

FROM FRAMEWORK TO LIFELINE:

HOW PUMPING
MARVELLOUS
TURNS THE
CVD MSF INTO
HEART FAILURE
ACTION



**BECAUSE IT
MATTERS TO
OVER
1 MILLION
PEOPLE
IN THE UK**



THE ENGINE OF CHANGE

From Symptoms to Living Well: The Pumping Marvellous Way

The Pumping Marvellous Foundation is developing a connected set of Heart Failure workstreams designed to move people from awareness to action, and from diagnosis to living well. At the front end is BEAT®, a simple symptom tool and awareness campaign helping the public and healthcare professionals recognise breathlessness, exhaustion and ankle swelling as possible signs of Heart Failure and encouraging timely testing and conversation with primary care.

This awareness is extended into communities through BEAT® Heart Health Events, which bring prevention, detection, education and signposting closer to people who may not otherwise present through traditional NHS routes.

BEAT® Pharmacy builds on the trusted role of community pharmacy, creating another accessible front door for symptom recognition, risk identification and onward support.

BEAT® to TREAT then connects early recognition to faster diagnosis and timely initiation of evidence-based treatment, reducing the gap between suspicion of Heart Failure and clinical action. Beyond diagnosis, PMF supports people through patient engagement, lived-experience education and self-management resources, helping patients and carers understand their condition, recognise deterioration and navigate care with confidence.

This is further strengthened by PMF's free-to-access digital cardiac rehabilitation platform, removing barriers to rehabilitation and supporting people to improve function, confidence and quality of life wherever they live. Together, these workstreams create a practical, patient-led pathway across awareness, detection, diagnosis, treatment, rehabilitation and long-term self-management.

The Pumping Marvellous Marvellous Masterclasses are delivered in partnership with NHS Health Innovation North West Coast. Behind every Heart Failure diagnosis is a person whose life has suddenly changed. By bringing the lived experience of patients directly into practical, evidence-based education for primary care, the programme helps clinicians recognise the signs of Heart Failure earlier, investigate sooner and act with greater confidence. This directly supports the ambitions of the CVD Modern Service Framework to shift more cardiovascular care into neighbourhood and community settings, reduce unwarranted variation, improve earlier detection and give patients a stronger voice in how their care is designed and delivered. For patients, earlier recognition is not simply a system improvement — it can mean fewer months of uncertainty, earlier treatment and the chance to take their tomorrow back, building the foundations of their life living with Heart Failure.



In essence, Pumping Marvellous helps turn Heart Failure policy into a real-world pathway that people, communities and the NHS can use.

BEAT HF® is a trademark of Pumping Marvellous Foundation, Preston, UK and Professor Clare J. Taylor, University of Birmingham.

FASTer Diagnosis: Time to BEAT® Heart Failure. <https://bjgpopen.org/content/5/3/BJGPO.2021.0006.long> Clare J. Taylor, Nick Hartshorne-Evans, Duwarakan Satchithananda and FD Richard Hobbs.

WHAT THIS MEANS FOR PEOPLE LIVING WITH HEART FAILURE

The new Cardiovascular Disease Modern Service Framework is a major opportunity to accelerate better prevention, earlier diagnosis and more consistent care across cardiovascular, kidney and metabolic disease. Its ambition sits directly alongside the government's commitment to reduce premature deaths from heart disease and stroke by 25% over the next decade, while tackling unwarranted variation and improving equitable access to high-quality care.

For the Pumping Marvellous Foundation, the framework is not a new direction. It **strongly validates work already being delivered** with patients, carers, NHS partners, primary care, communities and system leaders.

MSF DIRECTION: HOW THE PUMPING MARVELLOUS FOUNDATION ALREADY ALIGNS

Prevention and earlier detection

- 1 BEAT HF® disease awareness and BEAT® symptom tool.
- 2 BEAT® Heart Health community testing events help people recognise symptoms earlier and access the right tests sooner.
- 3 Community-led BEAT® to TREAT Hubs identifying, diagnosing and early treatment initiation of Heart Failure using enhanced point-of-care tools including AI-informed imaging in under 60 minutes.
- 4 BEAT® Pharmacy, identifying signs and symptoms of Heart Failure and a blood test that rules out Heart Failure with direct access to a BEAT® to TREAT pathway for AI Echo.

Cardiovascular-kidney-metabolic approach

PMF's Heart Failure work already reflects the reality that HF rarely exists alone, with diabetes, CKD, obesity, hypertension and deprivation often shaping risk and outcomes.

Shift into community and primary care

Marvellous Masterclasses build confidence in primary care to spot, test and treat Heart Failure earlier, with BEAT® programmes all based in the community and primary care.

Patient voice and lived experience

PMF places patients' and carers' insights at the centre of education, service design, podcasts, training and policy engagement. They have always driven our agendas.

Tackling variation and inequality

PMF's community programmes reach people who may not engage with traditional NHS pathways, supporting earlier diagnosis in real-world settings.

Accelerating cardiac rehabilitation

Personalised, accessible, community-based, digitally enabled support that improves outcomes and reduces pressure on NHS services. The Pumping Marvellous Foundation Digital Platform helps move Heart Failure care from "diagnosis and discharge" to ongoing rehabilitation, education and self-management and is approved by NICE to use in the NHS.

The 10-Year Health Plan says Modern Service Frameworks should identify evidence-based interventions, reduce variation, support innovation and work with the wider ecosystem to spread new ideas. That is precisely where PMF can amplify the CVD MSF: by turning national ambition into practical, patient-facing activity.

The Pumping Marvellous Foundation can help the framework land with the public by making cardiovascular risk and Heart Failure understandable, visible and actionable. Breathlessness, exhaustion, ankle swelling and reduced exercise tolerance are often normalised or missed.

BEAT® gives people, communities and clinicians a simple way to think differently: recognise the symptoms, test earlier, and act before crisis.

The Pumping Marvellous Foundation also helps amplify the MSF by connecting policy to lived reality. A framework can set direction, but patients and carers explain what late diagnosis feels like, what good care looks like, and what support is missing after diagnosis. That insight is essential if the CVD MSF is to improve not only outcomes, but confidence, trust and quality of life.

There is a clear role for the Pumping Marvellous Foundation as a Voluntary Community and Social Enterprise partner (VCSE) partner. Government engagement around the CVD MSF has explicitly looked at how voluntary, community and social enterprise organisations can support prevention, diagnosis, rehabilitation and public awareness, particularly in deprived groups.



KEY TAKEAWAY

The Pumping Marvellous Foundation welcomes the CVD Modern Service Framework. Its focus on prevention, earlier detection, innovation, equity and joined-up cardiovascular-kidney-metabolic care reflects what people living with Heart Failure have been telling us for years.

Heart Failure must be seen, heard and acted on earlier. Through BEAT®, community testing, primary care education, patient-led resources and lived-experience advocacy, PMF is already helping to deliver the kind of change the framework calls for.

The opportunity now is to move from national vision to local action: earlier conversations, earlier testing, better primary care confidence, stronger patient education and fewer people reaching diagnosis only after crisis.



WHERE NATIONAL AMBITION MEETS PUMPING MARVELLOUS ACTION

The Pumping Marvellous Foundation's activities are strongly aligned with the policy intent of the CVD Modern Service Framework: reducing premature cardiovascular mortality, tackling unwarranted variation, improving equity, shifting care closer to communities, and accelerating evidence-based innovation across cardiovascular, kidney and metabolic health.

The MSF sits within the 10-Year Health Plan's approach to Modern Service Frameworks: setting long-term outcome goals, identifying high-value interventions, supporting consistent uptake, reducing variation and spreading innovation.

MSF POLICY LEVER	PMF ALIGNMENT	POLICY VALUE
From sickness to prevention	BEAT® to TREAT and BEAT® Heart Health events support symptom awareness, earlier presentation and community-based risk detection.	Helps shift Heart Failure and CVD activity upstream, before costly crisis admission.
From hospital to community	PMF delivers community-facing education, testing events and patient engagement outside traditional hospital settings.	Supports neighbourhood health, local access and reduced reliance on acute care.
Earlier detection and diagnosis	BEAT® encourages people and clinicians to recognise breathlessness, exhaustion and ankle swelling as possible Heart Failure symptoms and act sooner.	Aligns with the MSF ambition to improve detection and management of CVD and related risk factors.
Reducing unwarranted variation	Marvellous Masterclasses improve primary care confidence in recognising, testing and managing Heart Failure.	Supports more consistent care across places, especially where HF knowledge and pathways suffer due to variability.
Cardiovascular-kidney-metabolic approach	PMF's work recognises that HF frequently overlaps with diabetes, CKD, obesity, hypertension and deprivation.	Helps operationalise integrated CVKM thinking in patient education and frontline practice.
Equity and inequalities	Community programmes reach people who may not engage with conventional NHS routes, including underserved groups.	Supports the MSF's focus on equitable, high-quality care across the CVD pathway – GOV.UK
Digital and workflow innovation	PMF can amplify digital Heart Failure workflows through patient-facing education and system engagement.	Complements NHS ambitions for rapid access workflows and standardised, EPR-enabled Heart Failure care – NHS England
VCSE partnership	PMF is a specialist national Heart Failure charity with deep patient, carer and system relationships.	Directly supports the government's interest in VCSE collaboration around prevention, diagnosis, rehabilitation and awareness – Find a Tender

STRATEGIC POSITION

The Pumping Marvellous Foundation is not simply aligned to the CVD MSF; it is already delivering practical components of its policy intent. Through BEAT® Marvellous Masterclass, primary care education, NICE-approved cardiac rehabilitation, patient-led resources, community testing, podcasts, lived-experience engagement and NHS partnership work, PMF helps translate national CVD policy into action that patients and clinicians can understand and use.

For Heart Failure, this is especially important. Heart Failure is often diagnosed late, commonly after decompensation or hospital admission. PMF's work directly supports the policy shift from reactive acute care to proactive, community-based detection, education and management

POLICY ASK

To maximise the impact of the CVD MSF, PMF should be recognised as an implementation and amplification partner for Heart Failure within the cardiovascular-kidney-metabolic agenda. This would support:



Earlier recognition of Heart Failure symptoms in communities.



Improved use of NT-proBNP testing and diagnostic pathways in primary care.



Better patient and carer education after diagnosis.



Increased primary care confidence through Marvellous Masterclasses.

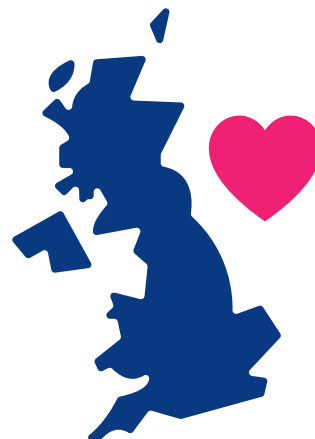


Stronger patient voice in CVD MSF delivery, evaluation and accountability.



More equitable access to early diagnosis, specialist input and evidence-based care.

The CVD Modern Service Framework provides the national policy architecture. The Pumping Marvellous Foundation provides lived experience, community reach, practical education and Heart Failure-specific implementation capability. Together, these are essential if the ambition to reduce premature cardiovascular mortality is to become meaningful change for people living with, or at risk of, Heart Failure.



WHY THE PUMPING MARVELLOUS FOUNDATION ALIGNMENT MATTERS TO POLITICIANS

The new Cardiovascular Disease Modern Service Framework is a major opportunity to reduce premature deaths from heart disease and stroke, tackle unwarranted variation, and improve prevention, diagnosis and long-term care across cardiovascular, kidney and metabolic health.

For parliamentarians, the Pumping Marvellous Foundation offers something highly practical: a proven, patient-led route to help the framework land in communities, primary care and real-world Heart Failure services.

WHY PMF MATTERS TO THE MSF

Heart Failure must be central to the CVD Modern Service Framework. It affects over one million people in the UK, is one of the most common causes of hospital admissions in older people, and is too often diagnosed late, frequently after a crisis admission.

PMF brings three things the MSF needs:

Patient and carer voice

PMF is rooted in the lived experience of people with Heart Failure. It helps ensure policy is shaped not only around services and pathways, but around what people actually experience: delayed diagnosis, poor symptom recognition, fear after diagnosis, fragmented care and the need for better support.

Community reach

Through BEAT® to TREAT and BEAT® Heart Health activity, PMF takes cardiovascular awareness and early detection into communities. This directly supports the MSF's prevention and early diagnosis ambitions.

Primary care capability

Through Marvellous Masterclasses, PMF supports primary care teams to recognise Heart Failure, use NT-proBNP testing appropriately, understand pathways and manage people more confidently after diagnosis.¹



HOW PMF ALIGNS WITH KEY MSF POLICY LEVERS

MSF Policy Lever	PMF Contribution
Prevention and earlier detection	BEAT® campaigns help people recognise breathlessness, fatigue and swelling as possible Heart Failure symptoms.
Shift from hospital to community	PMF delivers education, testing and awareness in community settings.
Reducing variation	Marvellous Masterclasses support more consistent Heart Failure knowledge in primary care.
Cardiovascular-kidney-metabolic care	PMF understands HF in the context of diabetes, CKD, obesity, hypertension and deprivation.
Patient voice	PMF embeds lived experience into education, policy, podcasts, resources and service design.
Inequalities	PMF reaches people who may not engage with traditional NHS pathways.
VCSE partnership	PMF is a ready-made national charity partner for implementation and public engagement and amplification.

WHY PARLIAMENTARIANS SHOULD CARE

The MSF will only succeed if it moves beyond national policy language into earlier diagnosis, better local pathways and practical support for people at risk of or living with cardiovascular disease. PMF can help parliamentarians understand whether the framework is making a real difference by asking:

- Are people with symptoms of Heart Failure being recognised earlier?
- Is NT-proBNP testing being used consistently in primary care?
- Are patients getting timely access to specialist Heart Failure input?
- Are carers and families being supported after diagnosis?
- Are underserved communities benefiting from earlier detection?
- Are VCSE organisations being used properly as implementation partners?

PARLIAMENTARY ASK

Parliamentarians should ask the government and the Department of Health and Social Care to recognise specialist patient organisations, including the Pumping Marvellous Foundation, as delivery and amplification partners for the CVD Modern Service Framework.

- Earlier symptom recognition.
- Better public awareness of breathlessness as a possible warning sign.
- Consistent access to NT-proBNP testing.
- Improved primary care education.
- Timely specialist Heart Failure input.
- Patient and carer education after diagnosis.
- Stronger use of lived experience in MSF implementation and evaluation.

The CVD Modern Service Framework sets the national ambition. The Pumping Marvellous Foundation helps turn that ambition into action for people living with, or at risk of, Heart Failure. For parliamentarians, PMF is a credible, patient-led partner that can help ensure the framework delivers measurable change where it matters most: earlier diagnosis, better care and improved lives.

PRODUCTIVITY WITH PURPOSE: EARLIER ACTION SAVES LIVES

Productivity in Heart Failure means using the system's time, people and resources better so Heart Failure is recognised earlier, diagnosed faster, treated sooner and patients are supported well enough to avoid deterioration, hospital admission and poorer outcomes.

Pumping Marvellous improves productivity by helping the NHS do the right thing earlier, in the right place, with fewer wasted steps. Its alignment with the CVD MSF is not just about better patient experience; it is about reducing avoidable demand, shortening pathways, improving diagnostic accuracy and supporting more consistent Heart Failure care. In simple terms, PMF helps the MSF turn ambition into pathway efficiency.

HOW PMF IMPROVES PRODUCTIVITY

PRODUCTIVITY LEVER	PMF CONTRIBUTION	PRODUCTIVITY GAIN
Earlier recognition	BEAT® helps patients and clinicians recognise breathlessness, exhaustion and ankle swelling as possible Heart Failure symptoms.	Fewer missed opportunities and fewer people deteriorating into emergency care – cost reducing.
Better use of primary care	Marvellous Masterclasses improve confidence in recognising, testing and managing suspected HF.	Reduces unnecessary repeat appointments and variation in decision-making – cost reducing.
Earlier detection and diagnosis	BEAT® encourages people and clinicians to recognise breathlessness, exhaustion and ankle swelling as possible Heart Failure symptoms and act sooner.	Aligns with the MSF ambition to improve detection and management of CVD and related risk factors.
Appropriate testing	BEAT® drives use of NT-proBNP as a key rule-out and diagnostic triage test.	Better diagnostic triage and more appropriate echo referrals – cost reducing.
Faster pathway completion	BEAT® to TREAT joins symptom recognition, clinical assessment, NT-proBNP, echo, treatment and support into a more efficient model.	Compresses what can take months into a more coordinated pathway – cost reducing. Sixty minutes, not six months.
Reduced hospital pressure	Earlier diagnosis and treatment can reduce late presentation with decompensated Heart Failure.	Fewer avoidable admissions, reduced bed occupancy and lower acute cost pressure – cost reducing.
Treatment optimisation	BEAT® to TREAT links diagnosis quickly to guideline-directed treatment for all types of Heart Failure and fluid overload.	Improves outcomes and reduces future unscheduled care – cost reducing.
Patient education and self-management	PMF provides NHS teams with practical patient and carer support after diagnosis. Over 300,000 patient education booklets are delivered to the NHS every year.	Better adherence, earlier escalation, fewer avoidable crises – cost reducing.
VCSE delivery capacity	PMF brings trusted community reach and patient-led communication.	Extends system capacity without relying only on already-stretched NHS services.

WHY THIS MATTERS TO THE MSF

The CVD MSF is about reducing premature mortality, improving quality, tackling variation and supporting innovation across the cardiovascular pathway. The 10-Year Health Plan describes Modern Service Frameworks as a mechanism to drive quality and productivity through evidence-based interventions, standardisation and adoption of innovation.

PMF aligns with that by addressing one of the least productive parts of the current Heart Failure pathway: late diagnosis after repeated contacts with the system.

PMF's BEAT® to TREAT work highlights that many people are still diagnosed in hospital, despite having previously presented in primary care with symptoms. The programme aims to connect existing evidence-based pathway components into a much faster model of recognition, diagnosis and treatment.



Pumping Marvellous improves productivity by reducing failure demand in Heart Failure:
fewer missed symptoms, fewer repeated appointments, fewer inappropriate referrals, fewer crisis admissions and faster movement from suspicion to treatment.



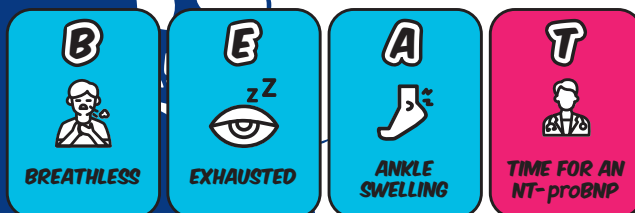
THE PRODUCTIVITY ARGUMENT

Pumping Marvellous helps improve NHS productivity because it:

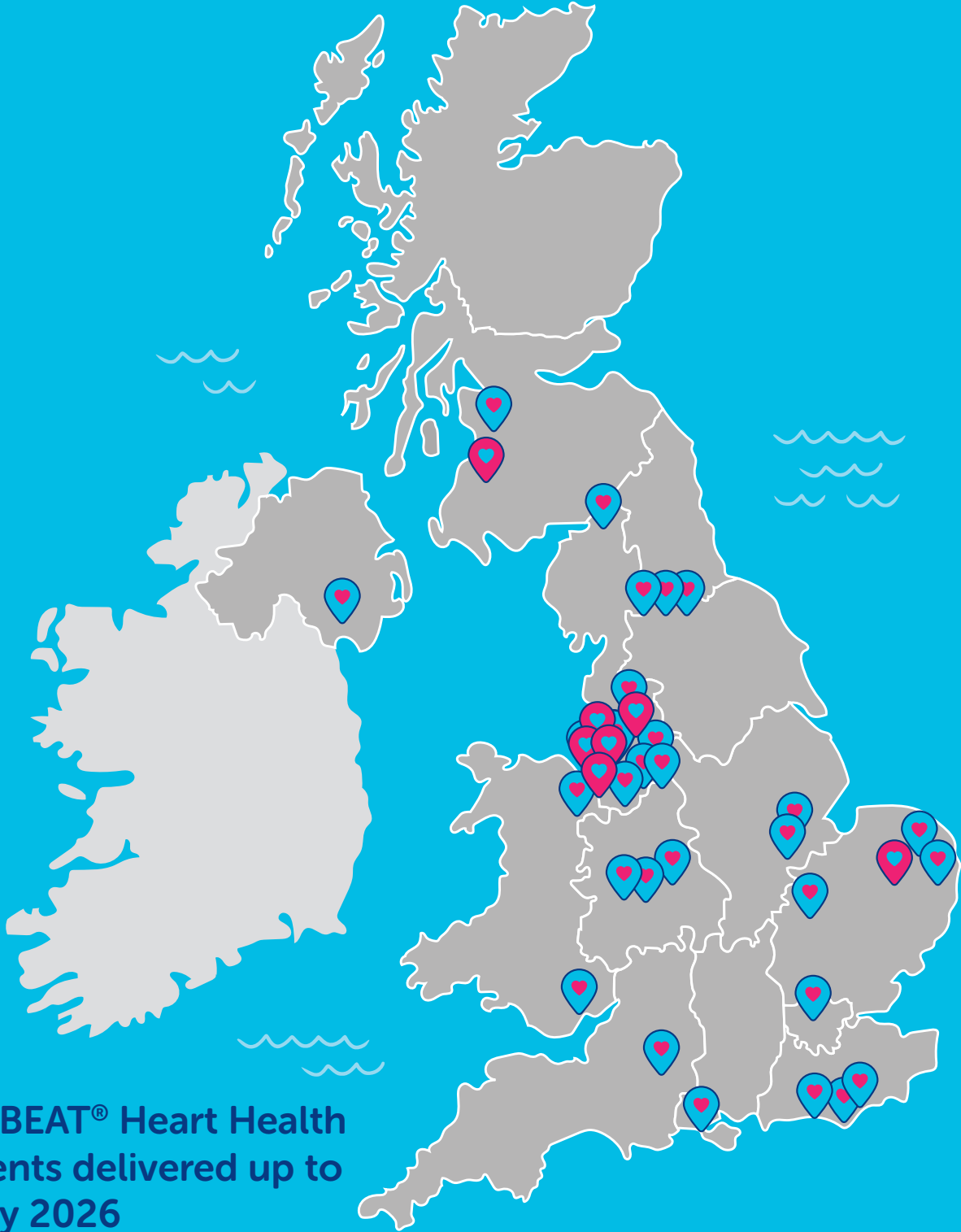
- ✓ Helps patients understand when to seek help and how to manage their condition.
- ✓ Improves the quality of first-contact decision-making.
- ✓ Reduces avoidable emergency admissions and repeat system contacts.
- ✓ Makes better use of NT-proBNP and echo capacity.
- ✓ Provides a scalable VCSE partner model for ICBs and NHS England.
- ✓ Supports primary care to act earlier and more confidently.
- ✓ Reduces late and costly diagnosis.

POLICY ASK

To maximise MSF productivity gains, Heart Failure implementation should include patient-led, pathway-focused models such as BEAT® to TREAT, supported across ICBs as a practical mechanism for earlier diagnosis, faster treatment and reduced avoidable NHS demand.



BEAT® HEART HEALTH EVENTS ARE A REAL-WORLD NATIONAL COMMUNITY PROGRAMME



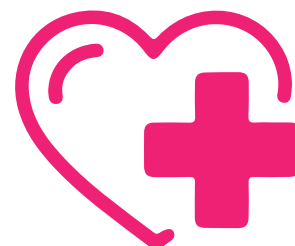
32 BEAT® Heart Health Events delivered up to July 2026

More than 300 patients across 3 locations in the UK have benefited from the one-stop BEAT® to TREAT pathway – funded by the NHS, British Heart Foundation and the Pumping Marvellous Foundation with more to join.

-  = Heart Health Event Location
-  = BEAT[®] to TREAT site

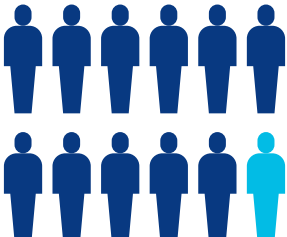
BEAT HF® HEART HEALTH EVENTS FIND CVD IN THE COMMUNITY

Of the 12,438 people offered Heart Health checks up to July 2026, 33% of people had abnormal readings of one or more of the following: hypertension, heart rhythm, and NT-proBNP.



Between 2023 and July 2026, the programme delivered significant measurable impact:

12,438
PEOPLE
SCREENED

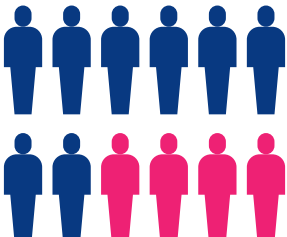


1,660



individuals identified
for NT-proBNP testing to
investigate potential Heart Failure

4,648



individuals identified
with hypertension

234



individuals identified
with atrial fibrillation



Thousands educated
on cardiovascular health, symptom
recognition and pathways to care.



Programme is still running until the
end of 2026 and funded for 2027.

B.E.A.T.®
HEART FAILURE

FROM BEAT® TO TREAT: THE HEART FAILURE PATHWAY THE MSF NEEDS

The MSF maps extremely well to BEAT® to TREAT because the MSF sets the national policy ambition, while BEAT® to TREAT provides a practical Heart Failure delivery model: recognise symptoms, test early, diagnose quickly, start evidence-based treatment, and support the person to live well.

In policy terms, BEAT® to TREAT is the CVD MSF made operational for Heart Failure.

The BEAT® to TREAT pathway was launched at a scientific session at the Cardiovascular Clinical Trials Conference in Washington, D.C. in December 2024.

HOW BEAT® TO TREAT MAPS TO THE MSF POLICY LEVERS

CVD MSF POLICY LEVER	BEAT® TO TREAT ALIGNMENT	WHY IT MATTERS
Prevention and earlier detection	BEAT® identifies the key symptoms: Breathlessness, Exhaustion, Ankle swelling, and Time for a blood test or to speak to the GP surgery.	Moves Heart Failure from late crisis diagnosis to earlier recognition in primary and community care.
Shift from hospital to community	BEAT® to TREAT starts with symptoms and NT-proBNP testing before people deteriorate into hospital admission.	Supports the MSF's community-first model and reduces avoidable acute pressure.
Reducing unwarranted variation	It creates a simple, repeatable pathway from symptoms to testing, echo, diagnosis and treatment.	Helps standardise what should happen when someone presents with possible Heart Failure.
Evidence-based care	The pathway uses existing guideline-directed interventions, including NT-proBNP, echo, all Heart Failure treatment types, diuretics where needed, and education/support.	Makes the MSF practical without needing to invent a new clinical system.
Cardiovascular-kidney-metabolic (CVRM) approach	Heart Failure is connected to hypertension, diabetes, CKD, obesity, AF and wider CVD risk. BEAT® to TREAT helps find the person before the system finds the crisis.	Fits the MSF's broader CVD-kidney-metabolic framing.
Innovation and adoption	BEAT® to TREAT is an innovation built from existing evidence-based pathway components "glued together" differently.	A scalable, low-friction model for adoption across ICBs, PCNs and community diagnostic pathways.
Patient-centred care	The pathway ends not just with treatment, but with education and support.	Aligns with the MSF aim of better outcomes, better experience and better long-term management.

HOW BEAT® TO TREAT WORKS AS AN MSF DELIVERY MODEL

BEAT® to TREAT answers a central MSF question: how do we turn national cardiovascular ambition into earlier diagnosis and treatment on the ground?

It does that through a clear pathway:

1 BEAT® symptoms recognised:

B REATHLESSNESS



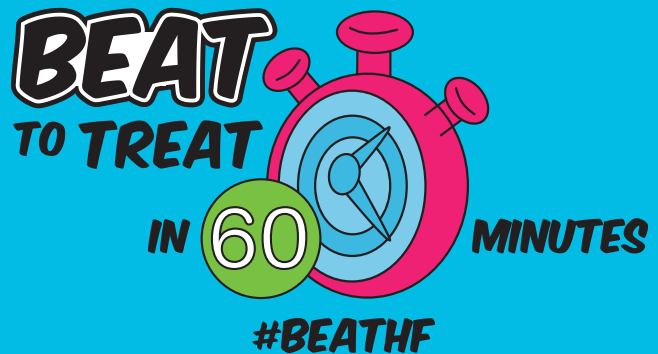
E XHAUSTION



A NKLE SWELLING



T IME TO ACT



2 Clinical assessment.

3 The person receives a clinical examination.

4 Appropriate point of care NT-proBNP testing offered.

5 The pathway uses NT-proBNP as a key rule-out/rule-in test for suspected Heart Failure.

6 AI-assisted echocardiography, specialist interpretation and a POC diagnosis.

TREAT

- **If HFrEF:** initiate guideline-directed treatment such as ACE/ARB/ARNI, Beta Blocker, MRA and SGLT2 inhibitor, with referral to Heart Failure specialist team for further tests and investigations including a hospital-based echo within the NICE guidelines of 2-6 weeks.
- **If HFpEF:** initiate appropriate treatment such as SGLT2 inhibitor and Finerenone.
- **If fluid overloaded:** treat with diuretics.

EDUCATION AND SUPPORT

The person receives support to understand their diagnosis, treatment and self-management.

This is important because PMF highlights that many people with Heart Failure are still diagnosed late, often in hospital, despite having previously presented in primary care with symptoms. PMF describes BEAT® to TREAT as a way to move from symptom recognition to diagnosis and treatment in around 60 minutes by combining existing evidence-based pathways.

THE CVD MSF CREATES THE MANDATE. BEAT® TO TREAT CREATES THE METHOD.

It helps deliver the MSF by:

- Identifying possible Heart Failure earlier
- Improving access to NT-proBNP testing
- Reducing missed opportunities in primary care
- Connecting diagnosis rapidly to treatment
- Reducing avoidable hospital admissions
- Improving patient education and confidence
- Giving ICBs a practical model for local implementation

The Health Innovation Network describes BEAT® as the first UK-wide Heart Failure disease awareness campaign, aimed at both the public and primary care professionals, and links it directly to NT-proBNP testing and earlier recognition.





BEAT® to TREAT is a practical Heart Failure implementation model for the CVD Modern Service Framework. It takes the MSF's ambition for earlier detection, community-based care, reduced variation and evidence-based treatment, and turns it into a simple pathway that patients, primary care, specialists and systems can act on.



NATIONAL ASK

Include BEAT® to TREAT as an exemplar HF implementation model within CVD MSF delivery guidance.

ICB ask: Utilise ICBs to select 10 demonstrator systems for 12-month implementation and evaluation.

NHSE/DHSC ask: adoption of BEAT® and BEAT® to TREAT and establish a common evaluation dataset measuring:



Time to diagnosis



Time to treatment initiation



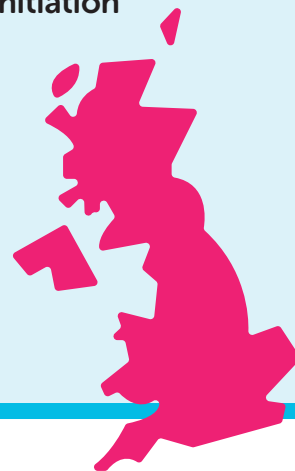
Admissions



Quality of life



Cost efficiency



BEAT® TO TREAT IS ALIVE

Locations:

Blackburn with Darwen
Everton – 3 Hubs
Kilmarnock
King's Lynn

Planned:

Knowsley
Three in the pipeline



WHEN FREE REALLY MEANS FREE:

DIGITAL CARDIAC REHABILITATION WITHOUT BARRIER

The Pumping Marvellous Foundation's free to access, free for life, NICE-approved digital cardiac rehabilitation platform is highly aligned with the CVD MSF because it delivers exactly the kind of care the framework is trying to accelerate: personalised, accessible, community-based, digitally enabled support that improves outcomes and reduces pressure on NHS services.

It helps move Heart Failure care from "diagnosis and discharge" to ongoing rehabilitation, education and self-management.

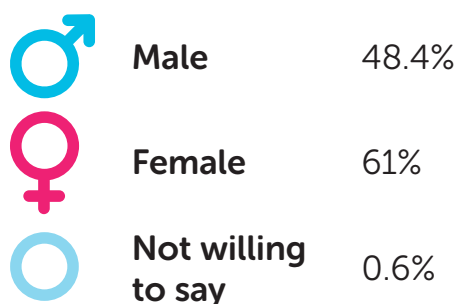
HOW IT ALIGNS WITH THE MSF

MSF POLICY LEVER	PMF DIGITAL CARDIAC REHAB ALIGNMENT	VALUE TO THE SYSTEM
From hospital to community	People can access rehab from home, at their own pace.	Extends support beyond hospital walls and reduces reliance on face-to-face capacity.
From analogue to digital	The platform provides a structured digital rehab offer.	Supports scalable, digitally enabled long-term condition management.
Prevention and secondary prevention	Rehab supports people to improve function, confidence and self-management after diagnosis.	Helps prevent deterioration, deconditioning and avoidable readmission.
Equity of access	PMF offers free low-function chair-based and medium-function programmes.	Helps people who may struggle to access traditional cardiac rehab because of frailty, mobility, geography, transport or confidence.
Patient education	The platform combines physical wellbeing with knowledge and access to patient resources.	Improves understanding, adherence and earlier recognition of worsening symptoms.
Productivity	Digital rehab can support many people without requiring every intervention to be delivered face-to-face.	Releases capacity and complements stretched NHS cardiac rehab services.
Personalised care	Different functional levels allow people to engage at a level that feels safe and achievable.	Supports the MSF ambition for care that is appropriate to the person, not just the pathway.

THE PUMPING MARVELLOUS FOUNDATION'S HOME-BASED CARDIAC REHABILITATION PLATFORM

The Pumping Marvellous Foundation's home-based cardiac rehabilitation platform is NICE approved and used within the NHS. Nearly 2000 people have onboarded, the majority of whom have not been offered cardiac rehabilitation before.

Sex

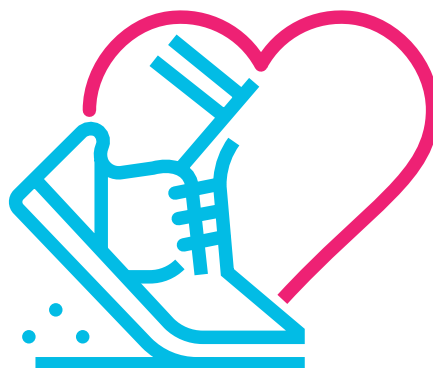


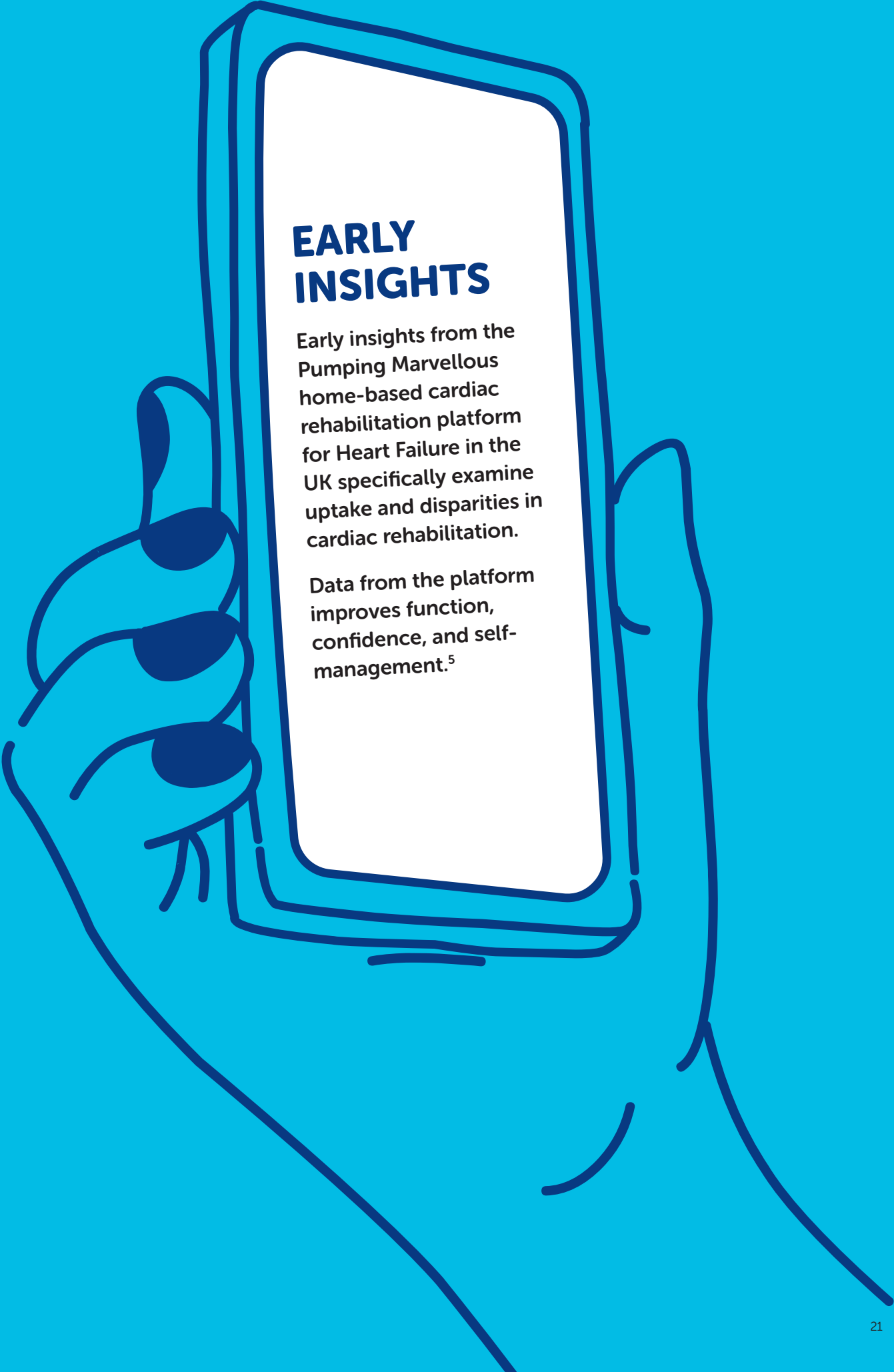
Age



18 – 25	0.66%
26 – 35	2.4%
36 – 50	13.4%
51 – 65	36.8%
66 – 75	26%
76+	20.74%

77.7% of all registrants have never been offered cardiac rehabilitation before, even though cardiac rehabilitation is an offer in the current NICE Chronic Heart Failure Guidelines for Adults (NG106)⁴



A stylized illustration of a hand holding a smartphone. The hand is drawn with simple blue outlines. The smartphone screen is white and contains text. The background is a solid blue color.

EARLY INSIGHTS

Early insights from the Pumping Marvellous home-based cardiac rehabilitation platform for Heart Failure in the UK specifically examine uptake and disparities in cardiac rehabilitation.

Data from the platform improves function, confidence, and self-management.⁵

NICE's guideline on chronic Heart Failure in adults (NG106) recommends that people with Heart Failure are offered a personalised, exercise-based cardiac rehabilitation programme, accessible at home, in the community or in hospital, and including psychological and educational components.

PMF's digital platform directly reflects this. It offers free eight-week low-function chair-based and medium-function cardiac rehab courses designed to improve physical wellbeing and support self-management.

WHY THIS MATTERS FOR THE CVD MSF

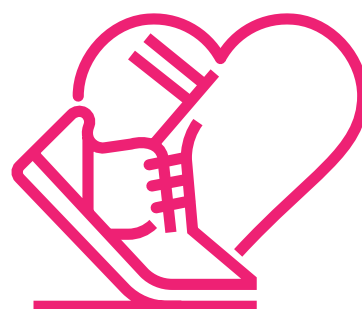
The CVD MSF is not only about finding disease earlier; it is about improving the whole pathway from prevention through diagnosis, treatment, rehabilitation and long-term management. PMF's digital cardiac rehab platform strengthens the post-diagnosis part of the pathway, where many people with Heart Failure can otherwise feel abandoned, frightened or unsure how to live safely with their condition.

It helps the MSF by:

- ♥ Removing barriers of cost to access by being free.
- ♥ Increasing access to Heart Failure-specific rehabilitation.
- ♥ Supporting people who cannot attend conventional rehab.
- ♥ Improving confidence, function and self-management.
- ♥ Reducing avoidable deterioration and crisis contact.
- ♥ Supporting recovery and quality of life after diagnosis.
- ♥ Providing a scalable VCSE-led digital asset for ICBs and NHS partners.

POLICY ASK

Government, DHSC and ICBs should recognise patient-led digital cardiac rehabilitation as a key component of CVD MSF implementation for Heart Failure, particularly where traditional cardiac rehab access is limited or inequitable.



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The CVD MSF calls for earlier intervention, digital transformation, community-based care and better long-term outcomes. Pumping Marvellous Foundation's digital cardiac rehabilitation platform is a practical example of that policy ambition already being delivered for people with Heart Failure across the NHS for free.



BEAT® starts with a symptom.
It becomes a conversation, a test,
a diagnosis, a treatment
— and, for someone living with Heart
Failure, the chance of a different tomorrow.

Heart Failure rarely arrives waving a flag.
It whispers through breathlessness,
tiredness and swollen ankles.
BEAT® makes sure we hear it
— and act.



B.E.A.T.®
HEART FAILURE

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