Written evidence submitted by the British Heart Foundation (CSR0069)

- The £10 billion funding confirmed in the Comprehensive Spending Review (CSR) for NHS England to implement the Five Year Forward View, and the £6 billion of this funding that has been ‘front-loaded’ for 2016/17 is welcome in the current economic and public sector funding climate.

- However, this must be set against the need for the NHS to find £22 billion of efficiency savings, stem increasing NHS provider deficits and meet other commitments; as well as cuts to other parts of the overall health budget, including public health.

- The BHF is concerned that the overall impact of the CSR will undermine the focus given to prevention and public health in the Five Year Forward View and could lead to an increase in the number of people developing cardiovascular conditions.

- We are also concerned that it will threaten improvements to the treatment, care and support of the 5.9 million people in England estimated to be living with cardiovascular disease.

- The BHF, as a member of the Care and Support Alliance, shares the concerns it has expressed about the impact of the CSR on social care.

Background

1. In his CSR speech the Chancellor confirmed his commitment to a £10 billion real terms increase in the health service budget by 2020/21; and responded to calls for this funding to be ‘front-loaded’ by allocating the first £6 billion for 2016/17; fully funding the NHS Five Year Forward View. This is welcome in the current economic climate and against the general backdrop of cuts to public sector funding.

2. However, as the Kings Fund, Nuffield Trust and Health Foundation have pointed out, this increase will only apply to the NHS England budget, rather than the Department of Health budget. This means there will be less money available in the overall health budget than anticipated. ¹

3. Whilst NHS England’s budget will increase, the budget for other health spending – including, crucially, public health spending by local authorities - will fall. The Kings Fund et al estimate that public health spending will fall by at least £600 million by 2020/21, on top of the £200 million already cut from the 2015/16 budget. ²

4. Although NHS England’s budget will increase, this must be viewed against the need for the NHS to find £22 billion efficiency savings in order to deliver the Five Year Forward View, which...

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² Ibid.
commentators agree will be challenging. Furthermore, much of the ‘front-loaded’ funding will need to be used to offset the increasing deficits reported by NHS providers (£1.6 billion and counting as at the end of September 2015)\(^3\) and meet other commitments such as additional pension costs. Smaller increases in later years are likely to mean services struggle to keep pace with demand. In reality, little of this money is likely to be available for the service transformations envisaged in the Five Year Forward View.

5. The Chancellor announced that an additional £1.5 billion will be made available to local authorities through the Better Care Fund (BCF) for social care, and that authorities will be able to levy a 2 per cent precept on council tax for social care. However, this is not enough to close the funding gap for social care. The BCF funding will be ‘back-loaded’ and not available until 2017/18. The precept is unlikely to raise the £2 billion estimated, as all authorities are unlikely to raise council tax by 2 per cent every year. Furthermore, poorer areas, with greater social care needs, would be able to raise less than wealthier areas, risking further exacerbating inequalities.

6. Although there has been substantial progress in recent years on reducing mortality from cardiovascular disease, more than one in four people still lose their lives to it. We estimate that 5.9 million people in England are living with cardiovascular disease. The BHF is very concerned about the potential impact of the CSR on people living with and dying from cardiovascular disease.

The impact on people living with and dying from cardiovascular disease

Undermining prevention

7. Modifiable risk factors such as smoking, poor diet and physical inactivity contribute significantly to the risk of developing cardiovascular disease. They can also lead to complications for those that are already living with cardiovascular disease.

8. The evidence for services that help to address these modifiable risk factors improving the health and wellbeing of the population is strong. They also save the NHS money: the Faculty of Public Health has estimated that the original £200 million cut from public health budgets will generate at least £1 billion additional costs to the NHS and social care.\(^4\)

9. The Five Year Forward View, focused on the need to get “serious about prevention” pointing out that recent progress in healthy life expectancies will stall and “the sustainability of the NHS and the country’s future economic prosperity depend on a radical upgrade in prevention and public health”.

10. Smoking cessation, weight management and physical activity interventions are not services that authorities are mandated to provide: instead they are commissioned according to local

\(^3\) See: http://www.ntda.nhs.uk/blog/2015/11/20/challenging-environment-for-nhs-providers/

priorities. It is discretionary services such as these that are at risk of being reduced as a result of cuts to public health budgets.

11. The BHF is concerned that these cuts to public health budgets risk more people developing cardiovascular disease; believes that this is short-sighted and a false economy given the likely impact on health and social care in the longer term; and will undermine implementation of the Five Year Forward View. Furthermore, as modifiable risk factors are disproportionately distributed amongst those from lower socio-economic households they also have the capacity to further exacerbate existing health inequalities.

**Threatening improvements to treatment and care**

12. There are already too many people living with undiagnosed cardiovascular conditions or the medical risk factors that can lead to them developing; and too many of those that have been diagnosed are not getting the treatment, care and support that they need. For example:

- Nearly 30 per cent of adults in the UK have high blood pressure, but up to half are not being treated, putting them at greater risk of heart disease and stroke; and while over 1.1 million people in the UK are living with atrial fibrillation, which can lead to stroke, it is estimated that hundreds of thousands more are living with undiagnosed atrial fibrillation.

- Despite the fact that in-hospital mortality is lower for patients treated on cardiology wards (7%) than patients treated on general medical wards (11%), or other wards (14%), only half of those admitted to hospital for heart failure are treated on cardiology wards. A fifth do not receive input to their treatment from a heart failure specialist; and less than a third do not have a follow up appointment with a member of the heart failure specialist team within the recommended two weeks of discharge.  

- Only 47 per cent of eligible patients in England receive cardiac rehabilitation, which helps them to manage their condition and reduce the risk of further heart events. The number of eligible patients receiving cardiac rehabilitation across England, Wales and Northern Ireland has increased just 4 per cent since 2005/6. The Government’s CVD Outcomes Strategy set out an ambition for 65 per cent of eligible patients to receive cardiac rehabilitation.

- People with cardiovascular disease are often not receiving specialist palliative care: just 4 per cent of those admitted to hospital for heart failure (the final outcome of many cardiovascular diseases) are referred to specialist palliative care. Only 44 per cent of relatives of people that died from cardiovascular disease felt that the person had enough choice over their place of death.

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8 National Survey of Bereaved People (VOICES), 2014, Reference tables, Office for National Statistics. Available
13. The BHF is concerned that existing calls on the additional funding provided to NHS England, as well as the challenge of finding the required efficiency savings, will mean that little funding is available to transform services in the way envisaged in the Five Year Forward View; resulting in increasing numbers of people with cardiovascular disease not receiving the treatment, care and support they need.

Restricting access to social care

14. The BHF is a member of the Care and Support Alliance, and shares the concerns it has expressed about the impact of the CSR on social care. We are concerned that the ongoing gap in social care funding will mean that more people with cardiovascular disease that have social care needs will not have these needs met. Both the human cost, and the cost to the NHS in terms of unnecessary admissions and delayed discharge, of this gap, have been well documented.

The British Heart Foundation (BHF) is the nation's leading heart charity. We are working to achieve our vision of a world in which people do not die prematurely or suffer from cardiovascular disease. In the fight for every heartbeat we fund ground breaking medical research, provide support and care to people living with cardiovascular disease and advocate for change.

We are the UK’s largest funder of research into heart and circulatory disease. Thanks to modern treatments built on our research, huge progress has been made in saving lives. Most babies born today with heart defects survive and 7 out of 10 people survive a heart attack. But heart and circulatory disease still kills 1 in 4 people and affects 7 million people in the UK, so there is so much more to do.

25 January 2016