

Jenni Minto MSP
Minister for Public Health and Women's Health
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

Dear Minister,

We represent healthcare professionals that care for people with heart and circulatory diseases in Scotland. We are writing to express our deep concern regarding the lack of strategic thinking in the recently published Long Term Conditions Framework Consultation document.

While we appreciate the efforts to address the growing burden of long-term conditions in Scotland, the approach to prioritisation outlined has the potential to have significant unintended negative impacts on cardiology services.

Heart disease remains one of the leading causes of morbidity and mortality in Scotland, significantly contributing to the overall burden of disease. In 2019, cardiovascular diseases accounted for almost a fifth of all DALYs caused by non-communicable diseases, second only to cancer. This burden is only projected to grow, with an increase of 34.4% expected by 2034, the highest of any condition group.

We are deeply concerned that within the reasoning of this consultation and suggested approach the way in which resources and focus will be prioritised has not been sufficiently detailed. Given the substantial impact of heart disease on individuals and the healthcare system, it is imperative that strategic thinking and focused efforts are directed towards this condition.

To date, the resources afforded to the improvement of heart disease has already been wholly insufficient, with just £3 million committed to two heart disease plans over the last decade.

The consultation document emphasizes a cross-cutting approach to long-term conditions, which is indeed valuable for addressing common themes and improving overall healthcare quality.

However, in a context of increasing death and ill health caused by heart diseases, this risks diluting the attention and resources needed to enable the improvement of cardiology services in Scotland. Heart disease management involves unique challenges, including early detection, timely intervention, and ongoing management of risk factors, which cannot be effectively addressed through a generalised framework.

By prioritising heart disease within the Long-Term Conditions Framework, the Scottish Government can make significant strides in reducing the burden of this condition and improving the health and well-being of the population.

Heart Disease Action Plan

The process to develop and implement the current Heart Disease Action Plan, has been an excellent example of a document developed in collaboration with the clinical community and the third sector. This approach has been instrumental in making significant steps to improve cardiology services.

Examples of these successes include the Scottish Cardiac Audit Programme and the development of national cardiology pathways; successes which are helping to lay the groundwork for more efficient and effective cardiology services across Scotland based on data and agreed ways of working.

The Heart Disease Action Plan has been vital to this. Structures such as the Heart Disease Taskforce, which are housed with the remit of delivering the Heart Disease Action Plan are vital to continued improvement and we would be concerned if any steps were taken to diminish the role of these clinical groups.

Statistics from BHF Scotland estimate that almost one in eight people in Scotland live with some form of cardiovascular disease. Ischaemic heart diseases remain the most common cause of death under the age of 75.

To achieve the aim stated in the consultation of addressing conditions that cause significant burden of disease, heart disease must be retained as a key priority for Scottish Government.

We, the clinical community that drive improvements in cardiology care across Scotland, urge the Scottish Government to reconsider its approach and ensure that heart disease receives the strategic focus it deserves through a commitment to a refreshed, fully funded and resourced Heart Disease Action Plan.

Thank you for your attention to this matter.

Yours sincerely,

David McColgan - Head, **British Heart Foundation Scotland**

Heather Probert – President, **British Association for Cardiovascular Prevention and Rehabilitation**

Jo Sopala – Chief Executive Officer, **British Society of Echocardiography**

Fiona Brownlie – Chair, **Cardiac Rehab Interest Group Scotland**

Prof Raj Thakkar – President, **Primary Care Cardiovascular Society**

Professor Hany Eteiba – **President, Royal College of Physicians and Surgeons of Glasgow**

Prof Rowan Parks – President, **Royal College of Surgeons of Edinburgh**

Prof Adrian Brady – President, **Scottish Cardiac Society**

Prof Mary MacLeod – Chair, **Scottish Heart & Arterial Disease Risk Prevention (SHARP)**

Dr Jonathan Malo – Chair, **Scottish Lipid Forum**

35 patient and clinical representatives of the **Inherited Cardiac Conditions community**