Royal College of Physicians and Surgeons of Glasgow
response to
British Heart Foundation Scotland
Heart Disease in Scotland 2020

Q1: Do you agree with the overall vision set out by this plan?

A
Yes

No

Don't know

Additional comments

Important priorities are omitted. While some are briefly discussed, they must form part of this document for it to be effective. Concentrating on three clinical priorities (Hypertension, high cholesterol (later defined as familial only) and atrial fibrillation) is not enough. These are the additional priorities as without these, there is likely to be little alteration in the present situation

- Obesity reduction
- Exercise promotion
- Smoking cessation
- Comorbidities
    - Diabetes Mellitus
    - Connective tissue disease eg Rheumatoid Arthritis (rates as high as DM), Systemic Lupus erythematosus, Systemic sclerosis
    - Thrombo-embolic effects of COVID 19
- General effects to provision of Health care in the COVID-19 Pandemic

Q2: Do you think the plan identifies the most important priorities relating to heart disease in Scotland?
A
Yes

No

Don't know

Additional comments

See above. Obesity and smoking is a noticeable primary omission

Q3: Do you think there are any important priorities missing?
A
Yes

No

Don't know

If yes, please specify

As above

Q4: Please tell us what you think the current challenges to improving the detection and management of risk factors for heart disease in Scotland are?

There are two main challenges.

Manpower. This involves the capacity in Medical schools for producing new doctors (which includes how the possible increase in numbers due to the Higher and A level examination debacle of 2020, is going to be funded. The overall manpower is too low, recruitment into the speciality and the ability to attract overseas trainees and consultants (following withdrawal form the EU and UK visa requirements).

Patient motivation in self-management. This will always be an issue. Cardiologists need to work with their patients in a partnership. This is more noticeable in deprived areas and some ethnic minorities. The plan does not look at the particular needs of ethnic minorities.

Q5: 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

Yes

No

Don't know

Please let us know any thoughts you have around these actions

Recommendations 1-4 seem appropriate. In particular the College with a focus on areas of highest deprivation and closing of inequality gaps.

These priorities have existed for many years yet we have seen little improvement in Scotland despite initiatives? Services need to be engaged with their patients and communities. Smoking prevalence in Scotland has perhaps dropped and this may make the biggest impact to public health overall.

Q6: 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

Yes

No

Don't know

Do you think there is anything else we need to consider?

The Scottish Government needs to Consider obesity, exercise, smoking cessation and co-morbidities associated with heart disease as outlined above. While the ethnic minority population is small, there are specific issues with cardiac diseases for this group.

Q7: **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**

There is a need to improve manpower. However general public health prevention is equally important.

In the largest Health Board (Greater Glasgow and Clyde) there is inequity of access to a third of the population. There is a different in service provision between Clyde and Greater Glasgow (as an example there is no 24/7 consultant cardiology cover in Clyde but 2 x 24/7 Rota in Glasgow).

We also need to acknowledge that individuals did not seek help during the COVID pandemic and some will not seek help now because of further risk to health.

Q8: 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

Yes

No

Don't know

Please let us know any thoughts you have around these actions.

We broadly agree. However, there is a need for consultant cardiologists in addition to physiologists, specialist nurses and clinical psychology. There are long term cardiologist vacancies around Scotland and the document does not discuss manpower and vacancies. Filling these vacancies would not be enough to provide senior 24/7 cardiology cover/ senior decision makers for most of Scotland.

There are difficulties running primary PCI services and dealing with echocardiography demand at present in Scotland. We will also have an echocardiograph backlog following the COVID-19 pandemic.

There are difficulties running cardiology outpatients which have been exacerbated following the pandemic. One of our reviewers notes “My next routine return appointment was 1 year before COVID. Many other colleagues are in a similar situation. New patients less of a problem because of waiting time guarantees. We see GP referrals, many of whom are low risk, promptly but cannot see those we deem as a priority at return clinics.”

Q9: **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

Yes

No

Don't know

Do you think there is anything else we need to consider?

See comments above

Q10: Please tell us what you think the current challenges to achieving effective use of health data for heart disease in Scotland are?

Manpower is the most important issue. However patient motivation is also important.

Q11: Do you think that actions 9 through to 12 will help achieve effective use of health data in Scotland?

A

Yes

No

Don't know

Please let us know any thoughts you have around these actions.

Q12: **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

Yes

No

Don't know

Do you think there is anything else we need to consider?

Q13: **Do you think there are impacts or implications for health inequalities from any of the recommendations in this document, either positive or negative?**

A

Yes

No

Don't know

Space for comments

There are issues for deprived areas and also ethnic minorities. We need to understand why people at present are not seeking help. This may be different in differing communities. We support general and specific measures to reduce health inequalities. It is likely following the Pandemic that unemployment and poverty will increase - which inevitably has knock on health effects. An economy which may be in recession will be less likely to support these communities.

Q14: **Is there any impact, or innovation in response to the Covid-19 pandemic that is not captured within this document and should be?**

See comments already made

Q15: Please provide any other comments that you may have regarding this document.

Dr Richard Hull FRCP (Glasgow)

Honorary Secretary

Royal College of Physicians and Surgeons of Glasgow

31 August 2020