ISLAND COMMUNITIES IMPACT ASSESSMENT RECORD

Title of policy/ practice/ strategy/ legislation etc.	Scotland's Out-Of-Hospital Cardiac Arrest Strategy (2021 – 2026)
Minister	Ms Gougeon
Units involved in this EQIA	Clinical Priorities Unit 1, Healthcare Quality and Improvement
Is this new policy or revision to an existing policy?	Revision to an existing policy Out-Of-Hospital Cardiac Arrest (2015)

Stage 1:   Framing

What are the objectives of the policy, strategy or service?

The Out of Hospital Cardiac Arrest Strategy 2021 – 2026 was designed by the Save a Life for Scotland Partnership (SALFS). Partners include Scottish Government, emergency services, third sector organisations and research groups.

The refreshed strategy aims to increase the survival rates of those who experience out of hospital cardiac arrest in Scotland. It will do this by, amongst other things, equipping individuals with the skills to perform CPR.

Do you need to consult?

Yes. The unique geographical situation arising from the island communities in Scotland mean that tailored solutions to local issues are necessary. In order for the strategy to make the biggest impact, SALFS must work together with islanders to consider the wider impacts of island living in relation to the key aims of the strategy.

Island representatives were invited to a consultation event in February 2021 to discuss lived experience and to feedback on the summary document provided. This feedback was used to further develop the strategy document.

What data is available about the current situation in the islands?

There is a gap in existing analysis of OHCA data regarding island communities in particular, though it should be possible to access relevant data in future.

However, we do have a good analysis of OHCA outcomes with regard to rural settings. We know that people who live in rural areas are 32% less likely[1] to survive to leave hospital, but are at present unsure of how the islands unique geography is affected. International research shows that bystander CPR rates are higher in more rural areas[2].

It has been shown that initial survival from OHCA is influenced by geographical location in certain discrete geographical areas. Further research is warranted into the time taken to dispatch an ambulance to an OHCA call. It is possible to identify areas that show consistently slow response times. Cutting response times, establishing first responder programmes in strategic geographical areas, and using geographical systems to task the nearest available responder to the scene of an OHCA could potentially save lives.

What are the intended impacts/outcomes and how do these potentially differ in the islands?

Increase in survival rates after an OHCA event is dependent on several aspects of the Chain of Survival – including prompt CPR, defibrillation where

possible and prompt arrival at hospital. The intended impact and outcome of this strategy is to improve all aspects of the Chain of Survival across Scotland.

Given the geographical considerations around island life, achieving the desired impacts and outcomes may require addressing particular challenges which are faced by island communities. That does not preclude, nor change the intended impacts and outcomes from being achieved within the islands but instead necessitates that in its implementation, SALFS work closely with rural and island communities to tailor solutions to the local area – something which is already enshrined in law (Community Empowerment (Scotland) Act 2015[3]). This may, for example, mean that trained first responders are asked to attend a suspected OHCA event, whilst the ambulance service makes its way to the scene.

Are there any existing design features or mitigations in place?

As noted above, island communities are already empowered to work with the emergency services to tailor-make innovative solutions to the challenges around island living with regards to response to OHCA. Police Scotland, the Scottish Ambulance service and Scottish Fire and Rescue Service are three of the strategy Partners.

Is the policy, strategy or service new?

No – this is a refresh of an existing strategy.

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 the refreshed strategy.

Issues facing people living in island communities with regards to accessing healthcare include challenges with centralisation of healthcare services & workforce shortages[4], connectivity, transport, fragility of support services, workload for health workers (including the GP 24 hour commitment), professional development, education and training, professional and social isolation have also been raised on the service side[5]. Recent studies on the impact of COVID-19 have also highlighted the potential for more detrimental effects on waiting times, care activity and exacerbation of workforce issues[6] and the importance of relationships with the mainland[7].

A number of these issues are explored in wider Scottish Government policy actions. For example, the Scottish Government's National Plan for Scotland's Islands (2019)[8] 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) sets 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 Scotland[9].

Addressing inequalities in OHCA survival is a key theme within the refreshed strategy and we recognise that the Partners must work to identify current gaps and inequalities around the understanding of OHCA and progress work to reduce these gaps.

As 80% of cardiac arrests occur at home, it is vital that we consider novel ways to engage at the community-level. This will include tailoring our approach to individual communities, including island communities, educating people and ensuring our initiatives are accessible. As such, we do not envision that the plan will have a negative impact on people living in Island communities, however, it is vital that in the implementation of the strategy the Partners engage with and 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 our plan. To ensure that we do so in a meaningful way, we will engage in a robust lived experience engagement process to support and guide us as we implement the actions within the 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
Island Communities	Around 6% of the population of Scotland live in a remote area. A further 11% of the population reside in an accessible rural location[10]. There is good data available with regards to out of hospital cardiac arrest across Scotland. The Scottish Out-of-Hospital Cardiac Arrest (OHCA) Data Linkage Project: 2018/19 (2020) indicates that the average number of OHCAs in Scotland stood at 3,200. Bystander CPR rates increased to 64.0% in 2018/19 compared with 55.5% in 2017/18 and 41% before Scotland's OHCA Strategy was put in place. Pre-strategy survival from an OHCA was around 1 in 20 and this has increased to 1 in 10[11]. Cardiovascular disease is a key cause of cardiac arrest. 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 compared to the all Scotland figure of 340.6, higher than the UK figure of 271 per 100,000[12]. There is a gap in existing analysis of OHCA data regarding island communities in particular, though it should be possible to analyse relevant data in future. However, we do have a good analysis of OHCA outcomes based on collected data, analysed with regard to rural settings. We know that people who live in rural areas are 32% less likely[13] to survive to leave hospital. We also have good data analysis on the impact of deprivation and poorer outcomes from OHCA. The proportion of households experiencing low-income poverty living in rural areas of Scotland is approximately 13% and rural deprivation can be more dispersed[14]. 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%[15].	We have identified that there is a gap in our understanding of how people living in rural and island communities access care for OHCA in particular, although there is wider evidence on the barriers to accessing healthcare more generally. To address this, 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 patient engagement event. We will also encourage the Strategy Partners to ensure local solutions to local challenges and take into account the challenges of living in

	Wider issues around healthcare provision include centralisation of services & workforce shortages[16] are likely to similarly present in terms of access to services for OHCA. Factors influencing access / unequal access to care can be: • Demographic: Parts of the west of Scotland and all the island council areas are expected to have smaller working age populations by 2026[17]. • Geographical: reflecting a less dense population and large area, less than half of rural Scots find hospital outpatient departments convenient by geographic area[18]. This will likely have an impact on access to acute care for OHCA. • 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%[19]. A study had found that eHealth had the potential to overcome some traditional challenges of providing rural health care and it was imperative to understand problems older people might have in using and accessing eHealth[20]. Another found that non-classroom teaching was at least as effective as classroom teaching for learning CPR[21]. We know that there are areas of the Islands population where Gaelic, not English, is the preferred language. Partners must consider how to effective communicate with people in these areas, including where needed a translator.	an island community when implementing the strategy.	

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			☑	The refreshed strategy does not directly address unlawful discrimination.
Advancing equality of opportunity	☑			The strategy makes an effort to improve access to CPR training and outcomes across Scotland, including working with island communities under existing legislation to consider local solutions to local problems.
Promoting good relations among and between different geographical locations.	☑			The strategy includes consideration of working with island communities, and relevant local and national government bodies, to ensure collaborative working across different geographies.

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 – positive examples
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 Equality Impact analysis has shaped the policy making process

The strategy aims to make Scotland an international leader in OHCA outcomes 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 with people living in island communities to ensure local solutions to local challenges.

Issues raised by island residents throughout the consultation include planning for and improved identification of OHCAs; the important role of bystander CPR in island communities and links to community councils; the importance of call handlers instructions to those giving bystander CPR; the focus on introducing young people to CPR skills so they understand in cardiac arrest in a different and way and can then pass on their skills to others; work to optimise the siting of defibrillators; aftercare for OHCA survivors and their families and the importance of engaging effectively with communities to understand their particular needs and ensuring that solutions are co-designed.

In addition, the potential for gaelic speaking CPR training sessions, the impact of COVID-19 on islands communities, digital participation, close working between policy colleagues on relevant issues and the potential for technology that can support gaps in service were also highlighted.

We recognise the importance of engagement with the community and local networks with links to community councils in supporting key OHCA messaging and initiatives. It is acknowledged that steps taken to improve survival from OHCAs will look different in different parts of Scotland and that continued working with Partners and communities would provide a space where these steps can be articulated and implemented for island communities.

We support 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 in respect of, for example, women and girls, pregnancy and maternity, gender reassignment and sexual orientation.

Commitments in the refreshed OHCA Strategy we would want align to the National Plan for Scotland's Islands include:
- Changing the way Scotland thinks about OHCA as a survivable event and raising awareness to allow bystanders to take action quickly.
- Focussing attention on providing CPR training to groups of people who we know are likely to face inequalities in access to CPR training, bystander CPR rates or outcomes from OHCA. Island and rural communities are one such area of focus.
- Our Partners will work collaboratively with communities, local authorities and a range of third sector organisations to agree a coordinated response to an OHCA.
- Listening to those with lived experience of OHCA to better understand their experience and their needs, focusing specifically on vulnerable individuals and those who live in an Island community.

We will continue to engage with colleagues and stakeholders to progress delivery of the priorities in the refreshed OHCA Strategy to ensure health inequalities are aligned with the objectives of the National Plan for Scotland's Islands.

Wider work on prevention of heart disease (including cardiac arrest) is beyond the purview of this strategy and is covered by the Heart Disease Improvement Plan 2021.

Actions on other risk factors such as diet, obesity, smoking and exercise are covered in other Scottish Government policy commitments. Though not addressed

specifically by the refresh, the measures set out in these plan have commitments to reduce health inequalities as central to their approach and should be viewed as complementary to the measures set out in the refresh: Raising Scotland's Tobacco-Free Generation: Tobacco Control Action Plan 2018; A Healthier Future: Scotland's Diet & Healthy Weight Delivery Plan 2018; A More Active Scotland: Scotland's Physical Activity Delivery Plan 2018; Cleaner Air for Scotland: The Road to a Healthier Future.

Monitoring and Review

The strategy will impact monitoring into its framework from the outset. An annual data linkage report will give an accurate account of the progress of the aims of the strategy across Scotland. It is hoped that there will be scope to consider how to use data to look at outcomes within specific areas such as rural, remote and island, although this is in the early planning stages.

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 i.e.:

     o Eliminating unlawful discrimination, harassment, victimisation;
     o Removing or minimising any barriers and/or disadvantages;
     o Taking steps which assist with promoting equality and meeting people's different needs;
     o Encouraging participation (e.g. in public life)
     o 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 Out of Hospital Cardiac Arrest Strategy 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: 04/05/2021

Endnotes

[1] Save A Life For Scotland, *Out-of-Hospital Cardiac Arrest: A strategy For Scotland Data Linkage Report 2015/2016* (Edinburgh, 2016) pp. 5

[2] Save A Life For Scotland, *Out-of-Hospital Cardiac Arrest: A strategy For Scotland Data Linkage Report 2015/2016* (Edinburgh, 2016) pp. 21

[3] Community Empowerment (Scotland) Act 2015 (asp 6)

[4] Farmer J., Nimegeer, A., 'Community participation to design rural primary healthcare services' *BMC Health Services Research*, (2014) Volume 14

[5] 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

[6] 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)

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

[8] Scottish Government, *The National Plan for Scotland's Islands* (Edinburgh, 2019)

[9] Scottish Government, *An Integrated Health and Social Care Workforce Plan for Scotland* (Edinburgh, 2019) pp. 11, 13

[10] Scottish Government, *Rural Scotland: key facts* (Edinburgh 2018), pp. 9

[11] Save A Life For Scotland, *Out-of-Hospital Cardiac Arrest: A strategy For Scotland Data Linkage Report 2018/2019* (Edinburgh, 2020)

[12] British Heart Foundation, *Heart & Circulatory Disease Statistics 2020* (Edinburgh, 2020) Tables 1.20 & 1.26

[13] Save A Life For Scotland, *Out-of-Hospital Cardiac Arrest: A strategy For Scotland Data Linkage Report 2015/2016* (Edinburgh, 2016) pp. 5

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

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

[16] Farmer J., Nimegeer, A., 'Community participation to design rural primary healthcare services' *BMC Health Services Research*, (2014) Volume 14

[17] National Records for Scotland, 'Population Projections for Scottish Areas 2018' [Population Projections Scotland | National Records of Scotland (nrscotland.gov.uk)](http://nrscotland.gov.uk) [Accessed 24 February 2021]

[18] Scottish Government, *Rural Scotland: key facts* (Edinburgh 2018)

[19] Scottish Government, *Rural Scotland: key facts* (Edinburgh 2018)

[20] 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

[21] 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