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Cardiovascular Services

I sympathise profoundly with anyone affected by cardiovascular disease. An estimated 7.6 million people in the UK are understood to be living with a heart or circulatory condition. It is vital that patients receive effective and timely diagnosis, referral and treatment.

The Covid-19 pandemic has had a significant impact on cardiovascular services, with delayed diagnoses and people waiting longer for routine procedures and treatment. The British Heart Foundation (BHF) estimates that two-thirds of patients with a heart condition avoided accessing much-needed care during the pandemic.

Many more people living with high-risk conditions - such as high blood pressure, raised cholesterol and atrial fibrillation – have put off seeing their GP. BHF analysis finds that the number of people waiting for heart care and diagnosis could more than double within two years in England, peaking at around 550,385 by January 2024 if the NHS does not get the investment it needs.

The NHS Long Term Plan identifies cardiovascular disease as a clinical priority and commits to better supporting people with heart failure. While these aspirations are welcome, I remain concerned that a decade of underfunding and understaffing has left cardiovascular services unable to keep pace with demand. Even before the pandemic began, around 233,000 people in England were on waiting lists for heart diagnosis or treatment. Alongside this, there are over 100,000 vacancies across the NHS.

The Government recently legislated to raise National Insurance contributions (NICs) to deal with the backlog of unmet clinical need in the NHS and reform the care sector. While additional investment will need to be funded through tax rises, I do not agree increasing NICs is the right way to do it. It will hit working people hard, including low earners and young people and Ministers have not guaranteed that the funding will be enough to clear NHS backlogs.

In my view, the taxes that pay for health and care should be fair across the generations and all forms of income. Those with the broadest shoulders should pay more – not the working families now set for an unfair tax rise.

It is vital that the Government brings forward a fully resourced plan that will genuinely tackle the backlog of unmet clinical and improve cardiovascular care. A credible strategy to recruit the cardiovascular workforce of the future is also essential.

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