This document is a summary of responses received to the strategy consultation. It identifies the key themes highlighted and demonstrates how these were incorporated into the final document.

There were two separate consultation processes. One involved seeking responses from the clinical community (individuals and organisations working in the sector). The other process sought the views of people living with, or caring for someone with, heart disease.

1 Clinical consultation

Through the clinical consultation process there were

- 18 responses to the online survey.
- 9 emailed responses which didn't strictly align with the questions asked in the consultation survey.

1.1 Written responses

8 individual responses were received from professionals with the following backgrounds – health psychologist, clinical psychologist, cardiology specialist nurse, cardiologist, MSP. Data scientist, consultant stroke physician.

1 organisational response was received.

Key issues highlighted by these email responses were;

- Importance of considering rarer/underdiagnosed conditions and expanding beyond Ischaemic Heart Disease. Called for pathways to address rarer conditions.
- The importance of cardiac rehabilitation and the potential for digital and home-based programmes (heart manual given as an example).
- The importance of addressing emotional and psychological needs of people with heart and circulatory diseases (include mention of anxiety and support for training for lower level interventions)
- Models of care should be flexible enough to respond to local needs (i.e. geographical issues).
- Focus on symptoms/indications included within pathways (breathlessness for example).
- Heart valve disease and SCAD raised as specific conditions that should be addressed.
- Need for more focus on frailty/co-morbidity.
- Needs clearer explanation of how integration will be achieved. Silos need to be broken down.
- Could speak to inclusivity more strongly.
- Impact of Covid-19
- Need to improve access to data for health care professionals/researchers.
- Research an omission.
- Inequalities (for women and heart disease in particular).
- Concerned about diagnostic variation.
- Agreed with importance of training and education and highlighted Ambulance Service as important area of focus around symptoms/presentation.
- Generally supportive comments –

  'I had a look at this yesterday and it looks great. COVID has had and will continue to have a massive impact on how we deliver cardiology services as a whole! This document accurately reflects the discussions we had around priorities and recommendations.'

'A powerful and well-presented message'

'I would like to welcome BHF's 2021 Strategy which is an appropriate response to the rapidly evolving challenges faced by patients with cardiovascular diseases and the ability of the healthcare system to meet the multifaceted needs of these patients through the COVID-19 pandemic and beyond.'

1.2 Online clinical consultation responses

Responses to the online consultation survey came from a range of sources including key organisations such as;

- British Pharmacological Society,
- Community Pharmacy Scotland,
- NHS Education Royal College of Physician and Surgeons Glasgow.

Individuals who responded came from a variety of professions including;

- cardiothoracic anaesthetist.
- physiotherapist,
- pharmacist,
- stroke physician,
- General Practitioner
- Cardiologist
- cardiac scientist,
- specialist cardiac nurse (including cardiac rehabilitation nurse).

If respondents were taking part in the survey as an individual health care professional (as opposed to on behalf of a professional college or membership organisation) they were asked to identify which health board they worked in as a way of gauging whether a range of geographical areas were represented in the feedback. Responses were received covering 6 of the 14 health boards

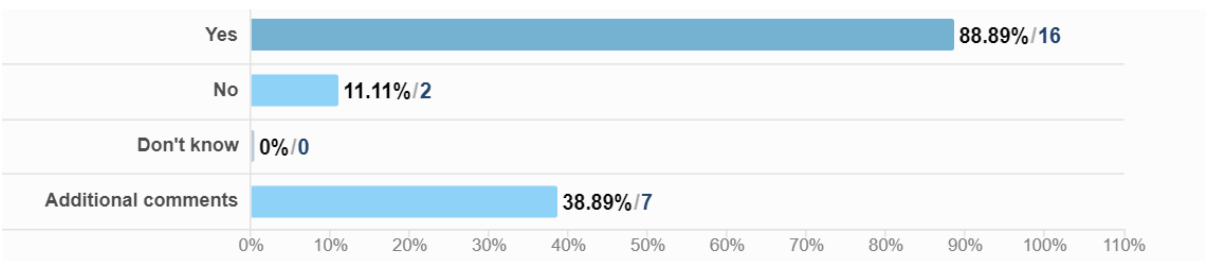
- Greater Glasgow & Clyde
- Fife
- Forth Valley
- Grampian
- Lothian
- Orkney

1.1.1. Introductory questions

Do you agree with the overall vision set out by this plan?

A total of 18 respondents answered this question.

88.89% (16 respondents) agreed with the overall vision set out by the plan.



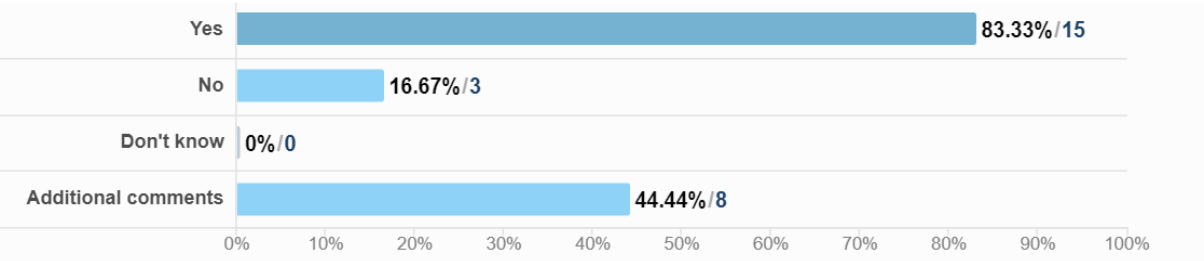
7 respondents provided further comment

- Three comments recommended a tweak to the wording of the vision, including the inclusion of the timeframe (2025).
- Two comments expressed general support for the vision.
- Two comments gave reasons for disagreeing with the vision. These were that the overall vision and plan were disease specific and this was too narrow a focus. The second highlighted that the vision was missing a focus on diet and exercise.

Do you think the plan identifies the most important priorities relating to heart disease in Scotland?

A total of 18 respondents answered this question.

83.3% (15 respondents) agreed that the plan identified the most important priority areas relating to heart disease in Scotland.

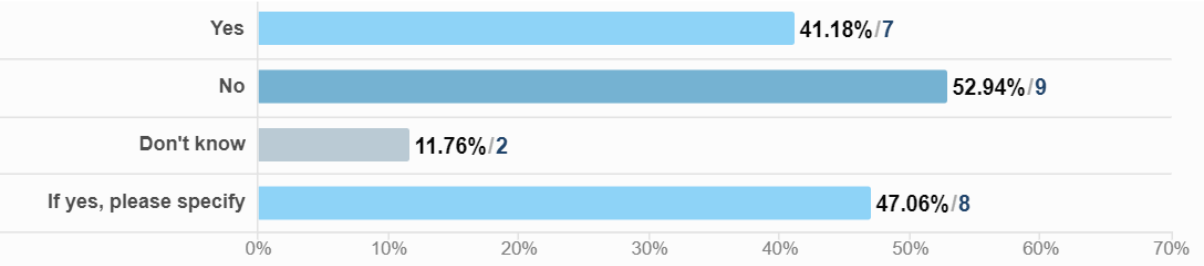


8 respondents provided further comment

- Of these, 5 comments expressed general support for the priorities. A further one comment expressed general support but highlighted that the Covid-19 pandemic may have an impact that has not yet been accounted for.
- The remaining two comments indicated that a focus on prevention and public health was missing from the priorities.

Do you think there are any important priorities missing?

A total of 17 respondents answered this question.



8 respondents provided further comment

- One comment highlighted a specific condition (heart failure) which they felt should be incorporated into the priorities.
- One comment highlighted the need for clinical audit to ensure standards are met.
- One comment suggested greater incorporation of Realistic Medicine within secondary care.
- One comment highlighted the need for further inclusion of research within the priorities.
- One comment suggested a need to address multi-morbidity within the priorities.

- Three comments highlighted that they felt prevention and public health had been overlooked

1.1.2. Priority 1: Prevention - tackling risk factors

Please tell us what you think the current challenges to improving the detection and management of risk factors for heart disease in Scotland are?

A total of 16 respondents answered this question.

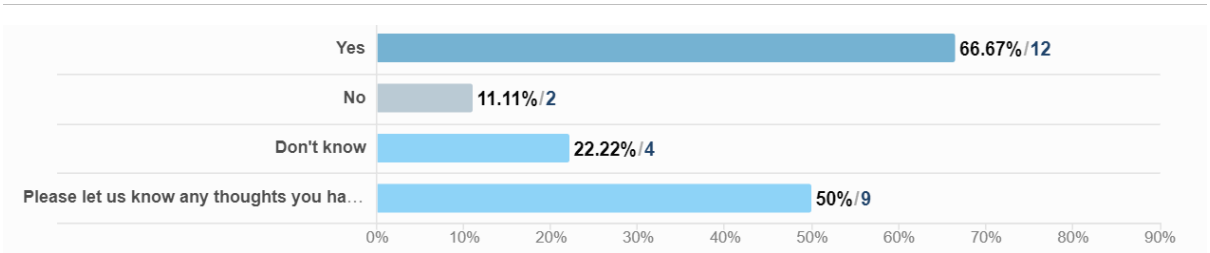
The key issues identified in these responses were

- Demographics (including an ageing population and inequalities facing people in areas of deprivation or from ethnic minority backgrounds)
- Lack of funding for IT solutions and problems with sharing information across different parts of the health care system.
- Siloed clinical pathways
- Lack of focus on detection
- Lack of awareness among public about the conditions and signs/symptoms of heart disease.
- Lack of capacity within the NHS.

Do you think that actions 1 through to 4 will help to improve the detection and management of risk factors for heart disease in Scotland?

A total of 18 respondents answered this question.

Most respondents (66.67% or 12 respondents) agreed that actions 1 through to 4 would help to improve the detection and management of risk factors for heart disease in Scotland.



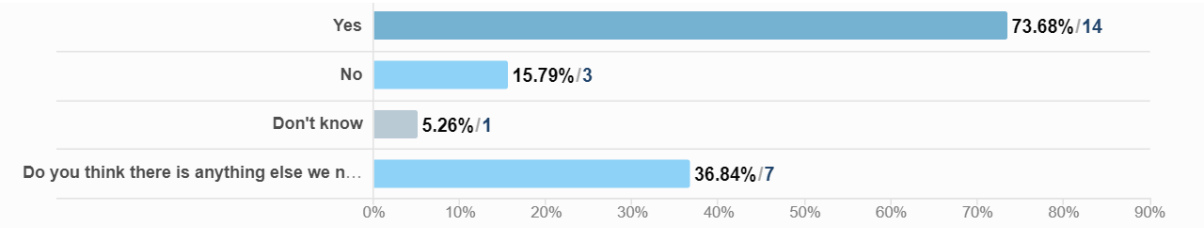
9 respondents provided further comment. Of these

- Four comments expressed general support for the actions
- One comment highlighted the role of community pharmacy in the delivery of the actions and also mentioned the opportunity for more proactive patient involvement around detection.
- Two comments expressed positive views about the opportunities available through SPIRE and recommended setting indicators for the risk factor conditions.
- One comment suggested Heart Failure should be included within this section.
- One comment expressed a negative view of the actions raising primary care workforce implications and concerns around screening.

Overall, do you think that actions 1 through to 4 are the appropriate actions for Scottish Government to take over the next five years?

A total of 19 respondents answered this question.

Most respondents (73.68% or 14 respondents) agreed that actions 1 through to 4 were the appropriate actions for Scottish Government to take over the next five years.



7 respondents provided further comment. Of these

- Two comments expressed general support
- Two comments highlighted the need for utilisation of the MDT (including community pharmacy).
- One comment highlighted specific issues facing people from ethnic minority backgrounds.
- One comment highlighted the importance of automated data collection.
- One comment highlighted the importance of wider public health prevention measures.

1.1.3. Priority 2: Timely and equitable access to diagnosis, treatment and care.

Please tell us what you think the current challenges to achieving timely and equitable access to diagnosis, treatment and care for heart disease in Scotland are

A total of 14 respondents answered this question.

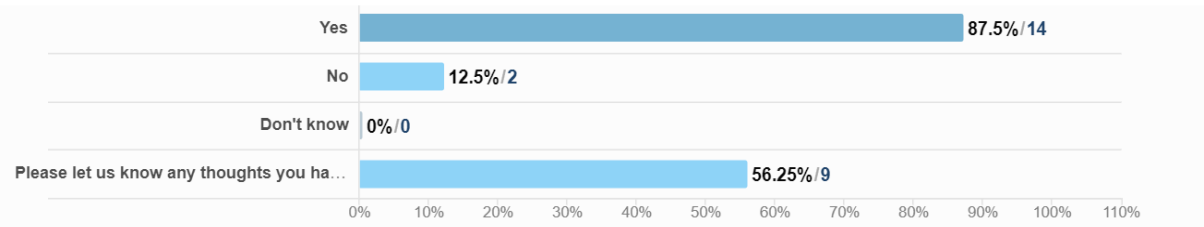
Key themes were

- Demographics (an ageing population, increased survival from acute events, growing adult congenital population, longer life lived with heart disease in general).
- Staffing issues (echocardiographers, primary care under pressure, lack of time in consultant contracts for specific aspects of role).
- Diagnostic capacity and variation in access to tests.
- Lack of effective use of data or standardised pathways to measure improvement against.
- Awareness among public and health care professionals.
- Impact of Covid-19 on presentation to primary care/acute care. Deferral of services meaning increased waiting times.

Do you think that actions 5 through to 8 will help achieve timely and equitable access to diagnosis, treatment and care for people with suspected heart disease in Scotland?

A total of 16 respondents answered this question.

Most respondents (87.15% or 14 respondents) agreed that actions 5 through to 8 would help achieve timely and equitable access to diagnosis, treatment and care for people with suspected heart disease in Scotland.



9 respondents gave further comment.

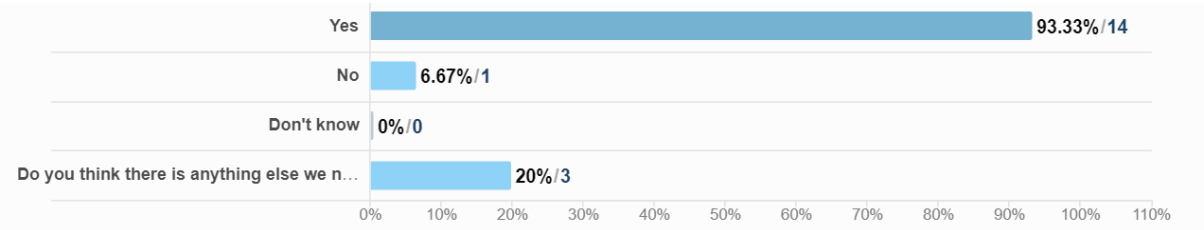
Key issues highlighted were;

- The need for national leadership and suggestions around the focus and structure of the National Advisory Committee on Heart Disease. The importance of adequate resource to deliver against the priorities was highlighted.
- The importance of highlighting examples of good models of care.
- The need for evidence-based pathways/indicators/national standards
- The importance of diagnosis of heart failure and some specific recommendations around this.
- Frailty should be considered in more detail throughout the plan.
- Key professionals (cardiologists and community pharmacy workforce) should be included within the workforce review section.
- One comment felt that IHD was well recognised and managed in primary care and that existing guidelines were adequate.

Overall, do you think that actions 5 through to 8 are the appropriate actions for Scottish Government to take over the next five years?

A total of 15 respondents answered this question.

Most respondents (93.33% or 14 respondents) agreed that actions 5 through to 8 were the appropriate actions for Scottish Government to take over the next five years.



3 respondents provided further comment to this question.

- One of those comments was displaying strong support for the actions 5 through to 8.
- The other two comments related to data. One of those identified the need for a broader range of data to be collected and used to support pathway development, highlighting the potential for rates of access to diagnostic tools to be considered. The second comment related to the use of SIMD to identify inequality in access related to deprivation.

1.1.4. Priority 3: Effective collection and use of health data

Please tell us what you think the current challenges to achieving effective use of health data for heart disease in Scotland are?

A total of 15 respondents answered this question.

Key themes were;

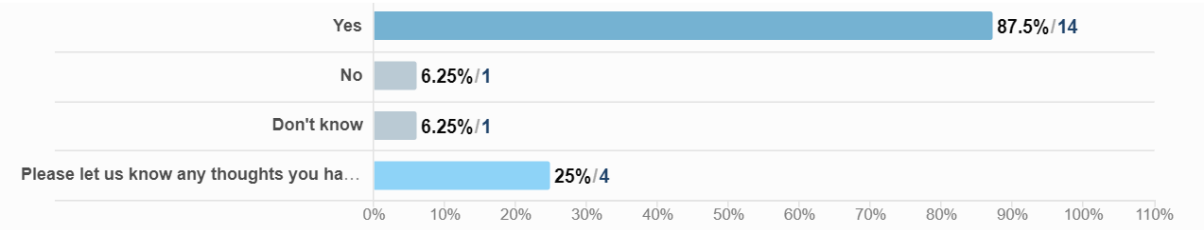
- A current lack of standardisation of data collected.
- Issues with NHS IT systems – challenges with interoperability.
- Lack of ability for health care professionals to easily access data in a useful manner that supports service improvement. This included reference to a lack of co-ordination in reporting of data and the challenges in getting access to data (PBPP requests).

- Lack of staff to input and report on data. These comments highlighted the need for a more automatic mode of capture.
- Leadership at national level was highlighted as important.

Do you think that actions 9 through to 12 will help achieve effective use of health data in Scotland?

A total of 16 respondents answered this question.

Most respondents (87.15% or 14 respondents) agreed that actions 9 through to 12 would help achieve the effective use of health data in Scotland.



4 respondents provided further comments.

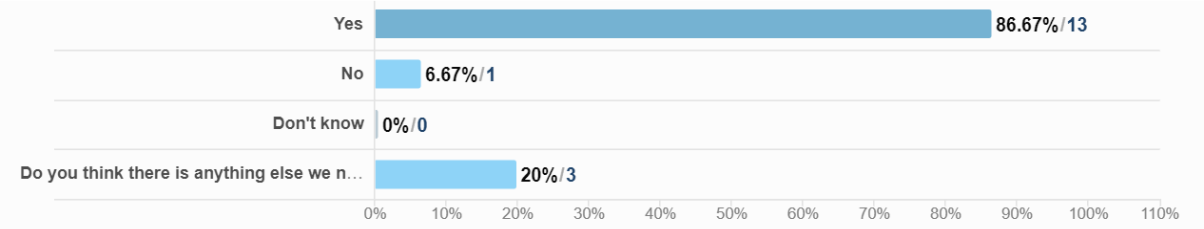
Key issues raised were;

- The importance of data linkage.
- Specific examples of good use of data were given (including Glasgow NSTEMI pathway work and Swedeheart).
- A need for benchmarking (including against NICOR) but that this did not mean Scotland had to restrict its data ambitions.
- The need to ensure collaborative working between government, life sciences industry and third sector.
- A need for a more automated process of data collection and collation.
- The importance of national leadership on this issue.
- One comment expressed a slightly negative view that looking at heart disease in isolation could fragment data and suggested a more integrated approach was needed.

Overall, do you think that actions 9 through to 12 are the appropriate actions for Scottish Government to take over the next five years?

A total of 14 respondents answered this question.

Most respondents (86.67% or 13 respondents) agreed that actions 9 through to 12 were the appropriate actions for Scottish Government to take over the next five years.



3 respondents provided further comment.

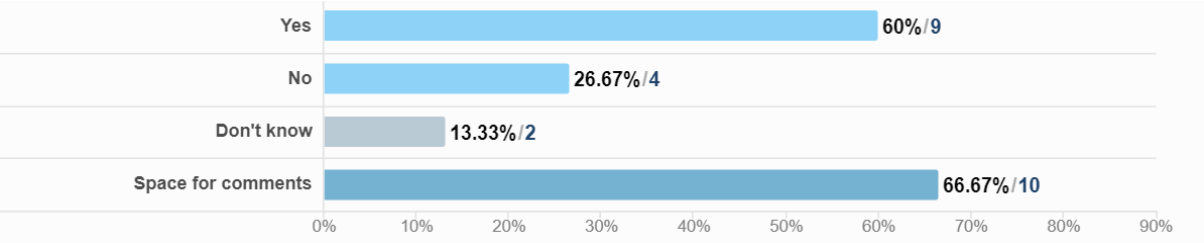
- One comment urged caution in focusing on a single disease area.

- The further two comments highlighted the importance of effective use of data for service planning and improving outcomes. In the second of these comments the PRIMIS tool was highlighted.

1.1.5. General Questions

Do you think there are any impacts or implications for health inequalities from any of the recommendations in the document, either positive or negative?

A total of 15 respondents answered this question.



10 respondents provided further comment. Of those

- Three comments expressed that the actions would have a positive impact on health inequalities.
- One comment highlighted the importance of addressing health literacy
- One comment highlighted frailty as an issue.
- One comment highlighted that there may be challenge in accessing, for example – BP monitors, in areas of deprivation.
- One comment highlighted the potential for digital tools to support wider engagement.

Is there any impact or innovation in response to Covid-19 pandemic that is not captured within the document and should be?

A total of 10 respondents answered this question. Key issues raised were;

- Impact of Covid-19 pandemic on ability to access health care (implications include missed detection opportunities, delayed diagnosis).
- One comment suggested that Scottish Government should track Covid-19 survivors to identify early signs of heart disease.
- Showed that radical change possible.
- Challenges for workforce (workloads, redeployment).
- Remote delivery of care and need to better understand patient views on this.
- Belief that this reinforces the need for national heart disease plan.

Please provide any other comments you may have about this document.

A total of 7 respondents answered this question.

- Three comments were general positive supportive comments on the document
- One comment was a general negative comment on the document (too disease specific).
- Two comments highlighted health care professionals who could be more clearly included within the document (primary care nurses and AHPs including physiotherapists).

2 Patient consultation

The consultation which sought views from people living with, or caring for people with heart disease involved

- 13 online responses
- Focus group – 10 participants
- 2 emailed responses which did not align directly to the questions asked in the survey.

2.1 Individual patient responses

Two patients provided individual written responses. Key points highlighted

- Signs/symptoms an important part of pathway
- Psychological support also important for families
- Agreed that streamlining of pathways would be important.
- Impact of Covid-19 but important not to lose sight of need to address heart disease
- Co-morbidity
- Understanding medication.

2.2 Focus Group

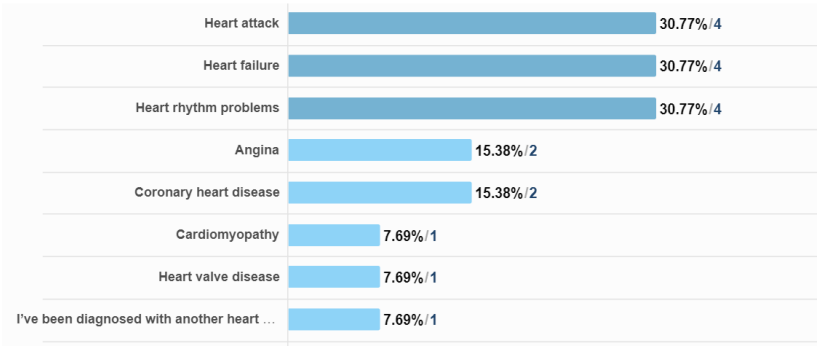
Key themes discussed at the focus group were;

- Education and prevention should be covered more clearly within the priorities – it's important to educate people within their communities and to instil values of healthy living. Also, important to educate on symptom awareness.
- The group raised the idea of holistic health hubs.
- Could there be different ways to feed into systems - not just through GPs etc - through the community for instance?
- Peer support was highlighted
- There is a big psychological impact that needs to be recognised
- The group were supportive of the idea of pathways (felt if patients could access it could help know what to expect.
- Patient input is key to improving services, but there was concern that healthcare professionals see patient input as a challenge to their monopoly (PPI is sometimes seen as a tick-box exercise)
- With more and more people living with more than one condition, conditions need to stop being treated in silo.
- The amount of cardiac rehab varies significantly from condition to condition and this is an area where improvement could be made
- Improvements in patient data – more opportunities for patients to get involved in both their own care, service redesign, but also evaluation of their care.
- Overall consensus that data was really vital.

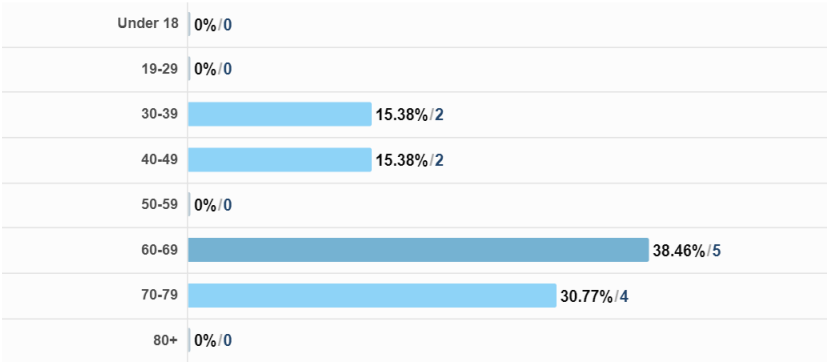
2.3 Online responses to patient consultation

1.1.6. Demographics

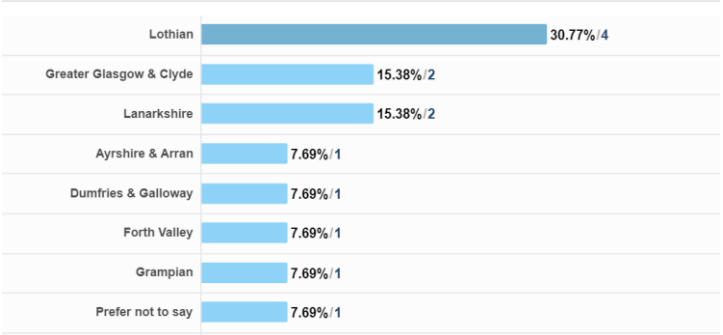
Condition:



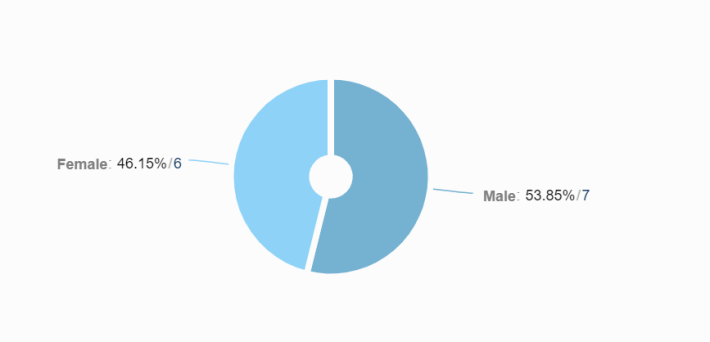
Age:



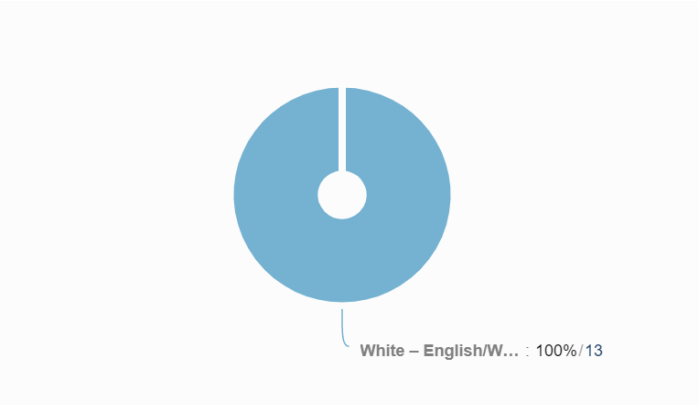
Location:



Gender:

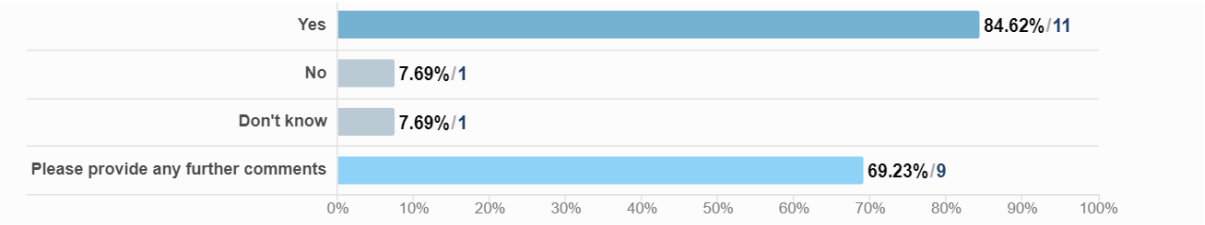


Ethnic background:



1.1.7. Question responses

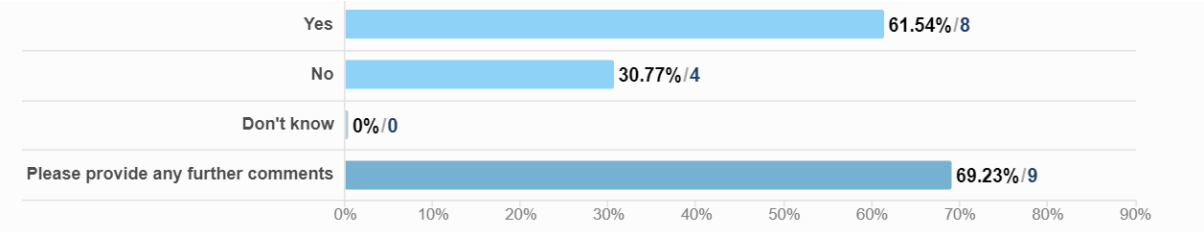
Do you agree with the recommendations and priorities set out within this plan?



9 respondents gave further comment to this question. Key issues were;

- Three comments expressed generally positive views on the priorities and recommendations
- One comment highlighted the Beating High Blood Pressure report
- One comment highlighted the similarities in the requirements to improve stroke care across Scotland and suggested collaborative working.
- One comment suggested that community outreach was laudable but slightly woolly concept.
- One comment highlighted the importance of follow up care.
- One comment highlighted how important it was to address heart failure.

Is there anything missing that you would expect to see included?



9 respondents provided further comment to this question.

- Three comments felt that prevention/public health was missing
- One comment highlighted importance of including people with heart disease in implementation.
- One comment discussed mental health and follow up care
- One comment talked about need for early intervention.
- One comment highlighted telemonitoring.

Does anything included within the plan stand out to you as being particularly important?

12 respondents answered this question. Key themes identified

- One comment identified access to diagnosis as important.
- Two comments highlighted Pathways (importance of these being clear for patients too)
- Two comments highlighted Data
- Three comments discussed the importance of Self-care/management and patient centred care.
- Three comments highlighted importance of tackling risk factors (including comment on the community detection).
- One comment mentioned importance of telehealth

If you could ask Scottish Government to make one change to improve care for people with, or at risk of, heart disease, what would it be.

- Improved access to diagnosis and treatment
- Community based care
- Clearer pathways
- Patient centred care.
- Heart disease treated with same priority as cancer
- Education on healthy lifestyles.
- Act on 'Beating High Blood Pressure'
- Support wider defib access

3 Actions taken

3.1 No significant changes made

3.1.1 Key themes already addressed within original document

Several of the key themes highlighted already formed a core part of the document and so no significant changes were made. These included;

- The importance of cardiac rehabilitation and the potential for digital and home-based programmes

- The importance of addressing emotional and psychological needs of people with heart and circulatory diseases
- Diagnostic variation
- Need to improve access to data for health care professionals/researchers. The importance of national leadership on this.
- Impact of Covid-19 pandemic on ability to access health care (implications include missed detection opportunities, delayed diagnosis, challenges for the workforce and remote delivery of care).

3.1.2 Themes more relevant to implementation phase

Several of the key themes highlighted were more detailed than could be included in the document as its purpose was to set a broad strategic framework. However, these comments have been noted as they will be key issues in the implementation of such a strategy and particularly relevant to the detailed work of developing pathways and a Framework for their implementation.

These included;

- Importance of considering rarer/underdiagnosed conditions and expanding beyond Ischaemic Heart Disease. Called for pathways to address rarer conditions.
- Models of care should be flexible enough to respond to local needs (i.e. geographical issues).
- Focus on symptoms/indications included within pathways (breathlessness for example).
- Heart valve disease, Heart Failure, Inherited Cardiac Conditions, Congenital Heart Disease and Spontaneous Coronary Artery Dissection were all raised as specific conditions that should be addressed.
- Need for more focus on frailty/co-morbidity.

The original strategy document intends that pathway development will consider a range of heart conditions, including the ones highlighted in response to the consultation. The need for a focus on symptoms, frailty and co-morbidity should also form a core part of the development of pathways.

It is agreed that models of care should be reflexive to local needs and the Framework should exist to support the delivery of key aspects of new models of care but not to be prescriptive in how this is achieved.

3.1.3 Key themes not incorporated.

Key theme: Key professionals (cardiologists and community pharmacy workforce) should be included within the workforce review section.

Action taken: This feedback was discussed amongst the Development Group for the strategy document and it was agreed that while there are significant wider workforce issues that it was important to identify priority areas. It was agreed that those currently identified in the strategy were the areas that attention should focus on for the next five years.

Key theme: Concerns around screening.

Screening and recommendations from the UK National Screening Committee are addressed specifically in section 2.2.3

'Population level screening of AF is not currently recommended by the UK Screening Committee. Further evidence as to the most appropriate systematic approach to the detection of asymptomatic AF should be available on conclusion of the SAFER study. It may therefore be

appropriate to revisit this area in detail within the timeframe set for the implementation of this plan.'

3.2 Changes made

Several of the key themes identified areas that could be incorporated into the document. Below, the key theme is identified followed by the specific action that was taken to address it.

Key theme: Clearer explanation of how integration will be achieved. Silos need to be broken down.

Action taken: The Policy Context section (1.3) now includes;

'Despite this, there are many common themes in providing timely and equitable care for people with all cardiovascular conditions and many people live with more than one condition so collaborative working is necessary, and many actions may be applicable across boundaries.'

It is agreed that implementation of any strategy should involve collaboration with other disease areas to identify opportunities for collaborative working – this is particularly relevant to working between the National Advisory Committee on Stroke and the National Advisory Committee on Heart Disease. Consideration of this should form a core part of the implementation of any such strategy.

Similarly, the objective of development of whole system pathways is to bring different parts of the system together in a more collaborative way. So, this feedback has also been strongly noted for the next steps of implementation.

Key theme: Importance of including people with heart disease in implementation and the need to speak to inclusivity more strongly. Inequalities (for women and heart disease in particular) raised as important.

Action taken: Specific actions on inequalities for women with heart disease will be more fully covered in the Women's Health Plan currently in development and for which cardiac disease is a core pillar.

A new section (3.3.7 – included below) has been added to the strategy document to clarify how involvement of people with lived experience should form a core part of any pathway development

Incorporating lived experience

The vision outlined in this document is of co-designed, whole system pathways. Co-design in relation to this plan includes the meaningful engagement of people living with heart disease in decisions about what pathways of care should look like, and the identification of indicators to measure what is important to those who use the services. A robust lived experience engagement process must therefore form a core part of the pathway development detailed here, and of the indicator identification detailed in section 4.2.1.

There is often under-representation of women, people from black and minority ethnic backgrounds, people with disabilities, and those living in areas of socio-economic deprivation in forums where engagement takes place. If we are to seriously address health inequalities and move towards the provision of equitable care as outlined in the vision for this plan, then we must understand a wide range of lived experience and make a strong and consistent effort to seek and amplify the voices of those typically underrepresented in decision making processes.

Key theme: Research an omission.

Action taken: A new section has been added within the workforce section (3.4.1) to highlight the challenges of ensuring research capacity within clinical workloads. Research has also been highlighted as a core purpose for improving data collection and access (Priority Three).

Research capacity

Medical research is vital to the ability to drive improvements in care and ensure that people with heart disease have access to the best possible standard of care. While Scotland is renowned for its high-quality cardiovascular research, there are several challenges that should be addressed. One crucial factor enabling a high-quality research environment is the capacity for the clinical workforce to develop, undertake and participate in research.

Currently, those who wish to undertake research only have one block of research time to nine for clinical practise. It is important that this research time is expanded to allow health professionals to undertake vital research.

In addressing workforce issues within cardiology, the NAC workforce subgroup should work collaboratively with the Chief Scientist's Office, NHS Health boards and the medical research community to ensure that capacity for research is included as a key pillar of the cardiology workforce recommendations.

Another important factor is the ability for people with heart disease to take part in research. Giving people the opportunity to take part in research is an important part in driving improvement in care. The Cancer Patient Experience Survey measures whether opportunities to take part in research have been discussed with individuals, but there is currently no equivalent measurement of whether people with heart disease are offered the opportunity to take part in research. This could be included as part of the indicator work outlined in section 4.2.1 and findings from this should be used to support the National Research Networks to drive improvements in this area.

Key theme: A focus on prevention and public health was missing from the priorities.

Action taken: A wider piece of work on public health and prevention was carried out in collaboration with nine other key health charities. Its recommendations can be found here. This will form a separate, but equally important ask ahead of the 2021 parliamentary elections. Mention of this has been made in the strategy document.

'Similarly, this plan focuses on the provision of diagnosis, treatment and care for people with heart disease and does not specifically address wider societal public health measures as several policy commitments exist in Scotland in relation to this. This does not diminish the importance of such measures. This plan supports the measures set out in 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 and deems it to be vital that those commitments are implemented. In 2020, ten charities, including British Heart Foundation Scotland produced a document calling for further action in this area.'

Key theme: Community pharmacy involvement in the delivery of the actions in priority one.

Action taken: Within Priority One, community pharmacy has been highlighted as a key partner in the following sentence about community models of detection for risk factors

'*Such models should be developed based on engagement with key delivery partners including the third sector and community pharmacy.'*