

ISLAND COMMUNITIES IMPACT ASSESSMENT RECORD

Title of policy/ practice/ strategy/ legislation etc.	Heart Disease Action Plan (2021)
Minister	Ms Gougeon
Team	Clinical Priorities Unit 1 Healthcare Quality and Improvement
Is this new policy or revision to an existing policy?	Revision to an existing policy: Heart Disease Improvement Plan 2014

Stage 1: Framing

Results of framing exercise

Our framing exercise has identified a number of areas where we should make specific efforts to address inequalities facing people living in island communities throughout the implementation of our plan.

Issues facing people living in island communities with regards to accessing healthcare include challenges with centralisation of healthcare services & workforce shortages¹, connectivity, transport, fragility of support services, and challenging workload for health workers, including limited opportunity for professional development, education and training². Recent studies on the impact of COVID-19 have also highlighted the potential for more detrimental effects for island communities on waiting times, care activity and exacerbation of workforce issues³ and the importance of relationships with the mainland⁴.

A number of these issues are explored in wider healthcare work. For example, the Scottish Government's National for Scotland's Islands (2019)⁵ highlights a number of work streams such as the work of the Remote and Rural GP Working Group and the Attend Anywhere / NHS Near Me programme. Part 3 of the National Health and Social Care Workforce Plan (2018) set out our strategy to recruit new and retain existing GPs, along with our plans for the wider primary care workforce. The Integrated Health and Social Care Workforce Plan (2019) acknowledges that local flexibility in developing systems that suit local needs, particularly in remote, island and rural areas is an approach we want to support and the need to ensure equity and sustainability of health and care services and delivery across the geographic landscape of Scotland⁶. The Heart Disease Action Plan is intended to be complementary to wider work to support island communities access to health care services.

The vision of the Heart Disease Action Plan is to 'ensure equitable access to diagnosis, treatment and care for people with heart disease in Scotland'. Therefore we do not envision that the plan will have a negative impact on any individual or group, however, it is vital that in the implementation of the actions within the plan, we engage in a robust lived experience process that makes a particular effort to amplify the voices of island residents. This will support us to ensure that new models of care take into account the needs and challenges of those communities and avoids exacerbating any inequities.

Extent/Level of ICIA required

We have carried out a full ICIA process and identified a number of areas that we will consider in the implementation of the Heart Disease Action plan.

Stage 2: Data and evidence gathering, involvement and consultation

Include here the results of your evidence gathering (including framing exercise), including qualitative and quantitative data and the source of that information, whether national statistics, surveys or consultations with relevant equality groups.

Island Communities	Evidence gathered and Strength/quality of evidence	Data gaps identified and action taken
<p>Island Communities</p>	<p>Around 6% of the population live in a remote area. A further 11% of the population reside in an accessible rural location⁷.</p> <p>British Heart Foundation statistics published in 2020 indicate that the age standardised mortality rates per 100,000 from cardiovascular disease in Western Isles, Orkney and Shetland for 2016/18 were 348.3, 326.9 and 325.7 respectively. This is broadly similar (if not slightly lower) than the all Scotland figure of 340.6, and higher than the UK figure of 271 per 100,000⁸.</p> <p>There has been a steady downward trend in deaths from coronary heart disease in Scotland and the rest of the UK over the last ten years. However, the rate of decline has slowed in the last five years⁹. Cardiovascular disease therefore, remains a significant challenge across the whole of Scotland and in our efforts to ensure equitable access to care we must listen to and address challenges faced by the island communities.</p> <p>Issues around healthcare provision for island communities include centralisation of services & workforce shortages¹⁰. Other factors influencing access / unequal access to care can be:</p> <ul style="list-style-type: none"> • Demographic: Parts of the west of Scotland and all the island council areas are expected to have smaller working age populations by 2026¹¹. This can have an impact on the number of people working within healthcare services in those areas. • Geographical: reflecting a less dense population and large area, fewer than half of rural Scots are within a 15 min travel time by public transport to a GP practice and less than half find hospital outpatient departments convenient by geographic area¹². • Availability of / access to eHealth: A lower proportion of Scots in remote areas connect to the internet via superfast broadband: 11% vs 33% in the rest of Scotland and are more dependent on DSL broadband: 83% vs 56%¹³. A study had found that eHealth had the potential to overcome some traditional challenges of providing rural health care and it was 	<p>We have identified that there is a gap in our understanding of how people living in rural and island communities access care for heart disease in particular.</p> <p>We do however, have access to a wider range of evidence around barriers to access of health care in general and we suspect that many of these challenges will be reflected within access to cardiac care.</p> <p>To address the gap in our specific understanding, we have sought feedback on our plan through sharing with key contacts in the island communities and by inviting people living in the islands to a</p>

	<p>imperative to understand problems older people might have in using and accessing eHealth¹⁴. Another found that non-classroom teaching was at least as effective as classroom teaching for learning CPR¹⁵.</p> <ul style="list-style-type: none"> • Economic: <ul style="list-style-type: none"> i) The main issues in rural areas include higher costs of living: access to services, lack of affordable housing and higher fuel costs¹⁶. ii) Noting the link between deprivation and poorer health outcomes, the proportion of households experiencing low-income poverty living in rural areas of Scotland is approximately 13% Rural deprivation can be more dispersed¹⁷. Western Isles, Shetland and Orkney have no areas among the 20% most deprived in Scotland, while levels of deprivation has increased in Highland, albeit by no more than 2%¹⁸. iii) Effects of austerity: a recent study by Cardiff University found that austerity had compounded problems of rural poverty¹⁹. • Impact of COVID-19: A study of rural England found a number of issues including a more detrimental effect on waiting times, care activity having fallen particularly dramatically, and an exacerbation of workforce issues²⁰. A global survey of the impact of COVID on islands, including Scottish Islands found the potential for digital connectivity limited as large parts of an increasingly elderly population may not use technology such as smartphones. Food security, tourism and relationships with the mainland were also key issues²¹. <p>Community participation is important in supporting the design of rural services that adequately meet the needs of the people living in those communities.</p>	<p>patient engagement event.</p> <p>The Heart Disease Action Plan makes a number of commitments on workforce, supporting digital models of care, and supporting improvements in the delivery of cardiac care across Scotland.</p> <p>To ensure that the implementation of these actions takes account of, and addresses, the challenges faced by people living in island communities we will embed the voices of people living in the islands within a robust patient engagement structure which will underpin and drive the actions identified within the plan.</p>
--	--	--

Stage 3: Assessing the impacts and identifying opportunities to promote equality

Having considered the data and evidence you have gathered, this section requires you to consider the potential impacts – negative and positive – that your policy might have on each of the protected characteristics. It is important to remember the duty is also a positive one – that we must explore whether the policy offers the opportunity to promote equality and/or foster good relations.

Do you think that the policy impacts on people who live in an Island community?

Island community	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination, harassment and victimisation			<input checked="" type="checkbox"/>	The refreshed strategy does not directly address unlawful discrimination.
Advancing equality of opportunity	<input checked="" type="checkbox"/>			<p>The Heart Disease Action Plan includes actions on ensuring appropriate staff resource and training across Scotland and supporting new models of care to deliver timely and equitable services across Scotland for people with heart disease. We will underpin these actions with a robust lived experience structure which will amplify the voices of people living in island communities.</p> <p>Furthermore, Priority 4 in the plan relates to effective use of data. Improvements in this area will enable us to identify and address unwarranted variation,</p>

				including that based on geography, across Scotland in the delivery of cardiac care.
Promoting good relations among and between different groups			<input checked="" type="checkbox"/>	The Heart Disease Action Plan does not specifically seek to promote good relations between different groups.

Stage 4: Decision making and monitoring

Identifying and establishing any required mitigating action

If, following the impact analysis, you think you have identified any unlawful discrimination – direct or indirect - you must consider and set out what action will be undertaken to mitigate the negative impact. You will need to consult your legal team in SGLD at this point if you have not already done so.

Have positive or negative impacts been identified for island communities?	Yes we have identified that the Heart Disease Action Plan creates opportunities for positive impacts for people living in island communities.
Is the policy directly or indirectly discriminatory under the Islands Act 2018 ?	No
If the policy is indirectly discriminatory, how is it justified under the relevant legislation?	N/A
If not justified, what mitigating action will be undertaken?	N/A

--	--

Describing how Island Impact analysis has shaped the policy making process

The vision of our plan is to 'ensure equitable access to diagnosis, treatment and care for people with heart disease in Scotland' so we do not envision that the plan will have a negative impact on any individual or group, however, it is vital that in the implementation of the actions within the plan, we engage in a robust lived experience process. Through carrying out the Island Impact analysis, we understood the importance of ensuring that the voices of people living in island communities are amplified through that process, in order to ensure that we develop models of care that are reflective of the particular challenges facing those communities.

The Heart Disease Action Plan is designed to be complementary to the strategic objectives in the National Plan for Scotland's Islands to improve and promote health and wellbeing, in particular:

- work with NHS Boards, Local Authorities and Health and Social Care Partnerships to ensure that there is fair, accessible health and social care for those on islands.
- identify and promote good practice, especially as regards the improvement of services in islands and other remote areas.
- address any equality, health and wellbeing related data gaps that exist.

These commitments were already reflected in our plan (in particular in Priority 2: Timely and Equitable access to diagnosis, treatment and care for people with heart disease, and Priority 4: Effective use of data), however the Island impact assessment helped reinforce our vision.

In addition, there is ongoing work that may be of particular interest to island communities around workforce. The Heart Disease Action Plan recognises workforce as a priority and chimes with the Health and Social Care Workforce plans around equity and sustainability of health and care services.

The Heart Disease Action Plan includes a priority to minimise preventable heart disease and stroke by improving the detection, diagnosis and management of risk factors. Ongoing work to review provision of monitoring of Atrial Fibrillation (AF) across Scotland through GPs and innovative partnership working by the British Heart Foundation (BHF) Scotland, NHS 24's Scottish Centre for Telehealth and Telecare, and the Scottish Government's Technology Enabled Care Programme to monitor blood pressure at home through the Scale-Up BP programme supports this priority. Both approaches employ innovative technology and NHS Western Isles was involved from the beginning of the programme.

We will continue to engage with colleagues and people living in island communities to progress delivery of the priorities in the Heart Disease Action Plan to ensure that our actions support the objectives of the National Plan for Scotland's Islands.

Monitoring and Review

The National Heart Disease Task Force will be responsible for overseeing the implementation of the Heart Disease Action Plan and reporting annually on its progress.

Stage 5 - Authorisation of EQIA

Please confirm that:

- ◆ This Equality Impact Assessment has informed the development of this policy:

Yes No

- ◆ Opportunities to promote equality in respect of island communities have been considered, i.e.:

- Eliminating unlawful discrimination, harassment, victimisation;
- Removing or minimising any barriers and/or disadvantages;
- Taking steps which assist with promoting equality and meeting people's different needs;
- Encouraging participation (e.g. in public life)
- Fostering good relations, tackling prejudice and promoting understanding.

Yes No

- ◆ If the Marriage and Civil Partnership protected characteristic applies to this policy, the Equality Impact Assessment has also assessed against the duty to eliminate unlawful discrimination, harassment and victimisation in respect of this protected characteristic:

Yes No Not applicable

Declaration

I am satisfied with the equality impact assessment that has been undertaken for the Heart Disease Action Plan and give my authorisation for the results of this assessment to be published on the Scottish Government's website.

Name: Lynne Nicol

Position: Deputy Director

Authorisation date: 3rd March 2021

Endnotes

- ¹Farmer J., Nimegeer, A., 'Community participation to design rural primary healthcare services' *BMC Health Services Research*, (2014) Volume 14
- ² Mack M., Maxwell H., Hogg D., Gillies J., *Being Rural: exploring sustainable solutions for remote and rural healthcare - RCGP Scotland Policy Paper* (Edinburgh, 2014) pp. 2
- ³ Palmer W., and Rolewicz L., *Rural, remote and at risk: Why rural health services face a steep climb to recovery from Covid-19*, (London, 2020)
- ⁴ Sindico F., Sajeve G., Sharman N., Berlouis P., Ellsmoor J., *Islands and Covid-19: A Global Survey* (Glasgow, 2020)
- ⁵ Scottish Government, *The National Plan for Scotland's Islands* (Edinburgh, 2019)
- ⁶ Scottish Government, *An Integrated Health and Social Care Workforce Plan for Scotland* (Edinburgh, 2019) pp. 11, 13
- ⁷ Scottish Government, *Rural Scotland: key facts* (Edinburgh 2018), pp. 9, 27, 28 & 32
- ⁸ British Heart Foundation, *Heart & Circulatory Disease Statistics 2020* (Edinburgh, 2020) Tables 1.20 & 1.26
- ⁹ Public Health Scotland, *Scottish Heart Disease Statistics 2020* (Edinburgh, 2020)
- ¹⁰ Farmer J., Nimegeer, A., 'Community participation to design rural primary healthcare services' *BMC Health Services Research*, (2014) Volume 14
- ¹¹ National Records for Scotland, 'Population Projections for Scottish Areas 2018' [Population Projections Scotland | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/population-projections-scotland) [Accessed 24 February 2021]
- ¹² Scottish Government, *Rural Scotland: key facts* (Edinburgh 2018) pp. 9, 27, 28 & 32
- ¹³ Scottish Government, *Rural Scotland: key facts* (Edinburgh 2018) pp. 9, 27, 28 & 32
- ¹⁴ Currie, M., Philip, L.J. & Roberts, A., 'Attitudes towards the use and acceptance of eHealth technologies: a case study of older adults living with chronic pain and implications for rural healthcare' *BMC Health Services Research* (2015) volume 15
- ¹⁵ Cross M, Harlow E, Morrison SR, Place M, Sutherland M, Thomas J, Leslie SJ. 'Bystander CPR training: is non-classroom based CPR training as effective as a classroom based approach? A systematic review of randomised controlled trials' *Rural and Remote Health* (2019) Volume 19

¹⁶ Scottish Government, *Scottish Index of Multiple Deprivation: rural deprivation evidence review and case studies*, (Edinburgh, 2016) pp. 1

¹⁷ Scottish Government, *Scottish Index of Multiple Deprivation: rural deprivation evidence review and case studies*, (Edinburgh, 2016)

¹⁸ Scottish Government, *Scottish Index of Multiple Deprivation: rural deprivation evidence review and case studies*, (Edinburgh, 2020)

¹⁹ Maya J., Williams A., Cloke P., Cherry L. 'Still bleeding: The variegated geographies of austerity and food banking in rural England and Wales' *Journal of Rural Studies* (2020) volume 79, pp. 409-424

²⁰ Palmer W., and Rolewicz L., *Rural, remote and at risk: Why rural health services face a steep climb to recovery from Covid-19*, (London, 2020)

²¹ Sindico F., Sajeve G., Sharman N., Berlouis P., Ellsmoor J., *Islands and Covid-19: A Global Survey* (Glasgow, 2020)