

# BUSINESS AND REGULATORY IMPACT ASSESSMENT – HEART DISEASE ACTION PLAN

## 1. Title of Proposal:

**Business and Regulatory Impact Assessment for Heart Disease Action Plan 2021**

## 2. Purpose and Intended Effect

### Context

The Heart Disease Improvement Plan (2014) affirmed heart disease and stroke as a continued clinical priority for Scottish Government. The 2014 Plan set out a number of priorities and actions to deliver improved prevention, treatment and care for all people in Scotland affected by heart disease.

Whilst excellent progress has and continues to be made we will always strive to do more to deliver the best possible health and social care and to ensure that the issues we are focusing on continue to reflect the current needs of people living with heart disease in Scotland. Heart disease continues to have a significant impact on people in Scotland. In addition, the Covid-19 pandemic has highlighted challenges and changed models of care across the entire health care system and this is an appropriate point to take stock and refresh our actions on heart disease.

The vision and priorities of this plan are closely aligned with the vision and principles of the [National Clinical Strategy for Scotland](#), which are; a focus on quality, change guided by evidence, allowing people and communities to manage their own health, new models of community-based provision, equitable access, encouraging collaboration and the implementation of [Realistic Medicine](#).

This plan sets out a whole system approach, which encompasses primary, secondary and specialist care, community care and third sector services. It seeks to take a 'Once for Scotland' approach to driving forward improvement and implementing new models of care to ensure that we minimise preventable heart disease and ensure equitable access to diagnosis, treatment and care for people with heart disease in Scotland.

### Vision and Priorities

The Heart Disease Action Plan sets out the operational priorities for adult cardiac services until 2026.

**Vision:** We want to minimise preventable heart disease and ensure that everyone with heart disease in Scotland has timely and equitable access to diagnosis, treatment and care that supports them in living well with their condition.

To achieve this vision, the plan identifies four priority areas

**Priority 1: Prevention - tackling risk factors:** We will minimise preventable heart disease by improving the detection, diagnosis and management of risk factor conditions.

**Priority 2: Timely and equitable access to diagnosis, treatment and care:** We will ensure that everyone with heart disease in Scotland has equitable access to timely and evidence-based diagnosis, treatment and care.

**Priority 3: Workforce** We will ensure appropriate staff resource and training to deliver timely and equitable services across Scotland for people with heart disease.

**Priority 4: Effective use of data:** We will ensure that high-quality, standardised data is available and used effectively to support clinical decision-making, understand patient outcomes and enable better service-planning, so that people experience better quality of care, and improved outcomes.

We have identified 22 actions across all four priority areas. Flagship actions include

- Development of community models of care and self-management for risk factor and cardiac conditions
- A once for Scotland approach to supporting pathway development for cardiac disease.
- A focus on improving the diagnostic pathway, including addressing key workforce issues in this area.
- The development of a Scottish Cardiac audit and dataset to support quality improvement.

### **3. Consultation**

#### **Within Government**

We have engaged internally with other policy teams. Included in these discussions were:

- Mental Health
- Health Finance
- Openness & Learning
- Person-centeredness and participation
- Workforce planning
- Chief Healthcare Science Officer
- Modernising Patient Pathway
- Recovery and rehabilitation
- Health Literacy
- Older People and Palliative Care
- Women's Health Plan team

#### **Public Consultation**

There will not be a formal public consultation on the Heart Disease Action Plan.

The decision to not conduct a public consultation was based on the fact that this is an operational plan for the next five years rather than a long-term strategy. The aim is to recover from the impact of COVID-19 on cardiac services as swiftly as possible, and to address key issues impacting our ability to understand the delivery of cardiac care across Scotland. As such there is a need to develop this plan at pace.

The plan was developed in collaboration with Dr Clare Murphy (Clinical lead for the Heart Failure Hub), Dr David Murdoch (CMO Advisor on Heart Disease and Chair of National Advisory Committee on Heart Disease), Frances Divers (Cardiac Rehabilitation Champion) and third sector partners such as British Heart Foundation Scotland and Chest, Heart & Stroke Scotland.

The National Advisory Committee on Heart Disease were involved in discussions about the refresh of the Heart Disease Improvement Plan (2014) and were consulted on the draft document throughout February 2021.

## **Business/Third Sector**

We have consulted with British Heart Foundation Scotland and Chest, Heart & Stroke Scotland on the development of the Heart Disease Action Plan. British Heart Foundation is the UK's largest funder of cardiovascular research. Throughout 2020, they worked with the clinical and patient community to publish BHF's vision of a strategy for heart disease in Scotland. This plan was presented to the Clinical Priorities team for consideration and informed the development of the Heart Disease Action Plan.

Chest, Heart & Stroke Scotland is a Scottish health charity which supports people across Scotland, including people who have experienced cardiac disease.

Furthermore, we have engaged with the ALLIANCE. The Heart Disease Senior Policy Manager hosted a patient engagement event and had the opportunity to speak to attendees and seek feedback on the content of the draft Heart Disease Action Plan.

## **4. Options**

### **Sectors and groups affected**

The whole adult population, specifically those who engage with services for heart disease will be affected. This includes those who receive a diagnosis for heart disease, for those who are referred on suspicion of heart disease, and for those who have cardiac risk factors like high blood pressure or high cholesterol. Wider groups affected by the plan include NHS boards, national bodies, and the Third Sector.

### **Option 1 – Implement the new Heart Disease Action Plan**

The Heart Disease Action Plan is composed of 22 actions across four key priority areas for the delivery of services for people with heart disease in Scotland. The various actions are to be carried out by health boards, government, and advisory groups. These actions will not be carried out by businesses and the plan does not require any new legislation or regulations.

The plan will see a 'Once for Scotland' approach adopted, where appropriate, to heart disease services. This will see the same prioritisation and delivery of services is used across Scotland, helping ensure patients across Scotland receive equitable access to diagnosis, treatment and care.

Another key aim is to develop and support the implementation of smoother and more efficient patient pathways, from initial referral and diagnosis to the personalised care and support received after treatment, with the aim of improving both outcomes and experience throughout an individual's journey.

The Heart Disease Action Plan creates a strategic focus to drive forward innovative solutions to the delivery of diagnosis, treatment and care for people cardiac disease. This seeks to amplify our learning from the impact of COVID-19; improve access to diagnosis, treatment and care, both remotely and in person, and minimise inequities in access.

### **Benefits**

Implementation of the Heart Disease Action Plan will provide a strategic direction to actions taken to address heart disease over the next five years. This will ensure that our recovery from Covid-19 will be considered and effective. The implementation of the plan will enable us to better understand the delivery of care for people with heart disease across Scotland (through Priority 4: Effective use of data), which will enable the identification of unwarranted variation and support our ability to tackle inequities in access and outcomes for people with heart disease. It

will also enable us to focus our resource strategically to support the best possible improvements to pathways of care. The overall benefit will be that we will minimise preventable heart disease and ensure equitable access to diagnosis, treatment and care for people with heart disease.

### Costs

The Heart Disease Action Plan will require financial stimulus to ensure it achieves its goals. This has been estimated at £2.2 m over the five years of the plan.

### **Option 2 – Do nothing**

Failure to implement the Heart Disease Action Plan would limit the ability for cardiac services across Scotland to recover post COVID-19, and to drive forward with key improvements. This in turn would prevent vital redesign of services, and prevent investment in key areas of service that will be most pressured over the coming months, with possible negative impacts on outcomes from heart disease.

### Benefits

None. Failure to implement the plan would likely be a catalyst for poorer outcomes from heart disease.

### Costs

Failure to implement the Heart Disease Action Plan would mean that the benefits identified above in relation to option 1 (summary of benefits) would not materialise. There would be no immediate additional costs through this option, but it has the potential to lead to an increase in costs further in the future due to delays in services provided and increased later stage disease.

## **5. Scottish Firms Impact Test**

The Heart Disease Action Plan should have no impact on the competitiveness of Scottish companies within the UK, or elsewhere in Europe or the rest of the world.

## **6. Consumer Assessment**

The Heart Disease Action Plan aims to improve the accessibility/availability of services for people with heart disease in Scotland so will not have a negative impact on consumers.

## **7. Digital Impact Test**

The Heart Disease Action Plan will allow for the adoption of potential new heart disease related technologies during its lifetime, but due to the delivery period of this plan, there will likely be no impact on future delivery.

## **8. Legal Aid Impact Test**

The Heart Disease Action Plan is not creating new rights or responsibilities. It is focussed on increasing and improving health care accessibility, so should have no impact on the legal aid fund.

## **9. Enforcement, Sanctions, and Monitoring**

The Heart Disease Action Plan does not propose regulations or legislation therefore enforcement, sanctions and monitoring will not be required. Scottish Government and the National Advisory Committee on Heart Disease (renamed to National Heart Disease Task Force) will work with Health Boards to implement the actions in the plan.

## **10. Implementation and Delivery Plan**

The Heart Disease Action Plan will be driven by the Scottish Government Heart Disease Policy Team and the National Advisory Committee (Task Force), and implemented by NHS Boards and national services. The plan is a refresh of the Heart Disease Improvement Plan which the Heart Disease Policy Team and National Advisory Committee on Heart Disease implemented and monitored. It will be their responsibility to implement the plan and to make any decisions regarding it. The plan has a proposed five year time fram.

### **11. Post-Implementation Review**

The implementation of the Cancer Recovery Plan will be reviewed at regular intervals throughout its lifecycle by the National Heart Disease Task Force.

### **12. Summary and Recommendation**

It is recommended that the Heart Disease Action Plan is implemented as it will support the improvement of diagnosis, treatment and care for people with heart disease and ensure appropriate recovery from the Covid-19 pandemic. It will be monitored by the Heart Disease Policy Team and the National Heart Disease Task Force, and they will provide the Minister for Health and Sport and the Cabinet Secretary for Health and Sport with regular updates on progress. They will also publish annual progress reports to enable key stakeholder and public review of progress.

### **13. Declaration and Publication**

I have read the Business and Regulatory Impact Assesment and I am satisfied that (a) it represent a fair and reasonable view of the expected costs, benefits and impact of the policy, and (b) that the benefits justify the costs. I am satisfied that business impact has been assessed with the support of businesses in Scotland.

Signed: Mairi Gougeon

Date: 22<sup>nd</sup> March 2021

Minister's name: Mairi Gougeon

Minister's title: Minister for Public Health and Sport

**Scottish Government Contact point:**

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