

Major Conditions Strategy: A case for change and strategic framework

Introduction

The Department for Health and Social Care (DHSC) published an [interim case for change and strategic framework as part of the Major Conditions Strategy](#) on 14 August 2023. The document sets out the evidence underpinning the strategy and provides an overview of initial plans for action over the next five years. The full strategy document is expected to be published in early 2024, following analysis of responses to DHSC's call for evidence, which closed on 12 July 2023, and further consultation with stakeholders. The strategy is relevant to England only.

This briefing provides an overview of the case for change and strategic framework, the key areas of focus for the final strategy and our view. NHS Providers submitted a [written response to the call for evidence](#) in June 2023 and have met regularly with colleagues at DHSC and the Office for Health Improvement and Disparities to discuss the development of the strategy.

Overview of the Major Conditions Strategy

The document clarifies that the Major Conditions Strategy will aim to improve health outcomes and better meet the health and wellbeing needs of local populations. It will contribute to the broader government goal to narrow the gap in healthy life expectancy between local areas where it is highest and lowest by 2030 and to raise healthy life expectancy by 5 years by 2035, as laid out in the [Levelling Up White Paper](#). The strategy will recognise challenges facing society, specifically around multi-morbidity in ageing populations. People with two or more conditions account for around [50% of hospital admissions and over half of NHS costs](#).

The strategy will focus on six major conditions:

- Cancers
- Cardiovascular disease (CVD), including stroke and diabetes
- Musculoskeletal disorders (MSK)

- Mental ill health
- Dementia
- Chronic respiratory disease

In providing one strategy for a number of different long term conditions, the government aim to remove pre-existing siloes between diseases and increase the provision of holistic, joined up and personalised care for patients. This approach reflects the broader shift towards integrated care and the creation of Integrated Care Systems following the [Health and Care Act 2022](#).

Strategic framework

The strategic framework, which will underpin the final strategy, focuses action on:

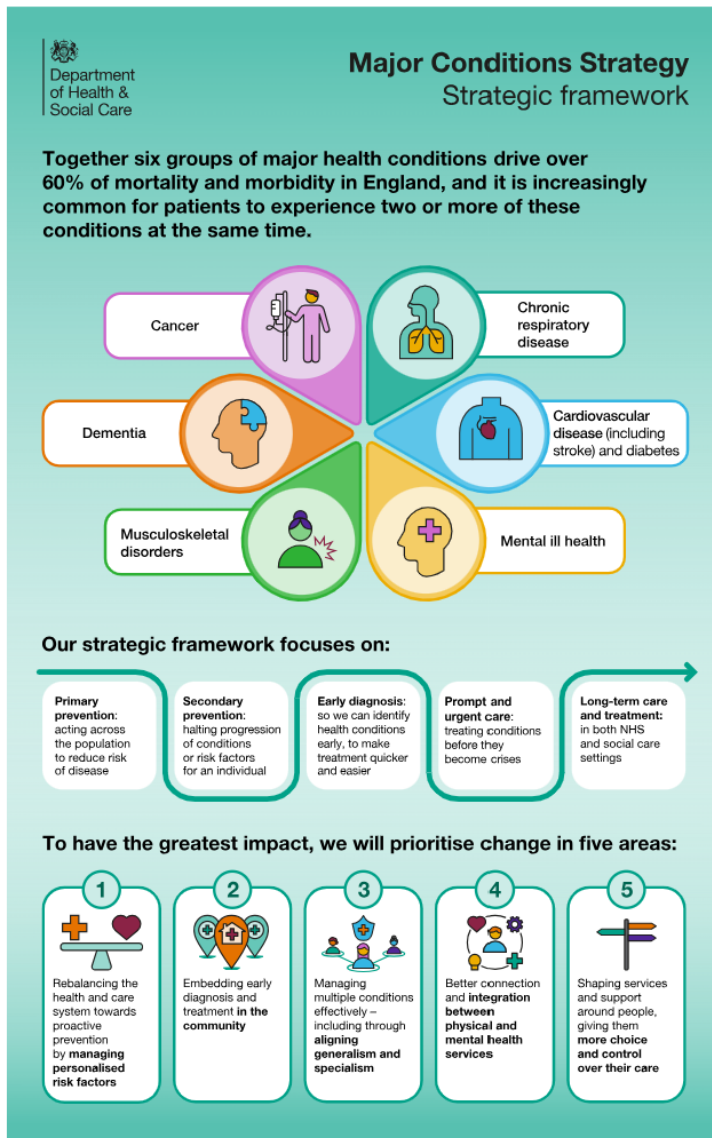
- Primary prevention: acting across the population to reduce risk of disease
- Secondary prevention: halting progression of conditions or risk factors for an individual
- Early diagnosis: to identify health conditions early, to make treatment quicker and easier
- Prompt and urgent care: treating conditions before they become crises
- Long term care and treatment in both NHS and social care settings

Tackling health inequalities is recognised as central to improving health outcomes and will be embedded across the whole strategy. It will include consideration to socioeconomic deprivation, ethnicity, gender and inclusion health in leading to health disparities. Implementation of NHS England's [Core20PLUS5](#) framework for reducing health inequalities will be key.

DHSC has outlined five priority areas where it can make most difference:

1. Rebalancing the health and care system, over time, towards a personalised approach to prevention through the management of risk factors
2. Embedding early diagnosis and treatment in the community
3. Managing multiple conditions effectively – including embedding generalist and specialist skills within teams, organisations and individual clinicians
4. Seeking much closer alignment and integration between physical and mental health services
5. Shaping services and support around the lives of people, giving them greater choice and control where they need and want it and real clarity about their choices and next steps in their care.

The strategic framework has been simplified in the following graphic:



Prevention

The Major Conditions Strategy will focus on preventing ill health by reducing the impact of risk factors on health outcomes. The strategy will empower individuals to lead healthy lives, focusing on smoking, diet, physical activity, and alcohol and drug use, which account for most of the burden of ill health. There are clear disparities among population groups across these healthy behaviours. The strategy refers to existing government commitments in order to advance this agenda, including: achieving a smokefree society by 2030, £780 million investment in drug and alcohol treatment services, creation of Family Hubs / Start for Life programmes and development of a national suicide prevention strategy.

The case for change acknowledges the importance of tackling the wider determinants of health to improve primary prevention. The strategy will also highlight the vital role of integrated care systems (ICSs) in improving population health. It will also recognise the need for broader government action on reformulation of unhealthy foods, increasing rates of physical activity and reducing air pollution.

The case for change clarifies the key role the NHS and NHS trusts in delivering on secondary prevention, through identifying and offering targeted intervention to those most at risk of developing more serious illness. The final strategy will aim to enhance community based services and improve access to diagnoses and treatment.

Early diagnosis, early intervention and quality treatment

The Major Conditions Strategy plans to identify opportunities for earlier diagnosis and treatment, by sharing lessons learned between conditions and ICSs. For example, building on the work of NHS screening programmes. The strategy will explore the role of technology and AI to improve diagnostics and treatment.

The strategy will aim to improve treatment and experiences of patients where care is often siloed by condition, by increasing integration and personalised care. It will specifically outline plans to improve holistic care between mental health and physical health pathways. The strategy will also take a life course approach, recognising the peak onset of conditions and ensuring the right systems are in place to identify and treat conditions for different age groups.

Living with major conditions

The final strategy will provide a plan for patients living with long term conditions that cannot be prevented or fully cured through treatment and will aim to improve care coordination, symptom management and support for families / unpaid carers.

The case for change clarifies that the NHS and NHS trusts should focus on delivery of high quality, integrated and personalised care, including social care. Patients should be empowered to be active partners in their care, for example through shared decision making and choice, by providing accessible information to patients about their care. It also outlines plans to improve 'pre-habilitation', rehabilitation and recovery services for patients.

The final strategy will also explore interventions to improve:

- Pain management

- Medicines management (including polypharmacy)
- End of life care
- The mental health of people with physical conditions
- The physical health of people with mental health conditions.

Enabling systems

The case for change identifies three cross-cutting enablers to achieving success and improving health outcomes: digital technologies and innovation, research and leadership.

The final strategy plans to empower Integrated Care Systems to develop local approaches that best meet the needs of local populations, rather than through centralised solutions and targets.

NHS Providers view

We welcome the initial commitments set out in this case for change and strategic framework and can see that many of the priorities we set out in our [written response to the call for evidence are reflected in the document](#). We look forward to more detail being published in the full version of the final strategy in early 2024 and would welcome more specific information on the role of NHS trusts in delivering the actions outlined. It is important that the final strategy document recognises the operational pressures facing NHS trusts and aligns to other existing guidance and strategies, particularly around backlog recovery.

We welcome the focus on primary prevention, secondary prevention and managing long term conditions. We also welcome the life course approach to major conditions, as we know that the onset of many conditions is in childhood and adolescence and interventions will need to be taken during this period in order to prevent ill health. NHS trusts play a vital role in prevention and care management, as demonstrated in our report [Providers Deliver: New roles in prevention](#). As [anchor institutions](#), trusts positively influence the population health and wellbeing of a local area.

In the final Major Conditions Strategy, more detail should be provided on how NHS trust will be supported to overcome the barriers they face in prioritising action on prevention. This includes: improving the accessibility and interoperability of data within systems, increasing dedicated funding for prevention and tackling operational pressures that often divert focus away from prevention.

We support the commitments to improve early diagnosis and treatment of conditions and welcome the plans to bolster community care and invest in digital technologies. The focus on personalised

patient care is particularly welcome, as we know that current care is often narrowly focused on the treatment of specific diseases or organs in the body. The interim report rightly recognises the increasing multi-morbidity of patients, whereby a holistic and integrated approach to care is most beneficial. We also welcome the signals within the document to achieve parity of esteem between physical and mental health conditions. Delivering timely and accurate diagnosis and high-quality treatment relies on a fully resourced NHS workforce. It is therefore crucial that the NHS Long Term Workforce Plan is fully funded and implemented to complement the Major Conditions Strategy.

We welcome the commitment to reducing health inequalities and tackling the wider determinants of health, which underpins the interim strategy. We know that disparities exist across a range of health outcomes and within the six conditions outlined in the strategy. However, actions to reduce disparities and improve prevention cannot be the sole responsibility of NHS services. The final strategy should further outline the role of cross-government departments on this agenda. Poverty drives health inequalities and economic inequalities must be tackled in order to see improvements, requiring action across governmental departments and sectors. The government must be committed to taking centralised decisions to improve health and wellbeing, such as reformulation of unhealthy food products. Cuts to the public health grant in recent years have undermined the efforts of local authorities to improve population health and reduce inequalities. There must be increased support for public services, such as public health and social care, given the crucial role these services play in providing wider care.