

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Cyllid](#) ar [Cyllideb Ddrafft Llywodraeth Cymru 2024-25](#).

This response was submitted to the [Finance Committee](#) consultation on the [Welsh Government Draft Budget 2024-25](#).

WGDB_24-25 33: Ymateb gan: British Heart Foundation (BHF) (Saesneg yn unig) |
Response from: British Heart Foundation (BHF) (English Only)



Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Cyllid](#) ar [Cyllideb Ddrafft Llywodraeth Cymru 2024-25](#).

This response was submitted to the [Finance Committee](#) consultation on the [Welsh Government Draft Budget 2024-25](#).

WGDB_24-25 32: Ymateb gan: British Heart Foundation (BHF) (Saesneg yn unig) |
Response from: British Herat Foundation (BHF) (English Only)





British Heart
Foundation
Cymru

British Heart Foundation Cymru

Consultation response form: Welsh Government Draft Budget 2024-25

The British Heart Foundation (BHF) is the largest independent funder of medical research into heart and circulatory diseases in the UK. Our research has helped halve the number of people dying from these conditions since the 1960s. Our ambition is to beat heartbreak forever, and we work to transform the prevention, detection, treatment, and support for people with heart and circulatory diseases. We welcome the opportunity to share our thoughts and insight on the Welsh Government Draft Budget 2024-25. Our response to the consultation focusses on questions 2 and 7 to draw attention to medical research, women's heart health, and the public health agenda.

For more information, please contact: Emily Wooster, Policy and Public Affairs Manager: [REDACTED]

Consultation questions

2. How should/could the Welsh Government support the economy and business following the pandemic, Brexit and inflationary and other economic pressures?

Research in Wales has historically relied on EU funding, and with UK Government funding not set to match EU funds, Wales' funding future remains uncertain. In 2018, the Reid Review commissioned by Welsh Government placed the highest priority on the role of quality-related (QR) funding in encouraging research and innovation in Wales. Professor Graeme Reid identified that Wales' low levels of hypothecated funding has been a source of structural weakness for two decades and showed that low QR funding is reducing Wales' ability to win external funding. Professor Reid points out that the historic dependence on EU funding can be replaced with Welsh Government money, which will support success in UK-wide funding competitions, and by attracting higher levels of business investment.

Higher Education Funding Council Wales (HEFCW) administers QR funding to universities. HEFCW's QR budget for 2022/23 is £81.7 million. Research England has

announced £1.789 billion for QR funding for 2022/23. If Welsh universities were supported to compete with England, pro rata QR funding in Wales should be around £100 million. Welsh universities are therefore suffering from a shortfall of £18 million in funding for vital infrastructure.

Medical research, at universities or in the NHS, makes a vital contribution to the Welsh economy. Recipients of research funding purchase goods and services to undertake their research. This generates activity in their supply chains and across the whole of the Welsh economy. However, Wales is not reaching its potential in Research. Wales makes up around 5% of the UK population but has just 2.5% of R&D spend in the UK. This includes all money spent on R&D in Wales by charities, industry, Welsh Government, and the health service – spending which is less than half of what should be expected of a population Wales' size. Wales also only wins 3% of external competitive funding – significantly lower than its population share.

In 2021, total expenditure on R&D in Wales was £1.6 billion or 1.2% of GVA. Out of the three devolved nations of the UK and each of the 9 regions of England, Wales has the lowest R&D expenditure as a proportion of GVA.

Further, a Fraser of Allander Institute report commissioned by the British Heart Foundation found that investment into medical research by the third sector plays a vital role in not just the health of the nation but also the health of the economy. The report shows that the third sector drives growth and supports thousands of highly skilled jobs across the whole of Wales.

The report found:

- Charities are major funders of medical research. Medical research funding by charities has been estimated to be 35% of all third sector and public funding of medical research in Wales, with active research funding of £21m in 2018.
- Without charity funding, the public sector would therefore need to increase their direct funding of health-related research in Wales by an estimated 53% to cover the shortfall.
- Every £1 million spent on medical research funding in Wales by charities supports £2.3 million of output, £1.47 million of GVA and 26 jobs.
- Results estimate that in 2019, medical research funding by charities supported 975 jobs, £86m in output and £55m in GVA in Wales.
- In 2020 Wales experienced a drop in medical research expenditure by charities. Reported expenditure in Wales in 2020 was around £3 million lower than in 2019 – a

fall of around 8%. This was directly caused by the pandemic and resulting lockdowns.¹

These findings highlight the economic impact of charity funded medical research in Wales. However, further investment is needed to unlock the potential of medical research to contribute to Wales's economy. We believe that the Welsh Government could support this sector further by increasing funding across the whole of the medical research landscape in Wales.

Recommendation: To prioritise medical research within economic development, Welsh universities desperately need to see an uplift to quality related funding provided by Welsh Government. Without the same support as the rest of the UK, Welsh universities and Welsh researchers will be unable to compete for UK-wide funding. Welsh Government must address these funding inequalities to allow research in Wales to drive a thriving economy.

7. The Committee would like to focus on a number of other specific areas in the scrutiny of the Budget. Do you have any specific comments on any of the areas identified below?

How could the budget further address gender inequality in areas such as healthcare, skills and employment?

In 2019, the British Heart Foundation released the report 'Bias and Biology: The heart attack gender gap'. BHF funded research suggested that the deaths of at least 8,243 women could have been prevented through equitable cardiac treatment over a ten-year period in England and Wales. Women are: not seen as being at risk of heart attacks; more likely to be misdiagnosed or diagnosed slowly; less likely to receive optimal treatment; and less likely to access cardiac rehabilitation.

We called on the Welsh Government to commit to a women's health quality statement which addresses inequalities experienced by women with heart disease. We stated that the quality statement should seek to improve outcomes for women with heart disease through: improved public awareness, timely diagnosis, equitable treatment, and equitable access to cardiac rehabilitation.

The BHF welcomes the new policy team working on the Women's Health Plan as part of the NHS Executive and we are looking forward to working with them to develop the Women's Health Plan.

¹ Fraser of Allander Institute (2022) *The contribution of medical research by charities to the Welsh economy.* <https://fraserofallander.org/publications/the-contribution-of-medical-research-by-charities-to-the-welsh-economy/>

Recommendation: It is vital that this plan is properly funded and develops a life course approach to women's health. We therefore welcome any measures within the Welsh Government Draft Budget 2024-25 which could help address the heart attack gender gap and seek equality in cardiac treatment for women in Wales.

Is the Welsh Government's approach to preventative spending represented in resource allocations? (Preventative spending = spending which focuses on preventing problems and eases future demand on services by intervening early).

More funding is needed for public health to prevent non-communicable diseases and ease the disease burden on the NHS. 340,000 people across Wales are living with heart and circulatory diseases, and 9,600 deaths each year are caused by these conditions. Heart and circulatory diseases remain a significant cause of ill health and death in Wales. They cause more than 1 in 4 deaths and there are around 340,000 people in Wales living with these conditions.

We must ensure that where possible, we prevent people from developing heart and circulatory diseases, and that those living with these conditions have equitable access to timely, high-quality care and are supported to live well with their condition and encouraging a shift towards community-based support.

Overweight and obesity

Wales is facing a public health crisis. Rates of overweight and obesity are climbing, resulting in diet related ill health across the population. Obesity costs the Welsh economy an estimated £3bn per year and is exacerbating huge avoidable pressures facing our NHS. Excess weight leads to a large number of diseases that cause significant mortality and morbidity, including type-2 diabetes, cardiovascular disease (CVD), liver disease, many types of cancer, musculoskeletal conditions and poor mental health.

In Wales 66% of men, 56% of women ² and 27% of children³ have a weight defined as overweight or obese.

Obesity affects the poorest in our society the most, contributing to stark economic and health inequalities. Obesity among adults in the most deprived groups in Wales is 32%, compared with 20% in the least deprived groups. ⁴ 17.2% of children aged 4-5 in the Merthyr Tydfil had obesity in 2019 compared to 7.8% in the Vale of Glamorgan.⁵

Adults with diabetes are also 2-3 times more likely to develop heart and circulatory diseases and are nearly twice as likely to die from heart disease or stroke as those

2. Public Health Wales (2020) '[ational Survey for Wales 2019-20](#)'.

3. Public Health Wales (2019) '[Child Measurement Programme for Wales](#)'.

4. Public Health Wales (2020) '[National Survey for Wales 2019-20](#)'.

5. Public Health Wales (2019) '[Child Measurement Programme for Wales](#)'.

5 National survey for Wales data 2018/2019

6 CRUK 'Longer, better lives: A Manifesto for Cancer Research and Care.'

without diabetes. In the UK, one third of adults with diabetes die from a heart or circulatory disease.

Public Health Wales leads the All-Wales Diabetes Prevention Programme, which is funded by the Welsh Government and delivered locally by dedicated trained healthcare support workers and dietetic leads working in primary care.

The programme supports people at higher risk of type 2 diabetes to make changes to their diet and to be more physically active. People are identified as being at risk through a blood test, called an HbA1c test, which measures a person's average blood sugar (glucose) levels over the last two to three months.

Eligible people in areas where the programme is being rolled-out are then referred to a healthcare support worker who will talk to them about what they can do to reduce their risk of developing type 2 diabetes. They can also be referred to additional sources of support.

Since the All-Wales Diabetes Prevention Programme launched in June 2022 it has offered support to more than 3,000 people across Wales. It is now being delivered in 32 of the 60 primary care clusters in Wales.

Recommendation: BHF reiterates concerns from others such as Diabetes UK in regard to several Welsh Government funded programmes that currently are without guarantee for future funding. Diabetes UK provide examples of the programmes at threat, such as; the All-Wales Diabetes Prevention Programme, the All-Wales Diabetes Remission Service, and the Diabetes Education Programme – SEREN.

The consequences of the funding for these programmes not continuing in terms of impact on levels of care should not be underestimated, and it is essential in the view of the BHF to protect these programmes with guaranteed funding commitments to support the people of Wales to lead healthy lives.

Smoking

As well as directly funding NHS programmes to reduce rates of high-risk conditions, like diabetes – Welsh Government should also focus on increasing funding to reduce the use and impact of health harming products, namely tobacco. We appreciate Welsh Government's commitment to the four nations consultation happening at UK level to raise the age of sale of tobacco – which we entirely support – in order to protect the next generation from the harms of tobacco.

We would also encourage Welsh Government to invest in services which support people who already smoke, to quit. At present, 13% of people in Wales smoke.⁶ Welsh Government has committed to an ambitious target to reduce prevalence to 5% by 2030.

⁶ Welsh Government, (2022) [Tobacco Control Strategy](#).

This is a bold ambition, which BHF Cymru supports. But, to achieve this ambition more is needed to support people who use tobacco to quit.

Recommendation: Smoking cessation services should be properly funded to ensure they are effective in supporting those who wish to quit.

How should the Welsh Government prioritise its resources to tackle NHS waiting lists for planned and non-urgent NHS treatments. Do you think the Welsh Government has a robust plan to address this issue?

BHF Cymru remains concerned with the waiting list situation in NHS Wales. BHF Cymru is supportive of the quality statement for heart conditions, which has good ambitions.

Significant numbers of people are waiting for cardiovascular diagnostics and treatment, and referrals are increasing, placing continued upwards pressure on waiting times. This is leading to people experiencing deterioration in their conditions as a result of delays in diagnosis or treatment, including for conditions such as angina in respect of which early intervention can prevent more serious conditions developing.

Recommendation: BHF Cymru would urge Welsh Government to address waiting times for diagnostic tests and elective treatment in cardiology as a priority, investing in services where needed.

Is the Welsh Government providing adequate support to the public sector to enable it to be innovative and forward looking through things like workforce planning?

The health and care system in Wales is currently facing extreme challenges, from building back after the Covid-19 pandemic to addressing the staffing crisis which has seen many clinical posts left vacant. In 2022, the Royal College of Nursing (RCN) announced 2,900 registered nurse vacancies in the NHS in Wales, up from 1,719 in 2021⁷. RCN also found that around 76% of nurses work overtime at least once a week, leading to burnout and more staff absences due to sick leave.⁸

Wales must attract more staff to our NHS and retain the staff we do have. Medical research carried out in NHS settings promotes quality improvement, service development and an attractive working environment,⁹ meaning that NHS staff experience increased job satisfaction when working in a research-active environment. Improving staff wellbeing and development by offering the opportunity to engage with medical research is vital to ensuring the recruitment and retention of health professionals in Wales, which in turn improves service delivery, patient outcomes, and the effectiveness of our NHS.

⁷ Royal College of Nursing (2022) *Nursing in Numbers 2022*. <https://www.rcn.org.uk/Professional-Development/publications/wales-nursing-numbers-english-pub-010-524>

⁸ Royal College of Nursing (2022) *Nursing in Numbers 2022*. <https://www.rcn.org.uk/Professional-Development/publications/wales-nursing-numbers-english-pub-010-524>

⁹ Health Care Research Wales (2022) *Research Matters: our plan for improving health and care research in Wales*.

Medical research improves retention in the NHS.

Our NHS, like those across the UK, struggle to retain staff. A census published by the Royal College of Physicians of Edinburgh, Glasgow, and London in 2018 showed that 68% of trainees and 53% of consultants frequently experience rota gaps caused by lack of staff.¹⁰

Evidence suggests that including a research element in NHS job roles could improve staff retention. A report from the Association of the British Pharmaceutical Industry (ABPI) states that 'research participation improves job satisfaction for clinicians, helping them build new transferable skills, preventing burnout and supporting the retention of staff'.¹¹ Further, The Royal College of Physicians reports that almost two thirds of its members said they want to engage further with medical research.¹² Research could therefore be imbedded into career structures in the NHS, providing development and improving retention.¹³

A HCRW report, demonstrates how medical research is beneficial to the NHS workforce. The report outlines that research provides the opportunity for staff to become more innovative and the importance of medical research for the NHS workforce. The report recognised that 'NHS organisations should work to embed research into their strategies for staff recruitment and retention, and workforce development'.¹⁴ Ultimately, promoting medical research as a key aspect of a career in healthcare will improve staff retention as it provides opportunity for staff to be innovative and develop professional and clinical skills.¹⁵

According to a study from the GMC, engaging in medical research allowed staff to 'escape from the pressures of their everyday and reminds them about what they had liked about medicine in the first place'.¹⁶

Medical research improves recruitment to the NHS.

Medical research can play an instrumental role in addressing the challenge of staff recruitment within the NHS. The Royal College of Physicians (RCP) found that hospitals have a more successful recruitment rate for high-quality clinical staff when they offer

¹⁰ Royal College of Physicians (2018) [Focus on physicians: 2017–18 census \(UK consultants and higher specialty trainees\) | RCP London](#)

¹¹ Association of British Pharmaceutical Industry (2021) *Clinical Research in the UK: An opportunity for growth.* https://www.abpi.org.uk/media/g0anpn5o/abpi_clinical-trials-report-2021.pdf

¹² Royal College of Physicians (2019) *Benefitting from the research effect.* <https://www.rcplondon.ac.uk/projects/outputs/benefiting-research-effect>

¹³ Rees, M (2019) Academic factors in medical recruitment. *Postgraduate Medical Journal.*

¹⁴ Health and Care Research Wales (2022). *Research Matters: our plan for improving health and care research in Wales.* https://healthandcareresearchwales.org/sites/default/files/2023-03/Health_and_Care_Research_Wales_Plan-2022-2025-FINAL.pdf

¹⁵ Health and Care Research Wales (2020) *Impact and value of research supported by NHS organisations in Wales.* http://www.healthandcareresearchwales.org/sites/default/files/2020-10/impact_value_research_supported_NHS_organisations_Wales_2020.pdf

¹⁶ General Medical Council (2018) *Adapting, Coping, Compromising Research.* <https://www.gmc-uk.org/-/media/documents/adapting-coping-compromising-research-report-79702793.pdf>

opportunities to participate in research.¹⁷ According to the RCP, the competition ratio for posts in Wales increased from one applicant to two posts, to five applicants per post when the job advert included an academic component.¹⁸

During its inquiry, the Cross-Party Group on Medical Research heard from clinicians in Wales who have echoed the RCP's findings. One junior doctor working at Aneurin Bevan University Health Board commented that being able to undertake a fully funded post-graduate qualification whilst doing clinical work was a huge driver for them to apply for a role in Wales. This demonstrates that the importance of an academic component for a clinical position cannot be underestimated, it is key for attracting high-quality talent into Wales.

The CPG on Medical Research reported that health care professionals commented on the importance of development opportunities as a driver for staying within their role. This is particularly true in rural areas where the NHS faces complex challenges in retaining and recruiting staff. Rural Health and Care Wales highlights how healthcare professionals could be put off working in more rural areas as there is a perceived lack of continuous professional development opportunities in rural areas.¹⁹ Having a lack of local educational opportunities in rural areas results in an exodus of talented healthcare workers seeking opportunities elsewhere.

Recommendations: Any NHS workforce planning in Wales should be adequately funded and include commitments to support staff to engage in research²⁰.

¹⁷Royal College of Physicians (2019) *Benefitting from the 'research effect.'*
<https://www.rcplondon.ac.uk/projects/outputs/benefiting-research-effect>

¹⁸ Royal College of Physicians (2019) *Benefitting from the 'research effect.'*
<https://www.rcplondon.ac.uk/projects/outputs/benefiting-research-effect>

¹⁹ Rural Health and Care Wales (2016) *Health in the Hinterlands.*
<https://ruralhealthandcare.wales/research-academic-contribution/research-projects/research-booklets/>

²⁰ Cross Party Group on Medical Research Report: How Medical Research Benefits the People of Wales (November 2023)