Rank	Question
1	How can exchange of information be improved between specialist/hospital services and primary care for both people with chronic conditions and healthcare professionals?
2	What non-drug treatments for managing chronic conditions (e.g., exercise and other lifestyle changes, physical therapies, talk therapies) could be integrated into primary care services instead of or in addition to medications?
3	How can a multidisciplinary approach (e.g. the involvement of a mix of health care professionals) be implemented when managing chronic conditions in primary care?
4	How can primary health care data be used to inform chronic condition management, both in the care of individual patients and in the delivery of services more broadly?
5	In what ways can primary care understand and address patient and family/carer treatment burden, i.e., the work people have to do to manage chronic conditions and the impact that has?
6	What is the best way to ensure appropriate and timely access to Irish primary care services for people managing chronic conditions?
7	How can primary care services best manage the complexities of caring for people with multiple chronic conditions (across the lifespan)?
8	How can people with chronic conditions be best supported to engage with and navigate health and social care information and services?
9	What is the best way to support continuity of care for people with chronic conditions within primary care, including continuity in their relationships with primary care professionals and in the management and coordination of their care?
10	How can primary care services support good mental health and wellbeing for people managing chronic conditions and symptoms?
11	How effectively do disease management programmes (e.g. the HSE chronic disease management programme or CDM) meet the needs of people with chronic conditions, and do they provide a good experience of care?
12	What is the best approach to workforce planning and resourcing in primary care that avoids understaffing and/or overloading staff's ability to treat people with chronic conditions?
13	What education, training, or continuing professional development could be provided to health care professionals working in primary care to help better understand and meet the needs of people with chronic conditions?
14	How can newly developed or improved medications for chronic conditions be integrated into primary care chronic condition management in a timely, accessible and equitable way?
15	In what ways can primary care centred disease management programmes, procedures, and guidelines incorporate the input of healthcare professionals (e.g. on scope of practice, new guidelines needed, gaps observed in care programmes) to ensure effective delivery of care?
16	What are the best ways for primary care to ensure that patient centred care plans to manage chronic conditions are developed with input from people with chronic conditions and their family and carers?
17	In what ways can the financial implications (inc. direct and indirect costs) faced by people with chronic conditions and their families be recognised and addressed?
18	How could the experience of being referred from primary care to specialist/hospital services be improved for both people with chronic conditions and healthcare professionals in primary care?
19	How can social services and supports (e.g. social prescribing, or referring people to non-medical supports in the community) be made available to people with chronic conditions within or through primary care?
20	How could primary care consultations/appointments be best structured (e.g. short vs long consultations, in-person vs remote) to meet the needs and improve the experience of people managing chronic conditions?