

The
Richmond
Group
of Charities



Royal College of
General Practitioners

The Taskforce on Multiple Conditions

“Just one thing after another”:
Living with multiple conditions



About the Taskforce on Multiple Conditions

- Established April 2018
- A cross sector partnership between the **Richmond Group of Charities**, the **Royal College of General Practitioners** and **Guys and St Thomas' Charity** to better understand and meet the needs of people living with multiple long term health conditions.
- Our overarching aim is for people with multiple long-term health problems to live as well as possible for as long as possible, because the following has been achieved:
 - The development of multiple long-term conditions is delayed or prevented
 - Where people live with multiple long-term conditions, health and care services and the voluntary sector's offer are well aligned to manage and support them.

Who is the Richmond Group of Charities?

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- A coalition of 14 of the leading health and social care organisations in the voluntary sector:



- We **add value** by addressing issues together which we cannot address as effectively as individual organisations.

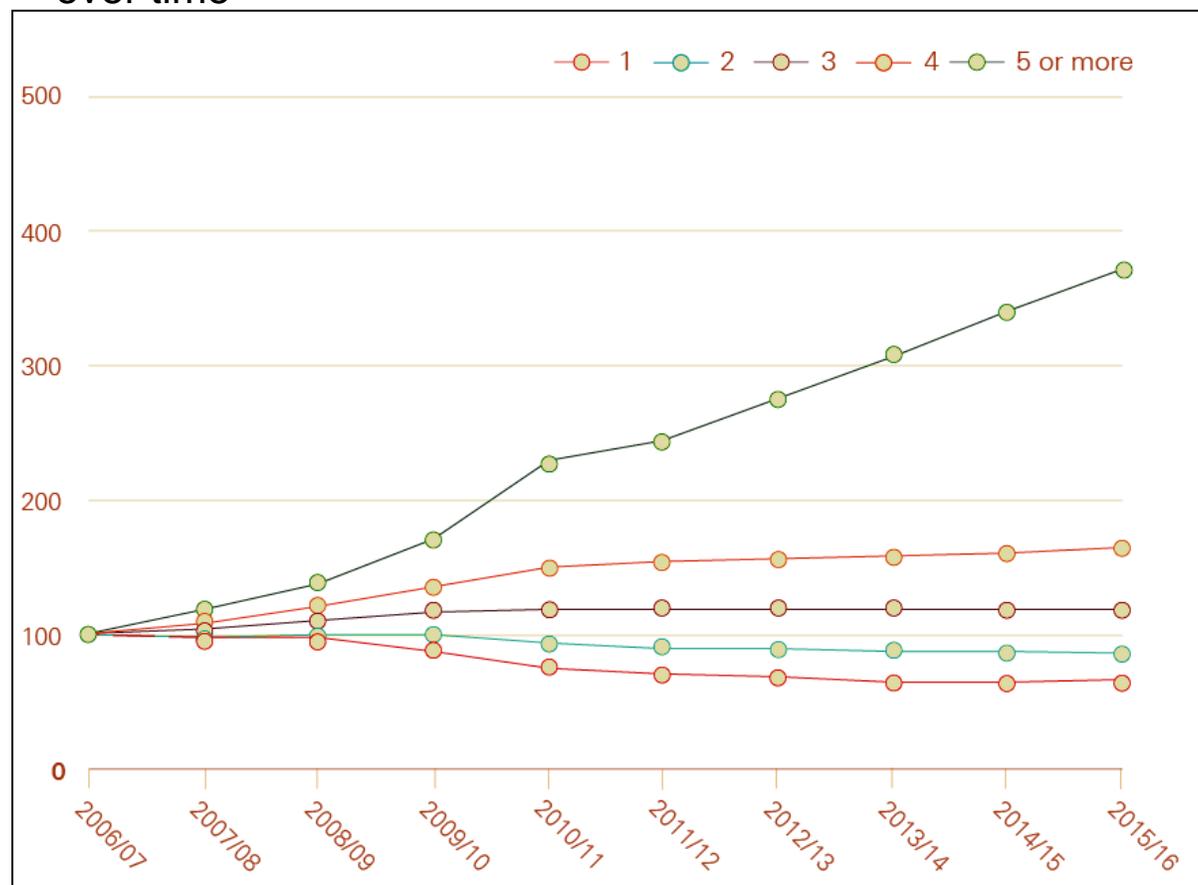
The number of people living with Multiple Conditions

In 2006/07, one in 10 patients admitted to hospital as an emergency had 5+ conditions. In 2015/16, the figure was one in three.

Estimates of people living with two or more long-term conditions range from 15% - 31% of the population.

People in disadvantaged areas are at greater risk of having multiple conditions, and are likely to have multiple conditions at younger ages.

Emergency admissions by number of health conditions over time



“Just one thing after another”: Living with Multiple Conditions

We carried out half day ethnographic style in-home interviews with 10 individuals...



REVEALING
REALITY

The experiences of people living with multiple conditions

Complexity and compound impact

Impacts on:

- Mobility
- Social Connectedness
- Mental wellbeing

'Illness burden' and 'treatment burden'

"Any change is a big risk for me. I don't know when I'll be having a bad leg day. Or a bad head day".
-Wendy, 44

Adaptations

"I store up my problems and go to see my favourite GP once the list gets long enough...we talk about our favourite bands together"
-Keith, 57

Missed opportunities

"I've had to go through a grieving process for the loss of my career. I miss everything about it"
-Keith, 57

Chronic pain

"I have to plan in advance more, I have to look at things we want to do and think can I do that – will it be okay for my conditions. We can't just go to the sea side or the beach, we have to think ahead"
-Susan, 53

"I still work because it means I can stay fit, feel useful and gives us the bit of money we need to run the car and remain independent. I've got my family: you can't ask for much more than that"
-Peter, 81

"I had hundreds of friends in the past. But they've not been there over the years"
-Matilda, 55

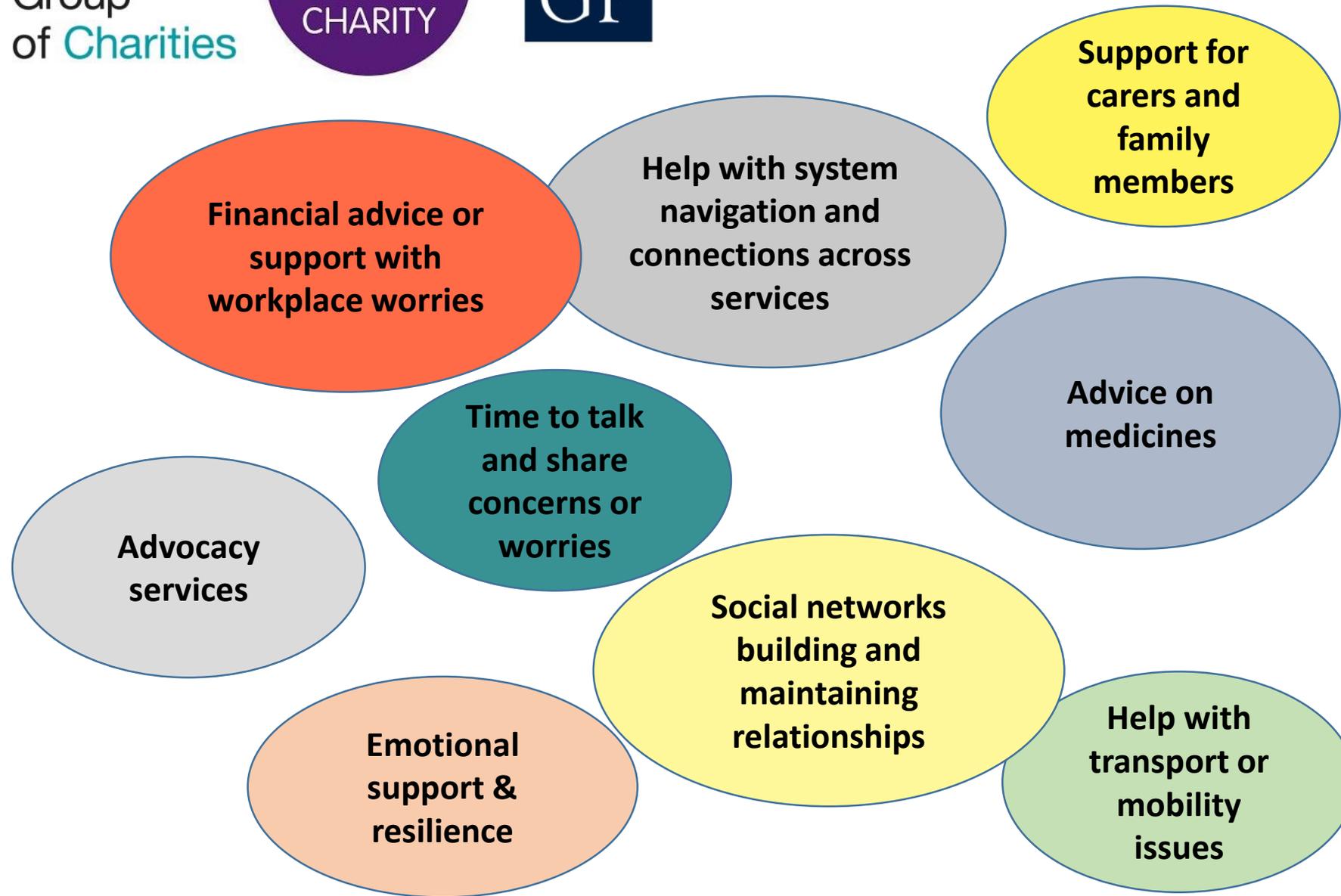
Language and framing

"If the doctors took a more holistic approach and took an interest in my life then I'd be more inclined to go"
-Vivienne, 55

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Introducing Keith, Anna, Megan and Vivienne:

To accompany the ethnographic research report, we have commissioned a series of short videos which are available to download from our website. In these, study participants are interviewed in their own homes:

Short film: [Multiple conditions and mental wellbeing](#)

The next phase of our collaboration:

- Defining and translating what good looks like from the perspective of those with lived experience
- Supporting mobility and movement
- Parity of esteem across physical and mental health
- Measuring wellbeing as an outcome
- Polypharmacy and deprescribing
- Training for health and social care professionals
- Building the evidence base
- Recognising co- and multi-morbidities in national guidance
- Ensuring flow of data across the system

Starting with our own assets and relationships, we are committed to looking at our own support offer:

- *We want to base our influencing activity on 'what works' and are willing to go on a learning journey ourselves.*
- *Are we making the most of our collective assets?*
- *For people accessing our services and for those referring in, are we aligned where this makes sense?*

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Our combined reach:

Together, the Richmond Group of Charities:

- **Reach 21.4 million people**
- **Receive 554,000 helpline calls**
- **Produce 19.3 million information guides**
- **Have 256,000 volunteers**
- **Run 2600 support groups**
- **Have 41.6 million website visits**
- **Spend £614m in support**

(these figures are before Royal Voluntary Service and British Red Cross joined the Richmond Group so will now be significantly increased)

The process we are running:

- *Interviews with all Richmond Groups CEOs, as well as selected Services Directors and Frontline staff and/or practitioners.*
- *Asset mapping across existing services.*
- *Focus groups with people living with multiple conditions and carers (Nov) and GPs and primary care colleagues(Dec).*
- *Facilitated workshop (c60 participants, Jan) to review findings and agree 1 or 2 concrete, practical outputs that could be achieved over 6-12 months.*
- *Review progress and assess next steps— has this created better conversations and had a real impact for this group of people?*

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Thank you and keep in touch

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