

The Rt Hon Steve Barclay MP
Secretary of State
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

26 June 2023

Dear Secretary of State,

An open letter from six eminent health and care organisations re the Major Conditions Strategy

The Department of Health and Social Care published a consultation on the proposed Major Conditions Strategy in May, and our organisations have submitted responses to the consultation survey. However, the rigid structure of the consultation survey did not allow for us to raise our primary concerns about this strategy, as set out below.

By focusing on six major conditions, the proposed strategy appears to suggest that there is a hierarchy of illness. Prioritising these conditions implies that they are considered more important than many other conditions not included, and will almost certainly impact on resource allocation. Such an approach is not holistic or person-centred. It starts with a set of conditions, rather than putting the individual at the heart of planning for diagnosis, treatment and care. We urge you to reconsider this approach and instead commit to ensuring that all people receive the care and support they need to live well, regardless of whether the conditions they live with are considered to be ‘major’.

Moreover, the proposal for a major conditions strategy does not recognise the challenge of multimorbidity which is now the norm for all six of the ‘major’ conditions, particularly for people living in areas of socioeconomic deprivation and older people. Many people with one of the ‘major conditions’ will in fact have more than one of these conditions, as well as conditions excluded from this strategy. This is particularly the case for older people, the largest group using NHS services, who accumulate multiple conditions with age, many of which are not included in the strategy. The Chief Medical Officer has made multiple conditions a focus of much of his work to date. This should be reflected in the strategy.

We are particularly concerned about the exclusion of frailty from the strategy. Frailty affects up to half of people aged over 85 and half of all patients in hospital and in care homes. It predicts adverse outcomes independently from multimorbidity and disability, costs healthcare systems in the UK

£5.8 billion per year and has a huge impact for the formal and informal care sector, affecting flow through healthcare services. The majority of people living with frailty have multimorbidity.

Recognising frailty opens up evidence-based approaches that cannot be achieved by approaches based upon separately managing discrete long-term conditions. Over the last twenty years, significant steps have been made towards designing health and care systems around older people living with frailty, as set out in the [BGS Blueprint](#). These systems should be underpinned by the use of Comprehensive Geriatric Assessment and optimisation (CGA), a clinically and cost-effective intervention, that supports people to live independently at home, with reduced burden on health and care services. The evidence for CGA is very strong – a Cochrane Review in 2017 covering 29 trials and over 13,000 patients compared CGA with generalist ward care and found that patients who received CGA were more likely to be alive and in their own homes at follow-up. It is a backward step to reintroduce single-condition planning and siloed pathways of care, with apparently little awareness of the overarching impact of multimorbidity and frailty.

Recognising multimorbidity and frailty as key challenges and opportunities is also vital for health promotion and preventative medicine. Common factors underpinning clusters of long-term conditions and frailty will enable public health interventions to be prioritised based upon those most likely to have meaningful impact, including those aiming to address obesity, sedentary behaviour and social isolation.

As currently expressed, the Major Conditions Strategy takes a very 'biomedical' approach. Many of the conditions in this strategy require coordination of chronic care and support provided by multidisciplinary teams across all healthcare settings, including primary and community care, with support from social care and the voluntary sector. It is important to ensure that these wider care and support needs are considered alongside the medical needs to enable people to live independently, maintain wellbeing and control, and reduce unnecessary utilisation of health and care services. In the context of integrated care, people need a joined-up approach rather than a siloed approach as promoted by this strategy. Moreover, to improve population health we need to understand how different clusters of long-term conditions, for example vascular dementia and heart disease, may be avoided by similar public health approaches and how prevention and early intervention can be tailored to the local socio-economic and cultural context. We can only advance the health equity agenda if multimorbidity is specifically recognised in this strategy.

We urge you to reconsider the Government's approach to managing major conditions and instead commit to a holistic patient-centred approach grounded in the reality of multimorbidity and frailty.

We would be happy to discuss this further with you. Please do contact Sally Greenbrook, Policy Manager at the British Geriatrics Society (s.greenbrook@bgs.org.uk), to arrange a meeting.

Yours sincerely,

Professor Adam Gordon, President, British Geriatrics Society

Liz Jones, Policy Director, National Care Forum

Dr Adrian Boyle, President, Royal College of Emergency Medicine

Dr Sarah Clarke, President, Royal College of Physicians

Mr Michael J McKirdy, President, Royal College of Physicians and Surgeons of Glasgow

Professor Andrew Elder, President, Royal College of Physicians of Edinburgh

