

National Voices on the Major Conditions Strategy

Introduction

The Major Conditions Strategy (MCS) announcement was greeted with a mixed response from National Voices' members. Some of our members advocate for people with conditions which were due to have their own single-condition plans. These were mental health, cancer and dementia. These organisations were understandably cautious about what this shift to a multiple condition strategy would mean for their beneficiaries.

For other members, the strategy presented a much-needed focus from national policy makers. This was particularly true for those working with people living with musculoskeletal (MSK) conditions, as such conditions are the largest cause of years lived with disability and the second largest cause of workdays lost.¹

National Voices engaged early in the MCS and has been invited to feed into the Department for Health and Social Care (DHSC) External Advisory Board. We were encouraged that Ministers have engaged so positively with the early feedback from our members. Ministers confirmed that the strategy will now take a life-course approach, and offer support to children and young people, as a direct result of our concerns that the original scope centred only on adults.

We also raised questions about the use of existing insight to develop the strategy. Again, DHSC listened and has produced dedicated evidence summaries bringing together what it had already heard on cancer, mental health and dementia from its earlier engagement from scoping the previously planned 10-year plans on these. This approach to developing strategies and plans should be the norm, with DHSC and NHS England respecting the effort communities have already spent on previous strategies.

In responding to the MCS call for evidence, we carried out two workshops with National Voices' members and Lived Experience Partners, and compiled additional written feedback from those we work with. In total we have engaged with over 50 different member organisations, including the British Heart Foundation, Diabetes UK, Versus Arthritis, Stroke Association, Macmillan Cancer Support, Our Time and Caribbean & African Health Network.

¹ Arthritis Research UK (2016) 'Working with Arthritis'. Available at: <https://www.versusarthritis.org/media/2071/working-with-arthritis-policy-report.pdf> (Accessed: 3 August 2023)

To have the best chance of realising the opportunities the MCS presents, we believe the plan must focus and make tangible change in eight areas.

1. Feel real to people and communities

The strategy needs to be bold and paint an optimistic view of the future, one where the opportunities of integrated care have been realised and technology is being used to deliver cutting edge care everywhere it is appropriate. However, it must also acknowledge that the system is under huge pressure and has been for some time. **The plan will need to be grounded in the here and now.** This can be done by taking a holistic, whole-person approach to care and outlining steps to improvement to maintain realistic expectations for people accessing care and provide short-term, achievable goals for people providing care.

2. Show how funding and resourcing will meet demands

Appropriate funding and resourcing must accompany this strategy to ensure it can be well implemented on the ground. The MCS needs to carefully consider and outline funding and resources in line with the trajectory of improvement. Without such funding, the NHS will struggle to implement real change due to the current pressure on finances and capacity in the face of increasing demand and care backlogs.

3. Improve people's experience of accessing care

By targeting the six most common and serious conditions that drive ill health in England, the MCS presents new opportunities to identify the cross-cutting problems that reoccur in how treatment and care is delivered across the NHS. The new strategy also presents a unique opportunity to think about how the NHS supports the growing number of people with multiple comorbidities.

The MCS should therefore improve the experience of coordinating and accessing care by creating a "one stop shop" approach that will make it possible for people living with multiple conditions to have diagnostic tests and consultations for more than one condition in one hospital visit.

To enable this, the MCS must improve access to records between different parts of the system to streamline administrative process and care coordination for patients under multiple services. Secondary care clinicians must also cross-refer patients directly into other secondary services rather than bouncing them back into primary care. While these improvements develop, it is vital people are supported while they wait for care as this will significantly improve people's experiences and outcomes.

4. Take a broad view of prevention

Prevention should be at the heart of the MCS. All prevention initiatives must be designed with people and communities to take account of their capacity and ability to engage, and make best use of limited resources.

Taking a broader view of prevention will help to reduce ill health across all community groups, rather than focusing solely on the six major conditions. This can be done by taking an all-ages approach beginning in childhood and continuing throughout life. There are key moments in life when preventative interventions may have particular benefits, for example providing more support to people during maternity care, or for young people entering employment. The MCS must also promote secondary prevention measures to help people live well with their ill health.

All health education offers must be inclusive and culturally appropriate to help people better understand and identify certain lifestyle activities which can increase their specific risk of developing certain conditions.

In order for preventative measures to be successful, they must be supported by a “health in all policies” approach. The MCS needs to explicitly set out how it will work across Government to tackle the very specific social determinants, inequalities, and injustices that create physical and mental ill-health, such as poverty, racism and other forms of discrimination.

5. Tackle health inequalities

It is imperative that the MCS addresses and tackles health inequalities, including wider social inequalities and discrimination that can impact people’s health and wellbeing.

People facing poverty, racial injustice and digital exclusion in healthcare are often unable to access care using their preferred method² and our membership tells us the people they advocate for often report feeling increasingly distressed, anxious, and forgotten. These patients are often those who are less able to draw on other resources, either from the community or through friends and family, and therefore are less able to effectively self-manage while waiting for care. People unable to access care are also more likely to lose trust in the accessibility and capability of the whole health service to meet everyone’s needs.

² Dr Emma Stone, Good Things Foundation (2021) ‘Briefing Paper: Digital exclusion & health inequalities’. Available at: <https://www.goodthingsfoundation.org/wp-content/uploads/2021/08/Good-Things-Foundation-2021-%E2%80%93-Digital-Exclusion-and-Health-Inequalities-Briefing-Paper.pdf> (Accessed: 3 August 2023)

Collecting good quality data is vital to help NHS services provide more equitable access to healthcare, allowing for targeted support for those who need it most. People must also be given meaningful choice in accessing health and care services to ensure it works with their circumstances and needs.

It is likely the MCS will consider the use of technology and recommend at-home monitoring methods to help people manage their conditions. However, it must consider the digital exclusion implications of using these technologies, such as those that occur financially due to people already struggling with the cost of living as well as those who may struggle to use or understand the technology.

6. Make people feel empowered

It is not possible for the MCS to achieve integrated, person-centred care that helps people live healthier, longer lives without involving and working meaningfully with the people and communities the strategy impacts. People must feel empowered by the strategy and buy into its vision.

This can be done by working meaningfully with people with lived experience to co-design and co-produce the MCS at all stages of its development and implementation. We know a one-size-fits-all approach does not work in healthcare as, for example, people will have different communication needs. So co-production must include a diverse range of communities, including those who experience health inequalities. It is important to involve carers, including young carers, as equal partners in care and ensure adequate support is available for them.

Improved access to support and services by Voluntary, Community and Social Enterprise (VCSE) organisations and local community services can help people to find and access health and care services in a way that works best for them. This can include access to culturally appropriate resources or relevant community peer support groups.

7. Cover people's differing needs at different stages of their life

The government must lay out how it intends the MCS to take a life-course approach. We recommend it does this by examining key moments in life and advocate for care needs at each stage. There are concerns that the MCS may naturally focus on older people, due to its work around multiple complex conditions which often arise later in life. To prevent this, we advocate for a whole-family approach, especially around mental health and wellbeing.

Transitioning between children's and adult's services is often a challenging experience for young people with physical health and/or mental health

challenges. Equally, supporting those to engage in meaningful work at a pace that works for them to prevent long-term sickness is also vital, alongside retraining for those whose condition means they can no longer work in their existing roles.

8. Place patient experience at the centre of success measurements

To create a healthcare system that delivers what matters most to people affected by any of the major conditions, the MCS will need to overhaul how we measure success.

At the moment, the system tends to be judged on how many procedures or appointments it completes, and the timescales in which this activity is completed. These outputs form the basis of performance management largely because they are often easier to measure or are already being measured. Traditional performance measurement also tends to look at services in silos.

The opportunities to provide better support to people with multiple conditions will need metrics that consider outcomes across specialties, and include patient experiences.

An overall headline measure of success based on healthy life expectancy is a good starting point as this is the real end goal of an effective health service. But this must be supported by a range of more detailed metrics more focused on user experience and outcomes, so we move to a system that places the patient at the centre of what success means.

Conclusion

The Major Conditions Strategy has the opportunity to vastly improve people's experiences of health and care. It could transform the healthcare system by overcoming traditional condition-specific silos and identifying and addressing cross-cutting themes that could be beneficial for everyone, not just people living with the six major conditions.

However, it must be practical and consider the current economic climate, including increasing costs of living, and existing challenges the system faces, such as workforce and rising demand.

The strategy must set out achievable short- and long-term goals with adequate funding and resourcing, designed in conjunction with the people and communities it aims to help. National Voices and our members stand ready to work with DHSC and NHS England to develop an innovative yet practical strategy that will help people live happier, healthier, and longer lives.