

Experts call for health system change to tackle the challenge of multimorbidity in the NHS

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The number of people with multiple long-term conditions, known as multimorbidity, is rising internationally, putting increased pressure on health care systems, including the NHS. Researchers from the 3-D Study—the largest ever trial of a person-centred approach to caring for patients with multimorbidity in primary care—at the Universities of Bristol, Dundee, Manchester and Glasgow, are hosting a conference today with the Royal College of General Practitioners to discuss the challenges facing general practice and how the health care system needs to respond.

The researchers have also published a report, launched at the conference today, which makes detailed recommendations to policy makers about what that system change should look like.

People with multimorbidity—one or more long-term health conditions, such as diabetes, heart disease and dementia—are more likely to experience poor quality of life and poor physical and mental health. They use both general practice and hospital services far more often than the general population. However, healthcare systems around the world are largely designed to manage individual diseases or episodes of illness rather than patients with complex multiple [health care](#) needs.

Professor Chris Salisbury, a GP and multimorbidity research lead from the Centre for Academic Primary Care who will be speaking at the

conference today, argues that a new approach is needed. "Health services, including the NHS, need to adapt to address this challenge", he said. "We need patient-centred [care](#), with more emphasis on generalist rather than specialist care and better integration between general practice, hospitals and social care. There will need to be a new relationship between patients and [health care professionals](#), which will engage patients more in managing their health conditions themselves."

In the report aimed at [policy makers](#), published at the conference today, Professor Salisbury and co-authors, Professors Bruce Guthrie (University of Dundee), Peter Bower (University of Manchester) and Stewart Mercer (University of Glasgow), said: "People with multimorbidity account for a disproportionately high number of consultations in [general practice](#) and their treatment is expensive because they are likely to be prescribed numerous drugs. People with multimorbidity also have high rates of emergency hospital admissions and attendance at out-patient appointments. The economic impact of increasing multimorbidity in the population is therefore substantial. We need to consider new ways of providing health care which more effectively support self-care, reduce inefficiencies and reduce reliance on expensive hospital care."

The report makes a series of policy recommendations including:

- Promoting patient-centred approaches to the management of multimorbidity in primary care, which requires training, support and changes in incentives.
- Developing and evaluating new approaches to managing patients with multimorbidity within hospitals.
- Exploring new models of integration of primary and community care, hospital care and [social care](#) which enable better co-ordination and support for people with multimorbidity, which is likely to require substantial changes in commissioning and

- funding mechanisms, and a rebalancing of resources.
- Changes to professional education, training and regulation to prepare professionals to manage patients with multimorbidity in new and more integrated systems.
 - Engaging and enabling people to manage their own [health](#) and long-term conditions, requiring co-ordinated action across many aspects of government and public life.
 - More research to understand and improve care for multimorbidity.

Provided by University of Bristol

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