



British Heart  
Foundation  
Scotland

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# Scotland's Hearts Need More

BHF Scotland's Manifesto Briefing

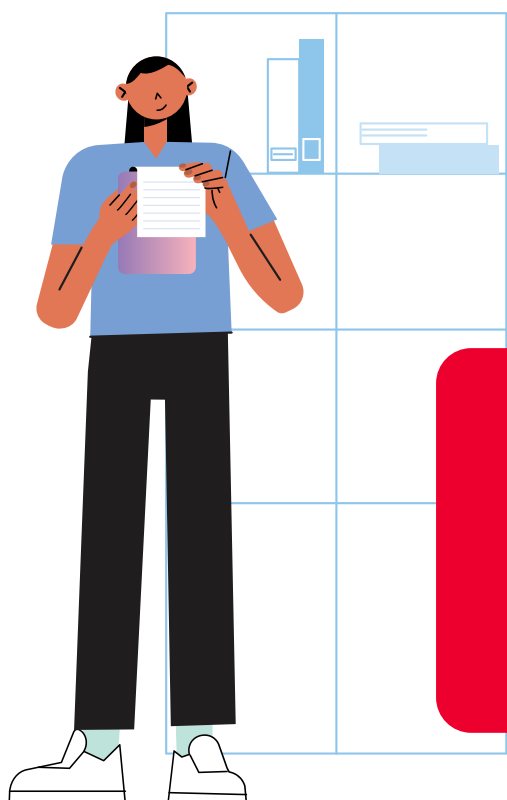


## Cardiovascular disease remains a leading cause of death and ill health in Scotland

An estimated 730,000 people are living with cardiovascular disease (CVD) in Scotland today, equivalent to almost 1 in every 7 people.<sup>1</sup> Whether a person is living with a condition themselves, or their partner, family member or close friend is affected, so many lives in Scotland are impacted.

Every 30 minutes, someone in Scotland dies from cardiovascular disease<sup>2</sup> and, for the first time in a generation, we have seen a sustained rise in deaths.

Deaths from CVD among working-age adults (20-64) rose by 14% between 2019 and 2023,<sup>3</sup> and the Scottish Burden of Disease study projects a 34% rise in Disability Adjusted Life Years (DALYs) by 2043.<sup>4</sup>



## The impacts of heart disease are not felt equally across Scottish communities

Cardiovascular disease is a contributor to Scotland's stark health inequalities. People living in Scotland's most deprived areas are more likely to have experienced a major cardiovascular event (such as a heart attack or stroke); are significantly more likely to be admitted to hospital for a heart attack before the age of 75; and are almost twice as likely to die from a heart or circulatory disease before the age of 75 as those in the least deprived areas.<sup>5</sup>

The gap in healthy life expectancy is over 26 years for men and 25 years for women between the most and least deprived areas.<sup>6</sup>

Earlier this year, the Institute For Public Policy Research (IPPR) published the findings of analysis of inequalities in CVD in Scotland. Using data from the Primary Care Intelligence Service, IPPR analysed the prevalence of cardiovascular disease across Scotland.<sup>7</sup>

They found that for both coronary heart disease and heart failure, diagnosed prevalence is higher in the most deprived areas. GPs in the most deprived areas have 1.4 times the number of male patients aged over 10 with coronary heart disease and it stands at 1.8 times the number of female patients compared to the least deprived areas. This gap stands at 1.5 times men with heart failure and 1.9 times for women.

**Every 30 minutes**  
someone in Scotland dies  
from cardiovascular disease.  
That's around **18,000**  
people every year

## Patient experience and insights

In 2025, BHF Scotland established a Lived Experience Panel of 100 people with lived experience of CVD, run by the Diffley Partnership. To date, the panel has been surveyed three times, most recently in June 2025.

These surveys have found that people with cardiovascular disease engage with a wide range of health professionals for their condition, and most receive quality care. However, panel members have raised concerns about accessing primary care, waits for diagnostic tests, and the availability of support services.

- **Almost 1 in 6 respondents were waiting for a diagnostic test in June 2025.**

- **Around 4 in 10 thought it was difficult to access support services.**

- **Around 4 in 10 felt they had to wait too long to be seen or treated.**

And panel members feel greater investment is needed in services for cardiovascular disease.

More than 7 in 10 of those who responded felt that cardiology services were not given enough priority, and more than 8 in 10 felt that services were underfunded.

## Scotland's hearts need more: the cardiology crisis in Scotland

2024 saw the longest waiting times on record for cardiology in Scotland and the latest figures showed that more than 20,000 people were waiting for an outpatient appointment with a cardiologist in June 2025. Of these, more than half had been waiting for longer than the 12-week waiting time target and almost 600 had been waiting for more than a year.<sup>8</sup>

We are also seeing a crisis in the diagnosis of heart disease, as well as issues in the identification and treatment of risk factor conditions, such as high blood pressure and high cholesterol.

Action is needed, now. That is why British Heart Foundation set out a new strategy earlier this year, with the vision of a world where everyone has a healthier heart for longer.

**We are calling on all political parties to join us in this vision and our goal to cut the rate of premature deaths from cardiovascular disease by 25% by 2035.**

**We also call parties to commit to a new Heart Disease Action Plan.** To inform this plan we have worked with clinicians and people affected by cardiovascular disease across Scotland, to agree a set of priorities for improving the health of people affected by cardiovascular disease.

# Ambition



**Reduce premature deaths from cardiovascular disease by 25% by 2035.**

## Priorities



### **1. Focus on preventing heart disease**

It is estimated that around 75% of cardiovascular disease deaths are attributable to modifiable risk factors like high blood pressure, high cholesterol, tobacco use and overweight and obesity.<sup>9</sup> These factors are often preventable.

To reduce pressure on secondary care services, and enable people in Scotland to live longer, healthier lives, we must further focus on the prevention of disease.

#### **Recommendations**

- **The Scottish Government and Public Health Scotland should work to routinely publish data on the diagnosed prevalence and treatment of risk factors for heart attack and stroke including hypertension, atrial fibrillation and high cholesterol.**
- **Significantly invest in scaling up the detection and management of risk factors for heart attack and stroke. This should consider all opportunities to do so, including optimising the use of evidence-supported technology and maximising the use of local healthcare and community assets.**
- **Reduce heart disease inequalities through targeted support for deprived and high-risk communities, with investment in community care and the utilisation of evidence-supported technologies.**



## 2. Invest to diagnose heart disease sooner

We are seeing a crisis in the diagnosis of heart disease in Scotland. Long waits for diagnosis are having a significant impact on those experiencing them and leading to poorer outcomes. With almost 4,500 people waiting more than a year for an echocardiogram in June 2025, urgent action is needed to create a sustainable diagnostic service for those with suspected and worsening heart disease.

### Recommendations

- The Scottish Government should create a suite of data covering the key diagnostic tests for heart disease. This should include the newly published data on echocardiography as well as other important tests such as pro-BNP, ECG, CTCA and other tests for heart diseases.
- The Scottish Government and NHS Delivery should lead a national project to establish a suitable training pathway and a Competency Framework to support the development of the cardiac physiology workforce. This should establish mechanisms to audit workforce and project future demand to futureproof this workforce.
- The Scottish Government should work to create a set of Healthcare Improvement Scotland (HIS) standards for echocardiography services to improve the consistency of service delivery across Health Boards.
- To ensure the ongoing improvement of services into the future, NHS Scotland and the Scottish Government should support all echocardiography services to achieve BSE Echocardiography Quality Accreditation, or equivalent accreditation, by 2031.

In June 2025,  
**1 in 5**  
people waiting for an  
echocardiogram had been  
waiting for more than a year





### 3. Support people living with heart disease by providing more care in communities

To continue to improve cardiology services in Scotland, new models of care should be explored to improve patient experience and integrate services closer to communities, where appropriate. These must be developed with the needs of patients at the centre, allowing them to receive support from fit for purpose services closer to home, while allowing secondary care centres to focus on delivering acute and specialist services.

#### Recommendation

- NHS Scotland and the Scottish Government should support the development and piloting of a cardiology community service to move closer to communities, where appropriate, and improve the referral of patients into specialist services.

**Triage** – Primary and secondary care are under significant pressure and evidence shows that a proportion of referrals to secondary care are not necessary. To reduce this pressure, a community care service could allow specialist trained medical staff to triage non-urgent patients awaiting diagnosis or treatment. This service could also provide support to help patients wait well and improve their health via community assets.

**Care and Support** – Currently, there is limited ongoing support for people living with heart disease long-term. A community care model could provide a self-referral point of contact, for those living with diagnosed heart disease to access advice and support, utilising community assets to support people to live healthier lives.

The profile of heart disease is changing. Through improvements to the treatment of acute cardiac events and the increasing prevalence of conditions such as heart failure, heart disease is increasingly becoming a chronic condition where people require long-term support and care.



# References

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9. Global Burden of Disease Study (GBD) Scotland estimates 2021

We are the largest independent funder of cardiovascular research in the UK, and we are currently investing **£52 million** into lifesaving research across Scotland





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