**FPM Major Conditions Call for Evidence Response**

**Guidance:** Please respond to each question to the best of your knowledge within this document. **Please provide your name alongside your comments.** The completed document will then be circulated to the FPM PCG and any pertinent internal stakeholders (other contributors) for review.

**From:** UK Government, The Department of Health and Social Care

**Deadline:** **11:59 PM (GMT) 27 June 2023**

**Summary:** This call for evidence will inform the development of the government's major conditions strategy for England.

**Consultation Description:**

We’re seeking your views and ideas on how to prevent, diagnose, treat and manage the 6 major groups of health conditions that most affect the population in England. These are:

* cancers
* cardiovascular disease, including stroke and diabetes
* chronic respiratory diseases
* dementia
* mental ill health
* musculoskeletal disorders

The views and ideas gathered will inform the priorities and actions in the major conditions strategy.

This call for evidence builds on from the calls for evidence last year on cancer and mental health. These provided very useful insights, which we will be considering in the development of the major conditions strategy.

**Questions:**

**Cardiovascular disease**

Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels. It is one of the main causes of death and disability in the UK, and includes coronary heart disease, strokes, peripheral arterial disease and aortic disease. Atrial fibrillation (an irregular, and sometimes fast heartbeat), high blood pressure and high cholesterol are all risk factors for CVD. Evidence suggests taking action on these 3 risk factors will significantly reduce the number of strokes, heart attacks and other types of CVD.

***Question***

In your opinion, which of these areas would you like to see prioritised for CVD? (Select up to 3)

* Preventing the onset of CVD through population-wide action on risk factors and wider influences on health (sometimes referred to as primary prevention)
* Stopping or delaying the progression of CVD through clinical interventions for individuals at high risk (sometimes referred to as secondary prevention)
* Getting more people diagnosed quicker
* Improving treatment provided by urgent and emergency care
* Improving non-urgent and long-term treatment and care to support the management of CVD

1. Preventing the onset of CVD through population-wide action on risk factors and wider influences on health (sometimes referred to as primary prevention)
2. Stopping or delaying the progression of CVD through clinical interventions for individuals at high risk (sometimes referred to as secondary prevention)
3. Getting more people diagnosed quicker

***Question***

How can we successfully identify, engage and treat groups at high risk of developing CVD through delivery of services that target clinical risk factors (atrial fibrillation, high blood pressure and high cholesterol)? (Please do not exceed 500 words)

Synergize efforts with occupational health services when a person is hired in a new company, to work on prevention at any age of the workforce and to identify the age range for the Health Check Programme.

Obesity is a significant contributor to CVD and Diabetes. The current population in the UK has a high level of obesity. Proactive secondary care in the community to “treat and manage obesity”. As obesity can start in childhood, there is requirement to consider adjusting the typical diet in the UK school children.

**Chronic respiratory diseases**

Chronic respiratory diseases (CRDs) affect the airways and other structures of the lungs. Some of the most common are chronic obstructive pulmonary disease (COPD), asthma, occupational lung diseases and pulmonary hypertension. Respiratory diseases contribute to around 8,000 preventable deaths in the under 75s in England each year, and the UK has the highest prevalence of asthma in the world at around 9 to 10% of the adult population.

***Question***

In your opinion, which of these areas would you like to see prioritised for CRD? (Select up to 3)

* Preventing the onset of CRDs through population-wide action on risk factors and wider influences on health (sometimes referred to as primary prevention)
* Stopping or delaying the progression of CRDs through clinical interventions for individuals at high risk (sometimes referred to as secondary prevention)
* Getting more people diagnosed quicker
* Improving treatment provided by urgent and emergency care
* Improving non-urgent and long-term treatment and care to support the management of CRD

1. Stopping or delaying the progression of CRDs through clinical interventions for individuals at high risk (sometimes referred to as secondary prevention)

**Dementia**

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning. There are many different causes of dementia, and many different types. We recognise that dementia is a growing challenge. The number of people in England estimated to have dementia is set to rise to almost 900,000 in 2025 and to more than 1.3 million by 2040.

***Question***

In your opinion, which of these areas would you like to see prioritised for dementia? (Select up to 3)

* Preventing the onset of dementia through population-wide action on risk factors and wider influences on health (sometimes referred to as primary prevention)
* Delaying the progression of dementia through clinical interventions for individuals at high risk (sometimes referred to as secondary prevention)
* Getting more people diagnosed quicker
* Improving treatment provided by urgent and emergency care
* Improving non-urgent and long-term treatment and care to support the management of dementia

1. Delaying the progression of dementia through clinical interventions for individuals at high risk (sometimes referred to as secondary prevention)
2. Getting more people diagnosed quicker\*
3. Preventing the onset of dementia through population-wide action on risk factors and wider influences on health (sometimes referred to as primary prevention)

\*Focussing on symptomatic individuals rather than screening of the general population

**Musculoskeletal conditions**

Musculoskeletal (MSK) conditions affect the bones, joints, muscles and spine, and are a common cause of severe long-term pain and physical disability. There are 3 groups of MSK conditions:

conditions of MSK pain, for example, osteoarthritis and back pain

inflammatory conditions, for example, rheumatoid arthritis

osteoporosis and fragility fractures, for example, a fracture after a fall from standing height

Each year, 1 in 5 people in the UK consult a doctor about an MSK problem, and MSK is the leading cause of disability.

***Question***

In your opinion, which of these areas would you like to see prioritised for MSK? (Select up to 3)

* Preventing the onset of MSK through population-wide action on risk factors and wider influences on health (sometimes referred to as primary prevention)
* Stopping or delaying the progression of MSK through clinical interventions for individuals at high risk (sometimes referred to as secondary prevention)
* Getting more people diagnosed quicker
* Improving treatment provided by urgent and emergency care
* Improving non-urgent and long-term treatment and care to support the management of MSK

1. Stopping or delaying the progression of MSK through clinical interventions for individuals at high risk (sometimes referred to as secondary prevention)
2. Getting more people diagnosed quicker
3. Improving non-urgent and long-term treatment and care to support the management of MSK

**Tackling the risk factors for ill health**

The condition groups we are focusing on are often driven by preventable risk factors, with nearly half (42%) of ill health and early death being due to them. This includes tobacco, alcohol, physical activity and diet-related risk factors. Action on preventable risk factors is also central to our work on tackling health disparities, since people living in more deprived areas are more likely to partake in these behaviours.

***Question***

Do you have any suggestions on how we can support people to tackle these risk factors?

Yes

No

***Question***

How can we support people to tackle these risk factors? (Please do not exceed 500 words)

***You might consider suggestions on how we could:***

* make changes at a local level to improve the food offer and support people to achieve or maintain a healthy weight and eat a healthy diet
* identify and support inactive people to be more physically active
* support people to quit smoking, including through increasing referrals to stop smoking support and uptake of tobacco dependency treatment
* support people who want to drink less alcohol to do so

The already published results of the consultation on [cancer](https://www.gov.uk/government/consultations/10-year-cancer-plan-call-for-evidence/outcome/results-of-the-10-year-cancer-plan-call-for-evidence) include many suggestions that could easily be adapted to cover a broader array of conditions than just cancer (e.g., suggested ways to reduce smoking would reduce the risk of heart and respiratory diseases as well as cancer). Broader campaigns may be easier to convert into positive (less threatening) messages that may be better received by young people and other subgroups.

Reintroducing physical activity and sports as a core activity in schools might encourage improvement in physical activity. It may contribute to a decrease in MSK conditions by improving physical fitness and inculcating the habit of regular exercise.

We would also suggest a similar programme to the ‘reading challenge schemes’ for school children, but for physical activity. Perhaps there could be “active challenges” or “healthy holiday challenges” or similar (bearing in mind that weight gain and poor nutrition can be particularly problematic in school children over the long school holidays). Such challenges could be launched in schools and available elsewhere, e.g., food banks and school clubs.

In the workplace it may be helpful to recommend that people be checked by occupational health and then, if appropriate, be enrolled on an active scheme to reduce risks. Checking people when they first get a job or get benefits for unemployment could help early identification and management of health risks.

**Supporting those with conditions**

This part of the survey seeks to understand how we can improve outcomes for people with any of the major conditions, or a combination of them, across their life course.

*For these questions, we ask for you to consider the following in your responses:*

* how we can improve outcomes for people across the life course, from pre-conception, early years, childhood and young adulthood, into adulthood and older age
* how we can target population groups most in need - including addressing disparities in health outcomes and experiences by gender, ethnicity and geography
* what could be adopted and scaled quickly (that is, in the next 1 to 2 years) with impact
* what we can learn from local, national and international examples of good practice, and what wider factors are either enabling them to be a success or are blocking them from being even more successful
* if you’ve tried a particular approach with success, please indicate the cost and be as specific as possible about how the approach was implemented

*You have the option of suggesting ideas for:*

* multiple conditions
* CVD
* CRDs
* MSK conditions
* dementia

***Question***

How can we better support local areas to diagnose more people at an earlier stage?

*You might consider suggestions to increase capacity available for diagnostic testing or identify people who need a diagnosis sooner.*

The Faculty of Pharmaceutical Medicine (FPM) is a faculty of the royal colleges of physicians of the UK. FPM’s members work across drug development functions in all disease areas. Hence, we have provided comments across several therapeutic areas. This reflects the range and depth of expertise within our membership and also the nature of the specialty of pharmaceutical medicine, which covers all therapeutic areas and has the patient at the centre.

FPM members also work in genomics, medical devices and diagnostics and we would advocate consideration of how genomics and improved diagnostics can support earlier diagnosis. Enhanced and streamlined digital services and systems could greatly improve operational efficiency, and potentially also better engage patients and their families and carers. Digitally enhanced ways of linking to the NHS Health Check could boost engagement with this programme.

Some specific disease area comments are as follows:

**MSKs**

For MSKs, we support:

* The active promotion of physical activity among children in schools and adults of all ages,
* Workplace-based training and physical activity programmes,
* Promotion of the UK CMO's physical activity guidelines.

Consider proactive screening of family probands of patients with inflammatory MSKs (RA, SLE) to enable faster diagnosis/treatment to prevent disease.

Osteoporosis: Active promotion of the recommendations of the National Osteoporosis Guideline Group (Gregson CL, Armstrong DJ, Bowden J et al. J. UK clinical guideline for the prevention and treatment of osteoporosis. Arch Osteoporos. 2022; 17:58. doi: 10.1007/s11657-022-01061-5).

**Dementia**

*Brain Health Clinics*

To enhance earlier dementia diagnosis at the local level, setting up specialised brain health clinics will be crucial. These clinics would serve as dedicated centres for comprehensive cognitive assessment, diagnostic evaluation, and early intervention strategies. The clinics would be staffed with a multidisciplinary team of healthcare professionals, including psychiatrists, neurologists, geriatricians, neuropsychologists, and social workers, all trained in diagnosing and managing cognitive disorders. The clinics would employ state-of-the-art diagnostic tools, such as advanced brain imaging techniques, genetic testing, and cognitive assessments, to detect early signs of dementia. Moreover, these clinics would offer education and awareness programs for the public and healthcare providers, emphasising the importance of early detection and the availability of support services. By providing a specialized environment focused on brain health, these clinics would facilitate timely and accurate diagnoses, leading to early intervention and improved outcomes for individuals affected by dementia.

*Primary Care Readiness*

Upskilling primary care providers will be of the utmost importance for the early diagnosis of dementia. Primary care physicians often serve as the first point of contact for individuals experiencing cognitive decline and memory issues. By equipping these healthcare professionals with the necessary knowledge and skills, they can accurately recognise early signs of dementia and initiate appropriate diagnostic evaluations. Upskilling primary care providers involves providing them with comprehensive training on dementia screening tools, diagnostic criteria, and appropriate referral pathways. Additionally, educating primary care physicians on the latest advancements in dementia research, including biomarkers and imaging techniques, as well as emerging disease modifying treatments can enhance their ability to identify potential cases of dementia at an early stage. With improved knowledge and skills, primary care providers can effectively engage in proactive discussions with patients and their families, offer appropriate support, and facilitate timely referrals to specialists. By strengthening the capabilities of primary care in dementia diagnosis, more individuals can receive early interventions, leading to improved management of symptoms, enhanced quality of life, and better overall outcomes for patients and their families.

*Pathology and Imaging Access.*

Pathology resources play a crucial role in enabling early detection and diagnosis of dementia. To effectively identify and understand the underlying causes of cognitive decline, it is essential to have access to molecular diagnostic tools such as blood-based biomarkers, cerebrospinal fluid (CSF) testing. These tests can detect biomarkers and specific proteins associated with different types of dementia, leading to more accurate diagnoses. However, the current availability of resources for molecular diagnosis is often limited. There is a pressing need for increased investment in pathology infrastructure, including the establishment of well-equipped laboratories, recruitment and training of specialized personnel, and allocation of sufficient funding to support the implementation of these tests on a larger scale. By expanding and enhancing pathology resources, healthcare systems can significantly improve their capacity to detect and diagnose dementia at an earlier stage, allowing for timely interventions and appropriate management strategies.

In addition to molecular diagnostics, the capacity for PET (Positron Emission Tomography) and MRI (Magnetic Resonance Imaging) imaging is also critical for early detection and diagnosis of dementia. These imaging techniques provide valuable insights into the structural and functional changes occurring in the brain, aiding in the identification of specific dementia subtypes and the monitoring of disease progression. In addition, MRI will play a vital role in Amyloid Related Imaging Abnormalities (ARIA) that is associated with the new amyloid targeting therapies. However, the availability of PET and MRI imaging remains a key roadblock in many healthcare systems. The current capacity often falls short of the demand, resulting in long waiting times for scans and delays in diagnosis. To address this issue, there is a need for increased investment in imaging infrastructure, including the acquisition of additional scanners, the establishment of specialized imaging centres (associated with the brain health clinic infrastructure), and the provision of advanced training for healthcare professionals involved in interpreting imaging results. By expanding the capacity for PET and MRI imaging, healthcare systems can significantly improve their ability to detect and diagnose dementia early, facilitating timely interventions and personalised treatment plans.

***Question***

How can we better support and provide treatment for people after a diagnosis?

*You might consider suggestions that help people to manage and live well with their conditions, with support from both medical and non-medical settings.*

**MSK**

With the exception of osteoporosis, which may present acutely following fracture, most MSKs are long term conditions and require improvements in access to diagnostic facilities and specialist care. In addition, the most common problems can be improved by physiotherapy, access to which could be usefully improved. The HSE offers advice to employers of workers at high risk of these conditions and more active engagement in workplace training may reduce illness linked to workplace issues. For polyarthralgias, more rapid diagnosis of the precise conditions causing the disorder would enable faster access to specific disease modifying treatment. Specific targeting of higher risk groups for screening for osteoporosis should enable faster access to treatment with the expectation of reducing risk of fracture. Support for peer support groups, e.g., Arthritis UK, NRAS. Expand nurse practitioners’ network and increase access to physiotherapy to support increased physical activity.

**Cancer**

In the oncology setting, it is common for there to be dedicated support nurses for patients with complex treatments. For example, patients with head and neck cancers may undergo surgery (initially to remove the tumour and then later reconstructive surgery), radiotherapy, chemotherapy and speech therapy and be under the care of a specialist dentist, a dietician/nutrition specialist (for tube feeding), and a counsellor for psychological support. Such patients may also require help with tobacco and/or alcohol withdrawal and may require home visits from specialists in tracheostomy care etc. The head & neck support nurse is crucial in supporting the patient, liaising with and coordinating the many hospital and community appointments, and arranging supplies (note that the patient may be unable to speak and use the phone). A similar support nurse could be invaluable for patients with multi-morbidities, especially those less able to talk or care for themselves (e.g., those with dementia, those without access to the internet, those unable to speak English etc.). The head & neck support nurse operates across medical specialities and medical/non-medical boundaries, indicating that this is feasible and could be a model for future “multi-morbidity support nurses”.

**Dementia**

Supporting individuals after a diagnosis of dementia involves a multifaceted approach but in the short-term should include access to the latest disease modifying treatments and latest clinical trials. As research progresses, new treatments that target the underlying mechanisms of dementia are emerging. It is crucial to provide individuals with a dementia diagnosis access to these treatments as they become available. This involves collaborating closely with healthcare providers, staying updated on the latest research and clinical trials, and advocating for the inclusion of individuals with dementia in appropriate treatment programs.

In addition to medical interventions, supporting individuals to stay in their home for longer requires implementing a range of practical and social measures. One important aspect is providing in-home support services. This includes assistance with daily activities, such as personal care, meal preparation, and medication management. Additionally, technology-based solutions, such as remote monitoring systems and smart home devices, can help maintain a safe and secure living environment for individuals with dementia while enabling them to remain independent for longer.

Another key element is providing social and emotional support. Dementia can be isolating for both the individual and their caregivers. Establishing support networks, such as local support groups or online communities, can provide a platform for individuals and caregivers to share experiences, obtain advice, and receive emotional support. Offering counseling services for individuals and their families can also assist in managing the emotional challenges that arise after a dementia diagnosis.

Ultimately, by combining access to the latest disease-modifying treatments, in-home support services, social and emotional support, and caregiver education, we can create a comprehensive support system that enables individuals with dementia to live in their home environment for longer periods. This approach strives to enhance their well-being, preserve their independence, and optimize their overall quality of life throughout the progression of the disease.

***Question***

How can we better enable health and social care teams to deliver person-centred and joined-up services?

*You might consider suggestions to improve the skill mix and training of the health and social care workforce.*

**Dementia**

To better enable health and social care teams to deliver person-centred and joined-up services for people with dementia, leveraging information sharing through technology is the best near-term opportunity. This can involve the use of electronic health records, telemedicine platforms, and other technologies that facilitate real-time communication, information exchange, and coordination of care.

Electronic Health Records (EHR): Implementing secure electronic health record systems enables health and social care teams to access and share relevant information about individuals with dementia seamlessly. EHRs provide a comprehensive overview of the individual's medical history, medications, treatment plans, and other essential data. This promotes better coordination of care among different healthcare providers involved in the individual's treatment and ensures that everyone has access to accurate and up-to-date information.

Telemedicine Platforms: Telemedicine platforms offer opportunities for remote consultations and monitoring, reducing the need for in-person visits for individuals with dementia. Through video calls or secure messaging, healthcare professionals can provide consultations, assess cognitive function, and address concerns or questions from individuals with dementia and their caregivers. Telemedicine can improve accessibility to care, particularly for individuals who may face challenges with mobility or live in remote areas. There are opportunities to make this technology more ‘dementia friendly’ decreasing the barrier for effective use.

Remote Monitoring Technologies: Remote monitoring technologies, such as wearable devices and sensors, can provide valuable insights into the well-being and safety of individuals with dementia. These technologies can track vital signs, detect falls, monitor sleep patterns, and alert caregivers or healthcare professionals in case of emergencies. Remote monitoring helps identify potential health issues or changes in behaviour, allowing for early intervention and timely adjustments to the care plan.

Communication and Collaboration Tools: Utilize communication and collaboration tools, such as secure messaging platforms or shared care portals, to facilitate real-time communication and information exchange among healthcare providers, caregivers, and individuals with dementia. These tools enable quick and efficient sharing of updates, care plans, and relevant documentation, promoting seamless collaboration and coordinated decision-making.

Assistive Technologies: Explore the use of assistive technologies designed specifically for individuals with dementia. These can include reminders and prompts for medication adherence, cognitive stimulation programs, and safety devices that prevent wandering or accidents. Assistive technologies can support individuals with dementia in their daily activities, enhance their independence, and provide peace of mind for caregivers.

Data Analytics and Research: Leverage data analytics and research to gain insights into patterns, trends, and best practices in dementia care. Analysing anonymised data from electronic health records and other sources can contribute to improving care delivery, identifying gaps in services, and guiding evidence-based decision-making. This information can help shape policies, allocate resources effectively, and drive continuous improvement in dementia care.

These technologies facilitate real-time collaboration, remote monitoring, and access to crucial information, ultimately leading to better outcomes, increased efficiency, and enhanced quality of life for individuals with dementia and their caregivers.

***Question***

How can we make better use of research, data and digital technologies to improve outcomes for people with, or at risk of developing, the major conditions?

As mentioned previously, the FPM’s membership includes those medics working in developing and also regulating devices and diagnostics and also developing digital tools to support healthcare. The labelling and information accompanying medicines could be improved to support polypharmacy and management of patients with multiple conditions. Pharmacogenomic data should be made available to healthcare professionals to allow for pharmacogenomic pairings and to track adverse events.

FPM would also support improvements to implementation science and a focus on multimorbidity guidances to support frontline healthcare professionals. Adapted digital version of guidances could be made available to patients, so they may also better understand their own health and be a more active partner in decision making. Sharing of patient health records would also support his and would also encourage sharing of data for research purposes. Some specific therapeutic recommendations are as follows:

**MSKs**

Earlier diagnosis and access to disease modifying treatment is key for osteoporosis and inflammatory MSKs.

**Dementia**

Data Collection and Integration: Establish comprehensive data collection systems that capture various aspects of dementia, including risk factors, genetics, biomarkers, and clinical outcomes. Integrate data from multiple sources, such as electronic health records, research studies, and wearable devices, to create a more holistic and comprehensive understanding of dementia and its progression.

Data Analytics and Artificial Intelligence (AI): Utilize advanced data analytics and AI techniques to analyze large datasets and uncover meaningful insights. AI algorithms can help identify patterns, predict disease progression, and personalize treatment approaches for individuals with dementia. This can assist in early detection, risk stratification, and targeted interventions to improve outcomes.

Precision Medicine: Leverage research, data, and digital technologies to advance precision medicine approaches in dementia care. By understanding individual variations in genetics, biomarkers, and clinical characteristics, it is possible to tailor interventions and treatments to specific subgroups of individuals. This personalized approach can optimize treatment effectiveness, minimize adverse effects, and improve overall outcomes.

Digital Cognitive Assessments: Develop and implement digital tools for cognitive assessments that are accessible, user-friendly, and capable of providing objective and accurate measurements. Digital cognitive assessments can enhance early detection, enable remote monitoring, and track changes in cognitive function over time. These assessments can help identify individuals at risk of developing dementia and monitor disease progression in a cost-effective and scalable manner.

Digital Therapeutics and Interventions: Explore the use of digital therapeutics and interventions to support cognitive rehabilitation, mental well-being, and lifestyle modifications for individuals with dementia. Digital platforms, such as mobile applications and virtual reality, can deliver cognitive training programs, provide educational resources, and facilitate social engagement. These technologies can empower individuals with dementia and their caregivers to actively participate in their own care and improve their quality of life.

By harnessing research, data, and digital technologies, we can advance the understanding, prevention, and treatment of dementia. These approaches have the potential to improve risk prediction, enable early intervention, enhance care delivery, and ultimately lead to better outcomes and a higher quality of life for individuals with, or at risk of developing, dementia.

***Question***

How can we improve access to palliative and end of life care?

*You might consider suggestions for how best to involve individuals in conversations about their future care.*

**General**

Increase funding for palliative/hospice care (i.e., additional government funding – on top of charitable funding), so hospices and associated teams may expand and accommodate a broader range of patients requiring end-of-life care (i.e., broader than cancer and neurodegenerative diseases).

**Dementia**

Dementia-Specific Palliative Care Services: Develop specialised palliative care services tailored to the unique needs of individuals with dementia. These services should be focused on managing dementia-related symptoms, promoting comfort, and addressing the emotional and psychological well-being of both individuals and their caregivers.

Advance Care Planning: Promote advance care planning discussions with individuals diagnosed with dementia and their families early in the disease trajectory. Encourage open and ongoing conversations about treatment preferences, goals of care, and end-of-life wishes. This allows for informed decision-making and ensures that care aligns with the individual's values and preferences as the disease progresses.

Education and Training: Provide education and training programs for healthcare professionals, caregivers, and family members on palliative and end-of-life care for individuals with dementia. This includes enhancing understanding of the unique needs and challenges associated with dementia and equipping providers with the knowledge and skills to provide comprehensive and compassionate care.

**Cancer**

The cancer call for evidence published in 2022 provided useful insights that will shape the development of the major conditions strategy. However, if you wish to, we wanted to provide an opportunity to provide any further insights in this call for evidence.

***Question***

How can we better support those with cancer? (Please do not exceed 500 words)

Many of the recommendations that FPM would make are already included in the results of the consultation on cancer ( <https://www.gov.uk/government/consultations/10-year-cancer-plan-call-for-evidence/outcome/results-of-the-10-year-cancer-plan-call-for-evidence>) and are not reiterated here. Additional points are:

In support of the various recommendations to increase awareness of less common cancers, it is worth noting that “Other cancers” are the most common cancer type in terms of incidence and mortality (see, for example, Ferlay et al. Int J Cancer. 2019 Apr 15;144(8):1941-1953. doi: 10.1002/ijc.31937) – this group surpasses even lung cancer in this regard.

We would encourage using dedicated support nurses for most patients with cancer (along the lines of the head & neck support nurses mentioned earlier). Such nurses are invaluable in helping patients navigate their cancer journey. They can help the patient prepare for “life after treatment” (a time when many patients feel lost and abandoned – as described in the cancer consultation document).

We would strongly support the continued availability of dedicated teenage cancer units (not mentioned in the cancer consultation document) since the types of malignancy and the needs of teenage/young adult patients are very different to those of younger children.

For teenagers with cancer, we would encourage genuine efforts to enable them to fulfil their normal educational milestones (GCSEs, A levels etc.). Apart from the educational reasons for this, the expectation that they will still study for and sit their GCSEs (or whatever exams) sends a powerful subliminal message that they are typical teenagers and that they will survive and be back to normal sooner or later.

**Mental health**

The mental health call for evidence published in 2022 provided useful insights that will shape the development of the major conditions strategy. However, if you wish to, we wanted to provide an opportunity to provide any further insights in this call for evidence.

***Question***

How can we better support those with mental ill health? (Please do not exceed 500 words)

Type comments here.

Many thanks for your work on the consultation and for completing this document.