



# Refresh of the National Strategic Framework for Chronic Conditions



## Table of Contents

<b>1. Consultation purpose</b> .....	3
<b>2. Setting the scene</b> .....	3
2.1 The burden of chronic conditions in Australia.....	3
2.2 What is the Framework?.....	6
2.2.1 <i>Determinants of health</i> .....	7
2.2.2 <i>Monitoring progress</i> .....	7
2.3 Why do we need a refresh? .....	8
<b>3. Areas of focus for the refresh</b> .....	9
3.1 Inter-relationship between the Framework and Action Plans and Strategies .....	9
3.2 Future support for the prevention and management of chronic conditions .....	10
3.2.1 <i>Patient and clinician support complements primary health care reforms</i> .....	10
3.2.2 <i>Potential areas of future focus for chronic conditions support</i> .....	11
3.2.3 <i>Impact of COVID-19 and the digital transformation</i> .....	12
<b>4. Consultation survey overview</b> .....	14
<b>5. Future engagement</b> .....	14
<b>6. Figures</b> .....	15
<b>7. Appendix</b> .....	17

## 1. Consultation purpose

Half of all Australians are living with one or more chronic health conditions. The [National Strategic Framework for Chronic Conditions](#) (Framework) is the overarching policy for chronic conditions in Australia. The Framework provides guidance for development and implementation of relevant policies, strategies, actions and services. It sets the directions and anticipated outcomes to help Australians live healthier lives through effective prevention and management of chronic conditions.

The Framework was published in 2017 with a timeframe of eight years, from 2017 to 2025. The Department of Health and Aged Care (Department) is leading a review and refresh of the Framework to ensure it remains current, accurate and relevant.

The refresh of the Framework will consider how chronic conditions can best be prevented and managed for all Australians, including priority population groups. A strong primary health care system enables effective prevention and management of chronic conditions. The refresh of the Framework will ensure alignment with Australia's Primary Health Care 10-year Plan 2022-2032 and the Strengthening Medicare Taskforce Report, along with other national and international policies, strategies and plans, including the National Preventive Health Strategy 2021-2030.



As part of the refresh of the Framework, the Department is interested in understanding how stakeholders, including peak bodies, health professionals, academics and researchers, consumers, carers and families, have viewed and engaged with the current Framework to date. Through this public consultation process, the Department seeks to learn what have been the enablers and barriers to the successful implementation of the Framework and identify opportunities to improve the Framework and the approach to chronic condition prevention, management and treatment in Australia.

The Department, in consultation with state and territory representatives, will consider input provided through this consultation, in developing a refreshed Framework with a patient-centric, systems level approach that will guide future investment in the prevention and management of chronic conditions by all levels of government. It is anticipated the refreshed Framework will be provided to Health Ministers for consideration in late 2024.

## 2. Setting the scene

### 2.1 The burden of chronic conditions in Australia

The Framework uses the term 'chronic conditions' to describe a broad range of chronic and complex health conditions across the spectrum of illness and a person's lifespan.<sup>1</sup>

Chronic conditions are becoming increasingly common, with half of all Australians (50%) having at least one chronic condition, and approximately 22% of Australians experiencing

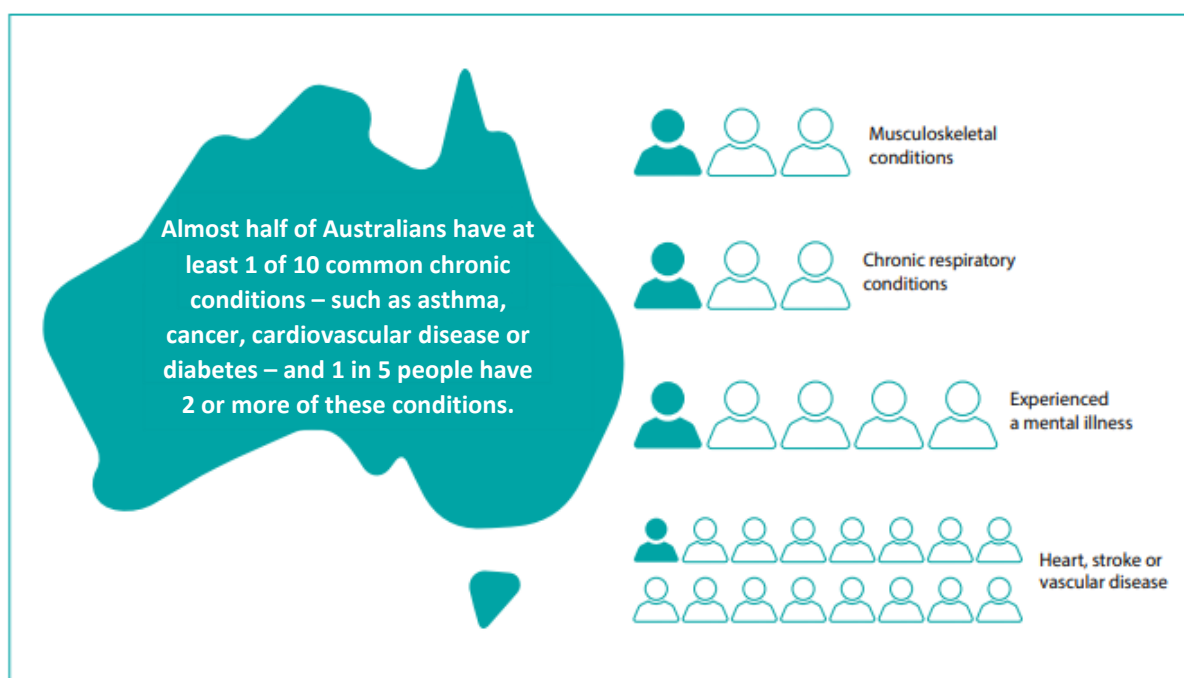
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<sup>1</sup> Australian Health Ministers' Advisory Council (2017) [National Strategic Framework for Chronic Conditions](#), accessed 21 December 2023.

multimorbidity - the presence of two or more chronic conditions at the same time.<sup>2</sup> People living with multimorbidity often have complex health needs and report poorer overall quality of life. As a result, the impact of chronic conditions is widespread and presents key challenges for individuals, government, and the broader society.

Chronic conditions are the leading cause of illness, disability and death in Australia and place a significant burden on the health system. Data from the National Hospital Morbidity Database in the 2021–22 period showed that 10 selected chronic conditions (arthritis, asthma, back problems, cancer, chronic kidney disease, chronic obstructive pulmonary disease, diabetes, mental health and behavioural conditions, osteoporosis or osteopenia and selected heart, stroke and vascular diseases) contributed to 6 million hospitalisations, accounting for 52% of all hospital admissions.<sup>3</sup>

Effective chronic conditions care and prevention reduces long-term costs for the health system and enables increased participation in employment, education and social activities, improving overall quality of life and wellbeing.



Australian Institute of Health and Welfare (AIHW) (2022) *National Strategic Framework for Chronic Conditions, reporting framework: indicator results*, catalogue number PHE 299, AIHW, Australian Government, accessed 12 December 2023

Priority populations such as First Nations people, those experiencing socio-economic disadvantage, people living in rural and remote communities, those living with a disability, and people from culturally and linguistically diverse backgrounds also have higher rates of chronic disease and overall poorer health. Chronic conditions are the leading cause of illness, disability and death among Aboriginal and Torres Strait Islander people and are estimated to be responsible for 70% of the health gap.<sup>4</sup> While the burden of disease has declined for First Nations Australians, Indigenous Australians experienced overall burden of disease and injury at 2.3 times the rate of non-Indigenous Australians in 2018.<sup>5</sup>

<sup>2</sup> Australian Bureau of Statistics (2022) *National Health Survey*, accessed 22 January 2024.

<sup>3</sup> AIHW (2023) *Chronic conditions and multimorbidity*, accessed 20 December 2023.

<sup>4</sup> AIHW (2023) *Health Performance Framework - Summary report 2023*, accessed 30 January 2024.

<sup>5</sup> AIHW (2023) *Leading causes of disease burden and mortality* <https://www.indigenoushpf.gov.au/measures/3-05-chronic-disease-management>, accessed 30 January 2024.

Around 38% of the burden of disease in Australia could be prevented if all modifiable risk factors were addressed. ‘Burden of disease’ is defined by the Australian Institute for Health and Welfare (AIHW) as the quantified impact of a disease or injury on a population, using the disability-adjusted life years measure.<sup>6</sup> In 2018, the risk factors contributing most to the burden of disease were:

- tobacco use
- overweight (including obesity)
- all dietary risks
- high blood pressure
- alcohol use.<sup>7</sup>

As outlined in the [National Preventive Health Strategy \(NPHS\) 2021-2030](#) (NPHS), prevention, and early detection and intervention, are critical to reducing the burden of chronic conditions. Nonetheless, a significant component of the burden of disease in Australia is not preventable due to genetic and ageing factors. Investment to guide early diagnosis, treatment, care, multidisciplinary support and management for Australians with chronic conditions, their families and carers therefore remains critically important to optimise quality of life.



<sup>6</sup> AIHW (2023) [Glossary](#), accessed 24 January 2024.

<sup>7</sup> AIHW (2021) [Australian Burden of Disease Study 2018 – Key findings](#), accessed 17 November 2023.

## 2.2 What is the Framework?

The Framework was agreed between the Commonwealth and state and territory governments in 2017 to provide overarching policy guidance for the prevention and management of chronic conditions in Australia.

The Framework enables all levels of government to work towards the delivery of a more effective and coordinated national approach to chronic conditions. While the Framework is primarily targeted at policy and decision makers at national, state and local levels, it is also a useful resource for the non-government sector, academics and researchers, stakeholder organisations, local health service providers, and communities that advocate, and provide care and education for people with chronic conditions and their carers and families.

The key components of the Framework are outlined in the table below and are expanded on in detail in the Framework itself.

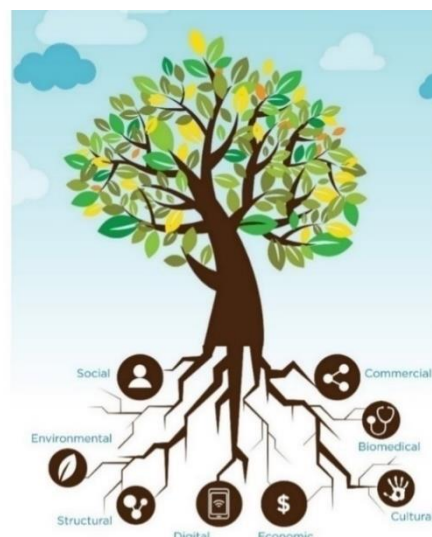
Key elements of the National Strategic Framework for Chronic Conditions	
<b>The Framework</b>	<b>Vision:</b> all Australians live healthier lives through effective prevention and management of chronic conditions
	<b>Objectives</b> <ol style="list-style-type: none"> <li>1. Focus on prevention for a healthier Australia</li> <li>2. Provide efficient, effective and appropriate care to support people with chronic conditions to optimise quality of life</li> <li>3. Target priority populations</li> </ol>
	<b>Principles</b> <ol style="list-style-type: none"> <li>1. Equity</li> <li>2. Collaboration &amp; Partnership</li> <li>3. Access</li> <li>4. Evidence-based</li> <li>5. Accountability &amp; Transparency</li> <li>6. Shared responsibility</li> <li>7. Sustainability</li> <li>8. Person-centred approaches</li> </ol>
	<b>Enablers</b> <ol style="list-style-type: none"> <li>1. Health literacy</li> <li>2. Technology</li> <li>3. Resources</li> <li>4. Governance and leadership</li> <li>5. Research</li> <li>6. Data and information</li> <li>7. Health workforce</li> </ol>

### 2.2.1 Determinants of health

The Framework recognises the role of external factors such as housing, education and employment, low health literacy, lack of culturally safe healthcare and the importance of working with other sectors to achieve improved health and wellbeing for Australians. These factors are known as the determinants of health and are many and varied; they interact to raise or lower the health status of individuals and populations. The determinants of health can have cumulative effects over the course of a lifetime and across generations.

Since publishing of the Framework, the NPHS has been released. The NPHS identifies 8 categories of determinants of health that further build on the Framework. The determinants can be broken down into elements that can have protective and/or adverse effects on health.

Further information on each of these determinants of health, and examples of the elements they include, can be found from page 12 in the NPHS.



### 2.2.2 Monitoring progress

After the publication of the Framework the Australian Institute of Health and Welfare (AIHW) developed [The National Strategic Framework for Chronic Conditions: reporting framework](#) to monitor the progress of the objectives of the Framework. The reporting framework provides information and guidance about the recommended data for reporting of chronic conditions, the availability of such data and the presentation of the indicators measuring the progress. The [National Strategic Framework for Chronic Conditions, reporting framework: indicator results](#) report was prepared to accompany the *NSFCC: reporting framework*. The reporting framework and data indicators is not in the current scope of this consultation. However, the reporting framework, indicators and associated data help to demonstrate the current situation in relation to chronic conditions in Australia.

The first national wellbeing framework: [Measuring What Matters](#) will track the progress towards a more healthy, secure, sustainable, cohesive and prosperous Australia.<sup>8</sup> Inclusion, equity and fairness cut across the different dimensions of the *Measuring What Matters* framework. There are 50 indicators to track progress, organised according to the five wellbeing themes. The refreshed Framework will be informed by, and support progress towards meeting these indicators. For the 'healthy' theme these indicators are:

- access to care and support services
- access to health services
- life expectancy
- mental health
- prevalence of chronic conditions

To ensure that progress is being made, it is critical that data is used to report on the outcomes identified in the refreshed Framework. There is a need to improve data availability across a wide spectrum of chronic conditions and determinants of health. Data gaps (often

<sup>8</sup> The Treasury (2023) [Measuring What Matters Framework](#), accessed 21 December 2023.

found across the health system) are also a significant limitation to measuring progress. Accordingly, ongoing evaluation will be a priority of the refreshed Framework.

### 2.3 Why do we need a refresh?

Since the publication of the Framework in 2017, many national and international policies, strategies and plans that consider the prevention of chronic conditions, and the care and management of people with chronic conditions have been developed. The refresh provides an opportunity to embed learnings from more recent initiatives into a policy framework that can guide future decision making and investment by all levels of government.

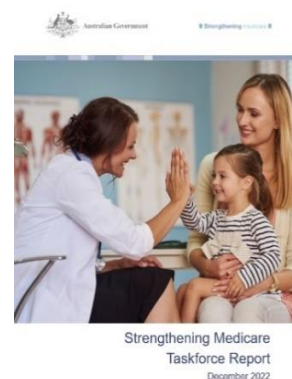
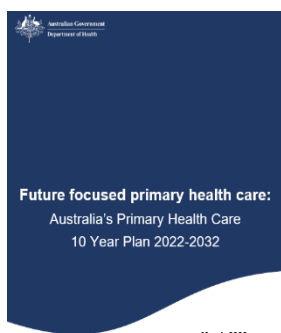
In particular, the Australian Government has a renewed focus on primary care as the essential underpinning towards the better health and wellbeing of all Australians and is committed to building a stronger primary care system. Primary care is the health care people seek first in their community and includes general practice, Aboriginal Community Controlled Health Services, community nursing services, mental health services, and allied health services (e.g., physiotherapy, occupational therapy) amongst others. Integrated care for chronic conditions in a primary health care setting may include a number of these services depending on the condition(s) and circumstances of an individual. Primary health care providers, including Aboriginal Health workers, have a critical role in delivering preventive health interventions and providing coordinated support to slow or reverse the progression of illness.

Investment in primary care aims to reduce the burden on the overall health system, particularly hospitals and tertiary health services, and lessen the overall burden of disease by focusing on health promotion, screening, prevention and delaying progression of disease. The [Strengthening Medicare Taskforce Report](#) (Report), and the recommendations contained within, is one of many reports, studies and initiatives being used to help shape primary care reforms occurring in the Australian healthcare landscape. Given the role of primary care in the prevention, diagnosis, treatment and management of many chronic conditions, the refresh of the Framework is an opportunity to incorporate and build on the advancements and investments already made in the primary health care landscape.

Unfortunately, despite ongoing efforts to address the disparity and disadvantage, some population groups, including First Nations people and those from culturally and linguistically diverse backgrounds, still experience a higher prevalence of chronic conditions than the broader Australian population. Accordingly, addressing the disparity in burden of disease and improving care for priority populations are important considerations for the refresh of the Framework and chronic condition policies into the future.

The [National Preventive Health Strategy 2021-2030](#) (NPHS) published in 2021 aims to improve the health and wellbeing of all Australians at all stages of life, through a whole-of-government approach to prevention that addresses the wider determinants of health, reduces health inequities, and decreases the overall burden of disease. The NPHS is underpinned by an 'equity lens' and strongly emphasises the importance of ensuring preventive health action considers the inequities that exist across Australia, including gender inequities, and promoting equitable access to health care that is culturally safe, and tailored to diverse community needs.





The refresh of the Framework is an opportunity to strengthen the collaboration between the Commonwealth and state and territory governments. All states and territories are working closely with the Department on the refresh. The refreshed framework will articulate the roles and responsibilities of the Commonwealth government, states and territories and relevant organisations in delivering a health care system that can support all Australians across every stage of their health journey.

The 2025-2030 Addendum to the National Health Reform Agreement (NHRA) is also relevant to the refresh. The NHRA is an agreement between the Commonwealth and state and territory governments on the funding and governance of public hospitals and health services. Negotiations on the addendum are underway and aim to embed long-term structural reform that will strengthen the Australian health system and alleviate pressures on public hospitals. It will seek to enable models of care that create a more connected health system, reduce the rate and complexity of admissions to acute care and embed innovation.

Other key areas of focus for the refresh include growing the health workforce, ensuring health professionals work to their full scope of practice, integrating a multidisciplinary approach to care and promoting a climate-resilient healthcare system. The refreshed Framework will acknowledge these changes in focus and consider how the developments occurring within Australia's health care landscape will affect Australians with, and at risk of, chronic conditions. In addition to those mentioned above, there are many other national policies, strategies and plans that relate to chronic conditions. A list of these can be found in Appendix 1 of this paper.

### 3. Areas of focus for the refresh

#### 3.1 Inter-relationship between the Framework and Action Plans and Strategies

Since the endorsement of the Framework in 2017, multiple chronic condition specific Action Plans and Strategies have been developed. The Action Plans and Strategies were developed by healthcare organisations, professional bodies, advocacy groups, clinicians, academics and researchers, patients, carers and families, and designed for collective implementation and use.

The Action Plans were developed over an approximately 2-year period, 2018-2020. It is evident that across the Action Plans and Strategies there are significant commonalities in priorities. For example, all Action Plans and Strategies have priority areas covering prevention, awareness and education; diagnosis, treatment, management; support and care; and research, evidence and data. There are also many commonalities across specific actions, which support priority areas. For example, education campaigns to raise awareness,

training modules for health professionals, or support networks to assist people to proactively manage their condition. This results in duplication of resources and the refresh of the Framework presents an opportunity for further collaboration, consolidation and enhanced impact.

Some Action Plans and Strategies have additional priority areas that may be specific to the condition. For example, stigma, workforce issues and equitable access to treatment are included as priorities for some Action Plans where these issues were considered a significant factor for the condition. Similarly, some actions supporting the priorities are specific to the condition, for example, access to cardiac rehabilitation services or arthritis pain management for older people.

The commonalities across Action Plans at the broad priority level and some differences at the specific actions level indicates there remains a need for both a general approach to chronic conditions and, for some conditions, a specific, tailored blueprint for action. The intent of many sector stakeholders in developing Action Plans is to influence system reform which is why a review of learnings from the current Action Plans is part of the Framework refresh. The refresh of the Framework presents an opportunity to identify common priorities and actions across the Action Plans and embed these in an updated Framework.

Embedding common learnings from the Action Plans will reduce duplication and ensure that any condition specific guidance is focussed on only those areas where there is a demonstrated need for tailored actions. Furthermore, this would also affirm the fact that Action Plans should be complementary to, and build on, the Framework. Indeed, any sector with a desire to develop any new condition specific initiatives would need to demonstrate clear linkages to the Framework. **Views are invited from stakeholders on the proposed re-alignment of the Framework and condition specific Action Plans via the survey.**



National Strategic Framework for Chronic Conditions



## 3.2 Future support for the prevention and management of chronic conditions

### 3.2.1 Patient and clinician support complements primary health care reforms

Patient and clinician support for chronic conditions complements and builds on reforms in primary care aimed at integrated, person-centred, multi-disciplinary health care. Increasing awareness and understanding of chronic conditions amongst consumers and health professionals supports early detection, early intervention and more effective and less

invasive treatment. These interventions are critical for reducing the burden of chronic conditions and increasing overall quality of life.

Over the last 7 years the Australian Government has funded more than \$147 million in patient and clinician support initiatives for chronic conditions. These initiatives have included:

- Almost 200 educational seminars and courses held for health professionals.
- Over 21,000 health professionals participated in training courses.
- 1.6 million interactions with consumers via websites, newsletters, online checks/tools (e.g., cardiovascular risk calculator, Check My Macular, AUSDRISK for Type 2 diabetes), health checks and support groups (e.g., camps for young people living with juvenile arthritis)
- At least 30 resources developed for consumers including videos, factsheets and newsletters, raising awareness of the symptoms and risk factors for chronic conditions and how to take action.
- Online support and 1800 helpline services for more than 15 conditions
- Integrated care via clinics for endometriosis and pelvic pain, renal genetics and chronic pain.
- Development and update of clinical guidelines and standards of care for various chronic conditions – e.g., cardiovascular, endometriosis, stroke and childhood heart disease.

Initiatives such as these complement Government reforms under the Strengthening Medicare Taskforce recommendations and the Primary Health Care 10-year plan.

From its inception in 2015, the Australian Government has invested over \$545 million through the Medical Research Future Fund in 256 research grants focusing on chronic conditions. Since 2019, the Australian Government has also invested a further \$1 billion into chronic conditions research through the National Health Medical Research Council.

Collaborative, policy-relevant research supports prevention, finding new treatments and repurposing existing medicines to provide better health care.

### *3.2.2 Potential areas of future focus for chronic conditions support*

The independent review of the implementation of the Framework and condition specific Action Plans, combined with observations that sector organisations have shared about areas of need, has identified several issues common to the prevention, management and treatment of many chronic conditions, which may provide a basis for future priority areas for investment. These include, but are not limited to:

- The criticality of effective, evidence-based, person-centred multi-disciplinary care. There are significant benefits for the patient if a team of health professionals from different disciplines (e.g., general practice, nursing, allied health) collaborate and communicate to address as many aspects of a patient's care as possible. Work underway on 'Unleashing the Potential of our Health Workforce – Scope of Practice Review' will support health practitioners to work to their full scope of practice, in turn supporting access to effective, integrated care.
- Managing multimorbidity. The presence of 2 or more conditions increases the complexity of patient care and can require ongoing management and coordination of specialised care across multiple parts of the health system. People with

multimorbidity typically have more medical appointments and medications to manage, and their ability to participate in education or employment can be impacted.

- Supporting continuity of care across life stages. Sector organisations and people with lived experience, have indicated that navigating the transition from integrated paediatric care to adult care is often challenging. People have to tell and retell their circumstances numerous times, at a life stage when they are often experiencing fatigue associated with managing their condition and educating others about it. This can be particularly challenging for someone with a rare or lesser-known condition.
- Transitions of care as a patient moves across and through the health system. Like the challenges someone with a chronic condition can experience as they transition between life stages, people experience challenges as a chronic disease progresses and there is a need to access additional specialists and more intensive treatments.
- Enhanced and targeted support for priority populations. One of the objectives of the Framework is to target priority populations who may be at greater risk of developing a chronic condition and/or may experience barriers or challenges in accessing or navigating health services. To date, a limited number of initiatives have considered the needs or experiences of priority populations with, or at risk of developing chronic conditions.
- Health promotion and education. Raising awareness and promoting training and education is a proven key driver of early diagnosis and intervention, improving health outcomes. Opportunities exist for cross-sectoral collaboration.
- Embedding prevention in the continuum of care. The NPHS aims to improve the health and wellbeing of all Australians at all stages of life, taking a systems approach and embedding preventive health action across the health system. Primary health care providers have a key role to play in delivering preventive health interventions.

The refresh of the Framework provides an opportunity for the chronic conditions sector to collaborate to consolidate existing resources or new initiatives that address these and other common issues. Tools and resources that incorporate shared risk factors and treatment methods for different conditions may present an opportunity for effective partnerships across sectors. **Views are invited from stakeholders on these focus areas via the survey.**

### *3.2.3 Impact of COVID-19 and digital transformation*

The COVID-19 pandemic has had a significant impact on the Australian healthcare system, including in the prevention, treatment and management of chronic conditions. COVID-19 challenged the healthcare system to develop new and innovative models of care, many of which have continued to be used beyond their initial implementation during the pandemic. These new models of care and the changes in chronic condition management that have resulted from COVID-19 will be recognised in the refreshed Framework as appropriate.

Arguably, the most significant changes in the delivery of healthcare services instigated because of the COVID-19 pandemic were the significant increase in the uptake and availability of virtual care services, such as telehealth and the introduction of electronic medication prescriptions.

Despite this, the COVID-19 pandemic also presented many challenges for the prevention, treatment and management of chronic conditions. Firstly, those with chronic conditions are more likely to develop serious disease and require medical interventions if diagnosed with

COVID-19.<sup>9</sup> People with underlying health conditions are also at higher risk of suffering from long-COVID after infection.<sup>10</sup>

Moreover, the COVID-19 pandemic significantly impacted on Australians' overall engagement with the healthcare system. This included a reduction in attendance at routine healthcare appointments and preventive health and screening programs. This was particularly evident in the first year of the COVID-19 pandemic, when lower levels of healthcare utilisation were reported across both tertiary and primary care settings in Australia.<sup>11</sup> The reduced engagement with the healthcare system, particularly primary care services, resulted in the suboptimal management of many chronic conditions and is expected to result in increased complexity of care and burden of disease into the future.<sup>12</sup>

Additionally, even those without pre-existing health conditions were impacted by this period of reduced primary healthcare interaction. Many people did not undergo routine screening tests and health checks, resulting in late or sometimes missed diagnosis and medical complications.<sup>13</sup>

Beyond telehealth and electronic prescribing, emerging digital technologies, including the use of artificial intelligence, are accounting for much of the current investment, innovation and research in healthcare, and will be another key consideration for chronic disease policy development moving forwards. [The Digital Health Blueprint and Action Plan 2023-2033](#) (Blueprint) was published in December 2023 and will be a key consideration for policy makers going forward. The Blueprint goes beyond emerging technology and encompasses the use of digital and data to create a connected, sustainable, learning health system.

Clinical decision making can be supported by further digitisation of existing tools and resources. Noting the significant volume of resources, training modules, tools and guidelines developed over recent years of implementing the Framework and Action Plans, coupled with data from clinics providing multidisciplinary care for people with particular conditions, there is an opportunity for digitisation to reduce duplication, improve effectiveness of support and enhance impact.

**Views are invited from stakeholders on the potential for digitisation to enhance support for Australians with chronic conditions via the survey.**

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<sup>9</sup> Department of Health and Aged Care (2023) [Groups at higher risk from COVID-19](#), accessed 22 January 2024.

<sup>10</sup> Department of Health and Aged Care (2023) [Long COVID](#), accessed 22 January 2024.

<sup>11</sup> Podubinski T, Townsin L, Thompson SC, Tynan A & Argus G (2021). 'Experience of Healthcare Access in Australia during the First Year of the COVID-19 Pandemic', *Int J Environ Res Public Health*, 18(20).

<sup>12</sup> National COVID-19 Health and Research Advisory Committee (2022) [Strengthening Australia's health system post COVID-19](#), accessed 17 November 2023.

<sup>13</sup> Cuschieri, S & Mamo, J (2021), 'Taking care of the ordinary in extraordinary times—delayed routine care means more morbidity and pre-mature mortality', *European Journal of Public Health*, vol. 31, no. Supplement\_4, pp. iv27–iv30.

## 4. Consultation survey overview

Organisations, peak bodies, health professionals, academics and researchers, people living with chronic conditions, their families and carers, and other interested members of the public are all welcome to participate in the consultation and share their views.

The consultation will be conducted via an [online survey](#). The survey consists of several different question formats including open text, agree/disagree, ranking and tick box responses. There are also several non-compulsory open-text questions throughout the survey which provide an opportunity to elaborate and provide further details on previous answers. These questions are clearly labelled as optional.

There is a total of 17 questions in the survey. The survey is set out in a linear format, meaning you must answer the questions in chronological order. The survey does not need to be completed in one sitting. There is an option to save your responses at any point during the survey and return later to continue answering the questions.

The survey structure has been designed to follow a similar design to the Framework itself and is organised into 3 separate sections: Overview; Objectives of the Framework; and Focus on the Future. Figure 1 of this paper (located on page 15) provides an overview of the survey structure and the topics covered in each section. The relevant page numbers from the Framework have also been included for reference.

There are several additional resources that may provide relevant information regarding the Framework and consultation. Figure 1 (located on page 15) is a table that provides an overview of the survey structure and key themes. Figure 2 (located on page 16) is a concept map from the current Framework. Appendix 1 (located on page 17) contains a list of national policies, strategies and plans relevant to the Framework.

[The National Strategic Framework for Chronic Conditions](#) is also available to download as a PDF via the [Consultation Hub](#) and will be a relevant resource to refer to as you complete the survey questions.

Participation is voluntary, and participants can withdraw at any time before submitting their response. All responses will be anonymous however, participants should take care to exclude any identifiable information in their responses. Responses may be shared with third parties, published or made publicly available.

## 5. Future engagement

The feedback and results received through this consultation via the Department's Consultation Hub will be collated and analysed to help guide the development of the refreshed Framework, and ensure that the views of stakeholders, consumers and the broader public are considered during this process. If you have any questions or comments about the Framework or the consultation process, please contact [NSFCC.consultation@health.gov.au](mailto:NSFCC.consultation@health.gov.au).

**Figure 1: Consultation survey structure**

Section	Sub-section	Question Topics	Relevant Framework Section	Number of Questions
Demographics		<ul style="list-style-type: none"> <li>Which stakeholder group best describes you?</li> </ul>	N/A	1
Part 1: Overview of the Framework		<ul style="list-style-type: none"> <li>Use of the Framework</li> <li>The Vision of the Framework</li> <li>Enablers</li> </ul>	Pages 14-16	3
Part 2: Objectives of the Framework	<b>Objective 1:</b> Focus on prevention for a healthier Australia	<ul style="list-style-type: none"> <li>Determinants of health</li> </ul>	Pages 17-28	1
	<b>Objective 2:</b> Provide efficient, effective and appropriate care to support people with chronic conditions to optimise quality of life	<ul style="list-style-type: none"> <li>Accessibility of services</li> <li>Use of information and data</li> </ul>	Pages 29-41	2
	<b>Objective 3:</b> Target priority populations	<ul style="list-style-type: none"> <li>Representation throughout the Framework</li> <li>Recognising priority populations</li> </ul>	Pages 42-49	2
Part 3: Focus on the Future		<ul style="list-style-type: none"> <li>Barriers</li> <li>Action Plans and Strategies</li> <li>Common issues</li> <li>Recognising the impact of COVID-19</li> <li>Accessibility, use and digitisation of the Framework</li> </ul>	Pages 50-54	7
Part 4: Summary		<ul style="list-style-type: none"> <li>Improvement and enhancement of the Framework</li> <li>Other feedback</li> <li>Long response open-text answer</li> </ul>	N/A	1

**Figure 2: Concept map of the National Strategic Framework for Chronic Conditions**





## Appendix 1: Key Australian Government policies, strategies and plans relevant to the National Strategic Framework for Chronic Conditions\*

- National Preventive Health Strategy 2021-2030
- Australia's Primary Health Care 10 Year Plan 2022-2032
- Strengthening Medicare Taskforce Report
- National Women's Health Strategy 2020-2030
- National Men's Health Strategy 2020-2030
- National Action Plan for The Health of Children and Young People 2020–2030
- National Palliative Care Strategy 2018
- The New National Aboriginal and Torres Strait Islander Health Plan 2021–2031
- 2020-2025 Addendum to the National Health Reform Agreement
- National Obesity Strategy 2022-32
- National Roadmap for Improving the Health of People with an Intellectual Disability
- National Mental Health and Suicide Prevention Agreement
- National Strategy for Injury Prevention (under development)
- National Consumer Engagement Strategy for Health and Wellbeing (under development)
- National Health Literacy Strategy (under development)
- National Preventative Health Strategy 2021-2030 Blueprint for Implementation and Evaluation Plan (under development)
- Nurse Practitioner Workforce Plan
- National Medical Workforce Strategy
- 10 Year National Action Plan for the Health and Wellbeing of LGBTQIA+ People
- National Silicosis Prevention Strategy 2023-2028 and Accompanying National Action Plan (under development)
- National Health and Climate Strategy
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023
- Post-Acute Sequelae of COVID-19 Research Plan
- National Tobacco Strategy 2023–2030
- National Alcohol Strategy 2019–2028
- National Medicines Policy
- National Dementia Action Plan
- Paediatric Palliative Care National Action Plan
- National Digital Health Strategy
- Australia's Disability Strategy 2021-2031
- Digital Health Blueprint 2023-2033
- National Healthcare Interoperability Plan 2023-2028
- Medical Research Future Fund (MRFF) 2nd 10-year Investment Plan (2022-23 – 2031-32)
- MRFF Cardiovascular Health Mission Roadmap and Implementation Plan
- MRFF Dementia, Ageing and Aged Care Mission Roadmap and Implementation Plan
- Targeted Translation Research Accelerator Research Plan (Diabetes and Cardiovascular Disease)
- Primary Health Research Plan
- National Collaborative Research Infrastructure Strategy

\*Please note: This list is not exhaustive.