

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Cefnogi pobl sydd â chyflyrau cronig](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [supporting people with chronic conditions](#).

CC75: Ymateb gan: | Response from: Pfizer UK



Pfizer UK

Senedd Cymru/Welsh Parliament

Supporting people with chronic conditions
Senedd Health and Social Care Committee

Background

The term 'chronic conditions' (also known as 'long term conditions' or 'longstanding illnesses') includes a broad range of health conditions which cannot be cured but can be managed with the right support and treatment. Many people also live with multimorbidity (two or more chronic conditions). People from different backgrounds, who belong to different groups or communities, or who live in different parts of Wales may also experience inequalities in relation to their conditions or their access to services or support.

Deadline

Thursday 25 May 2023

A two-stage approach

Because of the complexity of these issues and the wide range of chronic conditions people may experience, The Health and Social Care Committee are approaching the work in two stages. During stage 1 they would like help identifying the key themes and issues to focus on when we move into the second stage of the work.

Stage 1

The Committee are considering evidence in the following broad areas:

NHS and social care services

- The readiness of local NHS and social care services to treat people with chronic conditions within the community
- Access to essential services and ongoing treatment, and any barriers faced by certain groups, including women, people from ethnic minority backgrounds and disabled people
- Support available to enable effective self-management where appropriate, including mental health support;

Multiple conditions

- The ability of NHS and social care providers to respond to individuals with multimorbidity rather than focusing on single conditions in isolation
- The interaction between mental health conditions and long-term physical health conditions

Impact of additional factor

- The impact of the pandemic on quality of care across chronic conditions
- The impact of the rising cost of living on people with chronic conditions in terms of their health and wellbeing
- The extent to which services will have the capacity to meet future demand with an ageing population

Prevention and lifestyle

Action to improve prevention and early intervention (to stop people's health and wellbeing deteriorating)

Pfizer evidence

Overview

Over the pandemic period, we witnessed first-hand the benefit of adopting a mission-led approach to addressing healthcare challenges. Now, we must harness this same mindset to collectively address other major healthcare challenges, including long-term and chronic conditions.

Chronic conditions, such as heart disease, cancer and complications related to type two diabetes, cause an estimated 20,000 deaths per year in Wales, accounting for over half of all deaths.ⁱ These are conditions that can often lead to premature death, and it is understandable why these would be prioritised. However, there are many more chronic health conditions that have a significant impact on many patients' lives, wellbeing and the economy. These patients must not be overlooked.

In addition, a holistic approach to prevention is also key to tackling chronic conditions for the long term, yet the UK as a whole is yet to fully realise its potential as a means of protecting the public. Even accounting for dramatic increases related to the pandemic in 2020, UK government spending on preventative care represented only 6.7% of overall healthcare expenditure.ⁱ

Pfizer stands ready to play its part to work with stakeholders across the healthcare ecosystem in Wales to effectively meet the needs of people living with chronic conditions. Pfizer has deep experience and expertise in developing treatments that improve the lives of patients living with chronic conditions, as well as a long and proud history of supplying life-changing medicines to patients through the NHS.

We welcome the committee's invitation to submit evidence and we stand ready as an engaged and committed stakeholder to play our part in helping to improve the lives of people in Wales living with chronic conditions, and to help ensure Wales can lead the way in modelling best practice in this area.

NHS and social care services

Ensuring no patient is left behind - reducing inequalities in healthcare and addressing variations in care

Tackling inequalities in healthcare has rightly been identified as a key focus for the Welsh Governmentⁱⁱ and we look forward to seeing continued progress with the management and care of chronic conditions; in particular with adequate attention also given to conditions that have historically received less focus.

Overcoming healthcare disparities to ensure all patients receive access to high quality care

Access to innovation in cancer

We know that 1 in 2 people will develop some form of cancer during their lifetimeⁱⁱⁱ. But thanks to investment in research, our understanding of the disease has grown considerably.

Gene therapy, immuno-oncology and precision oncology are three areas with the greatest potential to transform diagnosis and treatment and ensure no patient is left behind in Wales. However, these benefits are not shared equally across populations. People from deprived areas are more likely to have their cancer diagnosed later, and there is a higher probability that they will have a worse outcome.

Entrenched inequalities pose a threat to improvements in cancer outcomes overall. In the case of lung cancer, which remains the UK's biggest cancer killer, people with the highest socio-economic deprivation are the most likely to develop the disease, and the least likely to survive. In Wales, the gap in the overall cancer death rate between the most deprived and least deprived areas was wider during the latest decade than the previous ones, rising from 40 per cent higher in 2002, to almost 55 per cent higher in 2021.ⁱⁱⁱ There are also differences in experience of care too with UK Asian and Black ethnic groups less likely to report a positive care experience than their White counterparts.^{iv} We hope that the commission will seek to bridge these gaps and make sure high quality care is available to all patients regardless of background or location.

The current shortages in the NHS cancer diagnostic and oncology workforce is having a significant impact on ambitions to improve early diagnosis and access to innovations in cancer. One Cancer Voice – a coalition of over 60 cancer charities – has highlighted the extent of the cancer emergency with missed cancer waiting times, a growing cancer backlog and worsening cancer patient experience.^v In addition, personalised, precision medicines are central to transforming the way we respond to cancer. Biomarker tests have a key role in precision oncology, and access to this type of innovation should be uniform across the system to reduce further exacerbating existing inequalities.

Improving Women's Health Outcomes through investment in migraine

Approximately 10 million people suffer from migraine in the UK,ⁱⁱⁱ with the direct healthcare costs of migraine estimated to be around £1 billion per year.^{iv} When considering the societal burden of migraine, 86 million equivalent workdays are lost per year in the UK due to migraine-related absenteeism and presenteeism with an estimated cost of £8.8 billion per year due to loss of productivity.^v

The burden of migraine is unequally borne by women, who are 2-3 times more likely to suffer from the condition.^{vi} In women aged 15-49, migraine is the leading cause of global disability in the general population.^{vii} Despite the impact of migraine on women's lives, migraine is absent from Women's Health policies in England and Scotland.^{viiiix} Wales has an opportunity to lead the way by incorporating migraine outcomes into the Women's Health Network's remit.

Utilisation of existing guidelines in dermatology

Medical dermatology is one area where there are positive gains to be made by greater utilisation of existing guidelines and closing the gap on the existing wide variation in care, as highlighted by Get It Right First Time (GIRFT) report.^x Medical dermatological conditions affect a significant number of the UK population and an estimated one in four people in England and Wales (13.2m) see their GP about a dermatological condition every year.^{xi} However, capacity constraints and external pressures on resource have likely led to variations in care.

Another area where capacity constraints present a challenge to improve patient outcomes is in migraine care. At present, only three out of seven local health boards in Wales provide a specialist headache clinic.^{xii} Wales also has the lowest number of headache nurses per health board in the UK (0.2 FTE) and only 17% of people surveyed with migraine in Wales were satisfied with the care and treatment received.^{xiii}

We would urge the commission to empower health boards to adopt the National Neurosciences Advisory Group (NNAG) optimum pathway for adults with headache & facial pain. This approach, which allows the management of headache, including migraine, in primary care with support from triage and community services, has seen success in Oxfordshire, where a consultant-led triage service has seen 89% of all headache referrals triaged away from General Neurology out-patients, freeing up 979 appointments per annum.^{xiv} As well as freeing up capacity, the community headache clinic in Oxfordshire has improved patient care; only 32% of patients felt able to manage their headache prior to their appointment and this rose to 100% after the clinic appointment.^{xv}

Wales has the chance to lead the rest of UK with the incorporation of migraine into health strategy, particularly in women's health policy and in primary care. Prioritisation of migraine via the NNAG pathway has the potential to help reduce the burden of headache on general neurology and allow people living with migraine to thrive.

Prevention and lifestyle

Adopting a mission-led mindset to address our most pressing healthcare challenges

Recognising obesity as a chronic disease

Obesity is another major challenge to individual health, predisposing people to a range of chronic conditions, such as type two diabetes, cardiovascular disease and musculoskeletal conditions, among others.^{xvi} Adults living with obesity are estimated to be twice as likely to have comorbidities than those without and cost of the NHS double than that of a person with a healthy weight range.^{xvii, xviii}

Addressing obesity as part of a wider chronic conditions strategy will be critical to reducing the existing burden of disease and redressing the steady rise of obesity prevalence in the UK and Wales, where currently around 1-in-4 (25%) of adults are living with obesity.^{xix} This rise, comes in the face of numerous attempts by successive governments to tackle the issue. It's time to take tough action and ensure swift access to interventions that help individuals manage their weight and prevent the costly knock-on impact of this disease.

A mission-led mindset is needed, in which obesity is recognised as a chronic disease, not a lifestyle condition, and which takes a targeted approach, bringing together a wide range of stakeholders to address the issue.

Reducing the burden of Vaccine Preventable Diseases

Local healthcare organisations want to have greater power and agency to protect their populations in the way that best suits them. Ensuring access to vaccination should be a central component of this, given the critical role it plays in the prevention of ill-health.

Evidence shows that protection against vaccine preventable infectious diseases is particularly important for people living with chronic conditions, such as cardiovascular diseases, some cancers and chronic respiratory disease, as these patients are more likely to suffer from complications that may develop when the chronic condition and the vaccine preventable disease are present in the body.^{xx}

One means to support this could be through piloting the ‘provider collaborative’ model. The principles of this model are to bring together a group of providers (at least two or more organisations), from across the NHS, (e.g. secondary, primary and community care) and the volunteering sector (e.g. St John’s Ambulance, local health charities, etc.) to work at scale across a defined place (circa 250,000 population) with a shared purpose of improving access to vaccination and make most efficient use of workforce, and data. The introduction of clear targets for healthcare providers to ensure this issue is adequately prioritised at a local level.

Data to support prevention

The COVID-19 pandemic demonstrated that the effectiveness of prevention is substantially tied to the ability to understand threats through robust data, diagnostics, and public health surveillance, with near-immediate sharing of information.

Wales, and the UK more broadly, has the opportunity to lead globally in improving the collection, access, and use of health, genomic and surveillance data for prevention in all forms – from pandemic preparedness to diagnosing and treating disease earlier.

To do so requires action to maximise the potential of existing programmes such as Our Future Health, apply learnings from COVID-19 programmes such as the ONS COVID-19 infection survey, and to recover AMR surveillance capability to pre-pandemic levels.

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