

Multi-morbidity

Introduction

Many people in Somerset live with long term conditions. Some of these, such as having an under-active thyroid gland or mild asthma, are generally easily-treated and have little broader impact on quality of life or susceptibility to other illness. Others can be more restricting and be more limiting on health, especially for people who have more than one. Two or more conditions which occur together are called co-morbid; having more than two conditions is often termed 'multimorbidity'. This can be more debilitating than just having two problems at the same time: for instance, someone with diabetes may find it harder to manage their medication if they also have dementia, and such patients may be described as having 'complex' needs.

Please note: *this analysis is part of the JSNA ON 'AGEING WELL' and whilst the overall picture is unlikely to have changed significantly, the detailed figures are no longer current.*

Executive summary

Analysis of the Symphony database in Somerset suggests that whilst most people have no long term conditions (LTCs), we have more people than we would expect with several. If it were simply a matter of 'bad luck' we would expect that about 700 people in the county would have three or more LTCs, whereas the true number is over 5,600. This demonstrates inequality, and is likely to be the result of factors such as smoking, poor diet and exercise, excessive alcohol consumption and social isolation – all associated with deprivation – causing disproportionate ill health in a small group of people. Although there is uncertainty about the detail, it is very likely that the numbers of people with multiple conditions will increase in coming years. This is an important element of future demand for health and care services to consider in planning and commissioning.

Current picture of Multi-morbidity

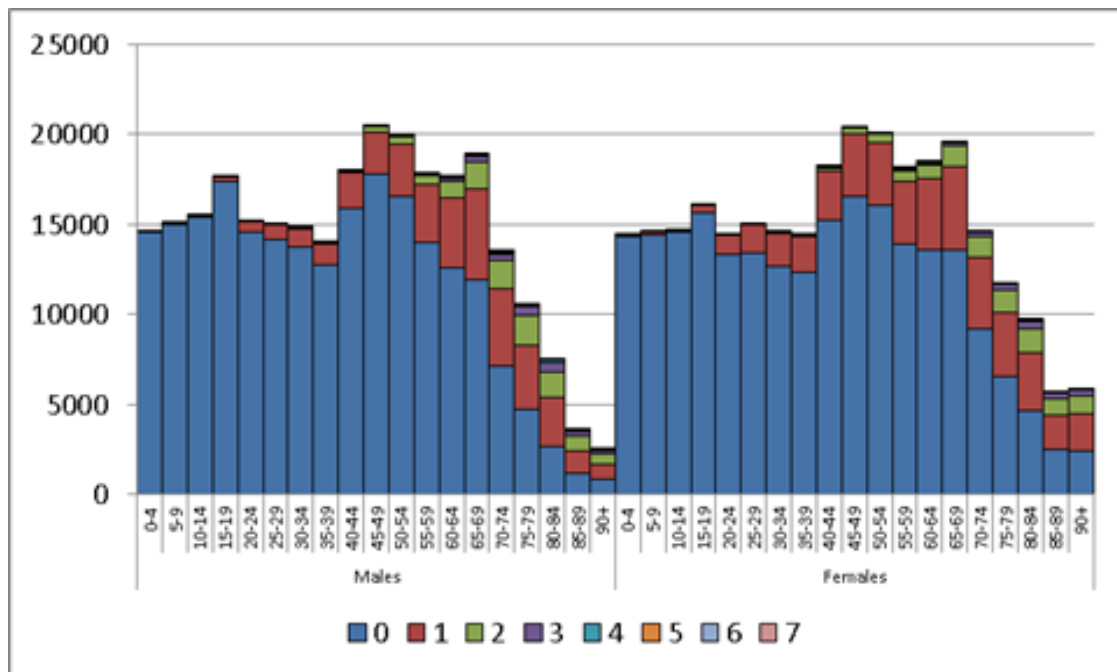
Below are the overall recorded prevalences in 2013/14 – the latest date for which we have information. They show that there is definite clustering of conditions. There are slightly more people with no conditions than would be expected in a random distribution, fewer with just one condition but then progressively more and more with higher number of conditions than expected until there are several hundred times more with five or more conditions than would be expected.

Number of conditions out of 8	Observed (number of people)	Expected (number of people) given overall prevalences	Obs/Exp
0	447,727	429,243	1.0
1	79,909	110,708	0.7
2	19,187	11,799	1.6
3	4,519	671	6.7
4	953	22	43.5
5 or more	149	0.4	356.8

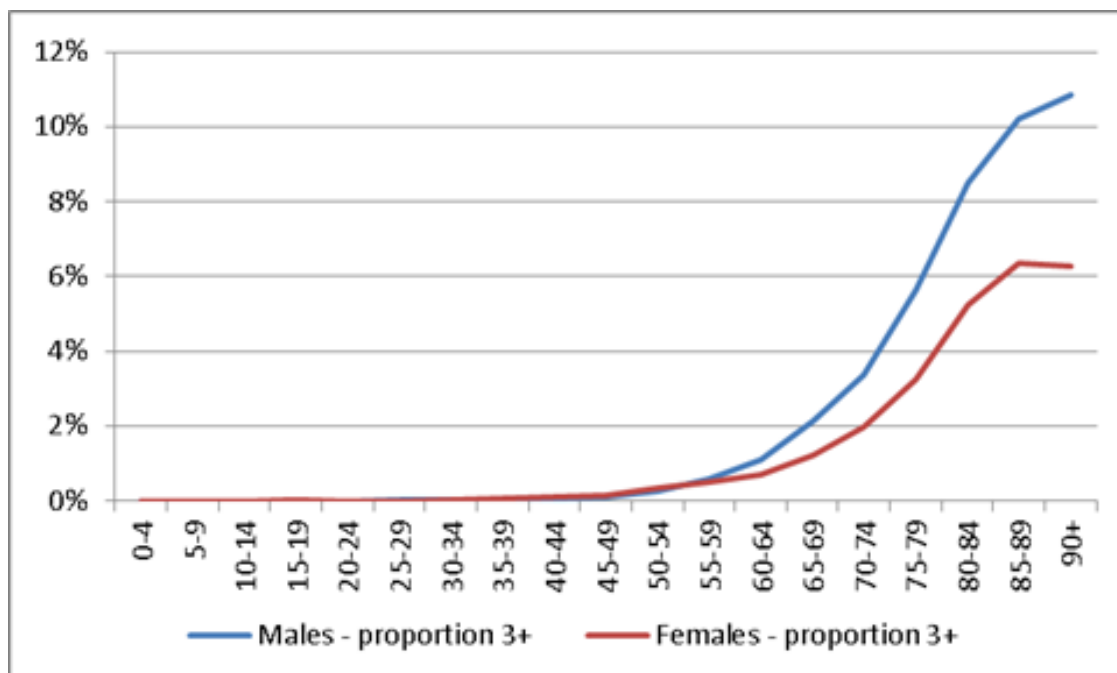
Multimorbidity and Age

As we age we tend to accumulate long-term conditions, and unsurprisingly the rate of multimorbidity also increases with age. The figure below shows the number and proportion of men and women with long term conditions in five-year age bands.

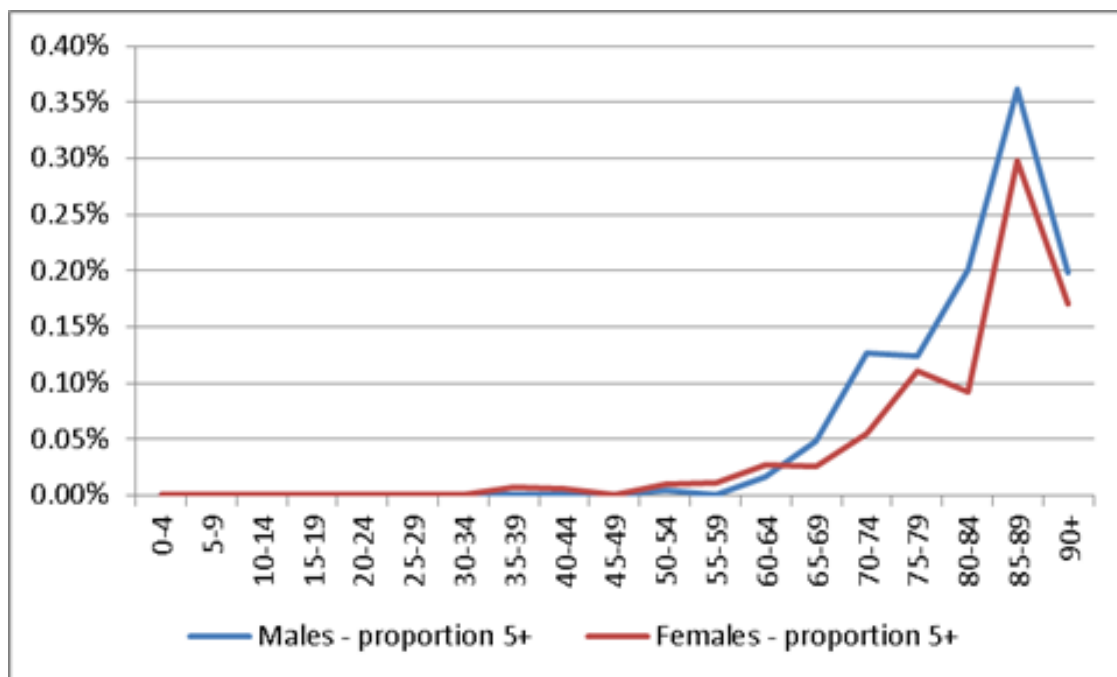
The number of conditions (out of the eight) by age and gender:



This is the proportion of the population with three or more of the eight conditions by five year age group and gender:

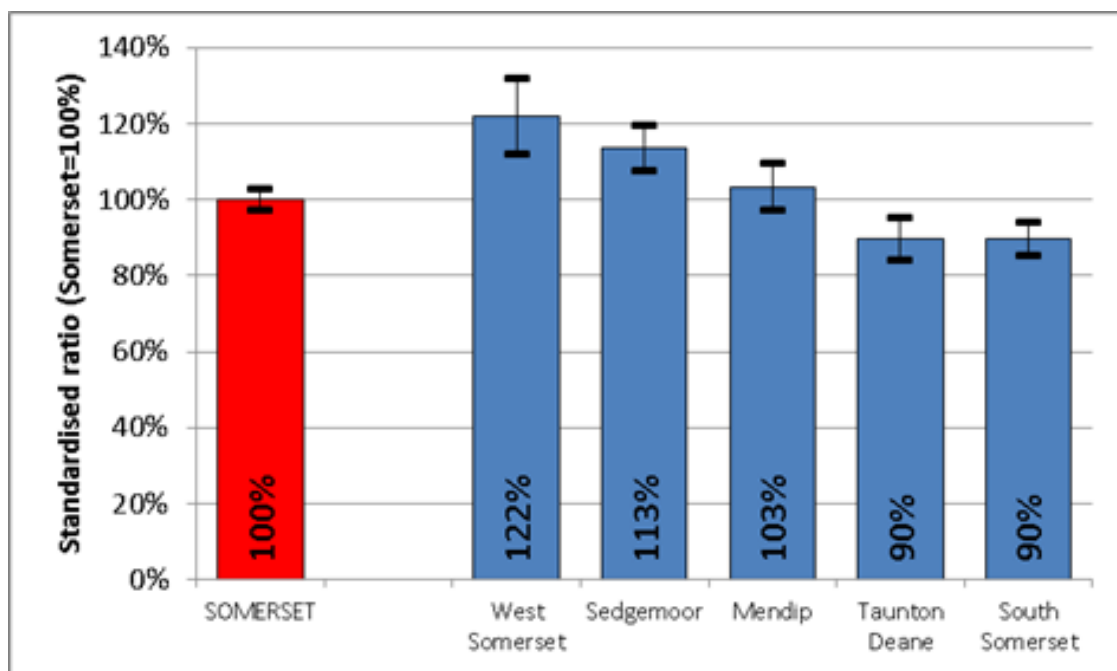


And for five or more of the eight conditions (much smaller numbers):



Geographical Pattern of Multimorbidity

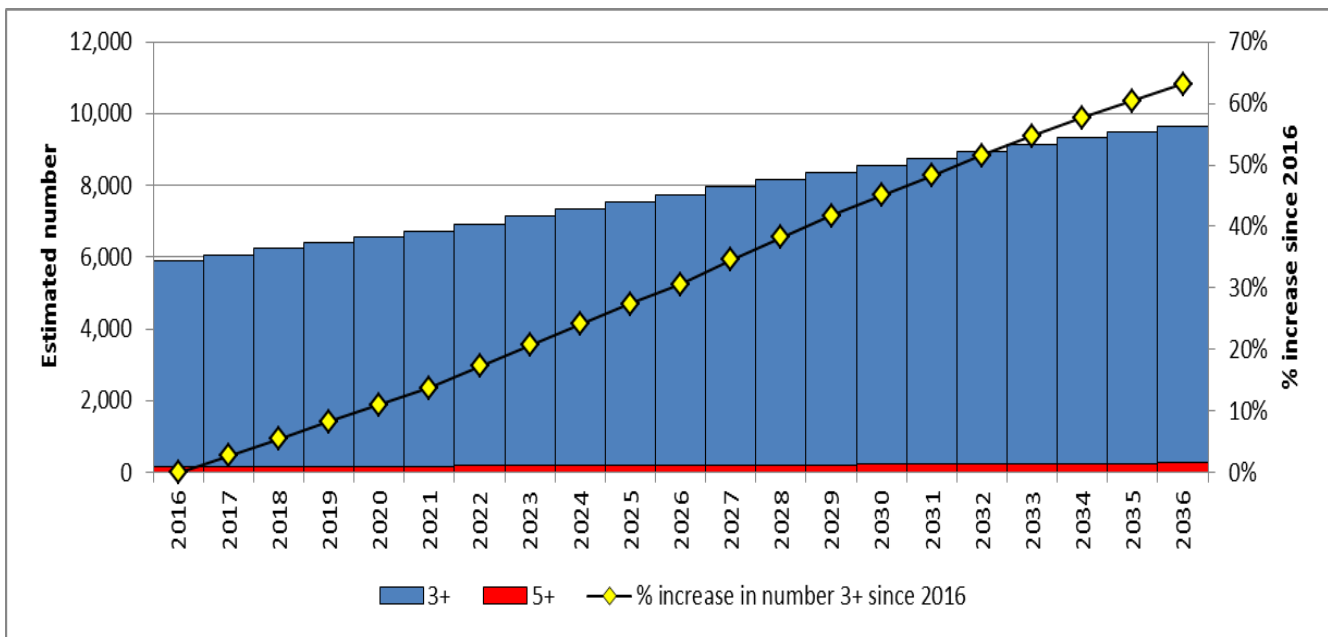
For the following graph only Somerset registered patients who live in Somerset are included (over 98% of those registered with Somerset GPs live in Somerset). It compares the proportion with three or more conditions (out of the eight) by District and shows higher rates in West Somerset and Sedgemoor and lower rates in Taunton Deane and South Somerset. Interestingly, these latter two are the only Districts with hospices.



Projections of Multi-morbidity

Using the rates for all Somerset registered patients and the ONS 2014-based population projections for Somerset residents (ie assuming that the age/sex specific rates for Somerset registered are the same as those for Somerset residents and do not change over time) gives the

following projections over the next 20 years (*click on graph to enlarge*). The number with three or more of the eight conditions is projected to increase by over 60% from 5,900 to 9,600 and the number with five or more to increase by nearly 70% from 160 to 270.



The estimated increases can only be a rough guide as the population projections are themselves modelled. However, the impact of multimorbidity on wellbeing, and health and social care resources, is such that the increases demonstrated here need to be taken into consideration in planning services.

Service provision

Multimorbidity is a focus of the [Symphony programme](http://www.symphonyintegratedhealthcare.com/) in Somerset, which is one of 50 NHS Vanguard sites developing new models of care (<http://www.symphonyintegratedhealthcare.com/>). Patients with the most complex needs are supported to live independent and healthy lives. Enhanced Primary Care practices are using 'huddle' working and new health coach roles to improve access and decision-making, while Complex Care Hubs, with their teams of Key Workers, Care Coordinators and Extensivist GPs, are revolutionising the way those with multiple conditions are being supported.

Further information

Additional analysis is available in a more detailed summary report [downloadable here](#).

References

Data are from the Symphony project (<http://www.symphonyintegratedhealthcare.com/>)