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British Heart Foundation

Priority asks for Budget 2024

The British Heart Foundation (BHF) is the nation's heart charity, representing the 7.6 million people living with heart and circulatory diseases in the UK. The BHF currently supports £440 million of lifesaving research across the UK, as well as over 1,200 research staff.

Cardiovascular disease (CVD) remains a major cause of mortality in the UK, leading to around a quarter of all deaths. That's more than 170,000 deaths each year, or one death every three minutes.

We are in the grip of a heart care crisis. Although we have made huge strides in improving outcomes for people living with heart and circulatory diseases, this progress is now at risk. In the wake of the pandemic and with unrelenting pressure on NHS services, the situation is extremely challenging. If we want to stop this heart care crisis in its tracks, the UK Government must take bold, co-ordinated action on three fronts:

Protection. Better prevent heart disease and stroke by addressing drivers like obesity and smoking.

Focus. Prioritise NHS heart care to minimise the time it takes to get help.

Breakthroughs. Supercharge research to unlock future treatments and cures.

Poor health is experienced differently across the UK, and we support Government's ambition to close the gap in life expectancy by 2030. Addressing CVD will be key to success; it is responsible for a fifth of the life expectancy gap between the most and least deprived groups in England.

Health and prosperity are inextricably linked, with CVD costing NHSE an estimated £8.3 billion and the economy an estimated £21 billion a year in England. Significant economic and productivity gains can be realised by reducing the burden of CVD – as well as the obvious health benefits.

Ahead of the 2024 Budget, BHF is urging Government to recognise that our hearts need and deserve more.

1. Our hearts need more protection:

Reduce the risk of CVD by uplifting local authority funding via the Public Health Grant – Two of the biggest risk factors for heart and circulatory diseases are smoking (12,000 attributable heart disease and stroke deaths a year in England) and obesity (25,000 attributable deaths). These contribute greatly to the life expectancy gap evident between areas of high and low deprivation, and addressing them with public health interventions is the most cost-effective solution. Each additional year of good health achieved in the population by public health interventions costs £3,800 per head, almost four times lower than the £13,500 cost of NHS interventions. Lifetime costs of high BMI to UK society are almost as high as 4% of GDP, putting a significant strain on the UK's economy.

The Public Health Grant (PHG) provides vital resource for local authorities to commission preventative services, including stop smoking support and weight management services. Health Foundation analysis has shown a 26% real terms cut in the grant since 2015/16, with cuts disproportionately affecting the most deprived areas.

While Government's October 2023 announcement of £70 million additional funding per year for local stop smoking services and support is hugely welcome and must be maintained, the PHG urgently needs an uplift to restore it to 2015/16 levels to ensure that local authorities can appropriately discharge their public health duties and safeguard the nation's heart health. This must be accompanied by a long-term, sustainable, and equitable funding solution, and a broader focus on investment in the prevention of ill health, to ensure that people are supported to stay healthier for longer, reducing future pressure on the NHS.

Open a call for evidence on incentivising the production of healthier food and drinks, including through financial incentives beyond the Soft Drinks Industry Levy - As part of the Recipe for Change coalition, BHF calls on HM Treasury to work with the Department of Health and Social Care to open a call for evidence to look at how incentives could drive further food and drink reformulation, in support of Government's wider ambitions to reduce obesity rates and improve healthy life expectancy across the population.

Average salt and sugar intakes in the UK are consistently above the recommended daily maximum. These dietary factors can increase the risk of high blood pressure and excess weight or obesity, respectively, which, in turn, increase the risk of developing cardiovascular disease. BHF modelling has found that significantly reducing salt intake to meet international guidelines across the UK by 2030 could result in up to 1.4 million fewer new cases of high blood pressure and up to 49,000 fewer new cases of stroke, with savings of up to £11.4 billion by 2035.

As much as 85% of the salt we eat is already in food when we buy it, rather than being added during cooking or at the table. Almost 60% of the sugar we eat at home comes from three food categories: biscuits, confectionery, and desserts.

While we have historically seen some progress from food manufacturers in reducing the salt content of everyday foods, more recent reformulation efforts have stalled. We are awaiting publication of data on progress towards the latest salt targets set in 2020, which will be a vital part of this call for evidence. Similarly, while the voluntary sugar reduction programme saw manufacturers reduce the average sugar content of yoghurts and breakfast cereals, the reduction in the sales weighted average of sugar sold was well below the overall programme target. Many manufacturers have expressed a desire to make the foods they produce healthier, but need a level playing field, supported by legislation, to do so.

The Soft Drinks Industry Levy (SDIL) has seen significant success in reducing the average sugar content of soft drinks, which fell 46% between 2015 and 2020, and shifting drinks manufacturers' promotional activity towards these low and no-sugar products.

A new levy on unhealthy food and drink has the potential to have wide-ranging health and economic benefits. The National Food Strategy proposed a wholesale tax on sugar and salt which could save up to 97,000 years of healthy life lost in the UK each year, and raise up to £3.9 billion per year for the Treasury. Recent research by the London School of Hygiene and Tropical Medicine, commissioned by Recipe for Change, found that an industry-wide levy on salt and sugar could save the economy up to £77.9bn through the prevention of ill health, including preventing over 1 million cases of CVD.

2. Our hearts need more focus:

Fully implement, fund, and expand on the NHS Long-Term Workforce Plan – We welcomed the Government's Long-Term Workforce Plan for the NHS. This long-awaited, landmark strategy for recruiting and retaining more NHS staff, and reforming how healthcare professionals work and train in England, will, if appropriately implemented, bring meaningful improvements to care for people living with CVD.

However, the NHS will not be able to tackle the vast and growing backlog of cardiac care, meet NHS Long Term Plan aspirations, or transform heart services for the future, without sustainable long-term funding to accompany the Plan's implementation. NHS staff and leadership are doing all they can to plan and deliver high quality cardiovascular services but need urgent support from Government in this Spring Budget to begin tackling the workforce crisis now. Government should also ensure that any necessary funding is provided for delivery of the Major Conditions Strategy, which will sit alongside the Long Term Workforce Plan.

Expand the VAT relief on defibrillators – We welcomed the Government's £1 million funding scheme to expand public access to defibrillators, giving more people the hope of surviving an out-of-hospital cardiac arrest (OHCA). Less than one in ten people survive an OHCA in the UK and immediate CPR and defibrillation can more than double the chance of survival. VAT relief is currently only applied to defibrillator sales destined for local authorities, the NHS, and a limited list of charities, which excludes key stakeholders – small businesses, charities, community groups, private owners – and creates an additional barrier to appropriate defibrillator access.

VAT relief could have a much wider and stronger positive health impact by working to increase public access in a full variety of settings, but also make a difference to our economy. Early defibrillation after an OHCA is highly correlated with better neurological outcomes, meaning much lower long-term care needs and cost savings for the Treasury. Removing VAT would be a simple, effective means of increasing public access to these vital tools, reducing pressures on NHS services, and ultimately saving lives.

3. Our hearts need more breakthroughs:

Pursue more ambitious and equitable research and development (R&D) investment targets – Government has set a target of becoming a science and technology superpower by 2030, with an aim of transforming healthcare in the UK. To achieve this ambition, Government must ensure that it prioritises R&D investment in disease areas in proportion to their societal burden, particularly those that have been historically underfunded. There is currently a significant funding gap between the amount invested in CVD and stroke research and the impact of these conditions on society: they receive only 9% of UK health R&D investment, considerably below the 19% needed based on disease burden, as measured by disability adjusted life years. The Institute for Public Policy Research has identified the funding gap for cardiovascular research as £650 million per year. Inaction in addressing this gap would be a significant missed opportunity for Government to make the UK a leading CVD research nation.

We continue to support this Government's commitment to invest £20 billion per year in R&D by 2024/25 and welcomed the Chancellor's announcement of £750m for R&D schemes in the autumn statement. However, competition globally in R&D investment means we have to keep pace with other research-intensive countries if we are to reach our science superpower ambition. Our R&D spend currently lags Korea (4.6%), Germany (3.2% of GDP) and the US (3.1% of GDP). We therefore join sector calls for the UK government to set an ambitious commitment to lead the G7 on R&D intensity, setting a long-term plan and new R&D investment target to keep pace with our competitor nations, backed by R&D funding that targets areas of historic need, such as CVD research.

Ensure the National Institute for Health and Research (NIHR) receives sufficient funding - The NIHR is an integral part of the Department of Health and Social Care's (DHSC) functions. It currently has a budget of roughly £1.3bn, having risen from £1.12bn in 18/19, and £1.2bn in 22/21, reflecting its growing and vital importance. Alongside the Medicines and Healthcare products Regulatory Agency (MHRA), the NIHR oversees and enables the delivery of Government's clinical research strategy, which aims to create a more efficient, effective, and resilient UK clinical research environment. As part of Government's response to Lord O'Shaughnessy's review of commercial clinical trials, it has recently been tasked with monitoring and publishing monthly clinical trials data, identifying, and disseminating clinical trials best practice and the delivery of a new Research Delivery Network supporting high-quality research.

Through funding of high-quality research, provision of vital infrastructure such as its Clinical Research Network, and investment in our researcher workforce, the NIHR fulfils its role as a cutting-edge research funder. To continue to deliver on these functions, as well as its new responsibilities, the NIHR budget should be uplifted so that its work can continue to benefit both patients and the public.

Develop an international competitive visa offer - Research by the Royal Society from 2021 indicates that upfront visa costs in the UK are two to three times higher than the average, compared to other research-intensive countries including France, Australia, and the US. In October, visa fees sustained a considerable increase of between 15-35%, dependent on visa type, and further changes came into effect this month which increased the NHS surcharge from £624 a year to £1,035. In December, Government announced its intention to increase the salary threshold for those wishing to enter the UK on a skilled worked visa from £26k to £39k.

Amidst a STEM workforce shortage, such policies hinder the UK's ability to attract top international research talent due to the financial and administrative barriers presented, and this ultimately endangers Government's plans of transforming the UK into a science and technology superpower. In fact, a Home Office evaluation of the Global Talent visa process, found a majority of those surveyed believed the annual immigration health surcharge to be unfairly high, and visa fees to be too expensive given the intention of the visa to attract international talent.

The Budget should take visa costs into consideration, bringing them in line with our international R&D competitors to lessen the financial burden on international research talent coming to the UK.