median survival rate was higher if the defibrillator was attached by bystanders at 53% (range 26% to 72% across 15 studies) compared with dispatched firefighters or police at 29% (range 9% to 76% across 21 studies).<sup>9</sup>

NIHR reported that defibrillation by bystanders showed the highest survival rate, which was thought to be because they were likely to arrive at the scene and start defibrillation faster than police and firefighters.

The NIHR concluded that the review's findings supported the installation of publicly available defibrillators so that members of the public can assist those with cardiac arrest until emergency medical services arrive.

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<sup>9</sup> NIHR, [Use of public defibrillators linked to out-of-hospital cardiac arrest survival](#), 5 Sep 2017

### 3

## Defibrillators

A defibrillator is a device that gives a high energy electric shock to the heart of someone who is in cardiac arrest, helping to restore the heart's normal rhythm again.

Automated external defibrillators (AED) are portable. The user attaches two adhesive pads with sensors (called electrodes) onto the person's chest. The electrodes collect information about the person's heart rhythm to a processor in the AED where it is analysed. Depending on this rhythm, and only where appropriate, the AED will deliver the shock or prompt the user to press a button to deliver the shock.

Where they are made available for public use, they are sometimes referred to as a public access defibrillator (PAD). The Resuscitation Council explains how AEDs operate:

AEDs are compact, portable, easy to use, safe and very effective. They can be used by anyone, whether or not they have had formal training. An AED gives the person using it voice instructions. An AED will not allow a shock to be given unless the collapsed person needs one. AEDs can be stored for long periods without use and need very little maintenance.<sup>10</sup>

AEDs are used externally, on a person's bare chest, as opposed to some defibrillator devices used in hospitals where paddles are applied internally, directly to the heart.

The timely provision of defibrillation following a cardiac arrest can significantly increase the likelihood that a person survives. The Resuscitation Council states that a person's chance of survival decreases by around 10% with every minute that defibrillation is delayed.<sup>11</sup>

The government has encouraged organisations across England to consider purchasing AEDs, particularly where there are high concentrations of people.<sup>12</sup>

### 3.1

## Public access defibrillators

There has been growing demand for PADs, particularly following high-profile cases where they have been used, such as in the treatment of footballer

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<sup>10</sup> Resuscitation Council UK and BHF, [A guide to automated external defibrillators \(AEDs\)](#), Dec 2019

<sup>11</sup> Resuscitation Council UK and BHF, [A guide to automated external defibrillators \(AEDs\)](#), Dec 2019

<sup>12</sup> [PQ 45270](#), 14 Sep 2021

Christian Eriksen who suffered a cardiac arrest during a Euro 2020 match in June 2021.<sup>13</sup>

Increasingly, PADs are being installed in commercial premises, community buildings, schools and religious institutions. With respect to the type of AED chosen and its maintenance, there are several considerations to be made as to which type of AED should be installed in a particular location.

All AEDs should be stored in a protective cabinet. In order to minimise the risk of damage/ theft, some AED models will require a code to be provided before the AED can be accessed, whilst others will let off an alarm once the cabinet has been opened.

The Resuscitation Council advises that owners or managers of an AED are not expected to carry out any maintenance tasks other than replacing the battery when necessary, and replacing out-of-date disposable items such as adhesive pads, razors (used only for removing any excess hair on the chest) and plastic gloves.<sup>14</sup> AEDs should be checked regularly and frequently, and arrangements to replace electrode pads if the AED is used should be in place.

In February 2021, Jim Shannon MP introduced the [Automated External Defibrillators \(Public Access\) Bill](#) under the Ten-Minute Rule. The Bill would require the installation of AEDs in public buildings, sporting facilities, schools, higher education and other education and skills facilities, and facilities that provide care to vulnerable people. The Bill, which would also make provision about training and signage, had its First Reading on 2 December 2020. Ten Minute Rule Bills are unlikely to become law but are often used to draw attention to a particular issue.

On 21 June 2021, Jim Shannon MP introduced [the Automated External Defibrillators \(Public Access\) Bill](#) as a Private Members' Bill. It seeks to make the same provisions as the earlier introduced Bill of the same name and is scheduled to have its Second Reading on 10 December 2021.

## Defibrillator networks

In Partnership with the Association of Ambulance Chief Executives, Resuscitation Council UK and St John Ambulance, the BHF currently funds a [national defibrillator network, otherwise known as The Circuit](#).

This provides a national overview of where defibrillators can be found and aims to collate defibrillator databases held by local ambulance services into one centralised location. Organisations that have a defibrillator can register its location and status on the database. Other providers also maintain their own AED locator maps, for example, [HeartSafe](#).

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<sup>13</sup> BBC News, [Christian Eriksen: Defibrillator sales soar after Denmark footballer's collapse](#), 18 Jun 2021

<sup>14</sup> Resuscitation Council UK and BHF, [A guide to automated external defibrillators \(AEDs\)](#), Dec 2019

Despite these efforts, it has recently been reported that thousands of defibrillators remain unknown to emergency services.<sup>15</sup>

## 4 Legal considerations

A Resuscitation Council publication, [CPR, AEDs and the law](#), aims to clarify the obligations and responsibilities of those who attempt the resuscitation of a person suffering a suspected sudden cardiac arrest. It also provides guidance for organisations that are considering providing relevant equipment and training.

The guide explains that there is no legal obligation to provide AEDs in public places, but goes on to discuss concerns about liability where they are not provided:

There is no UK legislation stipulating that AEDs must be provided in public areas, so not providing them could not result in a claim under statutory law. However, since their introduction, the use of AEDs by laypeople has been widely recommended in international resuscitation guidelines. This has given rise to the concern that failing to provide an AED might lead to a claim for negligence under common law if a member of the public were to suffer a cardiac arrest on the premises. Each organisation should therefore consider assessing the pros and cons of AED provision.<sup>16</sup>

The guide also discusses concerns about liability where AEDs are administered. While there are no statutory laws specific to resuscitation, it has been suggested that there could be some liability on the grounds that resuscitation was provided without the consent of the person suffering the cardiac arrest:

There are no statutory laws covering resuscitation but a potential liability could arise if a civil claim were brought by the victim, or their family, against someone on the grounds that intervention occurred without their consent and so constituted an assault and/or battery.<sup>17</sup>

The Council notes, however, that “the courts have always looked benevolently on those who have gone to the assistance of others”.<sup>18</sup>

The Council also explains that modern AEDs are very reliable and will not allow a shock to be given unless it’s needed. For this reason, the Council

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<sup>15</sup> BBC News, [Cardiac arrest: Thousands of defibrillators unknown to 999 service](#), 22 Oct 2021

<sup>16</sup> Resuscitation Council, [Cardiopulmonary resuscitation, automated defibrillators and the law](#), Apr 2018

<sup>17</sup> Resuscitation Council, [Cardiopulmonary resuscitation, automated defibrillators and the law](#), Apr 2018

<sup>18</sup> Resuscitation Council, [Cardiopulmonary resuscitation, automated defibrillators and the law](#), Apr 2018

explains that a person administering an AED is “extremely unlikely to do any harm” to a person suffering a suspected cardiac arrest.

Where a claim against a person providing defibrillation is pursued, the guide sets out how a defence might be provided:

In professional medical practice, there are two defences available to healthcare professionals.

They include ‘implied consent’ (the assumption that if someone were conscious and able to make a decision, they would consent to the procedure) and ‘necessity’ (that the treatment is given in the best interests of the patient). While the defence of implied consent may not be as clear-cut if the rescuer isn’t medically qualified, the defence of necessity may be available, provided the rescuer acts reasonably in the circumstances. For instance, it would be reasonable to carry out CPR and use an AED if no healthcare professionals were available.

Section 5 of the Mental Capacity Act (England and Wales) 2005, which applies to people aged 16 and over, may also add weight to this defence. It suggests that if a passer-by goes to help someone believed to be having a cardiac arrest, they are not committing battery if they reasonably believe the person they are trying to help isn’t mentally capable of giving consent for CPR and use of an AED, and that they believe it would be in the person’s best interests to try to resuscitate them.<sup>19</sup>

The guide goes on to explain that it may be more difficult to apply these defences apply to non-healthcare professionals, but does conclude that:

[...], given the importance of CPR and the simplicity, safety and effectiveness of the AED, an untrained layperson would be justified in using one in an emergency when a more qualified person is not available. This would certainly be in line with current international and national resuscitation guidelines.<sup>20</sup>

The guide also refers to the Social Action Responsibility and Heroism Act (England and Wales) 2015. The Act was introduced to address concerns that people are deterred from volunteering, helping others or intervening in an emergency due to the fear of risk and or liability.<sup>21</sup>

Under provisions of the Act, a court considering a claim brought against a defendant for negligence or breach of statutory duty, must consider whether the defendant:

- Was acting for the benefit of society or any of its members

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<sup>19</sup> Resuscitation Council, [Cardiopulmonary resuscitation, automated defibrillators and the law](#), Apr 2018

<sup>20</sup> Resuscitation Council, [Cardiopulmonary resuscitation, automated defibrillators and the law](#), Apr 2018

<sup>21</sup> Ministry of Justice, [Social Action, Responsibility and Heroism Bill: fact sheet](#), 13 Jun 2014

- Demonstrated a predominantly responsible approach towards protecting the safety or interests of others
- Was acting heroically by intervening in an emergency to assist an individual in danger

Critics of the Act had argued that it would not add any further protection than that provided in existing common law.<sup>22</sup>

## 5 Funding for public access defibrillators

The British Heart Foundation (BHF) has set out information about [part-funding awards for public access defibrillators](#) and training kits. Subject to eligibility, funding is available for non-commercial organisations who will provide unrestricted access to the PAD to members of the public and will commit to training the local community in CPR, via BHF's Call Push Rescue training kit. Owing to the Covid-19 pandemic, the launch of the scheme has been delayed.

[The Premier League Defibrillator Fund](#) is supported by the Football Foundation, the FA and Sport England, and aims to support the installation of AEDs and external storage cabinets at thousands of grassroots football facilities who do not currently have an easily accessible device on site. The scheme is set to be delivered in two phases. 1,000 units were to be delivered in time for the start of the 2021/22 season whilst the second phase was due to begin in September.

The Department for Education has worked with NHS Supply Chain to secure an arrangement for schools to [purchase AEDs at reduced cost](#).<sup>23</sup> All new and refurbished state schools are required to have at least one defibrillator installed on their premises.<sup>24</sup>

The National Lottery Community Fund has also awarded grants for AEDs.

The price of an AED depends on its functionality, but they are generally available between £600 and £2500.

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<sup>22</sup> The New Statesman, [Defining "acting heroically" in legal terms: Chris Grayling's Heroism Bill is a waste of time](#), 21 Jul 2014

<sup>23</sup> NHS Supply Chain, [AEDs in Schools](#), accessed 3 Nov 2021

<sup>24</sup> [PQ 44421](#), 10 Sep 2021

## 6

## Press Articles

The following is a selection of news and media articles relevant to this debate.

Please note: the Library is not responsible for either the views or the accuracy of external content.

[Cardiac arrest: Thousands of defibrillators unknown to 999 service](#)

BBC

22 October 2021

[My teammates and a defibrillator saved my life after a cardiac arrest, and how you can do the same](#)

Inews

20 October 2021

[More defibrillators in the workplace is only the first step – training must take place to save lives](#)

HR News

5 October 2021

[Out-of-hospital resuscitation 2: automated external defibrillator](#)

Nursing Times

27 September 2021

[Williamson looking at law change to put defibrillators in ‘all schools’](#)

Schools Week

6 September 2021

## 7 Parliamentary Material

### 7.1 Debates

#### [Automated External Defibrillators \(Public Access\)](#)

Ten minute rule motion for leave to bring in a Bill.

02 Dec 2020 | Debates on bills | House of Commons | 685 cc351-5

#### [Defibrillators in Public Areas](#)

16 Jan 2017 | Adjournment debates | House of Commons | 619 cc740-750

### 7.2 Parliamentary Questions

#### [Defibrillators: Football](#)

25 Oct 2021 | 58556

**Asked by:** Sam Tarry

To ask the Secretary of State for Digital, Culture, Media and Sport, what discussions she has had with the Secretary of State for Health and Social Care on the provision of defibrillators at grassroots football clubs.

**Answering member:** Nigel Huddleston | **Department:** Department for Digital, Culture, Media and Sport (DCMS)

Events at both UEFA EURO 2020 earlier this year and more recently at Newcastle United have demonstrated the immense value of access to Automated External Defibrillators (AEDs) and first aid training for anyone involved in sport. Sports have a responsibility to make the safety and welfare of players their top priority, including through access to life-saving first aid equipment and relevant training and education.

At the grassroots level, all capital funding awards for sports venues made by Sport England, the Government's arm's length body for community sport, must include AED provision if it is not already available.

For football facilities, support over recent years has been provided by The Football Association (The FA) and the British Heart Foundation to help ensure AEDs are available. In June 2021 I welcomed the Premier League's

announcement of their new Defibrillator Fund, which will fund AEDs at thousands of football clubs and facilities across the country. Each grant recipient will be required to have at least one person successfully complete The FA Education Sudden Cardiac Arrest free online course. Sport England is working with the Football Foundation in support of the Premier League initiative to put £3 million into providing AED equipment for grassroots football clubs.

The Defibrillator Fund will see AEDs provided to Football Foundation funded facilities which currently are without a device onsite. A second phase of the project will allow grassroots clubs that own their facilities to apply for funding for a defibrillator.

### **Schools:Defibrillators**

**10 Sep 2021 | 44421**

**Asked by:Sarah Olney**

To ask the Secretary of State for Education, if he will make resources available to support the wide-scale roll-out of automated external defibrillators in schools across England.

**Answering member:Vicky Ford |Department:Department for Education**

All new and refurbished state funded schools are required to have at least one defibrillator installed on their premises. My right hon. Friend, the Secretary of State for Education, discussed this important issue in the House of Commons this week and said: ‘It was incredibly moving to speak to Mark King and listen to his tragic experience of losing his son, Oliver – he was joined by Jamie Carragher as well. It really does focus us on the need to do as much as possible to encourage schools to have defibrillators. That is why we will look at changing the regulations, which are underpinned by legislation, to ensure that all schools have defibrillators in the future and hopefully prevent such a tragedy visiting more families.’

Defibrillators are currently available for schools and other education providers in the UK to purchase through the NHS Supply Chain at a reduced cost. These arrangements are available to all UK schools, including academies and independent schools, sixth form colleges, further education institutions and early years settings, including holiday and out-of-school providers.

The department wants as many schools as possible to have this equipment and we are exploring all available options to see what more we can do.

### **Sportsgrounds:Defibrillators**

**07 Sep 2021 | 41198**

**Asked by: Ben Bradley**

To ask the Secretary of State for Digital, Culture, Media and Sport, what assessment his Department has made of the potential merits of requiring defibrillators at sports venues.

**Answering member: Nigel Huddleston | Department: DCMS**

Events at UEFA EURO 2020 this summer demonstrated the immense value of access to Automated External Defibrillators (AEDs) and first aid training for anyone involved in sport. Sports have a responsibility to make the safety and welfare of players their top priority, including through access to life-saving first aid equipment and relevant training and education.

AEDs are already recommended best practice at all sports stadia, as set out in guidance from the Sports Grounds Safety Authority. Local authorities are able to mandate AED provision (at grounds designated under the Safety of Sports Grounds 1975 Act or sports grounds with regulated stands under the Fire Safety and Safety of Places of Sport Act 1987 Act) through medical plans included in General Safety Certificates.

At the grassroots level, all capital funding awards for sports venues made by Sport England, the Government's arm's length body for community sport, must include AED provision if it is not already available. For football facilities, support over recent years has been provided by The Football Association (The FA) and the British Heart Foundation to help ensure AEDs are available. In June 2021 I welcomed the Premier League's announcement of their new Defibrillator Fund, which will fund AEDs at thousands of football clubs and facilities across the country. Each grant recipient will be required to have at least one person successfully complete The FA Education Sudden Cardiac Arrest free online course. Sport England is working with the Football Foundation in support of the Premier League initiative to put £3 million into providing AED equipment for grassroots football clubs.

**Defibrillators**

**21 Jul 2021 | 31538**

**Asked by: Stuart Anderson**

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to help improve access to defibrillators in (a) schools and (b) the wider community.

**Answering member: Jo Churchill | Department: Department of Health and Social Care (DHSC)**

Since May 2019 new and refurbished schools are required to have at least one automated external defibrillators (AED) as part of the Schools Rebuilding Programme and Free Schools Programme. Schools outside that criteria are

encouraged to purchase an AED, as part of their first aid equipment. The Government has published guidance on how schools can buy, install and maintain an AED at a reduced cost through the NHS Supply Chain's defibs4schools programme.

The NHS Long Term Plan sets out an ambition to ensure fast and effective action that will help save lives of people suffering a cardiac arrest. A national network of community first responders and defibrillators will help save up to 4,000 lives each year by 2028. This will be supported by educating the general public, including young people of school age, about how to recognise and respond to out-of-hospital cardiac arrest.

### **Defibrillators: Public Places**

**14 Jul 2021 | 29880**

**Asked by: Emma Hardy**

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of making it mandatory to have defibrillators in public places.

**Answering member: Jo Churchill | Department: DHSC**

With growing public awareness and acceptance, many community defibrillators have already been provided in public locations. Since May 2020, the Government has required all contractors refurbishing or building new schools through centrally delivered programmes, to provide at least one defibrillator.

The Government recognises that better provision of defibrillators and increasing the number of people trained in cardiopulmonary resuscitation could help save more lives of those who have a cardiac arrest outside a hospital setting. We therefore encourage organisations to consider purchasing a defibrillator as part of their first-aid equipment, particularly for places where there are high concentrations of people.

### **Defibrillators**

**22 Jun 2021 | 17794**

**Asked by: Dr Rupa Huq**

To ask the Secretary of State for Health and Social Care, what steps he is taking to (a) install additional defibrillators in public spaces including parks and (b) raise awareness of how to use defibrillators.

**Answering member: Jo Churchill | Department: DHSC**

The NHS Long Term Plan sets out that a national network of community first responders and automated external defibrillators (AEDs) will help save up to 4,000 lives each year by 2028. Many community defibrillators have been provided in public locations through national lottery funding, community fundraising schemes, workplace funding or by charities. From May 2020, the Government has required all contractors refurbishing or building new schools through centrally delivered programmes, to provide at least one AED.

NHS England and NHS Improvement are procuring a partner to co-ordinate skills development over the next two years which will significantly increase the use of AEDs by individuals in community settings supported by confident cardiopulmonary resuscitation skills.

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