

May 2022

British Heart Foundation briefing:

Queen's Speech 2022 – What do we need for health and research?



Bold action is necessary if we are to go beyond recovery from the pandemic and instead transform the lives of the 7.6 million people living with heart and circulatory diseases in the UK. We need Government to:

- Introduce a mandatory measure incentivising manufacturers to reformulate food and drink;
- Consult on a 'polluter pays' tobacco levy;
- Commit to a comprehensive cardiovascular recovery plan addressing cardiac workforce shortages;
- Enable cutting edge research while protecting data privacy;
- Ensure research is at the heart of the NHS; and
- Maintain access to the Horizon Europe programme.

As we move into a new phase of the pandemic, Government has a critical opportunity to go beyond recovery and transform the lives of the 7.6 million people living with heart and circulatory diseases across the UK. Since the 2021 Comprehensive Spending Review, the Government has announced several new ambitions affecting the health, research and charity sphere, and we look to the Queen's Speech for clarity on how these aims will be realised.

Following the UK's enormous research effort throughout the pandemic – with the BHF and other charity research funders acting as facilitators and providing vital resources – we hope that action to cement the UK as a science superpower will place charity research funders in a central role.

As the UK's largest charity retailer, the BHF is well-placed to support the Government's Levelling Up agenda. Our large volunteer base and presence in local communities through around 700 BHF shops are both unique assets, and we look forward to receiving more information from Government on what part these will play in their ambitions.

Ambitions to create a healthier nation are also central to the Government's agenda, and we eagerly await the Health Disparities White Paper. We have urged Government to focus on cardiovascular diseases (CVD) given their significant contribution to health inequality to the UK, in line with the Secretary of State's recent speech on health reform.

Beyond this, specifically, we want to see bold action to:

Reduce people's risk of developing heart and circulatory disease

We were pleased to see the Health and Social Care Secretary acknowledge the burden of CVD, both at a personal and societal level, in his recent [speech on health reform](#). A strong focus on prevention is welcome, but too often prevention policies rely on personal risk reduction instead of seeking population-level change through Government intervention.

Introduce a mandatory measure incentivising manufacturers to reformulate food and drink

The Government have built momentum through implementing many of the measures from the 2020 Obesity Strategy, including the measures on junk food marketing in the recent Health and Care Act. The next natural step to make the healthy choice the easy choice is to ensure that manufacturers make the food we eat healthier. While reformulation alone won't address the nation's poor diet, it is an important measure to begin to shift the dial and improve the nation's heart health – especially if we are to meet the Government's Healthy Life Expectancy targets as part of the Levelling up agenda.

The [National Food Strategy](#) (NFS), led by Henry Dimbleby, included a recommendation to introduce a levy on wholesale salt and sugar, in order to reduce their use by manufacturers. Revenue from the levy would be used to improve access to healthy foods for low-income families. The BHF supports the introduction of a mandatory fiscal measure to incentivise manufacturers to reformulate their products to reduce their salt and sugar content, shifting population-level diets towards a healthier profile, and ultimately [reducing population risk for heart attacks and](#)

The British Heart Foundation is the largest independent funder of research into heart and circulatory disease in the UK. The research we fund has helped halve the number of people dying annually from heart and circulatory conditions since the 1960s. We campaign to improve the prevention, diagnosis and treatment of heart and circulatory diseases, and support the 7.6 million people living with these conditions in the UK.

[stroke](#). We hope to see this reflected in the upcoming Food White Paper and supported by a mandatory reporting mechanism to ensure transparency over sales of products high in fat, salt and sugar (HFSS).

Consult on a 'polluter pays' tobacco levy

We were disappointed that Government rejected an amendment to the Health and Care Bill which would have required them to consult on a 'polluter pays' levy on tobacco manufacturers. This was a missed opportunity to help local authorities meet the shortfall created by [cuts to the Public Health Grant](#) and fund the costs of tobacco control programmes such as Stop Smoking Services. It is [estimated](#) by Action on Smoking and Health (ASH) that to reinstate the funding needed for a comprehensive tobacco control programme at national, regional and local level to deliver the Government's ambitions of achieving a [Smokefree 2030](#), would cost around £266 million for England and £315 million in total for the UK. To address this shortfall, a "polluter pays" levy – or Smokefree 2030 Fund – could raise an [estimated £700 million a year](#) from tobacco manufacturers. The next Tobacco Control Plan and forthcoming review of the Government's Smokefree 2030 ambitions for England must contain bold measures, including a commitment to consult on a 'polluter pays' levy to encourage people to end their habit and help reduce their risk of developing heart and circulatory conditions.

Ensure everyone can access timely diagnosis and heart treatment

In the wake of the pandemic, NHS recovery and reform are clear priorities for the Government. But we must aim higher than a simple return to the status quo, as even before Covid-19 waiting lists for heart care were still too high.

Commit to a comprehensive cardiovascular recovery plan that addresses shortages in the cardiac workforce

If fully implemented, the announcements and recommitments made in [NHS England's elective recovery plan](#), including the roll out of surgical hubs and community diagnostic centres, should help begin getting cardiovascular care back on track. However, the plan did not go far enough, failing to prioritise the needs of heart patients or provide meaningful commitments to address workforce shortages – and amendment attempting to begin addressing workforce issues was twice rejected by the Government during passage of the recent Health and Care Bill.

The BHF is therefore calling for a [dedicated cardiovascular disease recovery plan](#) that spans the entire patient pathway – from primary care to acute services, to urgent and emergency care – which also addresses the shortages of cardiac doctors, nurses, and physiologists. With over [300,000 people waiting for heart tests or treatments](#), the growing, and increasingly urgent backlog of vital heart scans, treatments, and operations demands specific attention. The crisis facing urgent and emergency care and difficulties in accessing primary care services also need to be addressed.

Create a thriving R&D environment to progress lifesaving cardiovascular research

The UK's enormous research effort throughout the pandemic spanned the private sector, universities, and charity research funders. Government ambition to cement the UK as a science superpower is laudable, and charity research funders must be placed in a central role, while also ensuring researchers have the skills, resources and environment they need to carry out their life saving research.

Enable a system of data access that protects patient privacy while also enabling cutting edge research

The BHF supports a number of recommendations from the recent [Goldacre review](#), which should form part of the Government's forthcoming 'Data Saves Lives' strategy:

Government should look to build a small number of secure analytics platforms known as Trusted Research Environments (TREs). These would improve security, privacy and transparency of data use - which would in turn build public confidence as well as allowing better, faster and more innovative and collaborative research to happen.

All code for data curation and analysis paid for by the state through academic funders and NHS procurement should be shared openly, with appropriate technical documentation, to all data users, for transparency.

A frank public conversation about the commercial use of NHS data for innovation is urgently needed, as are processes and agreements to ensure the NHS gets appropriate financial return where marketable innovations are driven by NHS data, which has been collected at great cost over many decades

Further, the BHF believes the Government should introduce compulsory transparency reporting on the use of algorithms in decision-making for public authorities, Government departments and Government contractors using public data.

Finally, as has been stressed by many in the research sector, it is in the best interests of all patients that UK and EU researchers be allowed to continue exchanging data – an essential part of collaborative research – now that the UK has left the EU. UK-EU data adequacy agreements must be maintained, regardless of changes to UK data legislation.

Ensure research is at the heart of the NHS

The BHF welcomes the recent Government amendments to the Health and Care Act which will strengthen the NHS' research mandate by requiring that the new governance structures overseeing Integrated Care Systems, Integrated Care Boards, NHS England and the Secretary of State must facilitate or otherwise promote research. If implemented properly, the legal change lays the foundations for patients, clinicians, and NHS organisations across the country to have equal access to the benefits brought about by research participation, including improved patient outcomes and better staff morale with improved retention and recruitment.

Although legislation is a critical element in delivering the [Government's ambitions for UK clinical research](#), it must be accompanied by the necessary infrastructure (e.g. sufficient staffing levels and research capability, digital resources and tools, and access to services), efficient trial approval processes, the ability to reliably recruit patients, guidance, and dedicated NHS staff time for research.

Achieve UK association to Horizon Europe

International partnerships are also key to enhancing the UK's status as a science superpower so we are pleased that the Government has repeatedly reiterated its commitment to continued association with the next EU Frameworks Programme, Horizon Europe. However, the BHF remains concerned about continued delays to association and urges the Government to rapidly reach an association agreement.

For more information, please contact Methela Haque, Senior Public Affairs Officer on haquem@bhf.org.uk