



## A tale of two teenagers

"It is unacceptable in 21st century Scotland that some people can expect to die earlier than others, simply due to an accident of birth or circumstance."

- FIRST MINISTER  
ALEX SALMOND



The Scottish School of Primary Care

# Multimorbidity in Scotland

## The Scottish School of Primary Care's Multimorbidity Research Programme

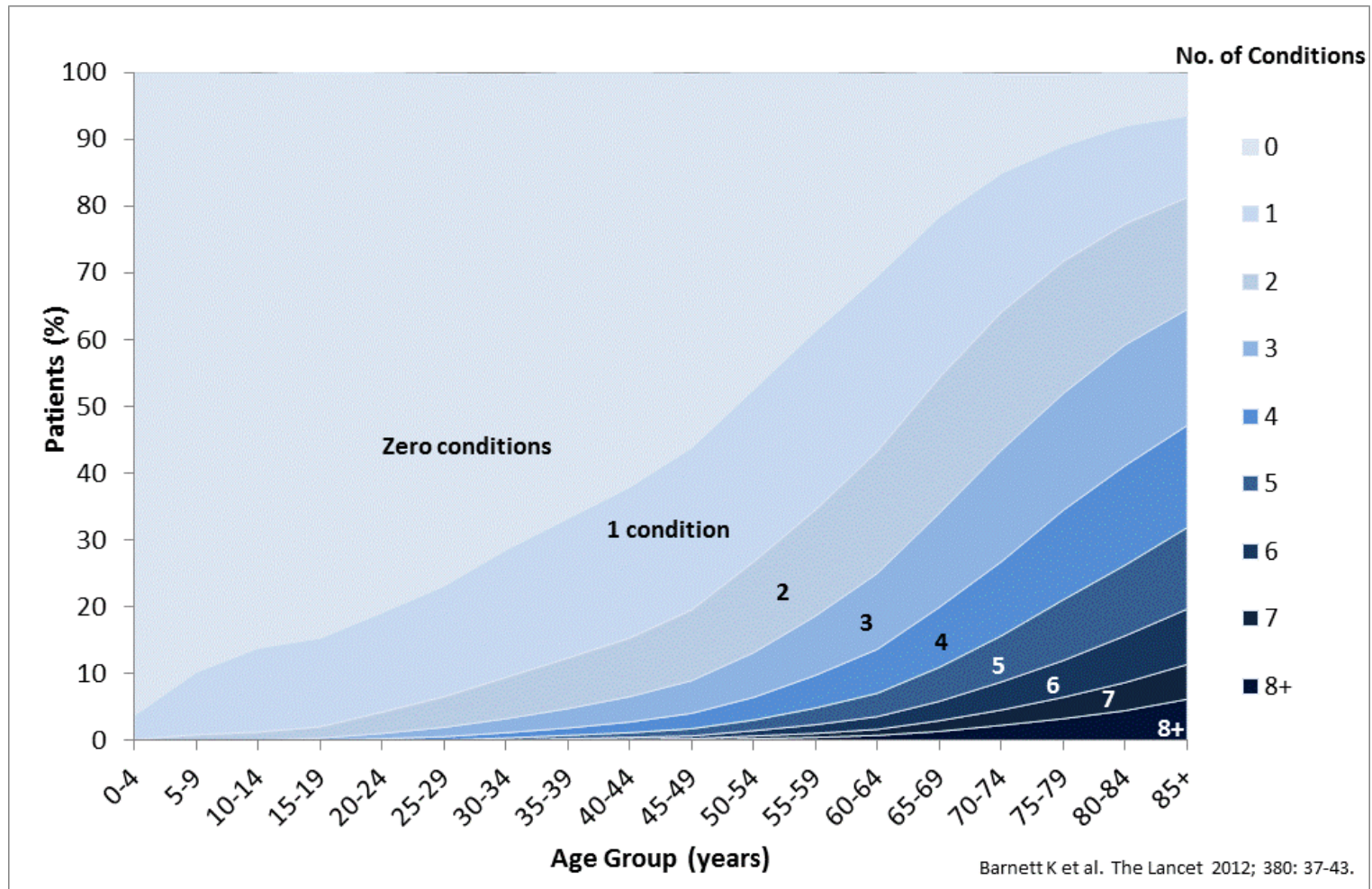
Created/updated for the Multimorbidity Expert Group meeting St Andrews House, 17/4/13 (please do not circulate further without permission)



University of Glasgow | Institute of Health & Wellbeing

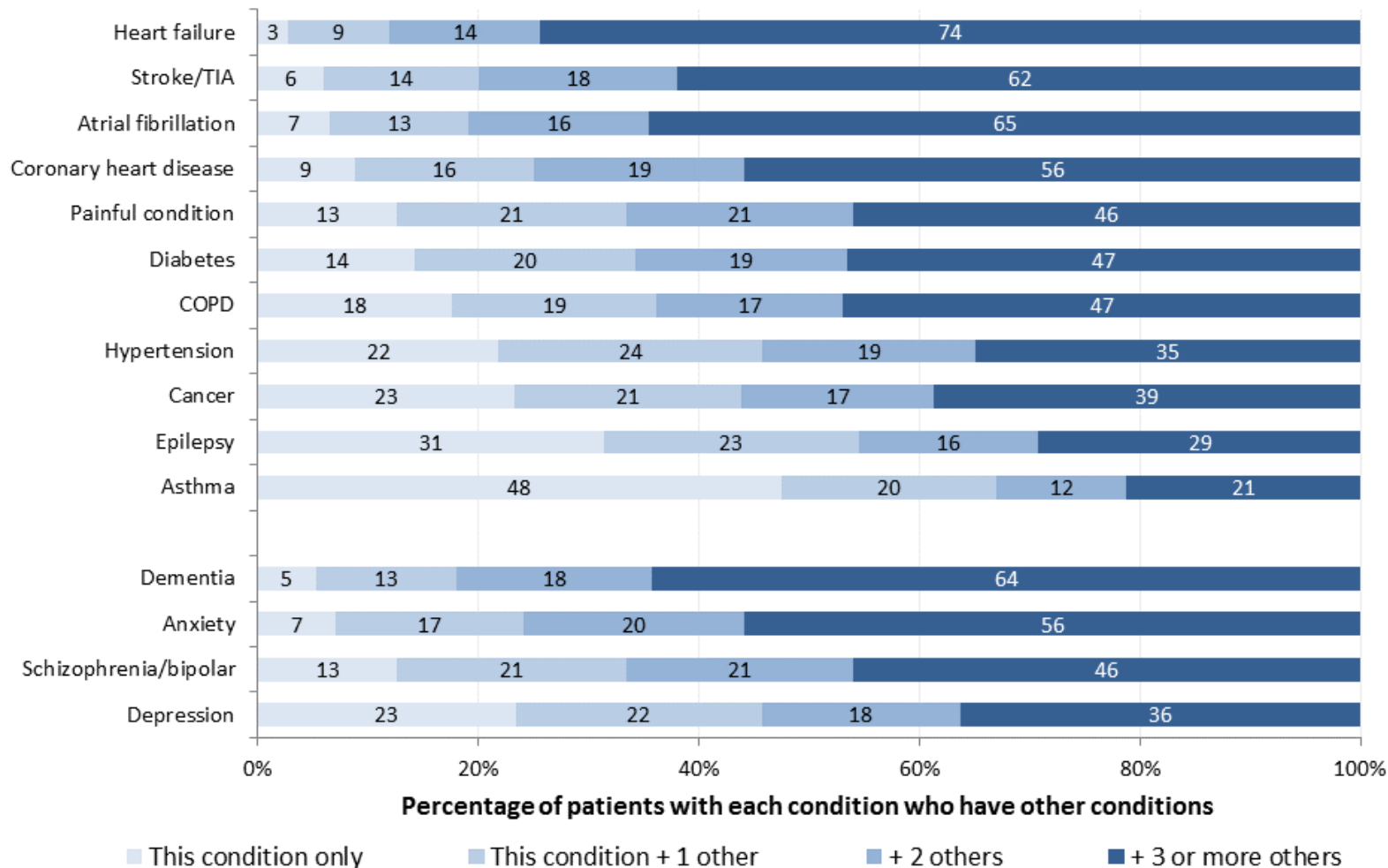


# Multimorbidity is common in Scotland



- The majority of over-65s have 2 or more conditions, and the majority of over-75s have 3 or more conditions
- More people have 2 or more conditions than only have 1

# Most people with any long term condition have multiple conditions in Scotland

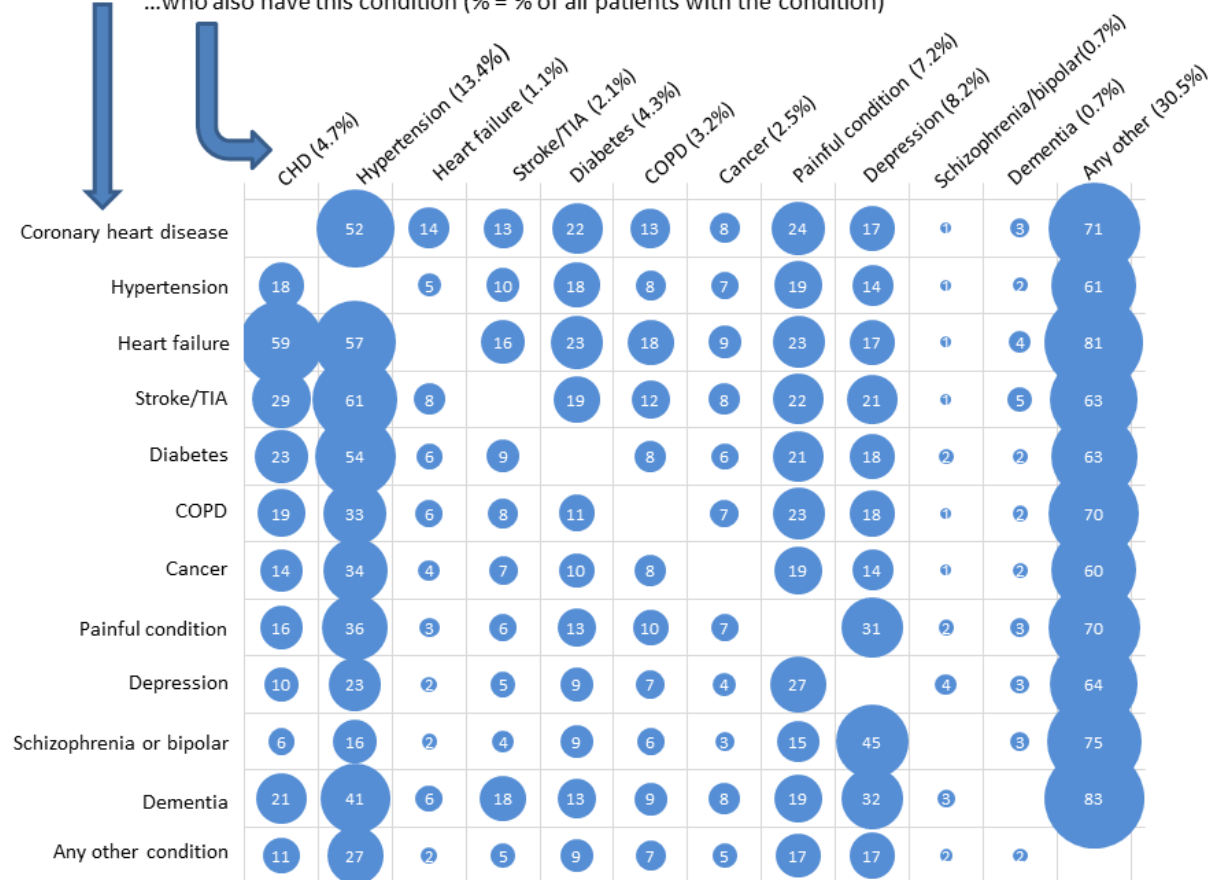




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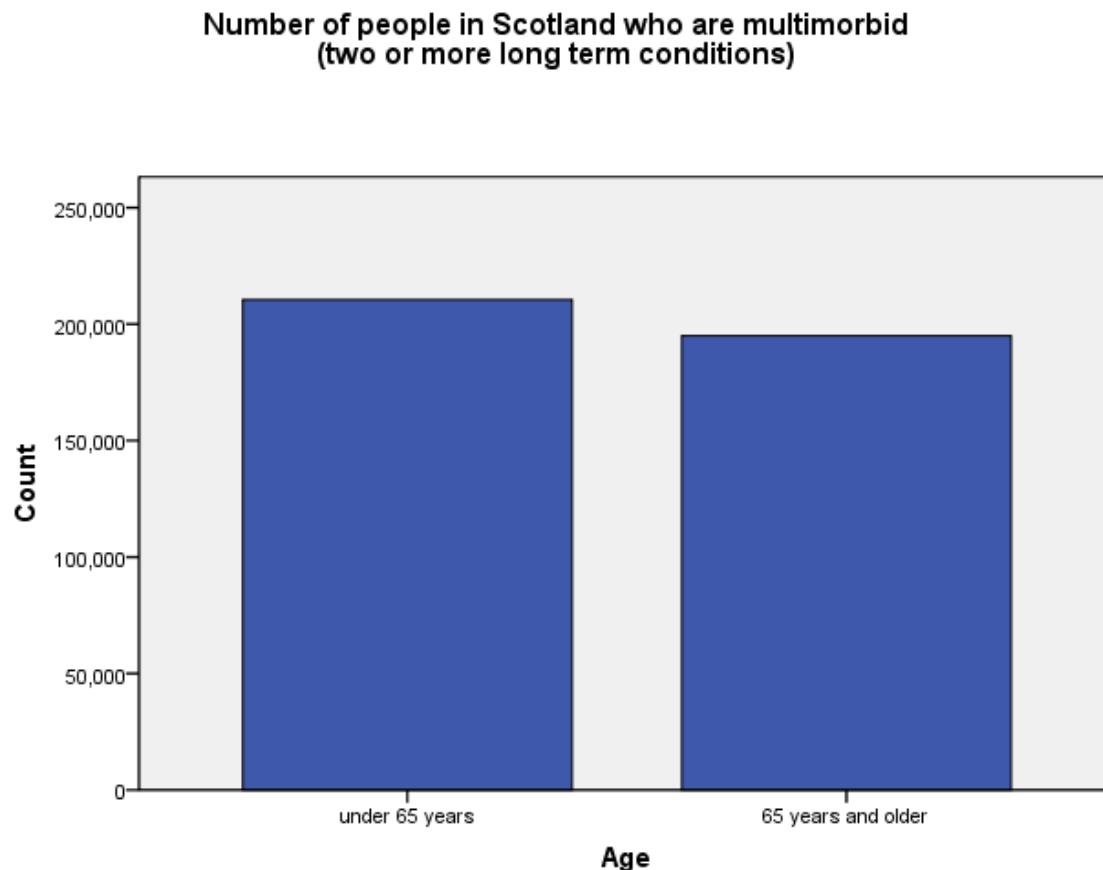
% of patients with this condition...

...who also have this condition (% = % of all patients with the condition)



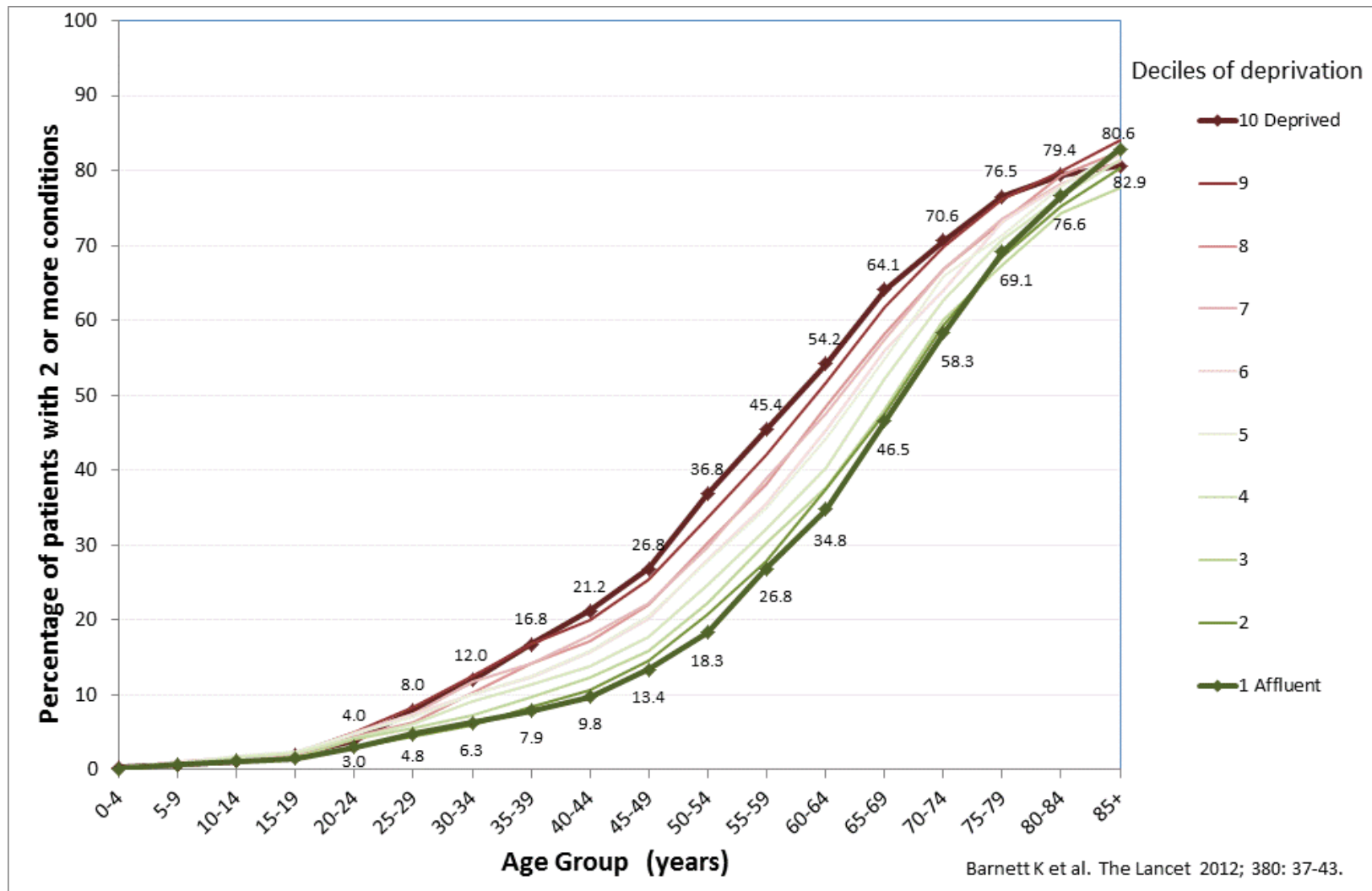
- Guidelines and organisation of care do not reflect this reality

# There are more people in Scotland with multimorbidity below 65 years than above



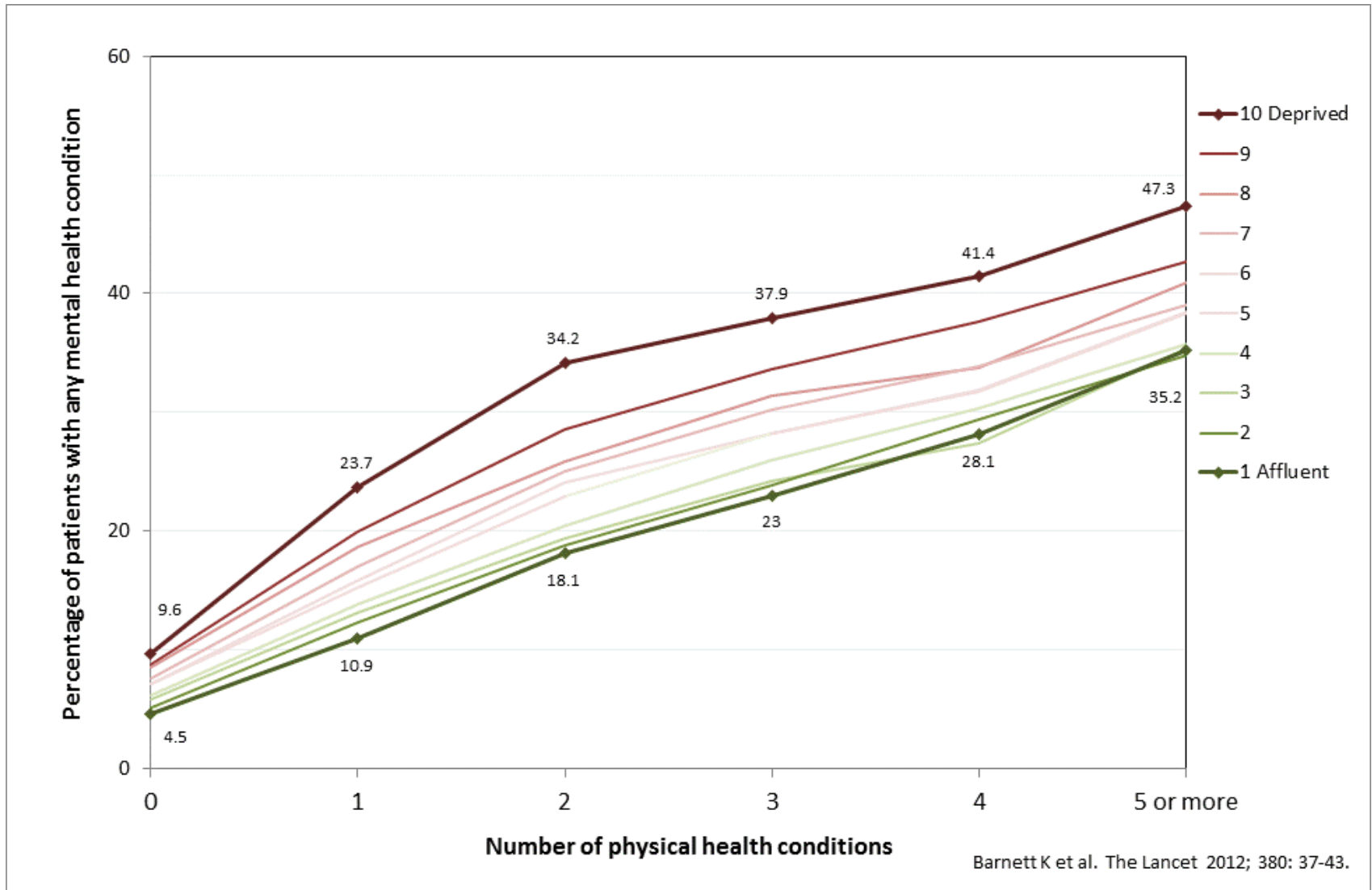
- Particularly true in more deprived areas
- There are very few generalist hospital services for the under-65s

# People living in more deprived areas in Scotland develop multimorbidity 10 years before those living in the most affluent areas

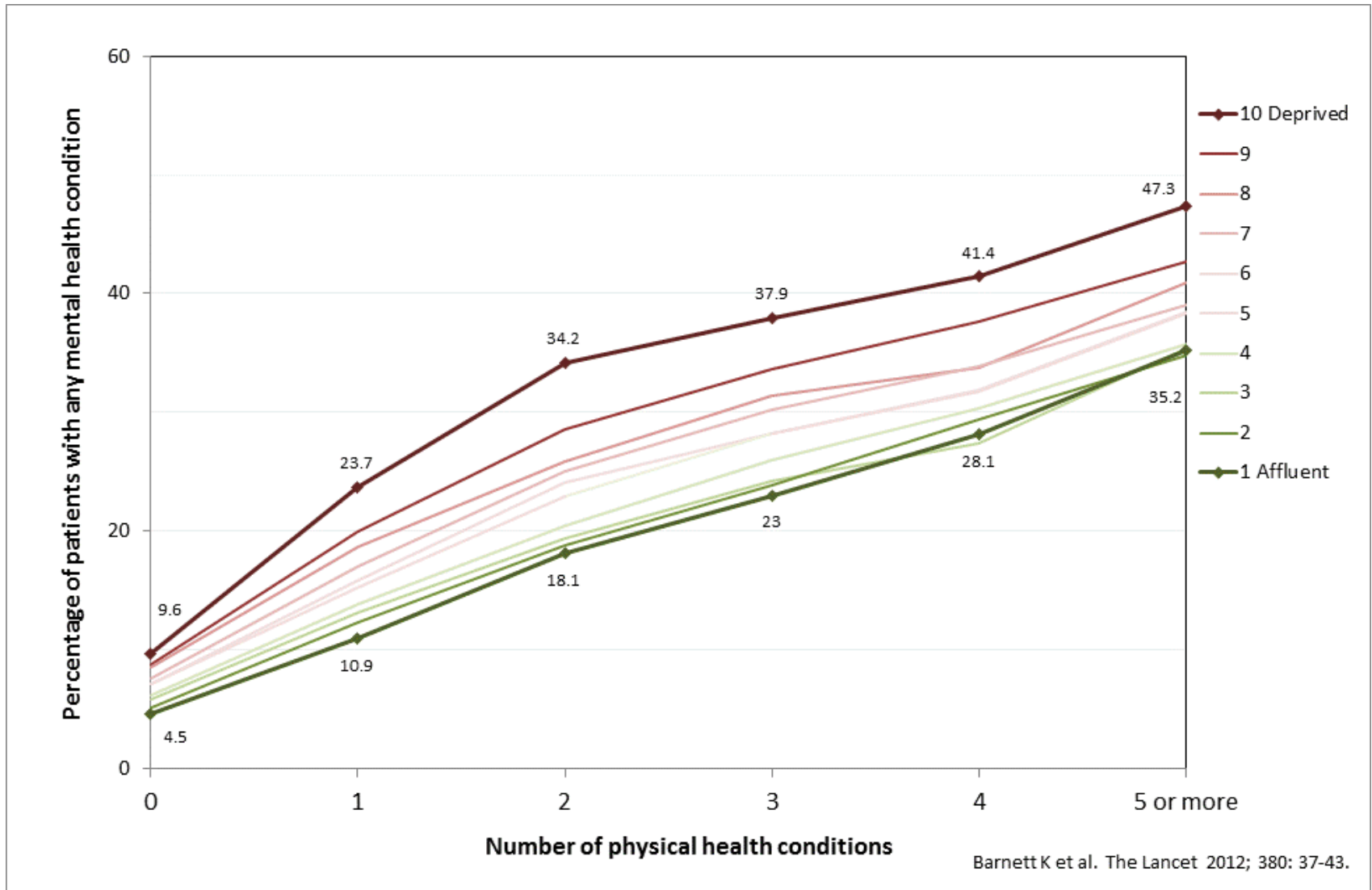




# Mental health problems are strongly associated with the number of physical conditions that people have, particularly in deprived areas in Scotland



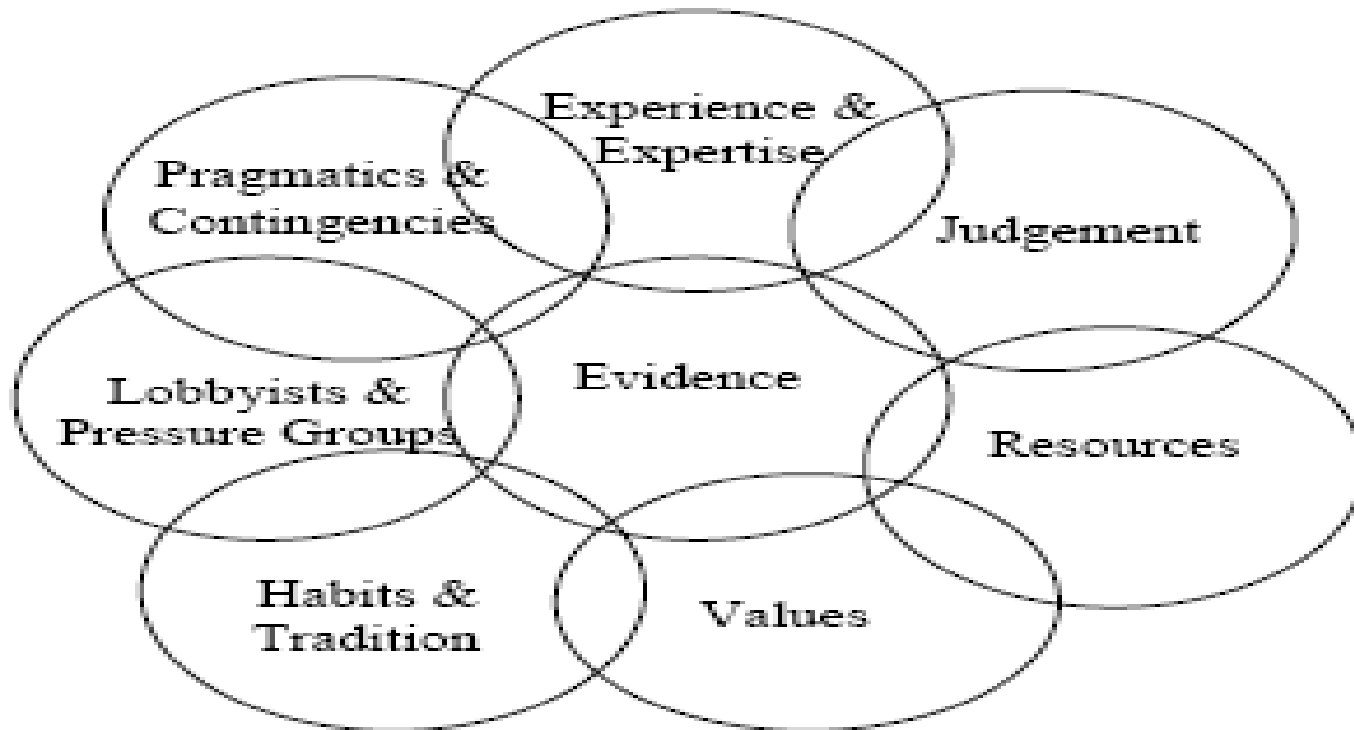
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# Making policy

## **Factors Influencing Policy Making in Government**



# Stewart Mercer, private email

- My mantra for this, as in everything, is..... ‘how do we know?’
- The level and type of evidence can range from hunch, intuition, enthusiasm, fashion, management speak, audit, cross-sectional study, before and after study, case controlled study, RCT, and methods can of course be based on routine data, qualitative and quantitative, with an eye out for sample bias and representativeness in the latter.

# From technical to personal

There can't be many GPs and practice nurses and who will be entirely comfortable with the way they manage the care of people with long term conditions.

Many may see it is an industrial process of endless annual recalls, focused on single conditions, with checklists against financially incentivised biomedical indicators, resulting in spiralling polypharmacy and complexity”.



