

Priority asks for Autumn Budget 2025

Summary

British Heart Foundation (BHF) is the nation's heart charity, representing the 7.6m people living with heart and circulatory diseases in the UK.¹ BHF currently supports £460m of lifesaving research² across the UK, as well as over 1,200 research staff.³ BHF also provides trusted health information to heart patients and their families across the UK; our Heart Helpline responds to up to 30,000 contacts from people each year, while our health information webpages receive millions of views every month.⁴

Since BHF was established in 1961, the annual number of deaths from cardiovascular disease (CVD) in the UK has fallen by nearly half.⁵ Nevertheless, CVD remains one of the UK's biggest killers, leading to around a quarter of all deaths.⁶ Moreover, BHF analysis shows that for the first time in more than 50 years, premature deaths from CVD have been rising. Furthermore, thousands more people are waiting too long for life-saving care, with the cardiac waiting list in England 70% higher than it was pre-pandemic, and millions more are living with increased risk of developing CVD across the UK.

As challenging as this picture may seem, we have a vital opportunity to reverse a decade of lost progress and get things back on track. A sustained and strategic focus on reducing the impact of, and improving outcomes from, CVD can deliver economic growth and promote a healthy nation.

That's why, in May, BHF launched an ambitious [new strategy](#), focused on achieving a world where everyone has a healthier heart for longer. It aims to:

- Stop heart disease before it starts
- Save more lives from heart disease
- Support everyone with heart disease to live a longer, healthier life

These aspirations are closely aligned with the Government's own aspiration to tackle the UK's biggest killers, and more specifically, reduce premature deaths from heart disease and stroke by 25% over the next decade. We are committed to working closely with the Government to realise this ambition, but to do so, there needs to be bold, co-ordinated action across prevention, health and care, and research to unlock life-saving treatments. We urge HM Treasury to take action across these areas within the autumn Budget, including to:

1. Build on the success of the Soft Drinks Industry Levy by investigating where and how fiscal measures can play a role in driving food reformulation and enable the successful implementation of the Healthy Food Standard.
2. Implement a "polluter pays" levy on the tobacco industry, also known as a Smokefree Fund, which could raise an estimated £700m per year, which could be used to fund delivery of a wider strategy to achieve a smokefree country. Additionally, increase tobacco control investment to £310m annually, ensuring quit services and media campaigns are protected.
3. Examine the adequacy of statutory powers and long-term funding for local and devolved authorities to improve air quality, including the implications of cuts to funding schemes and options for ring-fenced support.
4. Increase the Charity Research Support Fund so that it keeps pace with charitable funding and secures 80% full economic cost recovery for charity supported research. To achieve this, the fund must be almost doubled.

5. Reassess the prohibitive upfront cost of visas and the Immigration Health Surcharge, and the impact it is having on attracting the top international research talent necessary to delivering the success of the Government's Life Sciences Sector Plan ambitions.
6. Work with research councils and other research funders to develop a joined-up approach, clearly outlining cardiovascular disease as a priority area for investment, to ensure there is no shortfall in cardiovascular research investment over the next decade.
7. Remove VAT from all defibrillator sales, to increase the affordability and accessibility of these lifesaving devices.
8. Ensure there is sufficient investment in the infrastructure underpinning the Elective Reform Plan and the 10 Year Health Plan for England to ensure the commitments within them can be achieved, and to enable a successful neighbourhood health model. The upcoming Long Term Workforce Plan for England must also be accompanied by sustainable, long-term funding, so that we can train, retain, and develop careers across the entire cardiac workforce.
9. Cover the cost of employer National Insurance Contributions in grants and contracts for charities, with guidance and ringfenced funding for contracting authorities.

The economic argument for tackling heart disease

Action to address CVD will not only transform millions of lives and help contribute to an increase in healthy life expectancy, but it will also boost economic growth and help to deliver a more prosperous nation. Government's commitment to tackle the biggest killers, including CVD, could have a large, positive impact on people's lives across the UK. In fact, the cost of *not* acting is vast. Each year, the UK spends an estimated £12bn on cardiovascular healthcare, and the wider cost to the economy is £30bn.⁷

A significant proportion of this is driven by cardiovascular disease-related economic inactivity. More working-age people are reporting long-term health conditions than ever before,⁸ with cardiovascular disease being the fifth most commonly reported condition among people economically inactive due to poor health in the UK.⁹ Those with long-term health conditions and their carers may be less productive due to these conditions, requiring more time off for treatment or recovery, meaning potential long periods of time out of work – despite however, many of these people wanting to be working and enjoying their lives.

Analysis from the Institute for Public Policy Research (IPPR) shows that CVD increases risk of exiting employment most sharply compared to other health conditions.¹⁰ In fact, IPPR found that CVD is the single largest factor behind people leaving the workforce due to ill-health, and that 30% of people who are economically inactive have a cardiovascular condition.¹¹ Addressing this over the course of this Parliament will bring greater productivity, economic benefits, and longer and healthier lives to people in the UK.

A sustained and strategic focus on lessening the impact of cardiovascular disease and its risk factors can deliver economic growth and a healthier nation, contributing significantly to the Government's aims to fix the foundations of the UK economy.

CVD and inequality

Cardiovascular disease is a disease of inequality. It's both associated with, and driven by, inequality. People living in the most deprived communities in the UK are at the sharp end of the UK's CVD crisis. People living in these areas are more likely to live with, and die from, CVD at a younger age, yet often have worse access to healthcare services that could help prevent, manage and treat their condition. For example, CVD accounts for around a fifth of the life-expectancy gap between the most and least deprived communities in

England.¹² Factors such as sex and ethnicity can also be linked to further inequalities in CVD risk and outcomes.¹³

Alongside targeted action to tackle inequalities in CVD, addressing broader population-level inequalities will be integral to unlocking progress on CVD, and building a healthier nation. We recommend that your fiscal policy reflects a commitment to tackling the many barriers to good health, through prioritising prevention and improving access to the right care for communities across the country. As the risk factors for CVD also apply to many of the UK's biggest killers, tackling CVD has the potential to reduce inequalities in healthy life expectancy and support healthcare services more broadly.

It is clear that it is going to take bold, coordinated action to meet Government's premature CVD mortality ambition, and while some policies and investment in pursuit of this will require a longer-term focus, there are things that can be done at the upcoming Budget that will help improve everyone's cardiovascular health and begin reducing the associated financial burden. Below are a number of recommendations for the Budget, as well as longer terms asks that we believe the Government should implement throughout this Parliament.

Stopping heart disease before it starts

Around 70% of cases of cardiovascular disease (CVD) in the UK can be attributed to preventable risk factors such as high blood pressure, obesity, poor diet, and smoking, so action to address these is vital.¹⁴ At a time when public finances are increasingly stretched, and the NHS in particular is at risk of dominating the entire economic picture, stopping CVD before it starts will be key to reducing the size of the healthcare burden, whilst boosting economic productivity and improving people's lives.

Measures which aim to improve our environment and support people to live healthier lives are more likely to be effective and equitable than relying solely on individuals to take personal responsibility in an environment that heavily influences our choices. HM Treasury should take action within the autumn Budget to:

1. Create a healthier food environment

Sugar and salt consumption in the UK exceed recommended levels, contributing to long-term health effects. Eating too much sugar is a key contributor to obesity, while high salt intake increases the risk of high blood pressure, which is associated with half of all heart attacks and strokes.¹⁵ Nearly two thirds (64%) of adults in the UK are already living with excess weight or obesity and up to 8 million people are living with undiagnosed or uncontrolled high blood pressure, putting them at increased risk of heart attacks and strokes.¹⁶ The total economic impact of obesity and overweight in the UK is estimated to be £98bn per year, with the direct costs to the NHS of medical conditions at £19bn per year.¹⁷ Costs tied to loss of productivity are estimated to be up to £15.1bn annually.¹⁸

However, most (as much as 85%) of the salt and sugar we eat is already in food when we buy it.¹⁹ We have seen some progress from manufacturers in reducing sugar and salt content, for example, the Soft Drinks Industry Levy (SDIL) resulted in a 47.4% reduction in sugar levels in soft drinks from 2015-2024²⁰ and has raised over £2.2 billion for the Exchequer since 2018²¹ without harming soft drink sales. Conversely, we have not seen the same progress from voluntary reduction programmes – in fact, the final progress report for the salt reduction programme (which had targets the end of 2024), has still not been published.

If we truly want to help people eat more healthily, incentivising food companies to improve the nutritional content of everyday products will be essential. Reformulation to reduce salt and sugar is a proven, cost-effective public health strategy that can improve population diets at scale without requiring consumers to change their behaviour.

The Government's proposed Healthy Food Standard is a promising opportunity to drive this change. It will require large food businesses to report on the healthiness of their sales and set mandatory targets to improve them, rightly placing responsibility on businesses to support healthier diets. Modelling suggests that even if the healthiness target is only set at the level of today's best-performing supermarkets, obesity prevalence could be reduced by around 20%, based on supermarket sales alone. The standard must be robust, ambitious and brought in quickly.²²

Recommendation:

- HM Treasury should build on the success of the SDIL by investigating where and how fiscal measures can play a role in driving food reformulation and enable the successful implementation of the Healthy Food Standard. For example, an industry-wide sugar and salt levy could prevent over 1 million cases of CVD and provide health gains worth £77.9 billion to society over 25 years.²³ The public and health experts strongly support the Government doing more to incentivise healthier food production. YouGov polling found that the majority of adults in Great Britain (68%) consistently support an expansion of SDIL-type levies to encourage companies to remove unhealthy ingredients from their food if any money raised from companies is invested in children's health.²⁴

BHF is a member of the Obesity Health Alliance²⁵ and Recipe for Change coalition and supports the recommendations made within its submission.

2. Pass the Tobacco and Vapes Bill without delay, and introduce a “polluter pays” tobacco levy

Smoking continues to be a leading preventable cause of ill health and mortality in the UK, with at least 15,000 deaths each year from CVD attributable to smoking tobacco, or around 40 deaths per day.²⁶ We also know that smoking rates are more than three times higher in the most deprived areas in England and Wales.²⁷ BHF strongly supports the Tobacco and Vapes Bill which aims to create a smokefree generation and reduce the appeal and availability of e-cigarettes to young people. It is now critical that the Bill is passed into law as quickly and as effectively as possible.

In 2024, smoking cost England's public finances £9.7bn net and the wider economy £43.7bn, mainly through lost productivity,²⁸ which is significantly more than the £6.8bn raised from tobacco taxes.²⁹ Given that the four biggest tobacco manufacturers each make on average £900m a year in the UK, with an average net operating profit margin of 50%,³⁰ it is reasonable to expect such a harmful industry to pay for the damage its products cause through a levy on their profits.

Recommendations:

- As recommended by the All-Party Parliamentary Group for Smoking and Health, in their [report](#) 'A Roadmap to a Smokefree Country', Government should implement a “polluter pays” levy on the tobacco industry, also known as a Smokefree Fund, which could raise an estimated £700m per year. This could be used to fund delivery of a wider strategy to achieve a smokefree country, delivering vital tobacco control measures and stop smoking services, alongside supporting other public health programmes.³¹
- A comprehensive tobacco control strategy is also urgently needed to build on current steps to prevent uptake of smoking and support people to quit and make the Government's ambition of a

Smokefree UK a reality. To support this, Government should increase tobacco control investment to £310m annually, ensuring quit services and media campaigns are protected.

BHF is a core funder of Action on Smoking and Health (ASH)³² and supports the taxation recommendations outlined in their submission to reduce the affordability of smoking and to discourage young people and non-smokers from vaping.

3. Review the powers and funding to tackle air pollution

Air pollution is a major environmental threat to health.³³ It shortens lives, damages children's lungs, and costs the UK economy an estimated £27 billion per year in ill health, additional NHS care and lost productivity.³⁴ Up to 14,000 CVD deaths in the UK are attributable to air pollution each year. BHF-funded research has elucidated many ways that air pollutants, particularly fine particulate matter, can damage the heart and circulatory system, contributing to the development of heart and circulatory diseases and increasing the risk of a heart attack or stroke in people with vascular disease.³⁵

However, the powers to improve air quality as well as the necessary funding to address it remain fragmented, inconsistent, and under-resourced. The Environmental Audit Committee has previously highlighted these challenges. Its 2017 joint inquiry on air pollution with other select committees recommended that Government *must bring forward legislative proposals on clean air that unify and update existing laws in a new Clean Air Act.*

Responsibility for improving air quality is divided across central government, devolved administrations, local authorities, and other public bodies. Local authorities are required to develop and implement Air Quality Action Plans, but evidence indicates that many face barriers in doing so, including limited legal clarity, insufficient powers, and lack of funding.

One of the few dedicated funding mechanisms, the Air Quality Grant Scheme, was paused in 2024. However, the scheme was short-term and relied on competitive bidding, making it less suitable for sustained local planning. Its suspension, alongside cuts in active travel budgets and the removal of statutory provisions in the National Air Pollution Control Programme, has reduced the resources available for air quality interventions.

Recommendation:

- Government should examine the adequacy of statutory powers and long-term funding for local and devolved authorities, including the implications of cuts to funding schemes and options for ring-fenced support. They should also consider mechanisms to strengthen cross-departmental government accountability, including oversight by the Office for Environmental Protection.

BHF is a member of the Healthy Air Coalition and supports recommendations made in their submission.

Saving more lives from heart disease

The reduction in UK death rates from CVD over the last 60 years is one of the greatest success stories in modern medicine, and much of this has been made possible by breakthroughs in research and healthcare innovation. However, CVD still causes around 175,000 deaths each year³⁶ and there are more than 30,000 out-of-hospital cardiac arrests (OHCA) in the UK, with fewer than 1 in 10 surviving. With an ageing and

growing population, we are likely to see increasing incidence and prevalence of CVD, as well as cardiac events, so we must ensure that lifesaving research breakthroughs and innovations can continue.

HM Treasury should use the autumn Budget to:

1. Maximise cardiovascular research investment to enable future breakthroughs

The UK's life sciences sector is pivotal to driving discovery of lifesaving treatments and cures, whilst also contributing to economic growth. A research-active health system has also been shown to improve patient outcomes, boost staff morale and benefits the wider economy – in fact, between 2014 and 2024, non-commercial clinical research contributed to £72.7bn gross value added to the UK economy.³⁷ Medical research charities like the BHF are a key component of the UK's rich research ecosystem but, to continue harnessing the value of charity funders, Government must ensure that the environment in which they operate continues to thrive.

The Charity Research Support Fund (CRSF) is an essential partnership between charities, Government and universities that enables this research to thrive. Medical research charities, including BHF, fund projects and researchers in every region of the UK, with the majority of this research taking place at universities. The CRSF covers some of the indirect costs of charity-funded research in universities, including estates, IT and HR costs. However, the Fund has not kept pace with rising charity investment or the increased cost of research due to inflation, threatening the sustainability of charity-funded research at universities. This is even more pertinent against the backdrop of growing financial uncertainty for universities. When it was launched by the last Labour Government in 2006, the CRSF stood at £135.5m, with a commitment to increase it to £270m by 2010-11³⁸. This was never honoured, and today, it stands at just £219m. Over the same time, charitable research investment has doubled, increasing from £557m in 2007 to £1.6bn in 2024.³⁹ In real terms, the CRSF has therefore significantly declined in value. Supporting the breadth of investment into university research, including that by charities, must be a priority, and charities, universities and Government must work in partnership to deliver a sustainable solution.

Another barrier to a thriving research ecosystem is the UK's declining appeal as a research destination. Cancer Research UK has highlighted that high visa fees are diverting funds from research and putting cost pressures on families, deterring international talent from coming to the UK and making recruitment harder.⁴⁰ Royal Society analysis from 2024 found that since 2019, upfront immigration costs increased by up to 126% depending on visa type, a backwards step for the UK. The same analysis also found the new Global Talent Visa (GTV) to be the most expensive compared to other leading science nations, with a family of four moving to the UK on a five-year GTV liable to pay £20,974 upfront.⁴¹ It is therefore promising that the Global Talent Task Force is reportedly exploring proposals to address this.⁴²

The Government's Life Sciences Sector Plan sets out an ambition to make the UK Europe's leading life sciences economy, with a welcome focus on prevention and multiple long-term conditions – priorities which are central to cardiovascular research. However, the UK is falling behind global competitors in R&D, with inflation continuing to erode recent increases in Government spending.⁴³ The UK's R&D investment as a proportion of GDP (2.7%) is significantly lower than competitor science nations like South Korea (5%), the US (3.5%), and Germany (3.1%).⁴⁴ To remain a leading R&D nation in Europe, Government must do more to boost public R&D expenditure, and target investment where it is most needed. Of greater concern is the relatively low investment by Government in R&D as a percentage of GDP (0.52%), which sits below the OECD average (0.62%) and well below competitor scientific nations, whose government contributions to R&D were between 0.65-1.13% of GDP.⁴⁵

Additionally, CVD, stroke and blood disorders cause over 13% of years lost to disability or premature death, yet received just 7% of public and charity research funding in 2022.⁴⁶ A commitment to increase R&D funding, in tandem with Government's pledge to shift investment in health R&D towards prevention and Multiple Long Term Conditions (LTCs) would present a golden opportunity to address this shortfall. However, with BHF analysis showing that, due to inflation, £259m investment is needed over the next decade just to maintain CVD research funding at 2022 levels.⁴⁷ We see how this lack of prioritisation translates into treatments for patients: 15 new drugs were approved by MHRA in 2023, 6 for oncology, none for cardiovascular disease.⁴⁸ If we're going to save more lives from CVD, increased research investment will be crucial.

To realise the ambitions set out in the Life Sciences Sector Plan, reduce pressure on the NHS and help people live longer, healthier lives, Government should strengthen research infrastructure, ensure fair funding for cardiovascular research and remove barriers to clinical and international collaboration.

Recommendations:

- Increase the CRSF so that it keeps pace with charitable funding and secures 80% full economic cost recovery for charity supported research. To achieve this, the fund must be almost doubled. Using charity investment in 2022-23 as an example, this represents an increase of £194.5m.⁴⁹
- Reassess the prohibitive upfront cost of visas and the Immigration Health Surcharge, and the impact it is having on attracting the top international research talent necessary to delivering the success of the Government's Life Sciences Sector Plan ambitions.
- Work with research councils and other research funders to develop a joined-up approach, clearly outlining cardiovascular disease as a priority area for investment, to ensure there is no shortfall over the next decade and safeguard the future of UK cardiovascular research and drive advances against some of the country's biggest killers.

2. Remove VAT from defibrillators to increase accessibility and save lives from OHCA

Every second is vital when someone has a cardiac arrest. Immediate CPR and defibrillation can be the difference between life and death – it can more than double the chances of survival in some cases. Despite this, public access defibrillators are used in less than 10% of cases. Research also indicates that across the UK, there is a mismatch between defibrillator density and OHCA incidence. At present, defibrillators are disproportionately placed in more affluent areas, with a lower residential population density. This contrasts with poorer parts of the country where incidence of cardiac arrest is higher. Earlier this year, BHF analysis identified 10 of the communities across the UK that don't have a potentially lifesaving defibrillator in close range, putting people at higher risk of dying if they have a cardiac arrest.⁵⁰

BHF has long supported the campaign to remove VAT from defibrillator sales,⁵¹ which would be a simple, effective means of increasing their affordability and accessibility, ultimately helping to save lives. VAT relief is currently only applied to defibrillator sales destined for local authorities, the NHS, and the limited list of eligible charities which specifically provide care or medical treatment and first aid services.⁵² These devices are expensive, costing communities approximately between £800-£2,500 per device, with the VAT element costing between £200-£500.⁵³ BHF's Community Funded Defibrillator Programme aims to support non-profit community-focused groups in areas of highest need with these costs, but this fund is finite.

VAT relief is already granted to goods and services provided by health professionals which HMT deems 'aimed at protecting, restoring and maintaining the health of the individual'.⁵⁴ VAT exemptions are also already available for a number of medical devices for disabled people and older people for personal use,

including heart pacemakers, artificial respirators, mobility scooters and sanitary devices.⁵⁵ The Irish Government removed VAT from all defibrillator sales from 1st January 2023⁵⁶ to save more lives and reduce pressures on health services; the UK Government should do the same.

Recommendation:

- HM Treasury should remove VAT from all defibrillator sales, to increase the affordability and accessibility of these lifesaving devices.

Supporting everyone with heart disease to live a longer, healthier life

As people live longer and treatments improve, increasing numbers are living with life-limiting conditions like heart failure and vascular dementia. We not only want to reduce premature death from cardiovascular disease, but we also want to ensure that everyone living with cardiovascular disease can live well, for longer. This will help to keep people in work and reduce pressure on the health service. To enable this, HMT should use the autumn Budget to:

1. Ensure heart patients can get the care they need when they need it

In August 2024, the cardiac waiting list for England peaked at over 428,000 and remained largely static for the rest of the 2024/25 financial year. While recent months have shown some improvement – as of August 2025, the waiting list for England sits at 401,728⁵⁷ – the overall cardiac waiting list is still 70% larger than it was pre-pandemic, and 39% of people are waiting more than NHS England’s target of 18-weeks for heart care. This means there are still far too many people waiting for potentially lifesaving tests and treatments. These waits can be dangerous, causing preventable disability or even death.

Staff shortages, challenges to workforce recruitment and retention, and evolving patient need have all made it harder to deliver the highest level of heart care to patients, despite best efforts of NHS staff. Furthermore, the lack of available data on the cardiac workforce in England, including on subspecialties, demographics, and working patterns, makes long term workforce planning difficult.

BHF strongly welcomes the UK Government’s commitment to develop a Modern Service Framework for Cardiovascular Disease in England, which if designed and delivered in the right way, could enable the change that heart patients urgently need. However, the interventions set out in the Framework, alongside other commitments in the 10 Year Health Plan, will require sustainable capital funding for appropriate workforce planning and deployment, and scaling up of programmes to maximise their potential, such as Community Diagnostic Centres and Community Pharmacy Blood Pressure.

Recommendations:

- Ensure there is sufficient investment in the infrastructure underpinning the Elective Reform Plan and the 10 Year Health Plan for England to ensure the commitments within them can be achieved, and to enable a successful neighbourhood health model.
- The upcoming Long Term Workforce Plan for England must be accompanied by sustainable, long-term funding, so that we can train, retain, and develop careers across the entire cardiac workforce.

2. Ensure charities can continue to support the people they are committed to serve

BHF are committed to expanding our information and support so that it is available for every family in need, at the point of need. However, many charities, including BHF, are experiencing increased demand for information and support or services, against a backdrop of increased financial pressure.

The National Council for Voluntary Organisations (NCVO) estimates that the changes made in last year's autumn Budget to increase employer National Insurance Contributions (eNICs), is costing the voluntary sector an additional £1.4bn per year.⁵⁸ This has worsened financial pressures on the sector, which were already significant post-pandemic and amidst a cost-of-living crisis. Unlike public bodies, charities aren't reimbursed, which risks service cuts, loss of delivery partners, and unfairly penalising organisations delivering the same services.

Recommendation:

10. BHF support the wider sector's call for Government to cover the cost of eNICs in grants and contracts for charities, with guidance and ringfenced funding for contracting authorities.

BHF are a member of NCVO and more detail can be found in their Budget representation.

To discuss, or for further information, please contact westminster@bhf.org.uk.

¹ British Heart Foundation, [Annual Report and Accounts](#), 2025.

² British Heart Foundation, [Research funding across the UK](#), 2024.

³ British Heart Foundation, [Our research workforce](#), 2025.

⁴ British Heart Foundation, [Our Strategy](#), 2025.

⁵ British Heart Foundation, [UK Cardiovascular Disease Factsheet](#), 2025

⁶ *Ibid*.

⁷ Shih, The Societal Cost of Cardiovascular Disease in the United Kingdom, 2019/20 analysis for British Heart Foundation, 2023.

⁸ The Health Foundation, [What we know about the UK's working-age health challenge](#), 2023.

⁹ The Health Foundation, [What we know about the UK's working-age health challenge](#), 2023.

¹⁰ Institute for Public Policy Research. *Broken Hearted: A spotlight paper on cardiovascular disease*. <https://www.ippr.org/articles/broken-hearted>

¹¹ Institute for Public Policy Research. *Broken Hearted: A spotlight paper on cardiovascular disease*. <https://www.ippr.org/articles/broken-hearted>

¹² Office for Health Improvement and Disparities. [Segment tool](#). 2023.

¹³ British Heart Foundation, [Bridging Hearts: Addressing inequalities in cardiovascular health and care](#). 2025.

¹⁴ Institute for Health Metrics and Evaluation, [Global Burden of Disease 2021, Findings from the GBD 2021 Study](#), 2024

¹⁵ British Heart Foundation, [UK Cardiovascular Disease Factsheet](#), 2025

¹⁶ British Heart Foundation, [UK Cardiovascular Disease Factsheet](#), 2025

¹⁷ Frontier Economics, *Unhealthy Numbers: The Rising Cost of Obesity in the UK* <https://www.institute.global/insights/public-services/unhealthy-numbers-the-rising-cost-of-obesity-in-the-uk>, 2023

¹⁸ *Ibid*

¹⁹ British Heart Foundation, *Reducing the UK's salt intake: potential benefits* <https://www.bhf.org.uk/what-we-do/policy-and-public-affairs/creating-healthier-environments/reducing-the-uks-salt-intake>, 2022

²⁰ Office for Health Improvement & Disparities, [Sugar reduction in drinks: 2015 - 2024](#), 2024

²¹ HMT Soft Drinks Industry Levy statistics commentary , <https://www.gov.uk/government/statistics/soft-drinks-industry-levy-statistics/soft-drinks-industry-levy-statistics-commentary-2021>, 2025

²² Nesta . [Targeting the health of the nation](#), 2024

²³ Recipe for Change, [Evidence Briefing 1: Health and economic benefits of an upstream sugar and salt levy](#), 2023

- ²⁴ YouGov Plc. Total sample size was 4,943 adults. Fieldwork was undertaken between 18th - 20th September 2024. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+)
- ²⁵ OHA (Obesity Health Alliance), 2025
- ²⁶ British Heart Foundation, [UK Cardiovascular Disease Factsheet](#), 2025
- ²⁷ British Heart Foundation, [Bridging Hearts](#), 2025
- ²⁸ Reed H. [Cost Benefit and Public Finance Model of Smoking in the UK, Version 2.3](#). A report commissioned by Action on Smoking and Health (ASH) from Landman Economics, January 2025
- ²⁹ ASH. [The economic impact of smoking](#), 2025
- ³⁰ All Party Parliamentary Group Smoking and Health, [Manifesto for a Smokefree Future](#), 2023
- ³¹ Featherstone HJ, [Establishing a Smoke-free 2030 Fund](#), 2021
- ³² ASH (Action on Smoking and Health), 2025
- ³³ Global, Regional, and National Burden of Cardiovascular Diseases and Risk Factors in 204 Countries and Territories, 1990-2023. JACC. null, 0 (0), <https://doi.org/10.1016/j.jacc.2025.08.015>, 2025
- ³⁴ Royal College of Physicians, A breath of fresh air: Responding to the health challenges of modern air pollution. 2025
- ³⁵ Circulation, Association Between Ambient Air Pollution and Cardiac Morpho-Functional Phenotypes: Insights From the UK Biobank Population Imaging Study, 2018
- ³⁶ British Heart Foundation, [UK Cardiovascular Disease Factsheet](#), 2025
- ³⁷ National Institute for Health and Care Research, Embedding a Research Culture. 2023
- ³⁸ Association of Medical Research Charities, [Bolstering charity-university research partnerships](#), 2024.
- ³⁹ Association of Medical Research Charities, 2024 Research Expenditure, <https://www.amrc.org.uk/Handlers/Download.ashx?IDMF=71c95e06-270e-45d3-ad2e-be977c363f0a>, 2025
- ⁴⁰ Cancer Research UK, Impact of the UK immigration system on cancer research, [https://www.cancerresearchuk.org/sites/default/files/impact of the uk immigration system on cancer research 2 025 evidence and analysis.pdf? gl=1*15fmbuq* ga*MTUwMDA3MDMyMC4xNzYwNTM0NTg3* ga 58736Z2GNN*c zE3NjA1MzQ1ODYkbzEkZzAkDE3NjA1MzQ1ODYkajYwJGwwJGww* gcl au*OTg0NDc2NTc0LjE3NjA1MzQ1ODc](https://www.cancerresearchuk.org/sites/default/files/impact%20of%20the%20uk%20immigration%20system%20on%20cancer%20research%20evidence%20and%20analysis.pdf?gl=1*15fmbuq*ga*MTUwMDA3MDMyMC4xNzYwNTM0NTg3*ga58736Z2GNN*c zE3NjA1MzQ1ODYkbzEkZzAkDE3NjA1MzQ1ODYkajYwJGwwJGww*gcl au*OTg0NDc2NTc0LjE3NjA1MzQ1ODc), 2025
- ⁴¹ Fragomen LLP for Royal Society, Summary of visa costs analysis, <https://royalsociety.org/-/media/policy/publications/2024/summary-of-visa-costs-analysis-2024.pdf>, 2024
- ⁴² Financial Times, <https://www.ft.com/content/3ba261c6-dfc4-43fb-b3a5-b715999fb731>, 2025
- ⁴³ Campaign for Science and Engineering (CASE), 'R&D investment is still not keeping pace with inflation', August 2025
- ⁴⁴ OECD, [Main Science and Technology Indicators \(MSTI database\)](#), 2023
- ⁴⁵ OECD, [Main Science and Technology Indicators \(MSTI database\)](#), 2023
- ⁴⁶ UK Clinical Research Collaboration, [UK Health Research Analysis 2022](#), 2023
- ⁴⁷ British Heart Foundation, Heart research breakthroughs under threat from funding shortfall. 2024
- ⁴⁸ Papapetropoulos, A., et al. [Novel drugs approved by the EMA, the FDA, and the MHRA in 2023: A year in review](#). Br J Pharmacol 2024; 181(11), 1553–1575.
- ⁴⁹ Association of Medical Research Charities, [Bolstering charity-university research partnerships](#), 2024
- ⁵⁰ British Heart Foundation, <https://www.bhf.org.uk/what-we-do/news-from-the-bhf/news-archive/2025/july/bhf-reveals-the-countrys-defibrillator-deserts-putting-lives-at-risk>, 2025
- ⁵¹ St John's Ambulance, <https://www.sja.org.uk/press-centre/press-releases/Leading-charities-rally-behind-campaign-to-scrap-defibrillator-tax/>, 2023
- ⁵² Hansard, <https://questions-statements.parliament.uk/written-questions/detail/2023-10-13/202264>, 2023
- ⁵³ St John's Ambulance, <https://www.sja.org.uk/get-advice/i-need-to-know/defibrillator-guide-for-first-time-buyers/>
- ⁵⁴ HM Revenue and Customs, <https://www.gov.uk/guidance/health-professionals-pharmaceutical-products-and-vat-notice-70157>, 2024
- ⁵⁵ HM Revenue and Customs, <https://www.gov.uk/guidance/reliefs-from-vat-for-disabled-and-older-people-notice-7017>, 2024
- ⁵⁶ Irish Heart Foundation, <https://irishheart.ie/news/budget-decision-to-scrap-vat-on-defibrillators-welcomed/>, 2022
- ⁵⁷ NHS England, [Referral to Treatment \(RTT\) Waiting Times](#), 2025
- ⁵⁸ National Council for Voluntary Organisations, <https://www.ncvo.org.uk/news-and-insights/news-index/open-letter-chancellor-national-insurance/>, 2024