FAIRER SCOTLAND DUTY
SUMMARY TEMPLATE

Title of Policy, Strategy, Programme etc	Heart Disease Action Plan 2021
Summary of aims and expected outcomes of strategy, proposal, programme or policy	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. 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. The overarching vision or aim of the plan is to ensure that we minimise preventable heart disease and ensure equitable access to diagnosis, treatment and care for people with heart disease in Scotland. The main outcomes we expect the plan to deliver are; 1. **Prevention - tackling risk factors:** Minimising preventable heart disease by improving the detection, diagnosis and management of risk factor conditions. 2. **Timely and equitable access to diagnosis, treatment and care:** Evidence of more equitable access to timely and evidence-based diagnosis, treatment and care. 3. **Workforce** The production of a gap analysis, enabling progress towards appropriate staff resource and training to deliver timely and equitable services across Scotland for people with heart disease. 4. **Effective use of data:** Availability of high-quality, standardised data is 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.

Summary of evidence	
Summary of assessment findings	**Evidence:** The Scottish Burden of Disease Study (2016) found that the most deprived areas of Scotland have double the rate of illness or early death than less deprived areas. People living in more deprived areas are more likely to live in ill health and die prematurely[i]. These disparities are heightened for people who have experienced homelessness. 8% of the Scottish population (as of June 2015) had experienced homelessness at some point[ii]. We know that cardiovascular disease is a key driver in the inequities in health outcomes within socio-economically deprived communities. In 2018/19 the heart disease rate in the most deprived quintile was 68% higher than in the least deprived one (465 compared with 277 per 100,000[iii]). This has an impact on death rates, and importantly – premature death rates. The premature (under 75) cardiovascular death rate for Glasgow City (which has a 24% of the national share of SIMD data zones within the 20% most deprived quintiles) is more than twice as high as for Scottish Borders[iv] (which has only 0.65% of the national share of SIMD data zones within the 20% most deprived quintiles[v]). There are gaps in our knowledge around the particular challenges in accessing cardiac services for people living in areas of socio economic deprivation. Through embedding a robust lived experience structure into the implementation of the plan, we will work to amplify the voices of people within such communities in order to better understand and address their needs. **Possible impacts:** Priority 2 within the Heart Disease Action Plan is specifically focused on ensuring ***timely and equitable access to diagnosis, treatment and care***. The evidence outlined above indicates that in order to achieve this, we will need to ensure that models of care address the barriers faced by people living in areas of socio-economic deprivation.

	For this to happen, it is vital that we understand the lived experience of people from those communities in order that we can shape the implementation of the plan in a way that addresses the inequalities that they face. For example, there has been an accelerated use of digital models of care in response to Covid-19, and these provide many opportunities for the delivery of person-centred care, but they also risk widening inequalities for people who may not have the financial resources to access such tools. It is important therefore, that we identify solutions that meet the needs of people who experience inequalities in outcomes from cardiovascular disease. Through the delivery of Priority 4: Effective use of data we will ensure that patient reported outcome measures form part of that work, and that people from areas of socioeconomic deprivation are represented in the development of those. **Options to strengthen the strategy impact on inequalities of outcome:** **Option 1:** Embed a robust lived experience structure within the governance of the plan. Pros: Benefits of this option include an ability to reach a diverse group of people in order to understand their lived experience and ensure that new models of care, and the development of pathways for cardiac disease in Scotland fully addresses their needs. The ability to reach groups of people beyond those who may tend to engage in such processes is vital to its success. Cons: of this option are that, particularly during the Covid-19 pandemic it is difficult to ensure engagement with groups of people who typically face barriers to accessing care. However, we believe that we must make a concerted effort to do so, and that we can develop the lived experience structure over time, to ensure maximum reach. **Option 2:** Include Patient Reported Outcome Measures as an action within Priority 4: Effective Use of Data. Pros: it will enable us to measure the things that are important to people in the delivery of their care, and address unwarranted variation across Scotland, including on the basis of socio-economic deprivation.

	Cons: it may be difficult to ensure data collection of PROMs if we are moving towards more effective use of routinely collected data, as opposed to relying on clinical input. **Changes to plan:** As per option 1, we have embedded a robust lived experience structure within the governance of the plan, and will work to amplify the voices of those people or communities who are most at risk of inequalities of outcome. We seek to partner with the ALLIANCE to do this, as they have a broad membership which is not specific to cardiac disease but also includes organisations with a particular focus on supporting people who live in areas of socio-economic deprivation.
Sign off	**Name: Lynne Nicol** **Job title: Deputy Director, Clinical Priorities**

[i] Public Heath Scotland 'Impact of deprivation on health' Impact of deprivation on health - Impact of ill health - Health inequalities - Public Health Scotland [accessed 18 February 2021]

[ii] Scottish Government 'Health and Homelessness in Scotland' Health and Homelessness in Scotland (www.gov.scot) [accessed 18 February 2021]

[iii] Public Health Scotland 'Scottish Heart Disease Statistics' Scottish heart disease statistics 28 January 2020 - Data & intelligence from PHS (isdscotland.org) [accessed 18 February 2021]

[iv] bhf-cvd-statistics-scotland-factsheet (1).pdf

[v] Scottish Index of Multiple Deprivation 2020v2 local and national share calculator, available at https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/