

NATIONAL HEART FORUM RESPONSE TO NHS SCOTLAND'S CONSULTATION FROM THE CHD/STROKE TASK FORCE REPORT

Introduction

The National Heart Forum congratulates NHS Scotland's task forces comprehensive and systematic review and welcomes the opportunity to respond to its consultation on the coronary heart disease/stroke taskforce report.

We are aware of the excellent public health initiatives in Scotland.

Our comments are focused on primary prevention, as this is our area of competence.

About the National Heart Forum

The National Heart Forum is an alliance of over 45 national organisations to reduce the risk of CHD in the UK. Member organisations represent the medical and health services, professional bodies, consumer groups and voluntary organisations.

The purpose of the NHF is to work through and with its members to prevent death and disability from CHD. In order to achieve this, the NHF has four main objectives:

To provide a forum for members for the exchange of information, ideas and initiatives on CHD prevention.

To identify and address areas of consensus and controversy and gaps in research and policy.

To develop policy based on evidence and on the views of member organisations.

To stimulate and promote effective action.

The NHF is a unique resource. We would be happy to provide support to further develop the work in Scotland if requested.

General comments

1. We believe it is important to ensure that there is a comprehensive investment in primary prevention and a balanced portfolio of investment between primary, secondary and tertiary prevention. We hope that resources will be allocated or ring fenced for NHS primary prevention initiatives after the lessons of "Have a Heart Paisley" are absorbed and disseminated. If not we have concerns about that primary prevention will continue to be the poor relation of NHS services.
2. It is essential to have a portfolio investment approach to CHD prevention and this would fit neatly with your strategic intentions to cover all age groups. We believe that it is essential to compliment your plans for primary and secondary prevention by investing in building health capital in children and young people. We attach our young@heart policy recommendations as an annexe for your consideration. These will be launched by the NHF on February 14 in the Palace of Westminster. We believe it is possible to achieve a

generation free from avoidable CHD under the age of 65 and plans for the CHD work of NHS Scotland should support this.

3. On the issue of CHD inequalities we believe that CHD should be a marker for progress on tackling health inequalities and that you should also look develop a more comprehensive strategy to tackle the broader issues beyond access to health care especially in relation to poverty reduction, minority groups and diet and nutrition.
4. There is a need for a more comprehensive inter-sectoral, cross government strategy for CHD prevention that goes beyond the role of the NHS. This should compliment NHS Scotland's approach. A Scottish cabinet committee should oversee this.

Specific comments

1. We believe it will be useful to also model the "Have a Heart Paisley" demonstration project on the other national demonstration CHD prevention projects as well as the North Karelia Project. We would refer you to the Minnesota project, Pawtucket, Heartbeat Wales and Look After Your Heart evaluations and the WHO CINDI programmes. It is also important to review the evaluations of single risk factor programmes and projects, which have more conclusive results, as they are easier experimental studies to design.
2. We would hope that you have mechanisms for spreading good practice as its is established with the "Have a Heart Paisley" project and not hold back dissemination while awaiting the final evaluation which could be well after 2003 in the final analysis. Community based public health is unlikely to have universal magic bullet solutions.
3. We applaud your progressive intention to develop a national physical activity strategy with national targets and hope that the rest of the UK will follow your lead.
4. The development of the CHD databases should ideally utilise a common basis with which to make international comparisons.
5. We feel it is vital to build links between the national, regional and local co-ordinators of CHD/Stroke programme initiatives across the UK as similar initiatives are being developed and there is considerable value to sharing innovation. We also believe links with research and evaluation centres is vital especially in developing common evaluation tools.
6. We would like to see more explicit support stated for tobacco control measures such as banning tobacco promotions and advertising. This will compliment your smoking prevention and cessations strategies.