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New approach to tackle and prevent Scotland's 'silent killer' a success

Almost a third of adults in Scotland have high blood pressure, a condition so serious it's implicated in half of all strokes and heart attacks.

And yet worryingly, high blood pressure is something many of us don't even realise we have and those who do, often aren't getting their blood pressure (BP) down to recommended levels.

Left undiagnosed and uncontrolled, high blood pressure can have devastating consequences and lead to heart failure, dementia and kidney failure. It's why it's often referred to as "Scotland's silent killer".

Tackling it requires a co-ordinated approach. Key issues include the need to ensure people are taking their blood pressure medication as prescribed, encouraging them and the wider general public to make and sustain positive lifestyle choices and to ensure that health care professionals have the information and training that they need to support people with the condition.

A great deal of work is already being carried out across Scotland to find and test new approaches. One such example is the Scale-Up BP Project – which is helping thousands of people in Scotland with high blood pressure to better monitor and manage their blood pressure at home, giving them more control and a greater understanding of their condition.

The project – a collaboration with



New, successful methods of detecting and managing high blood pressure are being rolled out across Scotland should have powerful impact, explains **Richard Forsyth**

NHS Lanarkshire, NHS Lothian, NHS Western Isles, the University of Edinburgh and NHS 24 which was jointly funded by the BHF and Technology Enabled Care (TEC) Programme between January 2018 and December 2019 – used a system that is simple and convenient to use.

It involves a person checking their blood pressure at home for an agreed period of time and simply texting the readings to the digital health system. If they are outside the pre-agreed parameters, they will be advised what action to take. Clinicians can also view real time information about patients at any time.

The project has produced some very positive results, with evidence showing that supervised telemonitoring improves outcomes in the management of high blood pressure.

The task now is to support frontline staff to implement this as routine practice in primary care and beyond so that people become more involved in managing their own blood pressure and critically in a way that does not increase workload for

frontline staff like GPs and practice nurses.

Such has been its success, the project is being expanded extensively across Scotland and the team's pioneering work has also been recognised with a major award at the 2019 General Practice Awards in London, which is fantastic news and a true testament to the hard work of all those involved.

The Scale-Up project runs alongside the work of the new High Blood Pressure Task Force which was set up last year, following an inquiry in 2018 by the Scottish Parliament's Cross-Party Group on Heart Disease and Stroke.

The inquiry, which BHF Scotland was part of, looked to explore what was required to tackle high blood pressure in Scotland and to develop a co-ordinated approach to better prevent and detect high blood pressure, optimise its treatment, and encourage supported self-management of the condition.

High blood pressure is a very common condition that can have devastating outcomes but it can often be



↑ The Scale-Up BP Project is helping thousands of people in Scotland with high

managed by making positive lifestyle changes before being prescribed medication.

That is why we want more people to know their blood pressure, what the

readings mean and how best to manage the condition.

Improving blood pressure control across Scotland is a complex undertaking but taking these new

approaches to radically reshape blood pressure detection and management should have powerful impact on the health of a nation, and could bring about improvements

which could save and improve the lives of thousands of people in Scotland.

Richard Forsyth, BHF Scotland's Health Service Engagement Lead



Self-declaratory system for gender recognition must be questioned

Legislation on gender must not be over-simplified, says **Calum MacKellar**

The Scottish Government is currently consulting on its proposed Gender Recognition Reform (Scotland) Bill with written responses being received by the 17 March 2020.

Transgender individuals were first given the possibility of changing their birth gender under the UK Gender Recognition Act 2004. To do this, persons over 18 years of age must obtain a certificate from a Gender Recognition Panel after having been medically diagnosed with significant dysphoria and lived successfully, for at least two years, in the opposite gender.

However, the Scottish Government is now proposing to make significant changes to the present legislation, under the new Bill, by including the

introduction of a self-declaratory system for gender recognition.

This would enable individuals to legally change their birth gender without any medical or other evidence.

Indeed, the Scottish Government believes that: "[T]he current system has an adverse impact on people applying for gender recognition, due to the requirement for a medical diagnosis and the intrusion of having their life circumstances considered by the Gender Recognition Panel."

As a result, the Government believes that "trans people should not have to go through this intrusive process in order to be legally recognised in their lived gender."

This is because Scottish ministers

consider such procedures as being demeaning, distressing and stressful. Adding: "That is, quite simply, not right for our citizens."

However, the wisdom of these statements can very much be questioned. Indeed, if it is considered to be demeaning and unduly intrusive for an individual to receive a biomedical diagnosis or to go before an expert panel, what kind of message does this then give to all those affected by other biological challenges? For example, what message does this send to those affected by mental health issues who also receive a biomedical diagnosis and go before expert panels such as Mental Health Tribunals which reviews the decision for them to be kept in hospital? Is this also 'simply not right' for such patients?

In this respect, the important protection of the relevant individuals should not be taken away just because some may see it as demeaning and intrusive.

Instead it is for the whole of society to seek to change its views so that any gender transitioning or mental health procedures are not associated with any stigma or seen in a negative manner.

In fact, the language portraying procedures seeking to help a person as 'simply not right' undermines the message of campaigns, such as 'Time to Change', which aims to transform the way people think and act about biological challenges, such as in mental health.

By this argument, giving in to demands to not confront societal

problems, by seeking to sweep under the carpet real challenges while undermining the previous protection of individuals affected by these difficulties, will never end discrimination. Instead it is important to support a greater acceptance and recognition of all people (and sub-groups) as equally deserving of full human rights.

Thus, society should be more tolerant and relaxed towards differences. This means that nobody should ever consider discussing their situation with a Gender Recognition Panel as being demeaning.

Moreover, it should be emphasised that such a panel exists only to make sure that the individual wanting to transition has made a careful and informed decision while protect-

ing him or her from any future risks such as the possibility of regretting the decision.

It may also be helpful if those sitting on the panels include supportive and sympathetic individuals who understand the plight of those seeking to transition. It could even comprise persons who have already transitioned and maybe even some who have detransitioned and reverted to their original sex. In this way, all the different factors could be carefully examined with the experience of all those on the panel.

Finally, it was concerning to note that the Scottish Government believed that "there are further reasons for changing the Gender Recognition Act 2004. One is that... the current legislation in this area is com-

plex and needs to be simplified." In this regard, it is not because legislation on a sensitive and difficult matter is complex that it should simply be simplified.

Dr Calum MacKellar, Director of Research of the Scottish Council on Human Bioethics



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