FAIRER SCOTLAND DUTY
SUMMARY TEMPLATE

Title of Strategy	Out of Hospital Cardiac Arrest Strategy 2021 - 2026
Summary of aims and expected outcomes of strategy, proposal, programme or policy	Out of Hospital Cardiac Arrest affects over 3,000 people In Scotland every year. The aim of the Out of Hospital Cardiac Arrest strategy 2021 – 2026 is to improve survival rates from OHCA, raise awareness of cardiac arrest and to equip people with the skills to perform CPR and use defibrillators. The strategy focuses on equipping people across Scotland with awareness and CPR skills and therefore this strategy could affect a variety of people from different communities, and across different geographies. Within the strategy, there is a specific focus on reaching people who we know experience inequalities in outcomes from OHCA. This includes people living in areas of socio-economic deprivation. **Expected outcomes by 2026:** • The SALFS partnership will have equipped 1 million people in Scotland with CPR skills. • All school aged children in Scotland will have the opportunity to be equipped with CPR skills. • We will target our work to address key inequalities in OHCA outcomes. • Bystander CPR rates will be increased to 85%. • Public Access Defibrillators will be placed optimally and be as accessible as possible. • 20% of all OHCAs will have a defibrillator applied before the arrival of ambulance service. • Survival from OHCA will increase to 15%. • All individuals who are affected by OHCA will be offered support afterwards. • We will address the challenge of timely communication of anticipatory care plans and decision support for front line ambulance service crews. • We will use data to understand and address variation and seek innovative ways to improve outcomes after OHCA.
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 to die prematurely[i]. We recognise that hospital admission rates from and mortality for OHCA is higher in more deprived areas and that health inequalities remain. When adjusted for sex, age and urban/rural location, 26% of OHCA happen in the most deprived areas compared to 15% in the least[ii]; those in the most deprived areas are also 19% less likely to receive bystander CPR compared to the least deprived areas[iii]. Arrests in the most deprived areas happen at a younger age (8 years younger on average) and are more likely to be fatal[iv]. Those living in the most deprived areas were less likely to have attended any CPR training in the past two years than those in the remaining quintiles[v]. We must also consider the statistics around heart disease, which can lead to OHCA events; 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[vi]). **Possible impacts:** The strategy contains a push towards reaching people and communities who experience inequality in outcome from OHCA to address such inequities. The evidence outlined above indicates that in order to achieve this, we will need to ensure that our delivery phase considers inequalities faced by people living in areas of socio-economic deprivation. This will support the implementation of the strategy to reduce the inequalities faced. 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 virtual ways of working in response to Covid-19; though these provide many opportunities for the delivery of CPR training, 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 out of hospital cardiac arrest. There are gaps in our knowledge around the reasons behind inequalities in outcomes for OHCA for people living in areas of socio economic deprivation. Through the implementation of the strategy, partners will work to address this gap and to better understand the needs of people living in areas of socio-economic deprivation.

	Options to strengthen the strategy impact on inequalities of outcome: SALFS partners to take a focused approach to engaging with people living in areas of socio-economic deprivation in order to implement the actions within the strategy. Benefits of this option include an ability for the SALFS partners to reach a diverse group of people in order to understand their lived experience and ensure that the implementation of the actions contained within the strategy are appropriate and mindful of the situation of those we are trying to reach. Cons of this option are that, particularly during the Covid-19 pandemic it is difficult to ensure engagement with people who may not have the resources to ensure digital access. However, as we move through the pandemic, SALFS partners will amplify work to reach people who have been unable to access training and support via digital methods. **Changes to plan:** The strategy makes a concerted effort to focus attention on those who are at risk of inequality of outcome and therefore, no adjustments have been identified.
Sign off	**Name: Lynne Nicol** **Job title: Deputy Director** **04/05/2021**

[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] Clegg, G., McGivern, G., Bywater, D., Short, S., and Kent, A., *Scottish Out-of-Hospital Cardiac Arrest Data Linkage Project: 2018/2019 results* (Edinburgh, 2020) pp. 7

[iii] Clegg, G., McGivern, G., Bywater, D., Short, S., and Kent, A., *Scottish Out-of-Hospital Cardiac Arrest Data Linkage Project: 2018/2019 results* (Edinburgh, 2020) pp. 5

[iv] Clegg, G., McGivern, G., Bywater, D., and Short, S., *Scottish Out-of-Hospital Cardiac Arrest Data Linkage Project: 2017/2018 results* (Edinburgh, 2019) pp. 6

[v] The Scottish Government, *The Scottish Health Survey 2019* (Edinburgh, 2020) pp. 24

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