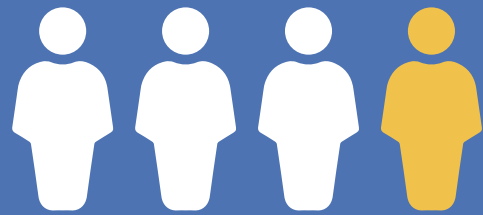


# One in four:

## A manifesto for people with multiple health conditions



**The Richmond Group of Charities represents more than 15 million people living with long-term health conditions and, as our population is ageing, this number is set to grow. One in four of us are now living with at least two health conditions.<sup>1</sup> We think getting it right for people with multiple health conditions holds the key to a stronger NHS.**

Our manifesto demonstrates why the current system is unsustainable, what a system that works well could look like, and what steps are required to get there.

### Why focus on people living with multiple long-term conditions?

**More people are living with multiple health conditions and there is a large health gap between the rich and poor.**

- The number of people living with major illness is projected to increase by over a third by 2040.<sup>2</sup>
- The gap in healthy life expectancy is growing - people living in the most deprived areas are developing poor health 10-15 years earlier than others.<sup>3</sup>

**Long-term conditions are putting increasing demand on health and care services.**

- People with long-term health conditions account for around 70% of all health and care spending, half of GP appointments and two thirds of outpatient appointments and hospital bed days.<sup>4</sup>
- 2018 analysis predicted multiple conditions care would increase hospital activity by 14% and costs by £4 billion over just five years.<sup>5</sup>

**Improving long-term condition care would support the economy.**

- Over 2.5 million people report that they don't work because of illness, with mental ill health and musculoskeletal conditions cited most.<sup>6</sup>

“There are two doctors who I have seen more than others but, on the whole, I see someone different every time. You get cycled in and out. It means every time I go in, I have to tell the same story.”

Keith, 57, Northumberland



### What doesn't work well for people living with multiple long-term conditions?

Our conversations with people living with multiple health conditions have highlighted key aspects of the current set up of health and care that pose challenges:

- Care tends to be fragmented into body parts and specialisms, designed around the needs of the service rather than the person.
- The system focuses on crises rather than helping people to live well and supporting them to manage their own health.
- Care fails to take a holistic view of a person's needs and treatment preferences, often leading to conflicting advice and high treatment burden.
- Mental and physical healthcare is provided separately.

Instead, patients tell us they value care that is coordinated, continuity of relationships with professionals, time to talk, preventative services and access to community support closer to home.



## Recommendations for government and national system leaders

As the nation's health and the trajectory of illness change over time, our health and care system must also adapt. We should redesign health systems with an expectation of multimorbidity,<sup>7</sup> focused on cutting the prevalence and slowing the trajectory of long-term conditions, and supporting people to live well with their health conditions.

That's why we're calling on the government and national system leaders to:

### Support people with multiple health conditions to live well

The health and care system must understand and address the ways that health conditions affect a person's everyday life. It should support people to manage their own health and care, live as well as they can, and thereby prevent or slow the progression of health conditions.

- **Invest in community rehabilitation provision** and have a rehabilitation lead in every ICS.
- **Ensure long-term funding for voluntary and community-based support** that enables people to lead healthier, more active lives.
- **Set targets for reducing physical inactivity** amongst people with long-term health conditions.

### Drive the redesign of multiple condition care

National leaders must support local systems to build joined up and preventative services that help people with multiple conditions to live full lives in their communities. They should set the direction of travel and convene, curate and coordinate the efforts of others to facilitate care redesign.

- **Provide leadership and set direction** so that multiple condition care is a priority in national strategies and plans, with senior NHS leadership to drive change.
- **Set up a national improvement programme** to support ICSs to transform multiple condition care and accelerate the spread of anticipatory models of care.
- **Ensure that policy levers and incentives** support the shift towards joined-up care, reduced treatment burden and links into community services.
- **Equip the workforce with the skills and tools** to deliver person-centred multiple condition care.

## Promote health in all policies

To tackle the causes of ill-health and disparities, for which poverty is a key driver, national leaders must go further upstream and beyond the NHS. People's health and wellbeing should be the 'North Star' that guides policymaking, through a 'health in all policies' approach.

- **Establish a cabinet committee on health inequalities**, focussing on the health impacts of all government decisions.
- **Go further faster on plans** to reduce tobacco and alcohol dependency, obesity, the consumption of high salt, fat and sugar foods, air pollution and physical inactivity.
- **Reverse cuts to public health** and fully reinstate the public health grant to local authorities.

These actions will help secure the fundamental shift towards a system that better serves people with multiple health conditions. The Richmond Group stands ready to help.

## You can read the full manifesto [here](#)

Please contact [RichmondGroup@macmillan.org.uk](mailto:RichmondGroup@macmillan.org.uk) for further information.

The  
Richmond  
Group  
of Charities



### References

<sup>1</sup> The Health Foundation (2018). [Understanding the health care needs of people with multiple health conditions](#) - The Health Foundation

<sup>2</sup> The Health Foundation (2023). [Health in 2040: projected patterns of illness in England](#) - The Health Foundation

<sup>3</sup> Financial Times (2023). [Worsening health is an economic headwind](#)

<sup>4</sup> Department of Health (2012). [Long term conditions compendium of information: third edition](#), Department of Health/Long Term Conditions

<sup>5</sup> Soley-Bori M, Ashworth M, Bisquera A, Dodhia H, Lynch R, Wang Y, Fox-Rushby J. (2021). [Impact of multimorbidity on healthcare costs and utilisation: a systematic review of the UK literature](#). Br J Gen Pract. 2020 Dec 28;71(702):e39-e46. doi:10.3399/bjgp20X713897. Print 2021 Jan.

<sup>6</sup> ONS (2023). [Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023](#)

<sup>7</sup> [Joined up care is needed to address multimorbidity](#) - The Lancet Global Health