



Self Care Aware: Joining Up Self Care in the NHS

EVALUATION OF THE “JOINING UP SELF CARE” PROJECT IN EREWASH PRIMARY CARE TRUST

EVALUATION REPORT ANNEXES

The full evaluation report signifies the annexes relevant to the commentary. This is therefore not a stand-alone document and should be read in conjunction with the full evaluation report.

Report to the Working in Partnership Programme

October 2006



Working in Partnership Programme



Promoting Responsible Consumer Healthcare

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Annex 1.1: Policy documents tracing the progress of self care.

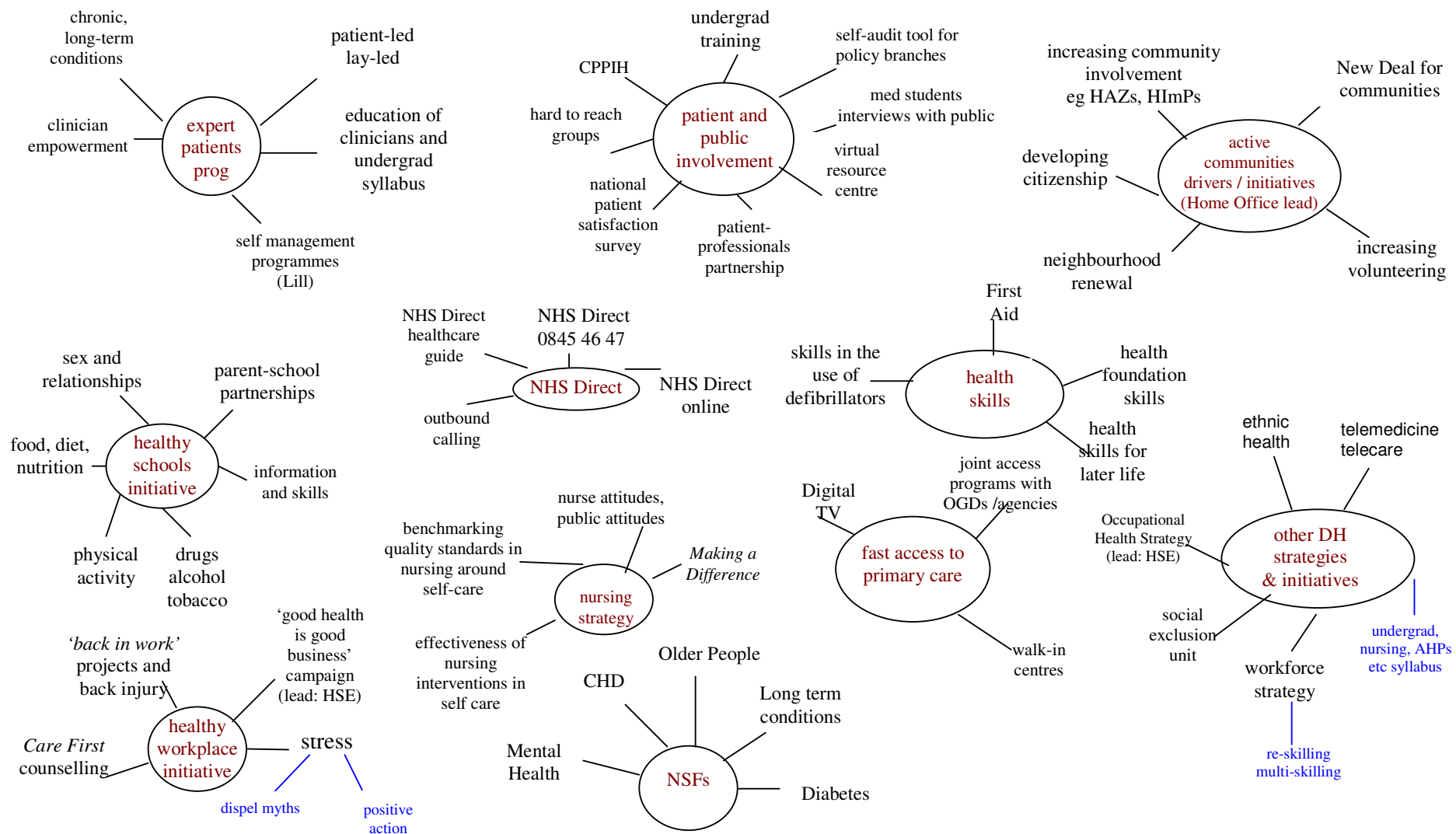
Jul 00	NHS Plan	<ul style="list-style-type: none"> • The front line to healthcare is the home. Most healthcare starts with people looking after themselves and their families in the home – and professional training will have much more emphasis on self care; • professional training to include much more emphasis on self care, particularly for chronic conditions; • a wider range of OTC medicines to be made available; • by 2001, the NHS to provide a comprehensive smoking cessation service, and the Committee on Safety of Medicines to consider whether nicotine replacement therapy can be made available for general sale.
Sept 00	Pharmacy in the Future – Implementing the new NHS Plan	<p>Priorities in this document include more being done about prevention and helping people maintain their own health. The community pharmacist in particular is well placed to help people cope with everyday health problems.</p> <p>To assist pharmacists in offering people as much support as possible in caring for themselves and their families Government will encourage makers of medicines to apply for over-the-counter status when it is safe and appropriate to do so. This will ensure that pharmacists have a growing range of medicines to offer people.</p>
Nov 01	Securing our Future Health: Taking a long-term view. Derek Wanless Interim Report for the Treasury	Individuals will be responsible for more of their healthcare, either managing minor illnesses without the support of healthcare professionals or working with health care professionals taking a more active role in their own treatment.
Dec 03	Building on the Best, Choice, Responsiveness & Equity	Improving access to medicines – we are expanding the range of medicines which pharmacies can supply over-the-counter without a prescription – it is time to raise the pace of change and wherever it is safe to do so make it simpler for patients to get treatments over-the-counter for conditions which until now have been regarded as strictly the preserve of the prescriber.
Apr 04	nGMS Contract	The contract contains a dedicated section dealing with workload management in general practice, which includes self care for minor illness management, information for self care and health education in

		schools as possible solutions for demand in primary care. A programme of work instituted under the Working in Partnership Programme with a budget of £10m to develop the evidence base for self care in primary care among other new ways of working in general practice.
Jul 04	NHS Improvement Plan – Putting People at the heart of public services	Expand the range of medicines the pharmacist can provide without a prescription. Promote minor ailment schemes where pharmacies can help patients manage conditions such as coughs, colds, hayfever stomach upsets without a GP. Free up restrictions of new pharmacy locations.
Jul 04	The National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/6 – 2007/8	The Government are keen to see the culture of the NHS change from being seen as a sickness service into one that is known as a health service. (Foreword by Sir Nigel Crisp, Chief Executive).
Nov 04	Public Health White Paper - Choosing health, Making health choices easier	For each of us, one of the most important things in life is our own and our family's health. I believe that this concern, and the responsibility that we each take for our own health, should be the basis for improving the health of everyone across the nation. It aims to inform and encourage people as individuals, and to help shape the commercial and cultural environment we live in so that it is easier to choose a healthy lifestyle. (foreword, Tony Blair)
Dec 04	Better Information, better choices, better health – Putting information at the centre of health	<p>There are two key types of information, both of which people need:</p> <ul style="list-style-type: none"> • General information available to all – about lifestyle options, care providers, diagnoses, conditions, self care and treatment options, standards of care etc. • Personal information – specifically on an individual's own condition, care options and possible outcomes <p>And improve the relationship between patient and professional by:</p> <ul style="list-style-type: none"> • Mainstreaming communication training and development programmes for professionals to support a culture of shared decision making • Developing a code of practice for professionals on good communication and information provision
Jan 05	Support people with long	Self care is one of the key pillars of The NHS

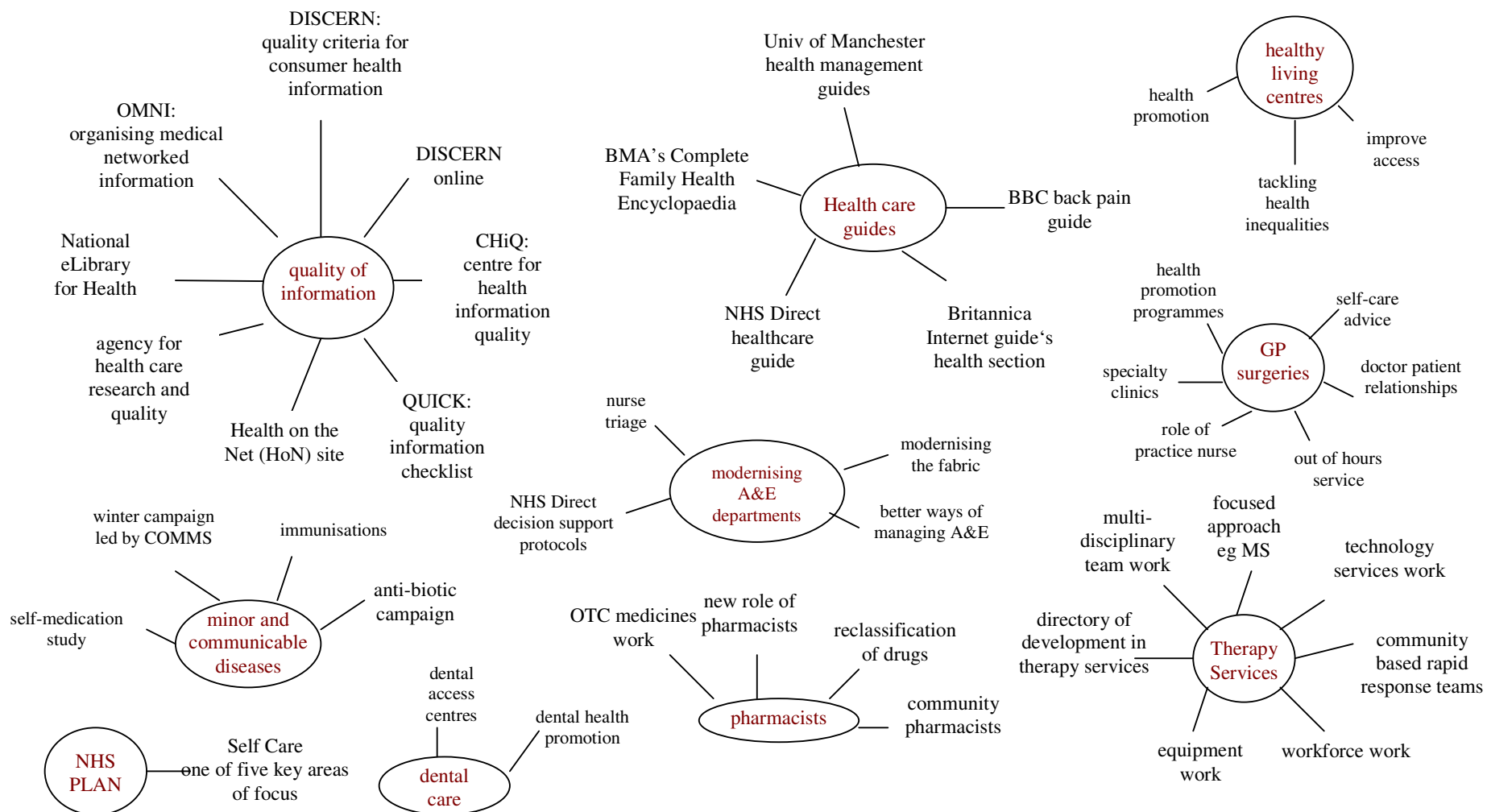
	term conditions	Improvement Plan vision for a patient centred care system and is an important strand to the Government's overall strategy for health. Supporting self care is essential to sustaining delivery of the Public Service Agreement target in order to produce better health outcomes.
Jan 05	Self care – A real choice. Self care support – a practical option	<p>The document:</p> <ul style="list-style-type: none"> • Explains that “Self care includes the actions people take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital.” • provides information on the developing policy on support for self care and the reasons why it is important (the why); • suggests what practical action can be taken by those delivering health and social care (the what); • provide some ideas on how to support self care (the how).
April 05	Pharmacy Contractual Framework	<p>The new Pharmacy Contract is designed to modernise pharmacy services and make better use of the skills and expertise of pharmacists and their staff, in turn giving the public more services and easier access to health improvement advice and services. Pharmacists are not simply about dispensing prescriptions and this contract is designed to expand their range of services offering rewards for more public health services such as health promotion campaigns to help improve health. Pharmacists are also expected to help with self care. Giving people the tools to help improve their own health; and care for themselves providing advice on which over-the-counter medicines are best for self-limiting conditions as well as advice on how to maintain and improve health.</p>
Apr 05	Choosing health through pharmacy	<p>This pharmaceutical public health strategy sets out the contribution that pharmacy can make to deliver the public health white paper, Choosing Health. Pharmacists will play a key role in the health promoting NHS which is where pharmacy can make the greatest impact on people's health. Our vision is for all pharmacists and their staff to see themselves as</p>

		important contributors to improving health, working closely with their local health teams. Pharmacists can give people clear and credible information to allow them to make informed choices, and can provide personalised, practical advice and support. And pharmacists have an excellent record in offering non-judgemental advice on sensitive issues such as emergency hormonal contraception which suggests the public trust them.
Jan 2006	Our health, our care, our say – a new direction for community services DH White Paper	One of the four key aims of the White Paper is to promote better health and well-being. The White Paper is littered with Government plans to promote health care which it sees being implemented locally in communities by joining up organisations to work together for the best of their local population. There are also plans to ensure healthcare professionals are taught how to educate their patients to self care: Government will “take action at each stage of the professional education and regulatory process to change the underlying culture profoundly and encourage support for individuals’ empowerment and self care. Taking forward work that not only creates a clear self care competency framework for staff, but also embeds key elements, including values and behaviours around assessment and support in appraisal and continuing professional development requirements.”
Feb 2006	Supporting people with long term conditions to self care – A guide to developing local strategies and good practice	(Forewords) This document is about self care and self management. Self care is all about individuals taking responsibility for their own health and well-being. This includes saying fit and health, both physically and mentally; taking action to prevent illness and accidents; the better use of medicines; treatment of minor ailments and better care of long term conditions. Self management is described (by Rethink) as whatever we do to make the most of our lives by coping with our difficulties and making the most of what we have. It includes how we manage or minimize the ways the condition limits our lives as well as what we do to feel happy and fulfilled to make the most of our lives despite the condition.

Annex 1.2: Map of DH programmes and initiatives to support self-care 2002 (page 1 of 2)



Annex 1.2: Map of DH programmes and initiatives to support self-care 2002 (page 2 of 2)



Annex 1.3: JUSC Steering Group Membership

Prof. Mike Pringle, University of Nottingham - Chairman
Jeremy Holmes, Health Economist, PMSI
Helen Galloway, Erewash PCT
Gopa Mitra, PAGB
Libby Whittaker, PAGB
Dr Pete Smith, GP
Amelia Curwen, Asthma UK
Prof. Alison Blenkinsopp, Keele University
David Pink, Chief Executive, LMCA
Prof. David Haslam, GP
Dr Simon Fradd, GP
Dr Jim Kennedy, GP
Dr Sam Everington, GP
Ash Pandya, NHS Direct
Ayesha Dost, Department of Health
Gerald Zeidman, Pharmacist
Sara Richards, Nurse, RCN
Dr Ian Spencer, NHS North East Strategic Health Authority
Jo Lenaghan, Birmingham and Black Country Strategic Health Authority
Kristin McCarthy, DPP (Developing Patient Partnerships)
Rob Webster, Department of Health
David Mowat, Department of Health,
Gul Root, Department of Health
Pam Bradbury, Department of Health
Clayre La Trobe, WiPP
Dr John Chisholm, WiPP
PAGB's Primary Care Working Group

Annex 1.4: Extract from nGMS contract

Working in partnership

6.46 The new GMS contract recognises that if the primary care sector is to be expanded and practices are to be allowed to manage their workload and earnings to suit their aspirations, a clear strategy to use clinicians' time effectively whilst improving availability of services for patients is essential. This strategy will identify those situations in which patients could be enabled to manage their own conditions, use services effectively, or where the services could be offered by other health professionals, especially where these services could be accessed more easily and more cost-effectively than through traditional general practice. There are many examples of progress being made, but in some instances this work is on a small scale and implementation of proven initiatives patchy.

6.47 Under the new GMS contract there will be national arrangements to coordinate and facilitate the development of schemes to maximise the effective use of health services and provide evidence based alternatives to general practice. In Scotland, Wales and Northern Ireland existing arrangements will take forward this agenda. In England, there will be an integrated multi-disciplinary group under the aegis of the Modernisation Agency working with relevant external bodies. It will also have significant public and patient involvement as a part of its membership and hold a programme budget of £10m over three years to sponsor, evaluate and encourage spread of good practice. It will also champion these issues in discussions across Government.

6.48 Its work programme will cover a number of important areas for development, including:

- (i) development of minor illness management and self-care education programmes by professionals such as nurses, therapists, pharmacists and paramedics
- (ii) development and support for Expert Patient initiatives to make better use of primary care and general practice, building on the evaluation and roll out of the current national scheme, but extending its principles to more local practice-driven schemes
- (iii) supporting non-GP based chronic disease management schemes aimed at helping to manage ongoing, and develop, new secondary prevention initiatives
- (iv) promoting effective use of health services, better patient communication, and better self care through initiatives such as those developed by, for example, the Doctor Patient Partnership and other national health charities
- (v) furthering attempts to reduce certification work within general practice. National initiatives such as those established through the Cabinet Office will be implemented. Major local pilots in large companies and the NHS will be sought to evaluate the effectiveness of in-house occupational health services as an alternative to using general practice for certification. Should the pilots be successful the aim would be to allow the system to be refined so certification responsibility can be moved to occupational physicians and occupational health nurses, making significant progress towards national coverage by April 2006
- (vi) promoting the education of young people via the National Curriculum about management of health, maintaining their health status and how to use health services responsibly through initiatives such as the proposed Making Sense of Health⁹

(vii) evaluating how patients use services and understanding how best to communicate with them about effective use of, and changes in, services. This work will build on that started by the Department of Health, the Doctor Patient Partnership and the University of Southampton and will be used to inform all the demand management programmes.

⁹ Making Sense of Health is an initiative from the Doctor Patient Partnership. Its aims include encouraging a culture shift in public involvement in their own health care management, improving people's ability to use the NHS appropriately and increasing the number of those in future generations who choose careers in the NHS. The initiative will provide imaginative and impartial health education and training to teachers, parents and pupils via the National Curriculum.

Annex 2.1: Joining Up Self Care Evaluation Protocol

VERSION 10

28 July 2005

Sponsor

Working in Partnership Advisory Group
Department of Health
Quarry House
Leeds
LS27 7UE

Chief Investigator

Professor Mike Pringle
Head of School of Community Health Sciences
University of Nottingham
Tel: 0115 8466901
Fax: 0115 8466904
E-mail: Mike.Pringle@nottingham.ac.uk

Principal Investigator

Ms Helen Galloway (Covered by Ms Lindsey Beasley during maternity leave)
Self-care Project Leader
Erewash PCT
Tel: 0115 9512300
Fax: 0115 9512350
E-mail: helen.galloway@Erewash-PCT.nhs.uk

Project Manager

Mr Jeremy Holmes
PMSI Healthcare
Tel: 020 8347 3500
Fax: 020 8347 3501
E-mail: JHolmes@pmsi-consulting.com

PROTOCOL SUMMARY

Objectives & Outcome Measures

The principal objective is to evaluate a PCT-wide health education and promotion programme aimed at changing people's self-care habits and behaviour in three specific areas:

- Prevention of coronary heart disease amongst people aged over 30 years
- Long-term condition management amongst adults with asthma
- Treatment of minor ailments by mothers and young families.

The secondary objective is to evaluate the impact of the self-care programme on health professional attitudes, the PCT itself and the general population.

This protocol relates to the evaluation, not the implementation of the self-care programme itself which is being undertaken by Erewash PCT. This project will evaluate the benefits of an integrated, coherent self-care aware model for the PCT, the individual and the local health economy.

The choice of three modules reflects the need to examine the impact of the approach in relation to disease prevention (coronary heart disease), chronic disease management (asthma) and the treatment of minor ailments in line with existing PCT strategies and targets.

The primary outcomes comprise up-take of self-care measures and intentions for future behaviour, specifically:

Prevention of CHD: uptake of diet change, exercise, smoking cessation and reduced alcohol consumption, and consultation rates with health professionals regarding heart health

Asthma: participation levels in the "Staying Well with Asthma" programme, participants' attitudes towards managing their asthma, attitudes towards managing the asthma of any other family members, medicines usage, and GP consultation rates for asthma.

Minor Ailments: reduced rates of GP consultations for children's minor ailments, prescriptions for specific minor ailments and prescribing indicators including head lice treatments and antibiotic prescribing, increased use of NHS Direct and pharmacies for advice. In addition, awareness levels of self-care options and future likely actions by mothers.

Study Design

The underlying hypothesis is that respondents to each module will take more responsibility for their own health by addressing some of the modifiable risk factors for CHD, managing asthma with more confidence, and using community pharmacists and NHS Direct for advice and treatment of minor ailments.

The evaluation method will employ both quantitative and qualitative techniques. Quantitative (retrospective) data from the period prior to implementation of the self-care programme will be compared with data between 6 and 12 months after the start of the evaluation. Qualitative data will be generated to compare attitudes at baseline with attitudes between 6 and 12 months later.

Depending on the module, control groups will also be recruited either at baseline or at the end of the observation period and asked about their behaviour at baseline and/or if (and how) they have changed their own behaviour post-intervention. These groups will be recruited from the general population in Erewash for the CHD module, and via GP/PCT letter for the minor ailments and asthma modules from carers/patients who are not participating in the self-care programme. This will provide some indication of whether any behavioural change identified in the exposed population can be attributed to the programme itself.

Finally, the attitudes of health professionals (specifically GPs, pharmacists, practice and district nurses, health visitors and PCT staff) towards the self-care programme, its implementation and its sustainability will be assessed qualitatively.

Data Collection & Analysis

Data will be collected at two points, baseline and post-intervention (between 6 and 12 from the start of the self-care programme evaluation). The methods used for each module are summarised below:

	Baseline			Post intervention		
	Module			Module		
	Prevention of CHD	Asthma	Minor Ailments	Prevention of CHD	Asthma	Minor Ailments
Questionnaire	√p	√p	√c	√p	√p	√c
Interview	√hp	√hp	√hp	√hp	√hp	√hp
Focus group				√hp	√hp	√hp
GP record audit			√			√
PCT pharmacy record audit			√			√
NHS Direct record audit			√			√

p – patients, c – carers, hp – health professionals, © - control group,

Data analysis will be undertaken by PMSI Healthcare and the University of Nottingham. Both of these organisations is represented on the study steering group and will sign appropriate confidentiality agreements.

Study Logistics

A self-care project management group has already been established within the PCT and a communication strategy with GPs and pharmacists is in development.

The Department of Health has awarded funding to the Proprietary Association of Great Britain (PAGB) to design and implement the evaluation, and the PAGB has appointed PMSI Healthcare, a specialist research group, as the project managers. PMSI will be working very closely with the PCT project manager (Lindsey Beasley, Principal Investigator) on the study logistics.

Senior advisory support is provided by members of the PAGB Steering Group, chaired by Prof Mike Pringle (Chief Investigator). NHS Direct and Asthma UK are also represented on this Steering Group.

Promotional material for all three modules and training capacity for the “Staying Well with Asthma” programme will be developed by the PCT.

1. STUDY OBJECTIVES & RATIONALE

1.1 Objectives

The principal objective is to evaluate a PCT-wide health education and promotion programme aimed at changing people's self-care habits and behaviour.

This evaluation is focused on the following three programme modules in line with Erewash PCT's current strategies:

1. Prevention of coronary heart disease aimed at people aged over 30 years

The aim is to increase awareness of coronary heart disease (CHD) risk factors through community focused interventions and increase the personal uptake of actions to reduce one or more of the modifiable risk factors. Wider promotion of information about CHD risk in the community will be undertaken and appropriate intervention will be encouraged, both self-care and medical.

2. Long-term condition management aimed at adults with asthma.

The aim is to build on previous Expert Patient activity in Erewash PCT through use of a "Staying Well with Asthma" programme aimed at improving outcomes through self-management, and building participants' confidence in managing their own asthma and that of any other family members.

3. Treatment of minor ailments aimed at mothers and young families.

The aim is to expand and promote the current pharmacy minor ailments scheme ("Pharmacy First") to increase self-care confidence and behaviour amongst mothers for the management of minor conditions in their children aged 3 months to 12 years.

Within each of these modules, the evaluation will assess how influencing people at significant times of their lives or influencing significant family members can affect the likelihood of changing their own self-care behaviour and also influencing others to change (especially other family members).

The secondary objective is to evaluate the impact of the self-care programme described above on health professional attitudes and on the PCT itself.

This protocol relates to the evaluation, not the implementation of the self-care programme itself.

1.2 Rationale

It has been recently highlighted that self-care is a means of both improving health outcomes and improving access to appropriate care (for example, the Wanless 2004 report). The Wanless report confirmed that the UK now has fewer nurses and doctors per head of population than most other European countries¹. There is clear recognition within the NHS that equipping the public with knowledge and skills to increase self-management of health is likely to produce benefits for both the public and for the NHS. The General Medical Services contract has explicitly stated an intention to develop and test new ways of working in relation to managing minor illness and increased self-management of chronic disease.

A number of existing Department of Health and NHS initiatives involve and relate to supporting self-care, but recent research shows that these have not so far been 'joined-up' in a whole systems approach at local level^{2,3}. This project will evaluate the benefits of the first PCT-wide integrated, coherent programme of supported self-care. The evaluation will determine the effects of the integrated self-care programme on i) the public's use of primary care health services, ii) attitudes of the public towards, and future intentions for, self-care, and iii) attitudes of health professionals and PCT staff.

This proposal sets out the details of research to evaluate an integrated programme of support for self-care in Erewash PCT. The PCT will deliver three service modules relating to disease prevention (community-based CHD prevention), chronic disease management (Expert Patient and Asthma UK programme in asthma) and the management of minor ailments. In addition to measuring the impact of the three modules, the evaluation will also investigate the necessary infrastructure and processes for a PCT to implement and sustain such a programme.

Prevention of CHD module

While general practice-based activities to influence behaviours associated with risks for coronary heart disease are well-established, less attention has been paid to community-based individual risk assessment. The latter approach has the potential to reach members of the public who do not regard themselves as 'at risk' and may not take up general practice-based initiatives. The proposed evaluation would measure any changes in lifestyle behaviour as the result of completing a self-assessment of heart disease risk.

Targets on CHD prevention have been well researched but there is a gap between medical intervention and evidence on patient self-care and lifestyle modification.

Asthma module

¹ Wanless D. (2004) Securing good health for the whole population.

² Blenkinsopp A. (2004) Self-care support: a scoping study across the health and social care systems. Keele University, Department of Medicines Management.

³ Blenkinsopp A. (2003) Minor ailments management and self-care: a scoping study to describe the range of models. Keele University, Department of Medicines Management.

<http://www.keele.ac.uk/depts/mm/Publications/Reports.htm>

The Expert Patient Programme (EPP) is now well-established in the NHS. There is good evidence that the type of courses being run in EPP lead to people feeling more in control of their illness, to reduced use of health services and lower treatment costs.^{4,5,6,7}

The Expert Patient Programme has shown that patients managing long-term conditions can also be empowered to take more responsibility for self-care. The development of asthma-specific self-care sessions, and promotion of these with other self-care support initiatives, has not so far been evaluated and the proposed evaluation will fill this gap. The programme will be promoted under the heading of “Staying Well with Asthma”.

Minor ailments module

Research shows that minor ailments account for a large number of visits to family doctors. A number of PCTs have introduced community pharmacy-based schemes to support the transfer of minor ailments management away from GP consultations so that doctors can spend more time dealing with more serious conditions. A review of previous schemes showed that they are acceptable to, and well used by, the public⁸. However only one scheme has measured the impact on GP workload⁹ and none have investigated the effect on people’s self-confidence in dealing with minor ailments or the likelihood of future use of health services for this purpose. The proposed evaluation would fill these gaps.

Research by the British Market Research Bureau indicates that minor ailments account for at least 96 million GP consultations per year and 39% of GP time is spent dealing with patients suffering from self-treatable minor ailments. Other research by the IPPR and McKinsey indicates that reassurance on diagnosis is a key reason for patients to consult their GP, yet pharmacists and nurses are often able to provide the same level of advice and not enough is known about the potential to promote increased uptake of these resources. A strategy to address this is in development by the Department of Health’s Working in Partnership programme, an initiative outlined in the new GMS contract. This evaluation study is commissioned as part of the Working in Partnership programme and forms part of this strategy development.

⁴ Barlow JH, Wright CC, Sheasby JE, Turner AP, Hainsworth JM (2002) Self-management approaches for people with chronic conditions: A review. *Patient Education & Counseling*. 48, 177-187.

⁵ Barlow JH, Hearnshaw H & Sturt J (2002) Self-management interventions for people with chronic conditions in primary care: Examples from arthritis, asthma and diabetes. *Health Education Journal*. 61, (4), 365-378.

⁶ Bodenheimer T, Lorig K, Holman H, Grumbach K. Patient self-management of chronic disease in primary care. *Journal of the American Medical Association*. 2002;288(19):2469-2475.

⁷ Lorig K, Holman H. (2003) Self-management education: history, definition, outcomes, and mechanisms. *Ann Behav Med*: 26(1):1-7

⁸ Blenkinsopp A, Noyce P. (2002) Minor illness management in primary care: a review of community pharmacy NHS schemes. Keele University, Department of Medicines Management.

<http://www.keele.ac.uk/depts/mm/Publications/Reports.htm>

⁹ Hassell K, Whittington Z, Cantrill J, Bates F, Rogers A, Noyce P.

Managing demand: transfer of management of self limiting conditions from general practice to community pharmacies. *BMJ*. 2001 Jul 21; 323(7305): 146-147.

2. OUTCOME MEASURES

2.1 Primary outcomes

The primary outcomes comprise increased take-up of self-care measures and intentions for future behaviour, specifically:

Prevention of CHD: uptake of diet change, exercise, smoking cessation and reduced alcohol consumption, and consultation rates with health professionals regarding heart health.

Asthma: participation levels in the “Staying Well with Asthma” programme, attitudes towards managing their asthma, attitudes towards managing the asthma of any other family members, medicines usage, and GP consultation rates for asthma.

Minor Ailments: reduced rates of GP consultations for children’s minor ailments, prescriptions for specific minor ailments and prescribing indicators including head lice treatments and antibiotic prescribing, increased use of NHS Direct and pharmacies for advice. In addition, awareness levels of self-care options and future likely actions by mothers.

2.2 Secondary outcomes

Professional attitudes towards CHD prevention and the effective provision of lifestyle advice.

Concordance between “Staying Well with Asthma” participants and healthcare professionals on asthma management.

Professional attitudes towards the management of minor ailments.

Awareness of the self-care programme and use of sources of healthcare advice amongst the general population of the PCT.

Operational implications for the PCT of sustaining the self-care programme overall.

3. STUDY DESIGN

3.1 Overall design

Interventions

Prevention of CHD: Information and education based on a simple patient self-assessment of CHD risk promoted widely in community settings, followed by advice on specific lifestyle interventions targeting obesity, exercise and smoking. A pilot of the risk self-assessment questionnaire will be carried out using community groups

Asthma: Promotion and implementation of a programme of asthma-specific self care sessions under the title of “Staying Well with Asthma”, providing information and tools to adults with asthma to build their confidence in managing asthma within their families. Participants will be adults diagnosed with asthma, some of whom may have other family members with asthma.

Minor ailments: Promotion of an integrated community pharmacy/GP programme building on the existing “Pharmacy First” scheme and use of the self-care aware model of GP consultation, plus NHS Direct. The primary target for the scheme is mothers with young children (3 months to 12 years old). Research has shown that mothers are generally the main decision makers with regard to health issues. However, fathers will not be excluded.

Evaluation Method

The evaluation will centre on assessment of changes in self-care behaviour in the population exposed to each module of Erewash’s self-care programme.

The underlying hypothesis is that participants in each module will take more responsibility for their own health by addressing some of the modifiable risk factors for CHD, managing asthma with more confidence, and using community pharmacists and NHS Direct for advice and treatment of minor ailments.

The evaluation method will therefore employ both quantitative techniques (e.g. in relation to the uptake of smoking cessation and other lifestyle programmes in CHD prevention, and the number of GP consultations for asthma and minor ailments) and qualitative techniques (e.g. in relation to attitudes towards asthma management and the minor ailments scheme). Quantitative (retrospective) data from the period prior to implementation of the self-care programme will be compared with data between 6 and 12 months after baseline. Qualitative data will be generated to compare attitudes at baseline with attitudes between 6 and 12 months later.

In addition to evaluating the changes in behaviour in the exposed population, depending on the module, control groups will also be recruited either at baseline or post-intervention and asked about their behaviour at baseline and/or if (and how) they have changed their own behaviour. These groups will be recruited from the general population in Erewash for the CHD module, and via GP/PCT letter for the minor ailments and asthma modules from carers/patients who are not participating in the self-care programme. This will provide some indication of whether any

behavioural change identified in the exposed population can be attributed to the programme itself.

Finally, the attitudes of health professionals (specifically GPs, GP practice staff, pharmacists and PCT staff) towards the self-care programme, its implementation and its sustainability will be assessed qualitatively, and the general level of awareness of the self-care programme amongst the population of the PCT will be evaluated via street interviews.

3.2 Study population

For each module, an intervention group will be recruited from those known to have been exposed to the self-care programme, plus a control group of the same size from the general population in Erewash who are not aware of, or are not willing to participate in, the self-care programme.

Intervention groups

Patients will be recruited for the intervention groups as follows:

Prevention of CHD module: via invitation contained in a CHD information pack distributed by GPs, pharmacies and the PCT. The aim is to have a minimum of 500 participants in this module.

Asthma module: via community-based promotion of the “Staying Well with Asthma” programme and invitation to adults diagnosed with ‘active’ asthma i.e. who have recognised read codes for asthma on their medical records and have received asthma medication in the last 12 months. The aim is to have approximately 100 participants in this module.

Minor Ailments module: via GP or PCT invitation to a sample of mothers whose children are registered for the “Pharmacy First” scheme. The aim is to have approximately 200 participants in this module.

All GP practices and pharmacies in Erewash will be invited to participate to facilitate patient invitations, access records on consultation rates, distribution of CHD information packs, and levels of activity in the minor ailments scheme, and assess health professional attitudes towards the self-care promotional activities.

All eligible participants will be given an information sheet. If willing to participate in the study, they will be asked to sign a consent form.

Each group will be provided with pre-paid envelopes to respond to the invitation and return their consent forms to the PCT. If a consent form is not received back from the patient sampled in the asthma and minor ailments modules within two weeks of being issued, one follow-up letter will

be sent, to check the respondent has not forgotten and also to emphasise there is no obligation to consent and their care will not alter as a result of their decision.

In addition, semi-structured interviews will be undertaken with GPs, GP practice staff, pharmacists, health visitors and school nurses. A focus group with PCT staff and members of the healthcare community within Erewash will also be held to evaluate the health service impact and sustainability of the self-care programme overall. A review meeting has already been held with pharmacists to gain some feedback on the existing “Pharmacy First” scheme.

Control groups

Prevention of CHD module: via street or telephone interviews 6-12 months from baseline with a sample of the general population aged over 30 years who have not been aware of the CHD self-care initiative. As part of this research component, the general level of awareness of the self-care programme as a whole, and any changes in use of sources of healthcare advice, will be evaluated.

Asthma module: via GP/PCT invitation letter at baseline to adults with ‘active’ asthma i.e. have recognised read codes for asthma on their medical records and have received medication for asthma during the last 12 months who are willing to participate in this evaluation, but are not prepared to attend the sessions in the “Staying Well with Asthma” programme.

Minor Ailments module: via GP/PCT invitation letter at baseline to a sample of mothers not registered for the Pharmacy First scheme. Significantly more will be invited to participate to take account of drop-outs as well as those who may register with the “Pharmacy First” scheme within the observation period.

Exclusion criteria

There are no exclusion criteria for this evaluation.

4. DATA COLLECTION & ANALYSIS

4.1 Data collection

Data will be collected at two points, baseline and post-intervention (between 6 and 12 months from the start of the self-care programme evaluation). The methods used for each module are summarised below:

	Baseline			Post intervention		
	Module			Module		
	Prevention of CHD	Asthma	Minor Ailments	Prevention of CHD	Asthma	Minor Ailments
Questionnaire	√p	√	√c	√p	√	√c
Interview	√hp	©	©	©	©	©
Focus group		√hp	√hp	√hp	√hp	√hp
GP record audit			√			√c
PCT pharmacy record audit			©			√
NHS Direct record audit			√			©
						√

p – patients, c – carers, hp – health professionals, © - control group,

Most questionnaires will be distributed by post from the PCT or participating GPs, or by trainers in the “Staying Well with Asthma” programme. The baseline questionnaire in the CHD module will be contained in the lifestyle advice pack which will also be distributed by pharmacists. The post intervention control group questionnaire in the CHD module will be distributed via street intercepts or telephone interviews amongst a sample of the general population.

The street intercepts, interviews and focus groups will be undertaken by specialist researchers under contract.

Record audits will be undertaken by GP practice staff, pharmacy staff or audit staff from the PCT. If GP or pharmacy staff undertake these audits, reimbursement of their time will be provided. NHS Direct records will be provided by NHS Direct for the geographic areas relevant to Erewash.

4.2 Questionnaire design

Questionnaires have been designed, drawing on validated questions from published literature. They have been subject to internal review by members of the steering group. All questionnaires are attached.

4.3 Sample sizes

The sample sizes for the CHD module will be determined by take-up of the risk self-assessment questionnaire and the number of people who respond to the baseline questionnaire contained in the advice pack.

The hypothesis for the CHD module is that a larger proportion of those who have completed the risk self-assessment questionnaire and/or received the advice packs will change their self-care behaviour over the intervention period, as compared to the control group in the general population. For the purpose of calculating the margin of error associated with this analysis, it has to be assumed that the control group will not exhibit any behavioural change; this is a plausible hypothesis if no other influencing factors have changed.

If 20% of the CHD intervention group report a change in their behaviour, the margin of error is 5.1% for a sample of 250, 3.6% for a sample of 500 and 2.5% for a sample of 1,000. The margins of error increase if more than 20% of the intervention group report behavioural change. We would recommend a control sample for the CHD module of at least 500.

The sample sizes for the asthma module will be driven by the number of participants in the “Staying Well with Asthma” programme. We anticipate this will be approximately 100 in total, and the size of the control group should match this. The margin of error is 8% for a sample of 100. However, the pre and post programme assessments (based on the existing previously validated EPP and Asthma UK questionnaires) will focus on attitudinal data for which formal statistical power calculations are not appropriate.

For the minor ailments module, a sample size can be calculated statistically for the possible change in GP consultation rates. Bojke *et al* (2004)¹⁰ found a total of 1,521 GP consultations were requested for minor ailments by 1,113 people over six months. This translates into 1.367 consultations requested per person on average.

The hypothesis is that promotion and expansion of the Pharmacy First scheme will be associated with a reduction of 20% in GP consultations amongst the group registered with the scheme. Based on Bojke *et al* this means there will be on average 1.093 GP consultations for minor ailments per person registered with the scheme over six months.

¹⁰ Bojke C *et al*. Increasing patient choice in primary care: the management of minor ailments. *Health Econ* 2004 Jan;13(1):73-86

Based on these rates a sample size can be calculated using the following formula:

$$n > \frac{(u + v)^2 \mu}{(\mu - \mu_0)^2}$$

where:

u is the one-sided percentage point of the normal distribution corresponding to 100% - the power, e.g. if the power to be achieved is 90% then $u=1.28$

v is the percentage point of the normal distribution corresponding to the significance level, e.g. if the significance level is set to 5% then $v=1.96$

μ is the proportion to be achieved

μ_0 is the null hypothesis proportion.

To achieve a 5% level of significance and 90% power, a minimum of 153 carers in each of the minor ailments intervention and control groups would be required. We therefore propose samples of 200 mothers in each group.

4.3 Data analysis

The PCT will assign serial numbers to each participant's NHS number or name and a comprehensive list of serial numbers with their corresponding NHS number or name being kept at the PCT. Patient identifiers will then be deleted by the PCT, and the pseudonymised data will be forwarded to the data analysts.

This is a health education and promotion evaluation that will use descriptive statistics to analyse quantitative data and qualitative methodologies, principally based on grounded theory, to analyse questionnaire, interview and focus group data.

Data analysis will be undertaken by PMSI Healthcare and the University of Nottingham. Both of these organisations is represented on the study steering group and will sign appropriate confidentiality agreements.

Data will be stored for 10 years at the University of Nottingham under protocols prepared by the Research Support Unit in the School of Community Health Sciences.

5. STUDY LOGISTICS

This evaluation requires particular commitment from GPs and pharmacists in Erewash. A self-care project management group has already been established within the PCT and a communication strategy with GPs and pharmacists is in development.

The Department of Health, through the Working in Partnership Programme, has awarded funding to the Proprietary Association of Great Britain (PAGB) to design and implement the evaluation, and the PAGB has appointed PMSI Healthcare, a specialist research group, as the project managers. PMSI will be working very closely with the PCT project manager (Lindsey Beasley, Principal Investigator) on the study logistics.

Senior advisory support is provided by members of the PAGB Steering Group, chaired by Prof Mike Pringle (Chief Investigator). NHS Direct and Asthma UK are also represented on this Steering Group.

Promotional material for all three modules and training capacity for the “Staying Well with Asthma” programme will be developed by the PCT.

6. ETHICAL CONSIDERATIONS

The proposed study is an evaluation of activities already in place or planned by Erewash PCT. Ethical approval is not required for these activities themselves (i.e. the three modules of the self-care programme), which are consistent with the PCT's existing remit and strategy.

However, ethical approval has been sought for the evaluation components of the programme as outlined in this protocol.

Informed written consent will be sought from all participants in the evaluation.

Annex 3.0: Erewash PCT Application for JUSC

PROPRIETARY ASSOCIATION OF GREAT BRITAIN

Joining Up Self-care in the NHS

A model for self-care in Primary Care Trusts

An Exemplar Study

Application Form

Name: Miss Paula Clark

Position: Chief Executive

PCT and Address:

Erewash PCT
Ilkeston Health Centre
South Street
Ilkeston
DE7 5PZ

Tel: 0115 930 5522 x 339

Email: paula.clark@erewash-pct.nhs.uk

Why does Erewash PCT want to do this project?

In developing our PCT Plan & Strategic Direction for 2003/04 our Board acknowledged that more of the same would not deliver a healthcare service for our population fit for the 21st century. In exploring alternative approaches our Board endorsed adopting an HMO style model from the US for Erewash PCT. A key building block of this model is self-care, and therefore there is a significant synergy between the objectives of this pilot and the work already underway in Erewash PCT.

We have strands of self-care going on throughout the PCT, but feel that participation in this pilot would provide the focus necessary to pull these strands together into a coherent strategy.

There is also a good fit between the requirements of Study and Erewash PCT:

- Lead PCT for implementation of CHD NSF in Southern Derbyshire
- Have in place a strong pharmacy team including technicians and are currently working within the Medicines Management Collaborative and are a Repeat Prescribing pilot
- Partner in Sure Start – currently piloting pharmacy minor ailments management in area and working to target to reduce hospital admissions for respiratory illness in children
- Lead PCT for Patient Discovery Interview pilot
- Working in Expert Patient Programme
- PCT Chief Executive is CE sponsor for Trent SHA collaboration with United Healthcare, Minnesota – this project will focus on the use of health informatics, active case management and self-care
- As part of nGMS use of PCT Local Enhanced Services for assessing and managing cardiac risk
- Identified dedicated manager

What is Erewash PCT already doing to support self-care?

- Expert Patient Programme – three groups started, two already completed programme
- Expert Patient Workshops for diabetic patients
- Keep Well in Winter Road shows – multi-agency linked to flu vaccination campaign
- Expert patients managing own anticoagulation care with own near patient testing kits – 25 to date
- Sure Start – pharmacy minor ailments pilot
- Partnerships with voluntary sector including:
 - ▶ CHD prevention/Healthy Eating – working with children on allotments
 - ▶ Exercise/sports opportunities for older and younger people in areas of deprivation
- Innovative pilot by School Nurses to give NRT to 13-16 year olds to help them quit smoking
- “Your Life” magazine (DoH/Dr Foster) targeting young women with self-care and family-care messages
- Medicines Management Collaborative
- DoH funded Active Life site within PCT working with older people to sign post to training about managing their health
- Discovery interview project – interviewing patients carers/users to lead to user/carer inspired service changes
- Links to Asda for healthy living for their staff

How Would Erewash PCT benefit from taking part in this project?

The concept of self-care is already recognised and supported within the PCT and there is real excitement from those involved in developing this proposal around the prospect of putting the spotlight on this vital but previously neglected area.

- By providing a focus on self-care and enabling strands of work already underway to be coordinated
- By providing the in depth evaluation to the project which is so often lacking in NHS pilot work

- By taking self-care to the next “level” in terms of developing Expert Parents and from this provide the springboard to Expert Carers which is desperately needed
- By ensuring that healthcare resources are appropriately both used and allocated – right care in the right place at the right time for patients
- By assisting primary care to maintain the access targets already achieved and enable the achievement of the forthcoming 100% target
- By providing the vital building block of self-care as the PCT develops the HMO model in Erewash
- By involving more employers to become involved in maintaining a “well” workforce

Does Erewash PCT fit the criteria listed in the study brief?

Yes – we fit the essential and desirable characteristics

Annex 3.1: PCT Costs

Joining up Self-care Project Costs. (Implementation) May 2006

Joining up Self-care Project Costs. (Implementation) May 2006

	cost	Comments
Project Manager 22.5 hours per week	24 480 pa	included significant amount of time spent on research
Administrator 20 hrs per week	8 652 pa	most of her time was spent on the research

Modules		
CHD Module		
Risk assessment wheels (10 000)	2730	
Lifestyle information packs (1000 red/amber, 1000 green) & posters (A4 x 30; A5 x 3)	3347	
A5 How Healthy is Your Heart? Booklet (1500)	1500	
A3 posters (20)	10	
labels for CHD	15	
Prize draw. Day at Health Spa	69	
Step-o-meters	330	
Asthma Module		
Leaflets promoting Staying Well with Asthma EPP course (2500)	312	
design and print posters A4 (50); A3 (25) to promote course participation	45	
Expenses for nurses and EPP volunteers for attending training session 28.4.05	205	
EPP course May 2005 (cancelled)		
Room hire 19.05.05 x 3hrs with refreshments	97	
Asthma half day events 9.9.05 and 14.9.05		
4000 staying well with asthma leaflets	496	
Asthma event flyers, and posters	343	
Asthma event room hire and refreshments 9th sept	420	
room hire and refreshments 14th Sept	420	
Expenses / fees for EPP volunteer tutors	100	
Expenses / fees for Community Pharmacist	160	
Expenses / fees for asthma nurses	100	
EPP Course Sept 05		
Expenses for EPP volunteer tutors	162	Materials for course participants provided by EPP
Room hire with refreshments	700	
Expenses / fees for asthma nurse	55	
EPP Course Oct 05		
Expenses for EPP volunteer tutors	162	
Room hire with refreshments	700	
Expenses / fees for asthma nurse	55	
Asthma half day event 24.11.05		
Design & print flyers (5000); A3 (15) posters; A4 (35) posters	370	
Room hire and refreshments	250	
Expenses / fees for asthma nurse	50	
Expenses / fees for EPP volunteer tutors	100	
EPP course Nov 05 - Jan 06		
Expenses for EPP volunteer tutors	85	
Room hire with refreshments	700	
Expenses / fees for asthma nurse	55	
EPP reunion April 06		
Expenses for EPP volunteer tutors	100	
Room hire with refreshments	188	

Expenses / fees for asthma nurse	55
Minor Ailment Module	
Caring for Kids booklets (15 000)	4900
Better Health at Home & at Work leaflets (10 000)	2978
Leaflets, seasonal campaigns. (Hayfever x 1 500; Summer ailments x 3000; Back to school x 1 500; Coughs & colds x 5000)	3828
Printed pens x 500	153
Reimbursement of pharmacy time Pharmacy First training event Sept 05	1650
Implementing Pharmacy first Scheme	
Paid to pharmacies for products dispensed	3390.24
Paid to pharmacies for consultation fees	4045.5
Advertising which included newspaper articles, advert in Borough Council calendar, and posters for practices/pharmacies etc	600
paperwork – e.g. consultation forms, patient record folders, patient information leaflets	1500
(Funding was received from Sure Start for consultations carried out on patients living within Sure Start Areas aged under 4)	321
Health Professional Training	
Implementing the LES for 1 year	21000
Room hire and refreshments 10th March	350

Annex 3.2: PCT Staff working on JUSC and self care in the PCT (implementation) and research/evaluation

Job Title	Name	Responsibilities
Self Care Programme Manager	Helen Galloway	22.5hrs per wk. (maternity leave April 05 – Nov 06) Responsible for the implementation of the 3 JUSC modules at the PCT. Responsible for data collection and maintenance of anonymity logs. Principle Investigator for Medical Ethics Committee. Liaison between PCT and LREC and Research and Development Department. Inputted into planning of implementation and research as member of National steering group. Main link between PCT and steering group, and PCT and researchers
Self Care Administration Officer	Suzanne Gaskin	20 hrs per week. Started 20 th June 2005 Assisted with implementation e.g. organization of asthma events, distribution of leaflets, organization of meetings, health promotion events. Kept anonymity logs up to date. Sent out follow-up questionnaires. Sent anonymised data to researchers.

Other PCT staff involved with management of JUSC and self care in the PCT

Job Title	Name	Responsibilities for JUSC
Chief Executive	Previously Paula Clark. Now Wendy Lawrence.	PC was PCT lead for self care and spear headed JUSC at the PCT. Was involved in persuading GPs to take part in the study. Managed HG until September 2005 when she left the PCT. WL has recently become acting CE of Erewash PCT and South Derbyshire and Dales PCT as well as being CE of Amber Valley PCT
Director of Strategic Development	Rachael Magnani	PCT lead for self care September 2005 until October 2005. Had previously been involved as Director of Primary Care. Organised the earlier events for primary care staff on self care aware consultations

Associate Director of Service Development	Martin Cassidy	PCT lead for self care and managed HG since January 2006. Also lead for Long Term Conditions and for CHD for Southern Derbyshire
Associate Director of Primary Care	Gus Curry	Involved in getting GP practices on board. Led the development of the Promoting Self Care LES. Led implementation of GP contract. Supported implementation of Pharmacy contract
Primary Care Project and Development Manager	Lindsey Beasley	Manages Pharmacy First service, including the development work required to set service up and expand to cover whole PCT. Supported implementation of Pharmacy contract Managed JUSC from April – October 2005 covering HG's maternity leave. Has been involved in the planning and implementation of JUSC from the start. Involved in getting pharmacists on board
Support Officer, Prescribing and Medicines Management	Lorraine Hayden	Provided administrative support April – June 2005
Head of Prescribing Team	Steve Hulme	PCT prescribing lead. Led implementation of Pharmacy Contract. Manages team of Support Pharmacists and technicians Manages Lindsey Beasley. Has been involved in the planning and implementation of JUSC from the start.
Public Involvement Manager	Ray Johannsen Chapman	PCT lead for Expert Patient Programme and for Patients and Public Involvement. Promotes EPP in the PCT, establishing referral pathways, liaises with EPP tutors to put courses on. Manages the PALS service and the Information for Public and Patients website of local support services and groups. Has been involved in the planning and implementation of JUSC from the start
Associate Director of Health Improvements	Clive Aylesbury	PCT Public Health lead. Manages a team of public health project workers who lead CHD health promotion activities e.g. smoking cessation, exercise

		programmes, health promoting schools. Has been involved in the planning and implementation of JUSC from the start. Responsible for production of PCT Public Health Report
Communications Officer	Kate Higgins	Provided support with press releases. Assisted with the design and printing of 'How Healthy is your Heart?' booklet and promotional posters and leaflets. Provided support with internal communications e.g. through PCT newsletters. Responsible for production of PCT Annual Report, Patient Prospectus (Was on Maternity leave Jan 05 – July 05)

Annex 3.3: Self Care Strategy Process

Development of a Self Care Strategy and Action Plan for Derbyshire and Derby City PCTs: Outline of the Process. July 2006

In 2005 the Southern Derbyshire Health and Social Care Community identified Long Term Conditions as a priority area for the Integrated Service Improvement Programme (ISIP) and a detailed action plan to deliver transformational change was developed. One of the project areas identified was to develop and implement programmes to support self care. It was agreed that this would be done jointly with North Derbyshire PCTs.

An initial meeting was held in April 2006 with representatives from the Long Term Condition Networks in Southern and North Derbyshire. It was agreed to develop a Derbyshire Self Care Strategy incorporating long term conditions as an element of it.

3 half day workshops were held in July. These focused on (i) self care of long term conditions, (ii) self care for the maintenance of good health and lifestyle and the prevention of ill health and (iii) self care of minor ailments.

In line with ISIP recommendations the long term conditions element of the self care strategy is being developed using the Benefits Realisation Planning approach (see www.isip.nhs.uk for more information). The maintenance and prevention and the minor ailments workshops utilized a gap analysis approach.

Key stakeholders from across North and Southern Derbyshire were invited to attend the workshops, including patient / public representatives.

To support the strategy development a Public Health Assistant Trainee has been carrying out a self care needs assessment.

Following the workshops a draft self care strategy and action plan is being drawn up. This will go out to wide consultation in November 2007 before being finalized.

Annex 3.4: Communications with partner organisations

Communications with Partner Organisations

Healthy Erewash (multi-agency partnership)

Erewash Physical Activity Group (multi-agency partnership)

East Midlands NHS Direct

Erewash Borough Council

Erewash Sure Start:

Erewash Partnership

Erewash Community Concern.

Erewash Council for Voluntary Services

Groundwork Erewash Valley

Expert Patient Programme

Annex 3.5: List of local contacts (module materials distributed through these)

Erewash PCT (employees)
Erewash PCT Patient Advice and Liaison Service (PALS)
Erewash PCT Smoking Cessation Manager
Erewash PCT Special Health Promotions Manager
Erewash PCT Health Promoting Schools Co-Ordinator
Ilkeston Hospital (Distributed throughout reception areas and clinical areas)
Expert Patient Programme (EPP)
Health Centres for Public Areas and clinicians
Erewash PCT School Nurses
Erewash PCT Health Visitors
Erewash PCT District Nurses
GP Practices
Pharmacists
Opticians
Dental Practices
Other
Erewash Borough Council (For Employees)
Erewash Borough Council (For Public Areas)
Erewash Sure Start
Erewash Social Services
Job Centres (For Employees)
Job Centres (For Public Areas)
Connexions
Voluntary Sector/Community Venues
Adult Education Centres
Leisure Centres
Libraries
Secondary Schools
Infants Schools
Junior Schools
Primary Schools
Special Needs Schools
Supermarkets
Convenience Stores
Newsagents
Hairdressers
Petrol Stations (For Customers)
Petrol Stations (For Employees)
Post Offices
Pubs/Clubs
Banks

Annex 3.6: List of JUSC publicity generated throughout the duration of the project

Title	Date	News Release	Picked up by
'Pioneering project offers wider health choices' (Pharmacy First launch)	21 st October 2004		Ilkeston Advertiser
'Self-care goes under the microscope'	13 th November 2004		The Pharmaceutical Journal
'Joining up Self-care in Erewash'	February 2005		Erewash PCT Insight
'Pharmacy First Pilot Launched'	February 2005	×	
'How Healthy is Your Heart?'	2 nd February 2005	×	
'See if Your Heart loves you this Valentines Day?'	4 th February 2005	×	
'Take heart with new guide'	10 th February 2005		Long Eaton Advertiser
'Healthy Heart Help'	11 th February 2005		Derby Telegraph www.Thisisderbyshire.com
'Find out if your heart is healthy'	14 th February 2005		Nottingham Evening Post This is Nottingham
'Find out if your heart is healthy'	14 th February 2005		www.thisisderbyshire.com
Radio interview with Paula Clark	14 th February 2005		BBC Radio Derby
'Pre-recorded interview broadcast'	14 th February 2005		Ram FM/Trent FM
'Pre-recorded article run on breakfast news'	14 th February 2005		BBC East Midlands
Radio mention	15 th February 2005		ILR Trent FM
Radio mention	15 th February 2005		ILR Trent FM
'Heart to Heart in Town'	17 th February 2005		Ilkeston Advertiser
'Erewash self-care study launches heart risk assessment through pharmacies'	19 th February 2005		The Pharmaceutical Journal
'Erewash launches first stage of self-care project'	19 th February 2005		Chemist & Druggist
'....While local scheme proves successful'	March 2005		Pharmacy Products Review (PPR)
'How self-care can reduce risk of CHD'	25 th March 2005		GP Magazine
'Treat hay fever while the sun shines'	20 th April 2005	×	
'Walk on the healthy side'	28 th April 2005		Ilkeston Advertiser
'Erewash PCT Sends Heart Troubles Packing'	29 th April 2005	×	
'Joining up Self-Care'	May 2005		Insight into Erewash PCT
'Heart-to-Heart'	May 2005		Ilkeston Advertiser
'Erewash PCT helps you breathe more easily'	4 th May 2005	×	
'Course for Asthmatics'	6 th May 2005		Nottingham Evening Post

<i>‘Course to Help Asthma Patients’</i>	9th May 2005		The Derby Telegraph
<i>‘Hay Fever Sufferers Advised to Get Advice’</i>	14 th May 2005		The Derby Telegraph
<i>‘Local Employers to Join Self Care Initiative’</i>	23 rd May 2005	×	
<i>‘New help for hay fever’</i>	24 th May 2005		Evening Post
<i>‘Council asks staff: How healthy is your heart?’</i>	23 rd June 2005	×	
<i>‘Looking into Staff’s Hearts’</i>	27 th June 2005		The Derby Telegraph
<i>‘Erewash PCT helps you breathe more easily’</i>	27 th June 2005	×	
<i>‘Dry your eyes mate!’</i>	19 th July 2005	×	
<i>‘Summer sufferers Help’</i>	26 th July 2005		Telegraph (Derby) first edition
<i>‘Wheezy does it!’</i>	2 nd August 2005	×	
<i>‘Workshop Advice for Asthma’</i>	8 th August 2005		Derby Telegraph
<i>‘Breathe easy at workshop’</i>	8 th August 2005		Nottingham Evening Post
<i>‘Workshop advice for asthma sufferers’</i>	31 st August 2005		Derby Telegraph
<i>‘Workshop advice for asthma sufferers’</i>	31 st August 2005		The Derby Express Series
<i>‘Workshop advice for asthma sufferers’</i>	31 st August 2005		The Derbyshire Trader Series
<i>‘Workshop advice for asthma sufferers’</i>	31 st August 2005		The Ilkeston Advertiser
<i>‘Workshop advice for asthma sufferers’</i>	31 st August 2005		Erewash Valley News
<i>Free flu jabs for over 65’s and those who risk</i>	31 st August 2005	x	
<i>Exercise more and eat healthy food</i>	5 th September 2005	x	
<i>‘Do you or your child have a minor illness?’</i>	September 2005		Erewash Borough Council Ev Guide
<i>‘Suffering from a minor illness?’</i>	Winter 2005		Viewpoint (Erewash Borough Council)
<i>‘You don’t always need a pill when you’re ill’</i>	October 2005		Leaflets & poster provided by Southern Derbyshire NHS Services
<i>‘Temperatures (Fevers) in Children’</i>	October 2005		Leaflet provided by Southern Derbyshire NHS Services
<i>‘Sinusitis’</i>	October 2005		Leaflet provided by Southern Derbyshire NHS Services
<i>‘Sore Throat’</i>	October 2005		Leaflet provided by Southern Derbyshire NHS Services
<i>‘Earache’</i>	October 2005		Leaflet provided by Southern

			Derbyshire NHS Services
<i>'Antibiotics do not help colds, most coughs, earache or sore throats'</i>	October 2005		Poster provided by Southern Derbyshire NHS Services
<i>'Pharmacy First is now available in Long Eaton'</i>	October 2005		Insight into Erewash PCT
<i>New services available to help you quit smoking</i>	October 2005	x	
<i>Suffering from a minor illness? Access a new FREE service at your community pharmacist</i>	October 2005	x	
<i>Free event for people living with asthma in Erewash</i>	October 2005	x	
<i>'Erewash PCT help to sooth seasonal suffering caused by cold and flu'</i>	November 2005	x	
<i>'Suffering from minor illness? New FREE service to access your community pharmacist within Erewash'</i>	November 2005		NHS Childcare Newsletter
<i>'Free Workshops Offering Advice for Asthma Sufferers'</i>	21 st November 2005		www.thisisderbyshire.com www.thisisnottingham.com
<i>'Joining up Self-care project moves forward'</i>	November/December		Insight into Erewash PCT
<i>'Beware the 'flu signals'!</i>	8 th December 2005		The Trader
<i>'We have a winner!'</i>	December 2005	x	
<i>'Take 10,000 towards working off your Christmas pounds'</i>	December 2005	x	
<i>'Relieve the symptoms of coughs and cold'</i>	16 th December 2005		The Trader (Ilkeston & Long Eaton editions)
<i>Erewash Primary Care Trust goes smoke free on 1st January 2006</i>	December 2005	x	
<i>Make you're new years resolution a health one.....stop smoking!</i>	28 th December 2005	x	
<i>Article about CHD questionnaires and pedometers</i>	29 th December 2005		The Trader (Long Eaton edition)
<i>'Bust that head bug'</i>	13 th January 2006		Article for Trader Newspapers, Eaton and Ilkeston Areas
<i>Finding it difficult to quit smoking on you</i>	14 th February 2006	x	
<i>Earache – how you can help relieve child's pain</i>	17 th February 2006		The Trader (Ilkeston & Long Eaton editions)
<i>No butts! Stub them out</i>	9 th March 2006		The Trader (Ilkeston & Long Eaton editions)
<i>NHS Direct Self-help guide</i>	Jan / Feb 2006		Insight into Erewash PCT
<i>Chief Nursing Officer visits Erewash</i>	14 th March 2006	x	
<i>Top nurse's talk</i>	17 th March 2006		The Trader

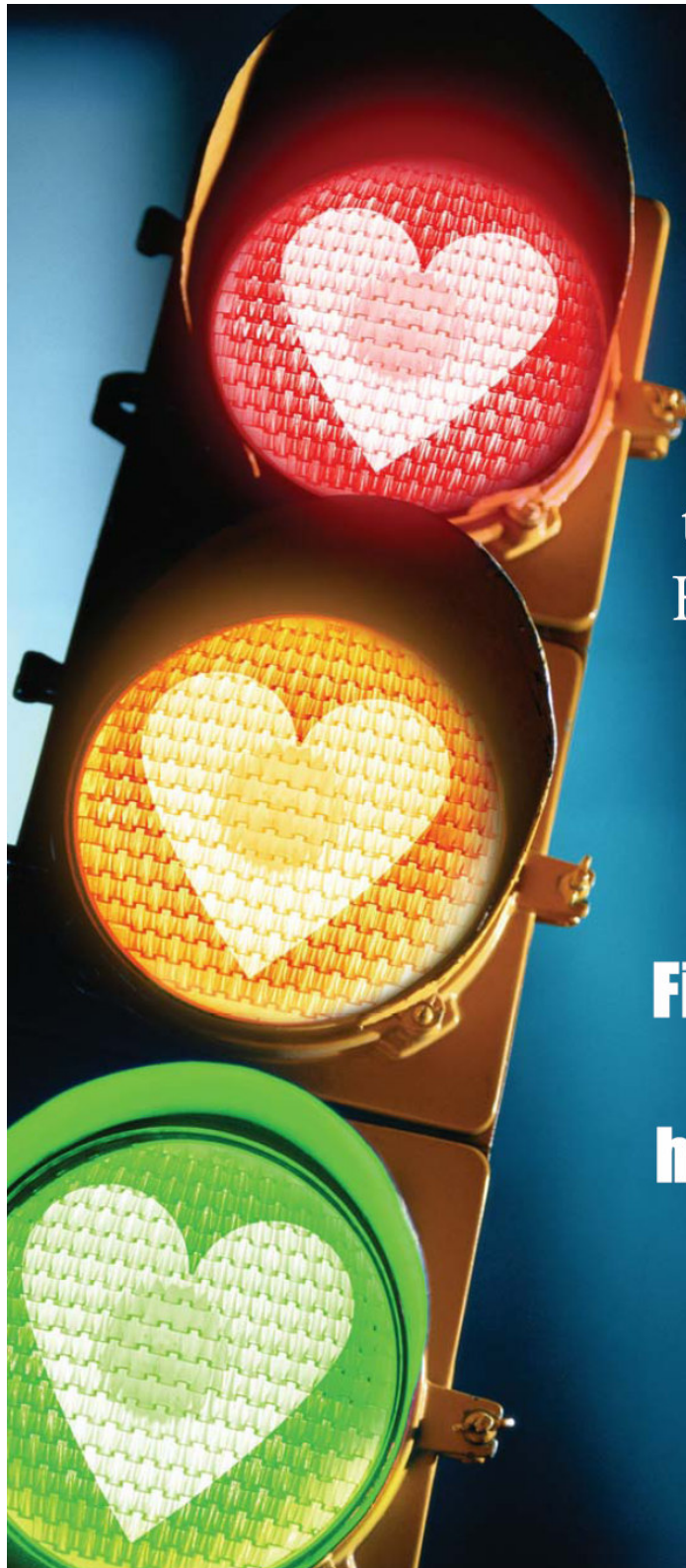
<i>Spreading the Caring Message</i>	21 st March 2006		Derby Evening Telegraph
<i>Check it out! Hospital offers free tests</i>	30 th March 2006		Ilkeston Advertiser
<i>Chief Nursing Officer visits Erewash No Smoking day event a great success Health Professionals and Members of the Public to be Interviewed for...</i>	March 2006		Insight into Erewash PCT
<i>Advice that is not to be sneezed at!</i>	April 2006		The Trader

Annex 3.7: List of CHD Campaigns & CHD module material

10 000 risk assessment tools were promoted:

- At Erewash Health Week Mar 05 – 3 health road shows at leisure centres.
- Look After Your Heart / No Smoking Day road show at Asda.
- Sample wheels were sent with letters to 155 local businesses.
- Information about heart health was put on the PCT website.
- The local NHS Direct management team was approached to help distribute wheels but this was unsuccessful due to manpower issues.
- Posters and leaflet were displayed in local settings such as pharmacies, supermarkets, libraries, leisure centres.
- A series of promotional campaigns were held in local community settings with people employed to actively hand out leaflets, engaging people more in the Project (this worked best in places where people had more time, e.g. libraries, education centres, leisure centres).

CHD Risk Assessment Wheel



Welcome...
to the Erewash
Heart-to-Heart
Assessment

**Find out if you
are at risk of
heart disease**

Joining Up
Self-Care

Erewash **NHS**
Primary Care Trust

Use the step by step guide to assess your risk of heart disease:

This is intended as a general guide to your overall level of heart risk.

It is NOT designed for those who already have heart disease, or who are being treated for blood pressure, or raised blood fats (cholesterol), or have diabetes

– people in these groups should have their risk assessed at their regular review with their doctor.

1. For your gender, find the age group you fall into on the outer wheel opposite
2. Answer the questions below with a 'Yes' or 'No'

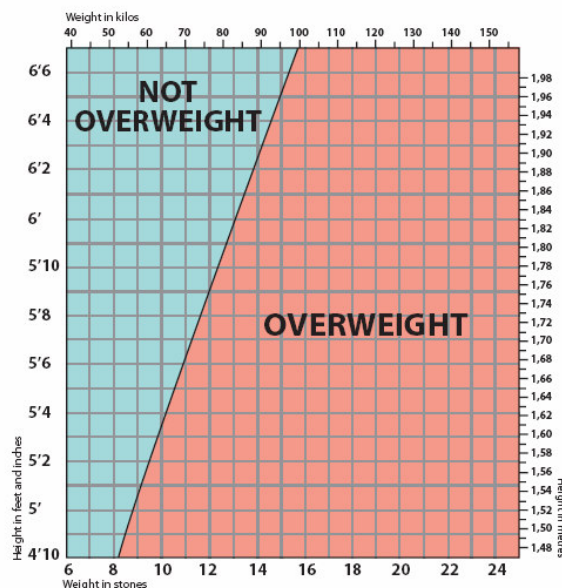
Questions

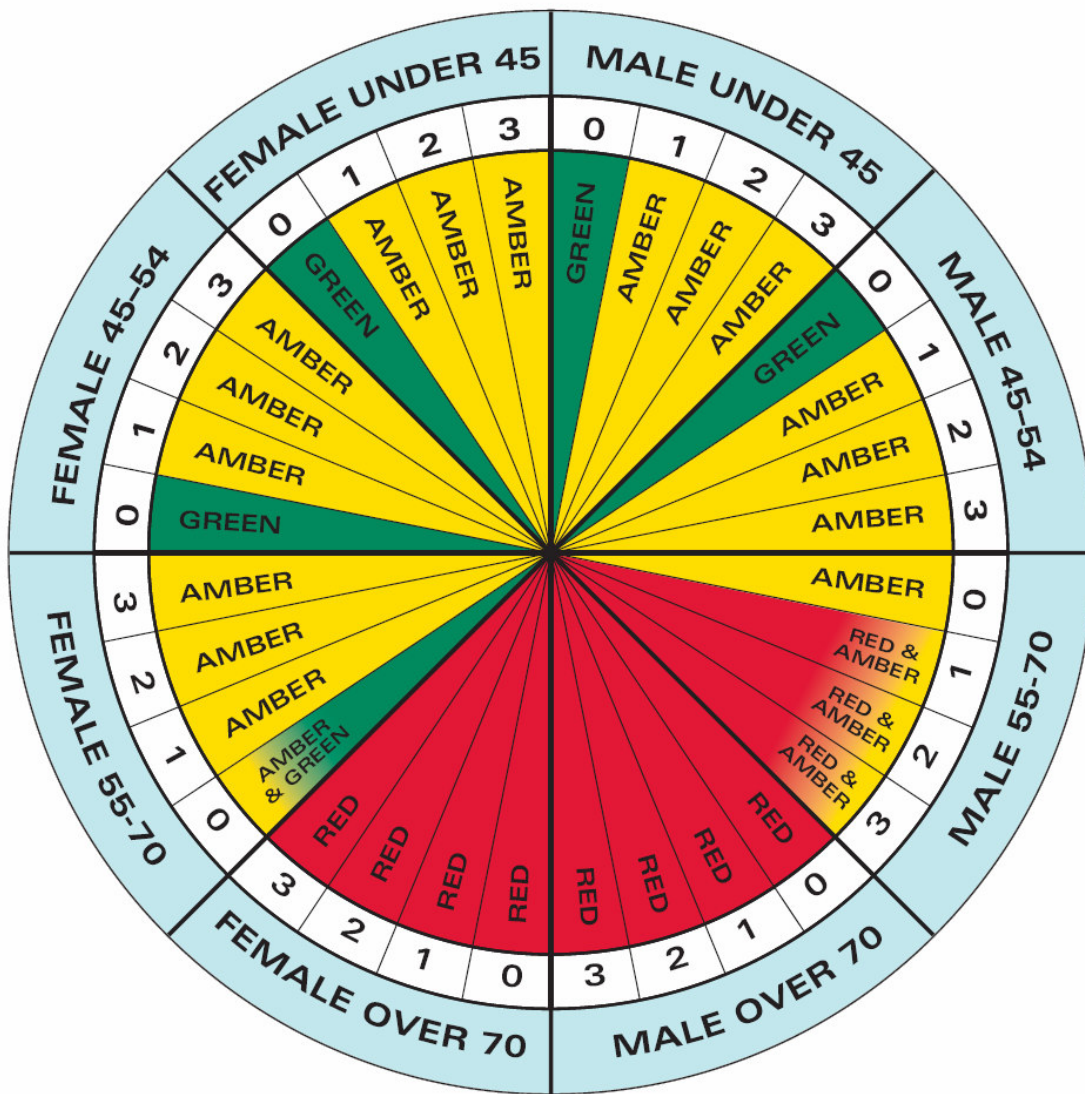
Have you been a smoker in the last 5 years?	Yes/ No
Have any of your close family suffered from early heart disease? (Father/brother under the age of 55 or mother/sister under the age of 65)	Yes/ No
Are you overweight? (you can measure this using the chart below)	Yes/ No

3. Count the number of 'Yes' answers
4. Line up the box on the wheel for your number of 'Yes' answers to see what risk category you fall into
5. Look at the back of the leaflet to see how this affects you

How to measure your weight level

1. Find your weight on the horizontal axis
2. Find your height on the vertical axis
3. Track the gridlines to measure your weight level





Now you have your results,
 turn over for advice -
 then visit your local participating
 pharmacy or call 0800 783 7279
 for your Red, Amber or Green
 Lifestyle Pack >>

Coronary Heart Disease Risk Levels

RED

You are at much higher risk of heart disease than most people. You should discuss this with your GP, practice nurse or pharmacist. You may be at higher risk mainly because of your age but you can still reduce your risk by stopping smoking, taking exercise, losing weight and/or reducing the amount of fat in the food you eat.

If you would like help with reducing your risk of heart disease either visit your local participating pharmacy or call 0800 783 7279 for your Red Lifestyle Pack.

RED & AMBER

If your risk level is a combination of Red and Amber and you have had a close family member with early heart disease you should read the advice for the Red risk level. If you have not had a close family member with early heart disease you should read the advice for the Amber risk level.

AMBER

You are at increased risk of heart disease. You may want to reduce your risk if you can by stopping smoking, taking exercise, losing weight and/or reducing the amount of fat in the food you eat. Taking action now will help to reduce your risk for the future.

If you would like help with reducing your risk of heart disease either visit your local participating pharmacy or call 0800 783 7279 for your Amber Lifestyle Pack.

AMBER & GREEN

If your risk is a combination of Amber and Green your risk may be increasing in line with your age. If you are aged between 65 and 70 you should read the advice for the Amber risk level. If you are aged between 55 and 64 you should read the advice for the Green risk level.

GREEN

Your risk of heart disease is currently low and you are in a good position to keep it that way. As you get older your risk will increase, so adopting a healthy lifestyle now will keep your risk as low as possible.

If you would like information about heart disease and how to keep your risk low either visit your local participating pharmacy or call 0800 783 7279 for your Green Lifestyle Pack.

How
healthy
is your
heart?

**Welcome to
your
Amber/Red
Lifestyle Pack**

Congratulations!

By completing the Erewash Heart
to Heart Assessment and by
applying for this information pack,
you have taken the first steps
towards making positive changes
to your lifestyle

This pack will help you to make
changes to your lifestyle
to reduce your risk of getting
heart disease.



Poster for Erewash Borough Council

How healthy is your heart?



**..answer our questionnaire and
Win a Day at Eden Hall Health Spa!**

Erewash Borough Council are teaming up with Erewash Primary Care Trust to encourage people to assess their risk of heart disease.

Coronary Heart Disease (CHD) is the UK's biggest killer, accounting for over 120,000 deaths a year. Making people more aware that they are at risk is the biggest hurdle.

Erewash Primary Care Trust are carrying out a questionnaire survey to help people consider the factors that can affect their risk of Coronary Heart Disease.

Complete a questionnaire and receive your FREE lifestyle pack AND the chance to win a day at Eden Hall Health Spa.....contact Roland Harrison on 0115 9072208 or email roland.Harrison@erewash.gov.uk for your questionnaire.



Erewash 
Primary Care Trust

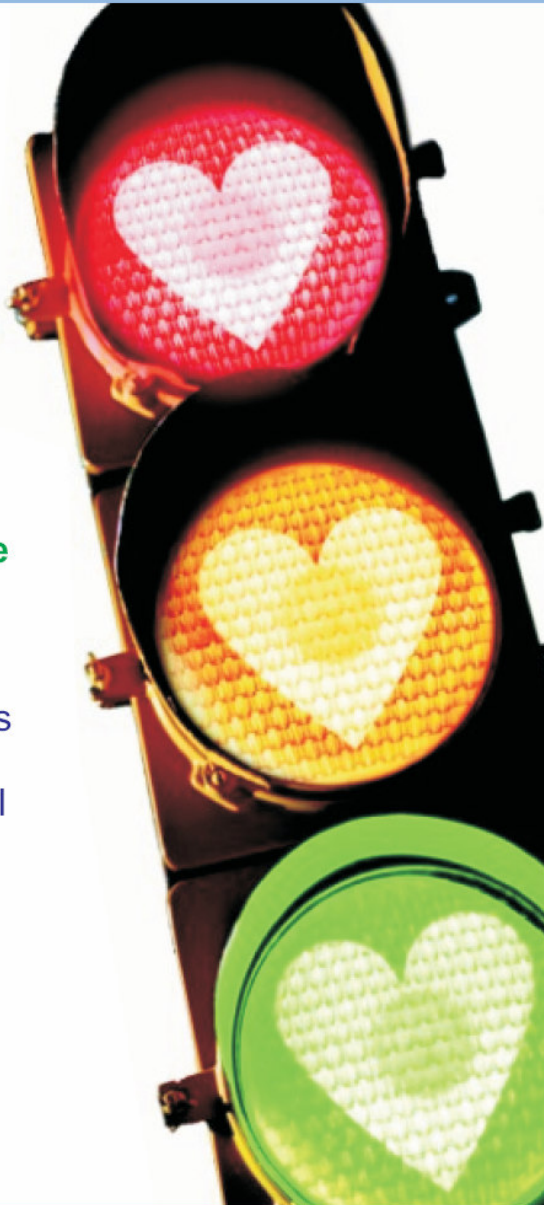
Lifestyle Pack



How healthy is your heart?

Welcome to your Lifestyle Pack

Congratulations! You have taken the first steps towards making positive changes to your lifestyle. This pack will help you to make changes to your lifestyle to reduce your risk of getting heart disease.



Erewash
Primary Care Trust



Heart disease



What is it?

The most common form of heart disease among adults is called coronary heart disease. It occurs when the coronary arteries bringing oxygen-rich blood to your heart muscle get 'furred up' by fatty deposits (atheroma)

Angina occurs when your heart does not receive enough blood and oxygen. An attack can be brought on by physical activity or emotional stress.

A **heart attack** occurs if a coronary artery becomes completely blocked, which can happen, for example, when a blood clot forms on a pre-existing atheroma.

High blood pressure (hypertension) increases your risk of heart disease, stroke and kidney disease. The cause of most high blood pressure is not clear but the following can all contribute: being overweight, excessive salt intake, drinking too much alcohol, physical inactivity.

High blood cholesterol increases your risk of coronary heart disease. The most common cause of high blood cholesterol is too much fat in the diet. Occasionally people have high levels due to an inherited condition.

Coronary heart disease is the major cause of death, including premature death, in England.

Who's at Risk?

Certain factors increase your risk of developing coronary heart disease and having angina or a heart attack.

Some of these factors can be changed and some cannot.



Erewash
Primary Care Trust



**Changeable factors include:**

- Smoking
- Physical activity / exercise
- Diet

Other factors include:

- A family history of heart disease
- Age
- Diabetes

Men tend to be at greater risk, but the risk to women is increasing, particularly if they smoke. As women reach the menopause their risk becomes similar to men.

You can reduce your risk of coronary heart disease by:

- Stopping smoking
- Increasing your physical activity
- Reducing your total fat intake (particularly saturated fats)

If you have a family history of heart disease, for example if your father or brother suffered a heart attack under the age of 55, or if your mother or sister suffered a heart attack under the age of 65, it is important that your doctor knows so that you can have a full health check. For example, you can have your blood cholesterol checked and your blood pressure monitored.

Altering your lifestyle after you've had a heart attack can help protect you from having another one, but it's an even better idea for you to take care of your heart by eating a healthy balanced diet and keeping physically active, before problems start.

Reduce your risk of heart disease



What you can do now to reduce your risk of getting heart disease

Stop Smoking. If you smoke then stopping smoking is the single best thing you can do to improve your health and life expectancy. On average smokers die 10 years younger than non-smokers, but those who stop smoking at the age of 50 halve their risk, while stopping at 30 avoids almost all the risk.

Become more Active. Physical activity is one of the best preventive medicines. 9% of deaths from coronary heart disease could be prevented if people who are currently physically inactive or have a low level of physical activity increased their activity to a moderate level.

Eat a Healthy Diet. A better diet can have a big impact on your health and is one of the best ways to keep heart disease at bay. It is estimated that poor diet is responsible for approximately 30% of the deaths from heart disease. If you are overweight even a modest and permanent weight loss of 5 - 10% will cut your risk of heart disease.

Making Changes that will last

Making changes to your lifestyle that will last is not easy. The changes you make need to be clear and ones you think you will be able to stick to for life.

A starting point could be to keep a diary to record what you are eating, how active you are or when you smoke. You need to see what you are already doing before you can plan any changes.



Only make 2 or 3 changes at any one time...

- Choose a change that will make a difference. For example, you may decide that you need to eat less fat. If you eat chips every day, changing to boiled potatoes most days will have more effect than cutting down on a high fat food that you only eat 2 to 3 times a month.
- Write down the changes you are going to make and try to follow them for 2 weeks. Review how you are doing after 2 weeks as by then you'll know which changes you can keep up.
- If you find a change difficult, is it because you have made it too strict? Can you alter it to make it easier to follow? Be realistic.
- Keep working at the changes you have chosen. There are bound to be days when you can't follow some of them. Everyone has good and bad days. Go at your own pace. Stay positive.
- Find new ways to cope with the situations that have led you to unhealthy behaviour such as overeating or smoking in the past.
- When you feel ready, make more changes; write them down as it will help you to stick to them. You can also look back at the changes you have made over time to see what you have achieved.
- Ask for support. Talk to a close friend or relative about what you are planning to do and ask for their help and support (but not the nagging kind!).

Physical Activity and your Heart



Physical inactivity is the most common risk factor for heart disease. 7 out of 10 adults in the UK do not take enough regular physical activity.

You can get the benefits of being active from all types of physical activity, even housework, gardening and climbing the stairs, not just from going to the gym. You could also try brisk walking, cycling, dancing or swimming.

If you have any health problems, check with your doctor before starting an exercise programme.

How much activity?

Any increase in activity will benefit your heart, but you should aim to build up to 30 minutes of moderate physical activity on most (5 or more) days of the week. If you don't have 30 minutes to spare, try to do 15 minutes twice a day. For heart health and weight loss you need to get slightly breathless (but still be able to talk) and a little hot and sweaty for the exercise to be worthwhile.

Tips for regular physical activity

- Try to do something everyday that fits in with your daily life
- Choose a variety of activities and ones you enjoy
- Involve your friends and family, pick activities that are fun
- Make it a habit like cleaning your teeth

Take it gradually.

If you are physically inactive to start with there is no need to exhaust yourself, take it gradually, but build up your activity levels steadily. Walking is a great exercise to start with, you get all the exercise your heart needs and you can build it up gradually by slowly increasing the distance and pace.





Many people who do regular activity say it makes them feel better, and that they notice an improvement in their mood and self-confidence. It can also be a lot of fun.

If you are trying to loose weight, being more active will help use up calories as well as keeping your mind off food.

- Start with 5 minutes at least 3 times a day
- Gradually build up the time and frequency until 30 minutes feels easier
- Once 30 minutes is easy try working harder by walking more quickly or uphill
- As you get fitter you will be able to do more and more
- Remember that regular activity is better than occasional vigorous bursts

If you have little time, then fit physical activity into your everyday routine by:

- Briskly walking to post a letter or buy a newspaper
- Leaving the car at home and if you can't, then park it further from your destination so that a walk is necessary
- Getting off the bus at a stop earlier
- Using the stairs whenever you can rather than the lift or escalator

If more structured exercise appeals to you, such as swimming, the gym or exercise classes, find out if your local leisure centre runs sessions for people like you at a time which suits you.

Erewash Leisure Centres



West Park Leisure Centre

- 2 swimming pools
- 3 exciting flumes
- Sports hall - offering a wide range of both sporting and leisure activities
- Air conditioned fitness suite
- Sauna and steam room
- Health and treatment centre
- 3 function rooms and indoor marquee
- 3 licenced bars and comfortable lounge
- Good food available lunchtimes and a great choice of menus for functions
- HUGE programme of sporting, social and fun activities

Wilsthorne Road, Long Eaton, Derbyshire, NG10 4AA

Tel: 0115 9461400 email: wplc@erewash.gov.uk

Sandiacre Friesland Sports Centre

- Sports hall - offering a wide range of both sporting and social activities.
- Air conditioned fitness suite
- Squash courts
- Creche
- Licenced bar and comfortable lounge
- Health and beauty centre
- Holiday playscheme for children
- HUGE programme of sporting, social and fun activities

Nursery Avenue, Sandiacre, Derbyshire HG10 5AE

Tel: 0115 9490400 email: sfsc@erewash.gov.uk





Victoria Park Leisure Centre

- 3 swimming pools including a family splash pool
- 2 spa pools
- 2 exciting flumes
- Sauna
- Extensive swimming lesson programme
- Children's parties
- Cafeteria

Manners Road, Ilkeston, Derbyshire, DE7 8AT

Tel: 0115 9440400 email: vpplc@erewash.gov.uk

Albion Leisure Centre

- Sports hall - offering a wide range of both sporting and social activities.
- Air conditioned fitness suite
- Spin bike studio
- Creche
- 3 licenced bars and comfortable lounge
- 3 function rooms and indoor marquee
- Good food available lunchtimes and a great choice of menus for functions
- Holiday playscheme for children
- HUGE programme of sporting, social and fun activities

East Street, Ilkeston, Derbyshire, DE7 5HW

Tel: 0115 9440200 email: alc@erewash.gov.uk

Physical Activities in Erewash



Facility for Leisure Concessionary Scheme

If you live in the Borough of Erewash and one or more of the following applies to you:

- Over 60
- Disabled
- A student (full time education only)
- Receiving Income Support
- Receiving Jobseekers Allowance

You can obtain a concession on activities such as Bowls, Golf, Swimming, Putting, Tennis, Fitness Suite (ask at leisure centres for details) and more. Just complete a 'Facility for Leisure' application form and return with a photograph, payment and proof of entitlement and a concessionary card will be issued that is valid for 12 months.

For further details please contact any Local Authority Leisure Centre or Erewash Borough Council Town Hall.

Erewash Borough Council Sports and Cultural Activities Directory

This directory contains the names and contact addresses for sports clubs, cultural groups and organisations throughout Derbyshire and particularly within the Borough of Erewash.

Pick up a copy from Erewash Borough Council Public Buildings or call 0115 972 0690

You can also download a copy of the directory from www.erewash.gov.uk/sport





Allotments / Community Gardens

Have you ever thought about renting an allotment plot or helping out with a community garden?

Grow your own healthy vegetables and fruit.

Gardening is also a good way of increasing the amount of physical activity you take.

There are over 1000 allotment plots in the Erewash area.

Contact Erewash Borough Council Parks Division if you would like to rent a plot.

Tel: 0115 907 2336

If the idea of an allotment appears too big a project for you, but you would like to work on a smaller plot, or would like to help out in a community garden, Groundwork Erewash Valley can offer help and advice.

Contact Erewash Community Food Officer.

Tel: 0115 9490235

Physical activities in Erewash



Feel good, look good

Feel good, look good is a lifestyle and exercise programme to help you adopt a positive approach to a healthier lifestyle and make lifestyle changes.

For people who are at risk of heart disease, overweight or are physically inactive, this course will introduce you to gentle exercise and a positive pathway to a more active life.

Each session consists of 1 hour devoted to physical activity and 1 hour devoted to lifestyle change such as healthy eating and introducing physical activity into your daily life. Goals are set and targets met.

For information or to book a place contact Anne Farmer on 0115 951 2307 (an answer machine may be on - please leave a message and someone will call you back)



Not sure where to go or what to do?

Come along to find out what local exercise sessions are available to suit your needs.

If you would like to attend a physical activity information session book a place by phoning 0115 951 2307 (an answer machine may be on - please leave a message and someone will call you back)

Suitable for people with mobility problems.





Town, Country and Village Walks in and around Erewash

Pick up leaflets showing local walks - long and short, from:

Groundwork Erewash Valley
43 Town Street
Sandiacre
Nottingham
NG10 5DU
Tel: 0115 9490235
or

Erewash Borough Council
Leisure Services
Town Hall
Long Eaton
Nottingham
NG10 1HU
Tel: 0115 907 2324
or

From most Erewash Borough Council public buildings and information points

Groundwork Erewash Valley organise seasonal guided walks in local nature reserves.

For more information contact:

Marion Horton, Environmental Projects Officer
Tel: 0115 9490235

Physical Activities in Erewash



Walking for health... Walking for fun...

What is Walking for Health?

It is a weekly programme of walks of up to 2.5 miles over fairly level ground, led by trained walk leaders and lasting around an hour.

Afterwards, there is a chance to relax over a hot drink and chat to the rest of the group.

What are the benefits?

- Make new friends
- Feel better about yourself
- Have fun
- The chance to be a walk leader.

Where are the Walks?

Walks are based in and around Kirk Hallam, Ilkeston, Cotmanhay, Long Eaton and Alfreton areas.

How often are the Walks?

We will be walking in the above areas once a week. We will be there regardless of the weather





Where and when are the walks?

Mondays. 10.30am. Meet outside Victoria Park Leisure Centre, Ilkeston.

Tuesdays. 10.30am. Meet outside West Park Leisure Centre, Long Eaton.

For more information about the above walks contact Chris Morris, Groundwork Erewash Valley on 0115 9490235

Mondays. 10.30am. Meet at Nags Head, Sawley.

For more information contact Brian or June on 0115 9727593

Tuesdays. Meet at Abbotsford Community Centre

Thursdays. Kirk Hallam

For more information about these walks contact Derek on 01332 721920

Wednesdays. 10.30am. Meet at Alfreton Leisure Centre entrance.

For more information contact Alan on 01773 832766 or Jan on 01773 603010

Health related courses



Derbyshire Adult Community Education Service

Courses are offered where you can learn more about health, diet and stress management and relaxation techniques.

Fitness courses are available and include: Yoga, Pilates, T'Chi, Body Conditioning and various Keep Fit classes. The fitness classes are delivered by experienced tutors who will tailor the content of the classes to suit the individual.

Many courses are free. Do not let money be a barrier to learning; ask the staff in the main centres for advice. You may also be eligible for additional learner support.

The main centres in Erewash are:

Community House, 173 Derby Road, Long Eaton, NG10 4LL
Tel: 0115 973 2827

Ilkeston Centre, 7 Heanor Road, Ilkeston, DE7 8DY
Tel: 0115 930 6909

These centres can be contacted for more advice on any courses, or contact the brochure and advice line on 0845 6058 058.
Alternatively, visit the website, www.derbyshire.gov.uk/adulteducation





Active Life Course

Are you interested in learning more about health, well being, exercise and fitness?

The Active Life Level 1 course is an enjoyable and easy way for people to improve their personal approach to health and fitness and take part in exercise.

The course is for 15 weeks, 3 hours per week and aims to provide a basic overview of a healthier lifestyle covering topics such as the benefits of exercise, healthy eating, the risk factors of smoking, alcohol and stress. It also includes the health and safety factors of exercise or diet nutrition and shape management. Included in each session are some gentle exercise activities.

The Level 1 qualification awarded by ABC, is available to anyone from the age of 16 onwards and is being offered free in the East Midlands Area. People have the opportunity to progress on to the Level 2 Certificate in Developing Personal Health and Fitness.

If you would like to know more about the course ring Nichola or Emma at Sport Active Ltd on (0115) 9723575.



Do you want to stop smoking?



Giving up is not something you have to do on your own - there is a local service available to help you succeed.

Fresh Start is here to help you with:

- Specially trained advisors to give advice and support
- Free advice and information on the best Nicotine Replacement Therapy (NRT) for you
- Free NRT available if you are entitled to free NHS prescriptions
- A six to eight week programme to help you successfully stop smoking

If you are ready to stop smoking make a FRESH START

Please call Ilkeston Community Hospital
0115 9305522 ext 256
or

Long Eaton Health Centre
0115 9461200
or



Contact your GP, Practice Nurse or Community Pharmacist

Ten Top Tips for giving up:

- Contact Fresh Start, your local NHS Stop Smoking Service for practical help and advice from trained specialists.
- Plan ahead to help you cope with stressful situations.





- Pick a quit date that will be stress-free, and stick to it
- Take it one day at a time, and congratulate yourself every day.
- Pair up with someone else who wants to stop so you can support each other.
- Use Nicotine Replacement Therapy (NRT) or bupropion (Zyban) to help you manage the cravings.
- At first, avoid situations where you might be tempted to smoke
- Keep track of the money you're saving - and treat yourself!
- There's no such thing as having 'just one' cigarette.
- Think positive - you CAN do it!

The cycle of stopping

Stage 1

Think about stopping

Stage 2

Preparing to stop: proper planning makes you much more likely to succeed.

Stage 3

Stopping: set a quit date and stick to it.

Stage 4

Staying stopped: changing your attitude to smoking and your lifestyle.

Stage 5

Relapsing: this can happen if you weren't really ready to stop, or stopping smoking wasn't what you expected it to be. You haven't failed, so don't feel guilty. Each time you try, even if you don't succeed, you learn valuable lessons that can help you next time.

Eating for a Healthy Heart



For a healthy balanced diet, aim to:

- Eat at least 5 portions of fruit and vegetables each day e.g. 3 portions of vegetables and 2 of fruit. These can be fresh, frozen, dried or a glass of juice.
- Eat more starchy foods such as pasta, rice, potatoes, cereals and pulses (beans, peas and lentils). These should make up about a third of your diet. Choose high fibre, wholegrain varieties.
- Eat less fats. Avoid fatty foods, especially those rich in saturated fats. These fats are particularly found in animal products like red meat, meat products like sausages, burgers, pies and pastry products, butter, cheese, cakes and biscuits. Monounsaturated and polyunsaturated fats are found in vegetable oils (for example, olive and sunflower oil). Use these sparingly.
- Choose lean meat, and trim off the fat and any skin.
- Eat more fish. Try to eat fish at least twice a week. Try oily fish such as mackerel, sardines and trout.
- Use less fat in cooking. Grill, bake, poach, steam or microwave instead of frying or roasting.
- Reduce the sugar in your diet particularly if you have diabetes.
- Don't add salt to your food when cooking and at the table. Don't replace salt with a salt substitute. Supermarkets sell low salt manufactured foods.
- Try to drink at least 6 - 8 cups of water a day or more if you exercise. If you don't like the taste of plain water, try sparkling water, or add some low sugar squash or fruit juice for flavour.



Would you like to purchase cost-price, fresh fruit and vegetables?

A Food Co-operative runs every Friday from:

Kirk Hallam Community Hall

and

Cotmanhay Community Education and Youth Centre.

For more information contact:

Erewash Community Food Officer, Groundwork Erewash Valley. Tel: 0115 9490235



Just Eat More
(fruit & veg)



How to be a Healthy Weight



If you have any concerns about your weight, contact your GP or practice nurse. If you think you just need to lose a little weight, here are some practical tips. Look at ways of:

- Only eating as much food as you need.
- Improving the balance of your diet.
- Getting more active.

It's not a good idea to go on a crash diet and it's important to make sure you continue to eat a balanced diet.

- Eat regular meals i.e. breakfast, lunch, evening meal.
- Eat a wide variety of healthy foods.
- Eat fruit and vegetables - aim to eat at least 5 portions per day. (a portion is 1 apple or banana, 2 smaller fruit such as plums, 2 or 3 tablespoons of vegetables).
- Eat a starchy food such as bread, potato, pasta and rice.
- Choose wholegrain, wholemeal or 'highfibre' varieties.
- Cut down on salt, sugar and fat.
- Keep food treats like cakes, biscuits, crisps, pastries and ice-cream for special occasions, and then in smaller amounts.
- Drink plenty of fluids, but drink alcohol only in moderation.
- Enjoy what you eat: eat slower, savour the taste.

Physical activity is a good way of using up extra calories.

- Go for a walk after lunch.
- Choose the stairs instead of taking the lift.
- Walk (or even jog) some of your shorter journeys.
- Get off the bus one or two stops earlier.

Tips to help you change your diet

- Don't go hungry, eat regular meals, avoid nibbles.





- Eat sitting down.
- Do nothing else whilst eating. Taste and enjoy!
- Eat slowly. Put your knife and fork down between mouthfuls.
- Stop when you feel full.
- Don't shop when you are hungry.
- Be prepared. Write a shopping list and stick to it.
- Keep healthy snacks to hand eg fresh fruit in a bowl, chopped salad / vegetables in the fridge.
- Clean your teeth after a meal or when you get the urge to overeat.
- Plate up your meal and remove serving dishes from the table so you're less tempted to eat too much.
- Wait at least 5 minutes after finishing your meal before deciding whether to have second helpings.
- Practise refusing offers to overeat. Learn to say 'no thank you' politely but firmly and convincingly.
- Plan for the times of day when you are more likely to want to eat, for example save some bread or cereal to have in the evening if you know that evenings are a danger time for you.
- Before you eat check that you're really hungry rather than just eating at a certain time or occasion out of habit.
- Be aware of how your feelings affect what you want to eat, for example do you eat more when you're feeling angry, upset, lonely or bored? Noticing a pattern can help you plan how to cope.
- You may find it helpful to keep a food diary, recording what you eat each day. You could also note when you ate, where and how you were feeling at the time. Use that information to plan your coping strategies.

Alcohol - Safe Drinking



Alcohol can be one of life's pleasures, but only if you drink it in moderation. Are you getting the balance right?

Is alcohol good for the heart?

There is evidence to suggest that moderate amounts of alcohol, between 1 and 2 units a day, can protect against coronary heart disease. But this protection is only thought to be significant later in life.

How much alcohol can I drink without risking my health?

Men can drink up to 3 to 4 units and women can drink up to 2 to 3 units of alcohol a day without significant risk to their health. A unit is half a pint of standard strength beer, lager or cider, a small glass of wine or a pub measure of spirit.

Keep within the safe limits of no more than 14 units of alcohol per week for women and 21 units of alcohol per week for men.

For good health, spread your drinking throughout the week and avoid binge drinking.

Drinking too much alcohol can increase your weight, particularly around the abdominal areas, as well as leading to other long-term health problems such as high blood pressure.

Alcohol contains a surprising number of calories. Alcohol may also encourage you to eat more as it tends to increase appetite.

Tips for cutting down

Start by working out what you drink in a week by reviewing the last week or by keeping a daily note for the next week.



If you think your drinking is a problem, try following these steps:

Step 1. Decide what your aim is. Do you want to give up alcohol altogether? Or do you want to cut down to within daily guidelines? Or maybe you want to avoid binge-drinking.

Step 2. Pick a day in the next week to start cutting down. Go for a day when you are likely to be relaxed and not under pressure.

Step 3. Work out how you can avoid situations when you know you end up drinking more. If you often drink at home, stock up on alternatives to alcohol, like alcohol-free beers or drinks. Tell other people that you are cutting back, this should avoid them putting pressure on you to drink. They might even join in.

Step 4. Do not give up! Changing habits like drinking takes time and hard work. Keep focusing on the positive things you have achieved. If you do relapse, set a new date to start reducing again.

Step 5. If you continue to find it difficult to cut down you could see a trained alcohol counsellor to help develop strategies or contact Drinkline for advice. Tel: 0800 917 8282

- Keep a drink diary.
- Stick to the limit you have set yourself.
- Watch what you drink at home. Use smaller glasses.
- It is OK to say no. Don't be pressurised into another drink.
- Pace your drinks. Put the glass down between sips. Choose smaller drinks. Avoid strong brands. Alternate alcoholic drinks with soft drinks. Avoid or skip rounds.
- Occupy yourself whilst you are drinking, so you drink slowly.
- Find alternatives. Look for other ways to relax.
- Have alcohol-free days.
- Reward yourself when you meet the targets you set yourself.

Stress



Stress is something we all have and a certain level is both normal and necessary to experience everyday life. It can help motivate you to meet new challenges and if balanced with relaxation it can be perfectly natural.

Stress affects everyone in different ways and what is stress to one person is not to another. However, stress can be harmful and increase your chance of developing heart disease if you do not manage it in the right way.

Stress can trigger 'risky' behaviour for heart disease such as:

- Smoking more.
- Comfort eating and bingeing.
- Drinking excessively.
- Not taking enough physical activity.

Some of the tell-tale signs of stress

- Do you have problems sleeping, always tired?
- Are you tense? Does your neck feel knotted -up?
- Do you suffer from headaches and migraines?
- Do you feel that you have a lot on your mind or have difficulty concentrating?
- Does life seem full of crises - are you always having rows?
- Do you find it difficult to make decisions?
- Do you feel frustrated when people don't do what you want?
- Do you frequently experience a butterfly stomach, a dry mouth, and sweaty palms or a thumping heart?
- Do you comfort eat or have you lost your appetite?
- Do you have stomach upsets, nausea, vomiting or diarrhoea?
- Do you never have enough time, always rushing and late?



If you recognize some of these signs then there is a good chance that your stress level is a bit high.

Ways to Manage your Stress

- The first step is to identify what is causing your stress. Some major life events you will not be able to do anything about like divorce, bereavement, job loss, moving house or money worries. Other everyday events like being stuck in traffic, having a row with your partner or having to meet a tight deadline at work can be equally stressful. Everyday events may ultimately be even more harmful because they are so recurrent. Keep a stress diary of stressful situations and your reactions to them so that you can begin to identify the ones that cause you the most stress, and begin to change your response to them.
- Negative thoughts can be a source of stress - Learn to replace them with more positive ones. Learn to regard set-backs as opportunities to learn and see good in situations rather than always looking for the bad. Become your own best friend and don't be so hard on yourself.
- Learn to relax and release the tension. Mental stress often causes tight muscles and shallow breathing. You can use simple relaxation techniques, massage, yoga or meditation. There are many types of relaxation classes available such as meditation, yoga, pilates etc.
- Regular physical activity helps to disperse stress hormones and helps your body to relax physically. Exercise can be useful in helping to prevent stress related ill-health.
- Make time for yourself mentally and emotionally.
- Taking a positive approach to your health can encourage you to avoid turning to food, alcohol or other drugs such as nicotine as a comforter against the negative feelings of stress.

Useful Local Contacts



Alcohol Problems Advisory Service (APAS)

36 Park Row, Nottingham, NG1 6GR
Tel: 0115 941 47 47 / 0845 762 6316
www.apas.org.uk
Advice, information counselling, drop in centre

Derby MIND (National Association for Mental Health)

127 - 129 Clarence Road, Derby, DE23 6LS
Tel: 01332 77 23 00
Mindinfo: 0845 766 0163
www.mind.org.uk

Derbyshire County Council Adult Community Education

Community House, 173 Derby Road, Long Eaton, NG10 4LL
Tel: 0115 973 2827
Ilkeston Centre, 7 Heanor Road, Ilkeston, DE7 8DY
Tel: 0115 930 6909
www.derbyshire.gov.uk/adulteducation

Erewash Borough Council

Tel: 0115 907 2244
www.erewash.gov.uk

Erewash Citizens Advice Bureau

62 South Street, Ilkeston, DE7 5PZ
Tel: 0870 121 2028
www.adviceguide.org.uk

Erewash CVS (Council for Voluntary Services)

Parklands Connexion, Leopold Street,
Long Eaton, NG10 4QE
Tel: 0115 849 0400





Erewash Primary Care Trust

Trust Headquarters

Toll Bar House, Derby Road, Ilkeston, Derby DE7 5FE

Tel: 0115 9316100

www.erewash-pct.nhs.uk

Erewash Social Services

Rutland Mill, Market Street, Ilkeston, DE7 5RU

Tel: 0115 909 8585

Fresh Start

Ilkeston Community Hospital, Tel: 0115 930 5522 ext 256

Long Eaton Health Centre, Tel: 0115 946 1200

A programme for smokers ready to stop

Groundwork Erewash Valley

43 Town Street, Sandiacre, NG10 5DU

Tel: 0115 949 0235

Information for Patients and the Public (IPP)

A database of local information, services and activities.

www.southernderbyshire.nhs.uk/IPP or contact PALS (as below) who will access this for you.

PALS - Patient Advice and Liaison Service

Freephone: 0800 783 7279 (minicom facility available on this number) Text Facility: 077 6677 6945

Confidential help, advice, support and information about your local health service.

Sport Active Ltd

126 Derby Road, Long Eaton, NG10 4LS

Tel: 0115 972 3575

E-mail: info@activelife-online.co.uk

Useful National Contacts



Alcohol Concern

www.downyourdrink.org.uk. An online programme to help people cut down their drinking.

Alcoholics Anonymous (AA)

Tel: 01904 644 026

Helpline: 0845 769 7555

British Diabetic Association

10 Park Way, London, NW1 7AA

Tel: 0207 421 000

www.diabetes.org.uk

British Heart Foundation

14 Fitzhardinge Street, London, W1H 6HD

Tel: 020 7935 0185

www.bhf.org.uk

For professional and confidential information on all aspects of coronary heart disease call the BHF's Heart Information

Tel: 08450 708070. Lines are open Mon - Fri 9am - 5pm

To subscribe to Heart Health Magazine for free, or to order British Heart Foundation publications call 01604 640 016

Drinkline (National Alcohol Helpline)

Helpline: 0800 917 8282

Funded by Department of Health, provides general information on drink, sex and drug issues. Refers to local agencies for support.

Food Standards Agency

Tel: 020 7276 8000

www.food.gov.uk





NHS Direct

Tel: 0845 4647
www.nhsdirect.nhs.uk

Quit

For help and advice on giving up smoking call 0800 002200
www.givingupsmoking.co.uk

The Samaritans

24 hour support 08457 90 90 90
www.samaritans.org.uk

Sport England

Tel: 020 7273 1500
www.sportengland.org
Government agency promoting sport in England with a variety of activity programmes.

Sustrans for Walking and Cycling

www.sustrans.org.uk
Information line: 0845 113 0065

Walking the way to Health Initiative - England

www.whi.org.uk
Tel: 01242 533 258

Campaign for Smokers



Erewash 
Primary Care Trust

Toll Bar House
1 Derby Road
Ilkeston
DE7 5FE
Tel 0115 931 6100
Fax 0115 931 6101
www.erewash-pct.nhs.uk

Do you want to Stop Smoking?

Now giving up is not something you have to do on your own – there are new services available in your area to help you succeed. You can now get free support and free nicotine replacement therapy (NRT) in Erewash.

Fresh Start is here to help *you* with:

- ▶ **Specially trained advisors to give advice and support**
- ▶ **Free advice and information on the best Nicotine Replacement Therapy (NRT) for you**
- ▶ **Free NRT when appropriate**
- ▶ **A six to eight week programme to help you successfully stop smoking**

If you are ready to stop smoking make a *FRESH START* please call

Ilkeston Community Hospital on 0115 9305522 ext 256

or

Long Eaton Health Centre 0115 9461200

or

contact Fresh Start on 01332 224019 or www.freshstart.nhs.uk .

You can also access the service at your GP surgery or Community Pharmacy. Contact your GP receptionist or community pharmacy to check availability

The pharmacies that offer the service are:

Helms Pharmacy
114 Cotmanhay Road, Ilkeston
Tel: 0115 9301145

Manor Pharmacy
22 Queen Elizabeth Way, Kirk Hallam
Tel: 0115 9324425

Ilkeston HCC Ltd
Ilkeston Health Centre, South Street, Ilkeston
Tel: 0115 9305581

Manor Pharmacy
40 Nottingham Road, Ilkeston
Tel: 0115 9325447

Manor Pharmacy
Unit 2, 48 Bath Street, Ilkeston
Tel: 0115 9324748

P Williams
56 South Street, Ilkeston
Tel: 0115 9325036

Manor Pharmacy
11 Wilsthorpe Road, Breaston
Tel: 01332 875341

Manor Pharmacy
84 College Street, Long Eaton
Tel: 0115 9732769

Jaysons Pharmacy
3 Market Place, Long Eaton
Tel: 0115 9730353

The minute you stop smoking there will be benefits to your health!

20 MINUTES

Blood pressure and pulse return to normal

1 HOUR

Your circulation improves. Your hands and feet feel warmer.

8 HOURS

Nicotine and carbon monoxide levels fall. Oxygen in your blood returns to normal.

1 DAY

Your lungs begin to work better. Carbon monoxide removed from your body.

2 DAYS

Your sense of taste and sense of smell improves. Nicotine removed from your body.

3 DAYS

Breathing becomes easier. Your energy levels increase.

2 WEEKS

Withdrawal symptoms begin to ease. Walking and daily tasks become easier to do.

1 MONTH

Withdrawal symptoms have stopped. Your breathing and energy levels continue to improve

6 MONTHS

Risk of heart attack, cancer and other 'smoking' diseases begin to fall.

For further information please contact Erewash Primary Care NHS Trust, Tel: 0115 9316100

Annex 3.8: Local Employers Involved in the CHD Campaign

Community Concern Erewash
HSBC Bank plc
Erewash CVS
Economic Regeneration
West Park Leisure Centre
Ilkeston Library
Bellinis
Ilkeston School
St John Houghton RC School
Adult Education Centre
Erewash PCT conference
Erewash Borough Council

Annex 3.9: Non-JUSC Activities Promoting Self Care to Prevent Coronary Heart Disease

- Exercise recommendation scheme
- “Ease into Exercise” pilot
- Weight management pilot
- Exercise for the Heart self-help exercise support group. A phase 4 cardiac rehabilitation maintenance programme. 200 participants / 17 sessions per week.
- Chair-based and ‘Extend’ exercise programmes. Training local people to run groups. Referral pathways from health professionals. Links to falls prevention work.
- Walking for Health - PCT jointly funds a worker employed in the voluntary sector to promote walking and Walking for Health schemes
- Pedometer loan scheme with local libraries
- Smoking Cessation. The number of smokers in Erewash is slightly higher than the regional and national averages. As smoking is the UK’s single greatest cause of preventable illness 2 of the local targets in the LDP relate to reducing smoking and tackling the inequalities of access to the Fresh Start services in the identified communities in need.

As well as the PCT employed smoking cessation advisors, Fresh Start smoking cessation support is available in GP surgeries and pharmacies.

Erewash PCT offers free NRT to people using the Fresh Start service.

A Stop Smoking Development Manager has recently been appointed, who will develop smoking cessation groups in local work places; extend the local media campaign; offer smoking cessation services to priority groups admitted to hospital; work with the voluntary sector and self help groups, especially in the mental health sector.

A smoking cessation worker has been working as part of the Sure Start team and has developed a peer education scheme.

Smoking cessation work in schools, providing NRT for 13 – 16s reached the finals of the regional Health and Social Care Awards.

As at end of January 2006, PCT had already met its target for the year of 4 week quitters – helped by the success of GP scheme

- Community Healthy Eating Projects – allotment projects with schools, food cooperative, basic cookery and ‘cooking on a budget’ courses. Community Healthy Eating Project Worker supports community based groups in developing healthy eating initiatives in Communities in Need
- Health Promoting Schools – 12 schools identified healthy eating as a key priority; 4 identified physical activity and 4 playground activity
- Health checks offered by community pharmacists e.g. BP and cholesterol
- GP Local Enhanced Service for CVD Risk Assessment

Annex 3.10: Asthma Specific Training Manual

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This material is suitable for adults with asthma and
not suitable for children with asthma.

This material was last updated in 2003.

Asthma Module

Taking Control

of your

Asthma

Manual for lay Trainers

NHS Expert Patients Programme

January 2003

ACKNOWLEDGEMENTS

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Department of Health

January 2003

Taking Control of Your Asthma Training Manual

This session -- the 7th week module of the Expert Patients Programme self-management course -- on asthma will be led by two EPP Trainers or volunteer lay Tutors with support from an asthma nurse specialist. At least one of the two Trainers/Tutors should have had some personal experience in dealing with their own asthma.

This manual outlines the protocol to be followed by the EPP Trainers/Tutors and an asthma nurse specialist facilitating a session for people with asthma. The aim of involving an asthma healthcare professional for this session is to:

- Provide you relevant information about asthma and asthma care.
- Give you information on how to point asthma patients in the right direction when they ask you questions when you are delivering the asthma-specific session, questions for which you may not have answers. (You will of course explain to the course participants that the purpose of the module is to help people manage their asthma better and that the session is not for providing all the technical information on asthma.)

Pages 3-4 contain the protocol for delivering the course.

Preparatory reading

- Taking Control of Your Asthma Handbooklet
- Expert Patients Programme generic Training Manual
- Expert Patients Programme generic Handbook *Self-management of Long-term Health Conditions*

You will have received the Expert Patients Programme generic training manual and the handbooklet specific to the Asthma session.

The symptom cycle and problem-solving steps are displayed in the generic training manual. Please refer to these throughout the workshop.

Please ensure that skills learnt from the 6 week generic course are mentioned and reinforced wherever possible.

Expert Patients Programme Asthma Module

Purpose of this session

- To introduce the group members to each other (group size 16)
- To identify group members' problems caused by their asthma and its impact on their lifestyle
- To share, and challenge where appropriate, peoples' fears and beliefs about asthma, medication and their ability to self manage
- To inform participants about the critical knowledge topics around asthma
- To inform participants about possible triggers and assist in identifying personal triggers
- To introduce the 'Be In Control' self-management materials and advise participants about the general principles of asthma self-management and personal asthma action plans
- To inform participants on avoiding, identifying and treating asthma attacks
- To assist participants in locating future sources of asthma information and help
- To assist participants in recognising their ability to integrate asthma self-management principles
- To assist participants in identifying personal barriers to achieving their asthma goals and developing an action plan of solutions and strategies to overcome them.

Objectives

By the end of this session, the group members will be able to:

- Distinguish between myths and truths about asthma
- Describe how asthma affects the lungs
- Identify the name and function of commonly used asthma medication
- Name common asthma triggers and avoidance strategies
- Define the goals of asthma management
- Identify when their asthma symptoms are deteriorating
- Describe the asthma emergency procedure to treat asthma attacks

- Identify components of personal asthma plans and personal action plans, the benefits of their use, and how to complete one
- Identify sources of local and national help
- Take home a personal asthma action plan to achieve control of their asthma.

Materials

- Charts 1 - 9
- Blank nametags for everyone (reusable)
- Pencils to write on nametags and fill in quiz
- Flipchart stand
- Blank flipcharts/felt pens or blackboard chalk
- Pad of paper, extra pencils
- Be In Control materials
- Charts with drawings of airways (and lungs)
- Model of airways (see page 35 of this manual for where to get the model from)
- Asthma 'Beliefs' sheets (blank to be given out at the beginning and with answers to be given out at the end of the session).

Agenda (display this to the group)

Activity 1: Asthma beliefs (20 minutes)

Activity 2: Asthma knowledge (30 minutes)

Activity 3: Preventing and treating asthma attacks (30 minutes)

Break (20 minutes)

Activity 4: Partnerships and opportunities to stay an Expert Patient (20 minutes)

Activity 5: Closing and Action planning (10 minutes).

Activity 1: Introduction (10 minutes) led by lay Trainers

Method

- Short talk
 - Group introductions
1. Introduce participants. Keep *nametags* in front of them at table with the first names or nick name. These should be large enough so that they can be read across the room.
 2. **Welcome** the group and explain that we will all be stating how long we have had asthma and how we feel it impacts on our life or what problems it has caused us.
Introduce yourself. In your introduction, mention how long you have had asthma and name two problems you have as a result of your asthma. Be careful with your introduction, as you will be modelling how the participants will introduce themselves, keep it brief and tell the group they have one minute each. For example "I'm Mary Clarke and I have had asthma for 20 years. Asthma has meant that I can't take my family on holidays where there is no hospital; that I missed my daughter's 10th birthday party because I had an asthma attack. I have also had to stop taking my children to swimming classes because the chlorine triggers my asthma".
 3. **Group introductions.** Have each participant introduce himself or herself, state how long they have had asthma and what impact asthma has had on their life. Do not let participants dwell on the history of their asthma. If this happens, remind them that what you want them to share is a couple of problems they have had because of their asthma, or what impact asthma has had on their life, i.e. what have they had to change. People **without** asthma should share problems **they** have that are caused by living with someone with asthma.

Free-think: One leader should be leading the activity whilst the other is listing the problems on the board or flipchart. Put a check mark next to each problem when it is mentioned after the first time.

Ensure that something along the lines of the following is included:

- family life disrupted
- difficulties in the workplace
- unplanned A&E visits
- fear or uncertainty about the future
- dislike of regular medication
- feeling of dependency
- stigma.

Paraphrase

"From this list here we can see that asthma impacts on lives in different ways. It not only can impact on our life, but those in our family, workplace or friends. The extent to which it impacts or disrupts our lives can often be decided by how well we self-manage our condition, which includes being aware of our own body and listening to it, and other things such as taking our medication and avoiding our triggers. During the next couple of hours, we hope to explore with you some of the feelings and beliefs you have about asthma, and things that you may like to do to control your asthma. As trainers, we are here to facilitate this discussion but are not able to answer specific questions about asthma or your personal case. However, we will be giving you contact details of the Asthma Helpline run by trained practice nurse specialists who will be able to deal with any unanswered questions that may arise from the session today."

Activity 2: Asthma Beliefs (20 minutes) led by lay Trainers

Method

- Short talk
- Quiz
- Chart
- Free-thinking
- Personal reflection

Preparatory reading

- *Taking Control of Your Asthma* Handbooklet

Short talk: (paraphrase the following)

“There is a great deal of information and myths around about asthma, and we often take action based on this information which then affects our condition. So, it's very important that we know the truth from the fiction. Whilst we all may choose to believe different things, today we would like to give you the basic truths so you can make informed decisions about what to believe.”

Participants work:

Handout the ‘beliefs’ sheet (with answers blanked out), and ask participants to mark True or False next to each. Tell them they have a couple of minutes to complete it.

After 3-5 minutes, read out each statement and ask people to put up their hand up, if they think it is True. Explain that there is not enough time to explain the answers to all but they will find the answers in the sheet to be handed out later with the correct answers. If one or two are contentious, then read the answer or ask for a volunteer to explain their reasons.

QUIZ: BELIEFS SHEET -- TEST YOUR KNOWLEDGE -- Fact or fiction

Beliefs	True / False
Asthma is a serious condition.	True
Most people with asthma <u>should</u> be free of symptoms during the night.	True
Smoking will make my asthma worse.	True
Living in the countryside is better for your asthma than living in the city.	False
Asthma is all in the mind.	False
Asthma is an infectious disease.	False
Steroids used for asthma give you big muscles like a bodybuilder.	False
All steroids cause osteoporosis.	False
Steroids used for asthma are not addictive.	True
Steroids only need to be taken when your asthma is playing up.	False
You can't exercise if you have asthma.	False
You can't overdose on inhaled asthma reliever medication.	True
Asthma can be diagnosed at any age, including over 60.	True
Colds and viruses are the most common trigger of asthma symptoms.	True
There are over 200 people a day admitted to hospitals because of their asthma, which contribute to nearly 74,000 admissions to hospital each year due to asthma.	True
Reliever medication should be kept with you at all times.	True
There are 4 times as many people in the UK with asthma than diabetes.	True
Pollution causes asthma.	False
If you stop taking your preventer medication, it may take up to two weeks to start protecting your airways again if used regularly.	True
People with asthma should have a regular review with their doctor or practice nurse.	True

The Beliefs sheet with answers blanked out is handed over to the participants for Activity 2. The Beliefs sheet with answers is given to the participants at the end of the session.

Trainers, please read the following to clarify for yourself the true from the false. Read aloud where necessary during the Activity:

1. Asthma is a serious condition.

True. 1500 people die from asthma each year. In addition, any impact asthma has on your quality of life is a serious issue.

2. Most people with asthma should be free of symptoms during the night.

True. The gold standard of asthma care would be that people are symptom free at night. If you are experiencing regular symptoms at night it is important you talk to your doctor or practice nurse as your asthma medication may need to be reviewed.

3. Smoking will make my asthma worse.

True. Smoking can indeed make your asthma worse. If you smoke you will be increasing your chances of developing many health problems and your asthma symptoms will be worse and harder to control. You may also cause long-term damage to your airways. Many people are also affected by breathing in other peoples' smoke (passive smoking). Smoking while pregnant increases the risk of your child developing asthma and starting smoking as a teenager increases the risk of persisting asthma.

4. Living in the countryside is better for your asthma than living in the city.

False. There is no evidence that moving to the countryside will improve your asthma symptoms. Even in areas such as the far north of Scotland, the percentage of people with asthma is about the same as elsewhere. Nowhere in the UK is there a significantly low level of asthma and so there is nowhere that is likely to be good for all people with asthma.

5. Asthma is all in the mind.

False. Asthma has long been associated with 'nervousness' and, to the casual observer, it can seem that anxiety and asthma are linked. Research has shown, however, that asthma is a physical, not a psychological, condition. Emotional factors such as stress, excitement and laughter can contribute to breathlessness and are triggers for some people but they do not cause asthma to develop in the first place. Panicking during an asthma attack will make your symptoms worse, so always try to stay calm.

6. Asthma is an infectious disease.

False. You can't catch asthma from another person. However, it is true that asthma can be passed on through the genes or from one generation to the next. We can't say for sure that a child whose parents have asthma will definitely develop it. We could only say that they are more likely to develop the condition than someone who has no family history of asthma.

7. Steroids used for asthma give you big muscles like a bodybuilder.

False. Most people's knowledge of 'steroids' relates to their use by bodybuilders and athletes to increase muscle mass and improve performance. However, steroids used by body builders are completely different to the steroids used to treat asthma:

- Bodybuilders use anabolic steroids, which mimic the effects of the male hormone testosterone.
- Asthma is treated with corticosteroids, which are very similar to the hormones produced naturally by the body, to combat inflammation.

8. All steroids cause osteoporosis.

False. This is not true for people taking normal doses of inhaled steroids. People with severe asthma may be prescribed higher doses of inhaled steroids (over 800mcg per day) or regular steroid tablets (over 5 mg per day) for a period of months or years. This level may contribute to more serious side effects including osteoporosis. In these cases the risks of treatment are far less than the risks involved in allowing asthma symptoms to remain uncontrolled. If you are worried, speak to your doctor.

9. Steroids used for asthma are not addictive.

True. Steroids are not addictive, however, people who take high doses of steroid tablets (over 5 mg per day) for a period of months or years should not suddenly stop taking them. This should only be done by a gradual reduction because the body's natural ability to produce its own steroids may have become sluggish after years of taking steroid tablets.

10. Steroids only need to be taken when your asthma is playing up

False. To work properly, inhaled steroids need to be taken every day, usually morning and evening, even if you are feeling well. The protective effects of inhaled steroids build up gradually. Forgetting or stopping your inhaled steroid for several days at a time will mean your protection begins to disappear. If you stop using your inhaled steroid, you are more susceptible to asthma symptoms flaring up on contact with your triggers.

11. You can't exercise if you have asthma.

False. Asthma should not stop you doing anything you want to, as long as you warm up and take your reliever inhaler about 15 minutes before, if exercise is one of the things that makes your symptoms worse. There are even some sports that are recommended for people with asthma such as swimming. The warm moist air around the pool is easier on your airways – although watch out that the chlorine does not make your symptoms worse. Yoga can be good for you as it helps to teach you how to breathe properly. There are many famous sports personalities who have asthma such as Paula Radcliffe and Paul Scholes.

12. You can't overdose on inhaled asthma reliever medication.

True. Reliever medication is extremely safe. If someone takes more than the recommended dose they may experience an increased heart rate or muscle tremor but this will not cause any long term effects.

13. Asthma can be diagnosed at any age, including over 60.

True. People can develop asthma at any time. Some people can develop asthma for the first time in adulthood without ever having had symptoms as a child. This is known as late-onset asthma. Occasionally asthma developing at this age reflects an occupational cause. It differs from asthma in younger people because symptoms are more likely to be triggered by irritants such as cold air and cigarette smoke rather than allergens such as house-dust mite and pollen.

14. Colds and viruses are the most common trigger of asthma symptoms.

True. Unfortunately colds and viral infections are very common triggers for people with asthma but are almost impossible to avoid. However, taking regular preventer medication can reduce the risk of an asthma attack.

15. There are over 200 people a day admitted to hospitals because of asthma.

True. This contributes to nearly 74,000 admissions to hospital each year due to their asthma.

16. Reliever medication should be kept with you at all times.

True. Relievers quickly relax the muscles surrounding the narrowed airways allowing them to open wider making it easier to breathe again. Therefore they are essential in treating asthma attacks.

17. There are 4 times as many people in the UK with asthma than diabetes.

True. 5.1 million people are currently being treated for asthma and 1.4 million for diabetes in the UK.

18. Pollution causes asthma.

False. There is no conclusive proof that pollution causes asthma, but pollution matters. It triggers asthma symptoms. Proximity to main roads may be an important part of the puzzle. And it's the most vulnerable -- in other words those with the most severe disease and infant respiratory systems -- where triggering of symptoms by pollutants is most noticeable.

19. If you stop taking your preventer medication, it may take up to two weeks to start protecting your airways again if used regularly.

True. To work properly inhaled steroids need to be taken every day even when you are well. The beneficial effects of inhaled steroids build up gradually and can take up to two weeks to become effective.

20. People with asthma should have a regular review with their doctor or practice nurse.

True. Very important to agree a regular review with your doctor or practice nurse to ensure minimum levels of medication for maximum control.

Short talk: (paraphrase the following)

"In your Taking Control of Your Asthma Handbooklet you will find a full explanation to each of these statements (in Chart 1) which we encourage you to read. It is important to have these basics right, because if you begin to believe you can improve your symptoms, you can achieve real motivation to use self-management plans to achieve your goals.

The aim of any treatment, whether it involves medication or lifestyle, is to achieve control of your asthma. So, let's look at what we can be aiming for, what is the 'highest' that we can expect. Hopefully, if we know what we can expect as best, then we won't accept less and put up with unnecessary symptoms or lifestyle disruptions, and we will take our treatment and use self-management strategies to reach that 'best'. We also recognise that each of you may have your own personal goals for the control of your asthma, which are just as important, and we will look at these afterwards. So whilst, these may look scary to start with, here is what asthma guidelines say is the 'highest' achievable."

Chart 1**GOALS OF TREATMENT**

- Very few (or no) long-term symptoms
- Very few (or no) episodes of symptoms
- No emergency visits to doctor or hospital
- Very little need for quick-relief reliever medicine
- No restrictions on activities including exercise
- (Near) normal Peak Expiratory Flow
- Minimal (or no) adverse effects from medicine

Short talk:

Does anyone think they have reached that goal at the moment? Ask for hands up.
What do you think are the things that stop us from reaching those goals?

Free-think: Approx 3-5 mins. Ask for people to call out and put them on flipchart.

Ensure the following are included:

- knowledge about asthma
- medication is not good enough
- confidence to know what to do
- my asthma is too severe.

Personal reflection:

Ask participants to take a moment (2-3minutes) to consider what their goal is for their asthma. Perhaps it could be to take their medication without forgetting, or to manage to walk up a flight of stairs without having to stop. Participants should write it in their learning guide.

Short Talk:

Now, we are here as we want to become or continue to be good 'self-managers', so we will revisit this list at the end of the sessions to see what you think you could do to overcome these barriers or continue further with any good habits. Place the flipchart on a wall or surface so that all can see when you revisit the chart in Activity 4.

ACTIVITY 2

(30 minutes)

supported by asthma nurse

Knowledge of Asthma**Method**

- Short talk
- Chart
- Free thinking
- Group work

Preparatory reading

- *Taking Control of Your Asthma* Handbooklet

Short talk: (paraphrase the following)

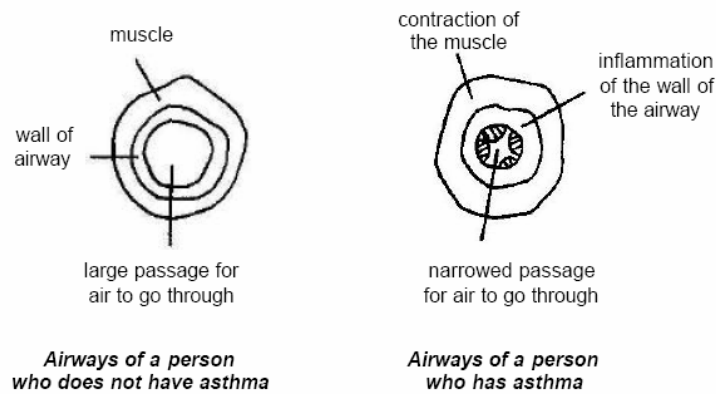
If you have read the Asthma Handbooklet, much of this will be revision, but let's cover the basics. Asthma is a condition that affects the airways, the small tubes that carry air in and out of the lungs. Asthma can start at any time of life. People with asthma have airways that are almost always red and sensitive (inflamed).

(Have diagram of airways on chart -- blow up the diagram from the Handbooklet)

Inflamed airways can react badly when you have a cold or other viral infection or when you come into contact with an asthma trigger. A trigger is anything that irritates the airways and causes the symptoms of asthma to appear. Everyone's experience of asthma is different and you will probably have several triggers.

When someone with asthma comes into contact with an asthma trigger, the muscle around the walls of the airways tightens so that the airway becomes narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. All these reactions cause the airways to become narrower and irritated, leading to the symptoms of asthma.

(Point to the models of airways on the chart). It's important to understand the three key changes as this helps to understand the role of the different medications.



Ask group for symptoms of asthma, then reinforce with chart. The usual symptoms of someone with asthma are:

Chart 2

Symptoms of Asthma

- ▶ Coughing
- ▶ Wheezing, or a whistling noise in the chest
- ▶ Getting short of breath
- ▶ A tight feeling in the chest

Not everybody will get all these symptoms and a few people may experience these symptoms all the time but the important thing is not to put up with unnecessary symptoms.

Link back to goals of treatment in Activity 1

The best way to take control of your asthma is to follow these golden rules:

1. Take your medication as prescribed by your doctor or practice nurse.
2. Try and identify the things that trigger your asthma and avoid these where possible.

Short talk: (paraphrase the following)

Ask for the two main kinds of asthma medicines – (relievers and preventers).

“We are going to talk about the main two treatments. However, other treatments are available and you should speak to your doctor or practice nurse to see if they are appropriate for you. You can also find more details in your Asthma Handbooklet.

*The Handbooklet explains the differences between relievers and preventers, but basically, relievers reduce symptoms when they occur, and preventers control inflammation & mucus to stop symptoms from occurring and reduce the risk of severe attacks. It is important to note that relievers do not control the inflammation in your airways so if you need to use your reliever inhaler more than **once a day**, you may need to use a preventer treatment or talk to your doctor about changing your dose.*

If your asthma worsens, your doctor may give you a short course of steroid tablets as well as your usual inhalers. They work quickly and effectively to help calm down your inflamed airways. Short courses of tablets, anything from 3-14 days should not cause any long-term side effects.

A small minority of people with severe asthma need to take steroid tablets for a longer period. These people are more at risk of experiencing side effects. Always talk to your doctor or practice nurse about any concerns you have about the side effects of your asthma treatment.

Many people are concerned about the side effects of inhaled steroids used in preventer treatment. Here are some points to remember.”

Chart 3

Importance of taking preventer medication – Corticosteroids

- effectively control asthma symptoms
- are different to the anabolic steroids
- very little is absorbed into the rest of the body
- are not addictive
- in inhaled form do not stunt growth
- regular reviews allow an opportunity to reduce dose
- side effects can be avoided by spacers, brushing teeth and rinsing mouth after use.

Long version to explain chart if further detail is needed

- The steroids used to treat asthma are called corticosteroids and are produced naturally in our bodies. They are completely different to the anabolic steroids used by body builders and athletes.
- Corticosteroids are very effective in controlling asthma symptoms.
- Most people use inhaled steroids which are delivered straight to the airways, so very little is absorbed into the rest of the body.
- They are not addictive.
- Inhaled steroids do not stunt growth.
- Your doctor will prescribe the lowest possible dose to get your asthma under control, make sure you have regular reviews to ensure it.
- There is a small risk of developing sore throat, hoarse voice or a fungal infection, *thrush*, in the mouth. You can avoid this by using your inhaler before brushing your teeth, and by rinsing out your mouth well afterwards with water and spitting it out. Using a spacer (see pages 11-12 in the Asthma Handbooklet) will also reduce the possibility of thrush.

Short talk: (paraphrase the following)

"There are many different kinds of inhaler devices, often containing the same medication, so ensure that your doctor discusses the choice with you and that you know how to use it. Stress that the correct inhaler is the one you feel comfortable using, and that having the correct inhaler technique can be as important as the medication you are taking."

Discussion and free-thinking. (5 minutes)

Ask the group to discuss the importance of taking preventer medication regularly, then initiate flipchart on **why participants don't take their preventer medication**. Stress that it is realised that some people make a conscious decision about taking medication and we are not here to say this is right or wrong.

Once the flipchart is complete, split into pairs and problem-solve ways of overcoming each of these. Then report back (5-6 minutes). **Examples:** People forget to take it, so try keeping it next to the toothbrush; or, they are unable to afford prescription charges, so Pre-payment season ticket may work out cheaper or use a combination inhaler which contains two types of medication.

Further discussion & free-thinking:

The second Golden rule is to identify and avoid triggers. Invite the group to call out what triggers their asthma and write them on flip chart. Try to include common triggers: infections, house-dust mite, pets, smoking, pollens/moulds, exercise.

Short talk:

Ask for a show of hands of who knows what triggers their symptoms. There are many avoidance strategies for the various triggers, many of which can be costly, so it is important that you recognise what is a trigger for you and deal with those, as opposed to a blanket strategy. Allergy testing is appropriate for some people and can be done through your doctor, ask them if it is appropriate for you.

Group work:

Choose one of the more common triggers and ask for a volunteer to discuss how they identified what triggers their asthma (5-8 minutes). Build discussion around this and other ways, and then ask participants if they think this would work for them. If they say no, ask why not and get the group to offer solutions.

Gather a list of ways participants avoid triggers. Refer people to the participants' core resource which has in-depth information about trigger avoidance.

Short talk: (paraphrase the following)

"Many people find that complementary therapies and medicines, particularly yoga, acupuncture and homeopathy, seem to reduce their asthma symptoms. However, there is little scientific evidence that complementary treatments used on their own are effective. That is why it is better to regard them as "complementary" rather than "alternative". Whilst you are the expert on your condition, it is still important to tell your doctor and not stop taking your prescribed asthma medication if you want to try one of the many complementary treatments available. Some complementary medicines and therapies might be harmful to people with asthma such as Royal Jelly and Propolis. Some herbal medicines may reduce the effectiveness of medicines, e.g. St John's Wort may reduce the effectiveness of theophylline. Air ionisers have been shown to increase coughing at night and are not recommended."

Personal reflection.

Ask the group if they follow the golden rules and ask them to reflect on their own personal reasons why not and write them down (2-4 minutes).

Remind participants that they will be revisiting these barriers, along with the ones identified in the group, at the end of the session to come up with coping strategies.

ACTIVITY 3

(30 minutes)

supported by asthma nurse

Preventing and Treating Asthma Attacks**Method**

- Short talks
- Free-think
- Charts

Preparatory reading

- *Taking Control of Your Asthma* Handbooklet

Short talk: (paraphrase the following)

"Sometimes, no matter how careful or how well we manage our asthma, an asthma attack can happen. These can be frightening, anxious times, where we feel like we don't have control. Some people feel anger at why this is happening to them, and frustration that they have not been successful in controlling their asthma. The important thing is recognising how you felt and using this as motivation for how you will manage your condition in the future."

Free-think:

Ask participants to think what are the signs that let them know when their asthma is getting worse, and put on flipchart.

How can I tell if my asthma is getting better or worse? Use the following chart to reinforce list created by previous free-thinking. Summarise.

Chart 4**Signs that your asthma is getting out of control may include:**

- Waking at night with symptoms
- Increased shortness of breath on waking
- Using more reliever treatment or reliever not alleviating symptoms for 4 hours
- Can't keep up with your usual level of activity or exercise
- Feeling depressed or frustrated or angry
- Too breathless to talk or eat.

Long version if further explanation is needed

- Waking at night with coughing, wheezing, shortness of breath or a tight chest
- Increased shortness of breath on waking up in the morning
- Needing more and more reliever treatment or reliever doesn't seem to be working well or lasting as long as four hours
- Can't keep up with your usual level of activity or exercise
- Finding that you are too breathless to talk or eat.

Short talk:

What is important is being able to recognise the signs above and having a plan and the confidence to deal with them if they do occur.

There are four things that are the key factors in avoiding asthma attacks and ensuring they are not life threatening. Ask participants for their thoughts then flip over the chart

Chart 5**HOW TO AVOID ASTHMA ATTACKS**

1. Taking medication and avoiding your triggers.
2. Monitoring your asthma and being alert to your symptoms.
3. Knowing what to do during an asthma attack, including immediate access to reliever medication.
4. Knowing when to seek help.

Long version if further explanation is needed

1. Taking medication and avoiding your triggers -- mention that this has been looked at in detail, so will move on to number 2.

2. Monitoring your asthma and being alert to your symptoms

Ask the group who uses a written Personal Asthma Plan developed for them by healthcare professionals, and discuss if participants have found the written Asthma Plan developed with healthcare professionals. Highlight a few quotes on the flipchart.

Chart 6

“I’ve been able to be more aware about when I’m about to get an attack of asthma.”

“The written Plan was not very clear” (ask why it was not clear)

“Able to get myself through potential trouble spots without the need to see my doctor”

“It means that I can prevent serious attacks, when my peak flow starts to deteriorate”

“Easy to spot changes and treat quickly before things get bad”

“I can take whatever action is needed quicker than having to wait to see a doctor”

Apart from the signs we looked at before (Chart 4), there are other tools to help you detect deteriorating symptoms. How you feel both mentally and physically is important, you know what your baseline asthma symptoms and peak flow are, and it is important that you recognise when you feel different. However, it is important for you to record these symptoms for yourself so you can monitor your asthma. One way of doing this is the ‘Be In Control’ materials designed by the National Asthma Campaign and considered as the ‘Gold standard’ for asthma management. (See picture on page 9 in the Asthma Handbooklet.)

Written Personal Asthma Plan: this gives the basic written information about what medication to take when, signs of worsening asthma and what to do in an emergency. People with asthma will be given these by their healthcare professional.

Personal Asthma Diary: One very good way of telling when your asthma is getting worse is to use a personal asthma diary. The diary

- provides a peak flow and symptoms diary, which when filled out, will help you monitor your condition
- outlines what medication to take, how much and when
- provides an Asthma Plan, which is filled out by you and your doctor or practice nurse and importantly, is tailored to you as an individual. It gives detailed information about how to spot if your asthma symptoms are getting worse, including peak flow readings. It gives you information on what to do if your condition is getting worse such as increasing your medication. It can also be used to monitor when you are getting better and could possibly decrease your medication.

Asthma Diary can help you take control of your own condition by giving you control over increasing and decreasing your medication according to clear guidelines, and hopefully avoiding the deterioration of symptoms. By sharing the diary with your health professional, it also means they have a much clearer picture of how your asthma is affecting your life and can suggest further ways to help you take control.

Peak Flow Meter: A peak flow is a measurement of how hard you can blow air in and out of your lungs and it shows accurately how your breathing has changed over time as you keep taking these readings on a daily basis. The better controlled your asthma, the harder you'll be able to blow out and the higher your peak flow will be. When your peak flow readings start to drop, it is an early warning sign of deteriorating asthma. Peak Flow meters are available on prescription or over-the-counter from pharmacies.

Your score will vary according to your age, gender and height, but the most important thing is the variation, which gives you an indication of better or worse asthma. Whilst completing a diary, you should take peak flow readings every morning and early evening, before you use your inhalers. You can plot the results – together with your asthma symptoms – on your personal asthma diary (ask the participants to look at the sample plot on handout).

Chart 7

Measuring your peak flow is useful because:

- ▶ You can tell what's going on in your airways
- ▶ Gives you early warning of worsening symptoms
- ▶ You can find out if the treatment is effective
- ▶ You will know whether you need to adjust your treatment
- ▶ It's a record to show your doctor or practice nurse.

Longer version if full explanation is required

Measuring your peak flow is useful because:

- You can tell what's going on in your airways rather than guessing.
- Gives you early warning of worsening symptoms which can be halted with increased medication.
- You can find out if the treatment is effective.
- You will know whether you need to change your treatment (either up or down).
- It's a record of how well you've been which you can show your doctor or practice nurse.

The success of stepwise treatment relies on you reporting back to the doctor or practice nurse to tell them how you are doing. Make sure you have your asthma reviewed every six months or sooner if your symptoms are getting worse. Peak Flow Diaries can be really useful in working out how successful your asthma treatment is, and can often be used as support for decreasing your medication if your symptoms are stable.

What to do in an asthma attack

Short talk: (paraphrase the following)

"For some people, the fear of having an asthma attack rules how they live their life. They may avoid exercise, going outside when the weather is uncertain, and some follow a strict avoidance diets. Often these steps are restricting lifestyles unnecessarily and may not actually reduce the risk of an asthma attack.

Sometimes, no matter how careful you are about taking regular preventer medicine and avoiding asthma triggers, you may have an asthma attack. Quite often, using your reliever is all that is needed to get your asthma under control again, so it is very important that you have immediate access to your reliever medication, and always take it with you. Always discuss what to do in an asthma attack with your doctor or practice nurse. It is also important that you discuss with your family and friends how

they can help you during an asthma attack and where they can seek help. During the six week course you have also learned various self-management techniques such as breathing and distraction techniques. In case of asthma, it is also important to not ignore your symptoms and never delay in seeking help when there are any signs of an emergency."

When you complete your personal action plan your doctor or practice nurse will create a personalised action plan for you in emergencies, however, this is a standard procedure.

Chart 8

What to do in case of an asthma emergency

1. Take two puffs or more of your reliever preferably using a spacer.
2. Keep calm and try to relax.
3. Wait 5-10 minutes.
4. If symptoms disappear, you should be able to resume activity.
5. If reliever has no effect, call the doctor or ambulance.
6. Continue to take your reliever inhaler every few minutes until help arrives preferably using a spacer.

It is safe to repeat the dose until help arrives.

Do not be afraid of causing a fuss, even at night.

Long version if further explanation is needed

1. Take two puffs or more of your reliever preferably using a spacer.
2. Keep calm and try to relax as much as your breathing will let you.
 - Sit down, don't lie down.
 - Rest your hands on your knees to help support yourself
 - Try to slow your breathing down, as this will make you less exhausted
3. Wait 5-10 minutes
4. If the symptoms disappear, you should be able to go back to what you were doing.
5. If the reliever has no effect, call the doctor or ambulance.
6. Continue to take your reliever inhaler every few minutes until help arrives.

Do not be afraid of causing a fuss, even at night. You may have agreed with your doctor or practice nurse to do additional things such as start a course of oral prednisolone if your Peak Flow reading drops below a certain number.

Knowing when to seek help

It is important that you don't delay in seeking emergency assistance if any of the following occurs

Chart 9

It is an emergency when;

- ▶ Your reliever blue inhaler does not help.
- ▶ Your symptoms get worse (cough, breathless, wheeze, tight chest).
- ▶ You're too breathless to speak.
- ▶ Blueness of the lips or nails.

At these times, it is important that you seek medical attention through A&E.

After an asthma attack

After you have an asthma attack and you have recovered, it is important that you have a review with your doctor or practice nurse to work out why it happened, and how to prevent it from occurring again.

If you have to be admitted to hospital, it is crucial that you visit your doctor within 2 days, and the respiratory (asthma) specialist in outpatients within 1 month.

ACTIVITY 4

(20 minutes)

led by asthma nurse

Partnerships with health care professionals

Method

- Short talk
- Chart
- Group work
- Discussion

Short talk: (paraphrase the following)

*“Often as a person with asthma, we have many questions but we don’t know where to go for help and who to ask what. Pages 30-31 of your Asthma Handbooklet Taking Control of Your Asthma gives an example of the many people involved in your care. The next Chart sets out some building blocks for effective partnership with your health professional. This has been covered during the six weeks of your generic course, but here are some suggestions on the level of service you can expect from them for asthma care, and what you can do to ensure your health professional is informed about your condition. **In your Handbooklet** on page 32 you will also find a list of diagnostic tests commonly used for respiratory (asthma) problems.”*

Where to find more information

Question	GP	Practice Nurse	Pharmacist	Asthma Specialist	Asthma Helpline	Website
Will I always have asthma	X	X		X	X	
Are there any new treatments for asthma?	X	X	X	X	X	
How does the medication work?	X	X	X	X	X	X
Can I have allergy tests?	X	X		X		
Why do I have to attend hospital?	X	X		X	X	
Why can't I see the same person all the time?	X	X	X	X		
Is there anything other than medication that will help my asthma?	X	X	X	X	X	X
How will I know if my asthma is getting worse?	X	X	X	X	X	X
What side effects should I be looking out for?	X	X	X	X	X	
When should I call for an ambulance?	X	X		X	X	
How do I know if it is an emergency?	X	X		X	X	X
How should I clean my inhalers?		X	X		X	
How can I avoid triggers that make my asthma worse?	X	X	X	X	X	X
Can I reduce my preventer inhaler?	X	X		X		
Is the medicine safe?	X	X	X	X	X	
Am I using my inhaler correctly?	X	X	X	X		
How should I store my medicines?		X	X		X	
What are peak flows and what do they mean?	X	X	X	X	X	X
Can I exercise with asthma?	X	X		X	X	
What local services are there for people with asthma?	X	X	X			
Can I increase/decrease my medication?	X	X		X		
Can I have an asthma review?	X	X		X		

OTHER PEOPLE WITH ASTHMA ARE ALSO A GOOD SOURCE OF SUPPORT AND INFORMATION.

Building blocks for partnerships with health professionals

What you can expect from your health professionals	What you should share with them
Opportunity to discuss your goals for your asthma	<ul style="list-style-type: none"> Explaining to your health professional how asthma impacts on your everyday life, what symptoms and restrictions you have, and what your goals are in terms of what you would like to achieve in the control of your asthma. This will help your health professional make an individualised treatment plan for you.
Opportunity to ask questions	<ul style="list-style-type: none"> If you are unsure of how best to control your asthma or about any part of your treatment, you can ask during your consultation. Do not be afraid to ask questions, as this is a key part you have to play in order to gain control of your asthma. Writing the questions down before you go into the consultation may help you to remember to ask them.
Information on diagnostic tests	<ul style="list-style-type: none"> If you are having or have had any tests for asthma, ask your health care professional to tell you more about them and explain the results and what they mean to you. This will make it easier for you to work in partnership with your health professional.
Check inhaler technique	<ul style="list-style-type: none"> If you think that your medication is not effective speak to your health professional to check that you are using your inhaler correctly. This should be done every time you see them. They can tell you about other types of medications and devices that you could use to make your technique more effective.
Will ask you how asthma affects your life (sleeping, exercise)	<ul style="list-style-type: none"> Information about your experiences, triggers, and control of your asthma are essential to feed back to your health professional. The information that you share with your health professional will inform and affect any changes that are made to your medication and asthma plan and ensure that this becomes useful for you to control your asthma.
Review of medication (decrease as well as increase)	<ul style="list-style-type: none"> Alterations to your medicine should be discussed with you at the time of changing. Ensure that you discuss any changes that are made and understand why they have been made. Your medication will be listed in the written Personal Asthma Plan which the healthcare professional will give you as a helpful reminder for you.
Regular reviews	<ul style="list-style-type: none"> Current asthma guidelines suggest you see a health professional every 6 months for a regular review of your asthma. Make your own appointment to discuss your asthma if your surgery does not invite you already.

Select and choose appropriate device	<ul style="list-style-type: none"> Some asthma medications work in slightly different ways and have different mechanism and devices to use with them to ensure that they are effective. If you think that your medication is not effective or are having trouble using your inhaler or medication device, ensure your health professional is aware of this and discuss other options that may be more suitable.
Explain how medication works	<ul style="list-style-type: none"> A clear understanding of how your asthma medication works and affects you will allow you to make decisions about your medication and when to take it. Discussing this with your health professional will ensure that you devise a plan for taking medication that you both think is realistic and will be most effective.
Recent research and current treatments	<ul style="list-style-type: none"> Research and treatments are developing all the time. Discussing new treatments that are available and whether these may be appropriate for you will ensure that you are getting the most relevant medical treatment. Sharing information about new and other research, which affects you and your asthma with your health professional, will also help to inform how you can control your asthma.
Advice on changing circumstances	<ul style="list-style-type: none"> If you are going on holiday or moving house, and you think that your asthma may be affected, make an appointment to discuss with your healthcare professional before you change your circumstances. There may be several things that you can do to help. Feel free to let your health professionals know what you have heard or read and ask if it is appropriate for you.
Access to professional support	<ul style="list-style-type: none"> You should be able to access the health service when you need to and see the same health professional at each consultation. Ask for them by name when you make the appointment.
Referral to specialist services	<ul style="list-style-type: none"> You may be referred to a specialist asthma clinic if you and your primary health care professional are not able to sustain control of your asthma. Ask your GP or practice nurse about the type of things that the specialist may ask and what tests may be suggested.

Explain to the participants that you don't have enough time to go through each item in detail, but that you are now going to use these charts to help decide, using examples, how to use services to overcome some of the 'barriers' to asthma care identified earlier in the day.

Short talk:

Ask the group to go back to the two lists of things identified as ‘barriers’ to achieving control of asthma earlier. These can be the ‘goals of treatment’ or ‘why we forget to take medication’ or any other barriers identified. Take one of the barriers and problem-solve it as a group, using the process set out below. Then split the group into pairs and assign two ‘barriers’ each to problem-solve (10 minutes total), then report back (for 10 minutes) to the whole group so most goals and barriers are problem-solved.

Example: How to solve problem of currently using a lot of reliever medication

Goal	Barriers	What can you do	Who can help you
Want to minimise use of reliever medication	Not taking preventer medication	<ul style="list-style-type: none"> • Have asthma review with health professional • Get an Asthma Plan from health professional • Discuss concerns about preventer medication with health professional 	<ul style="list-style-type: none"> • GP, practice nurse, asthma consultant • Asthma Helpline
	Poor inhaler technique	Have inhaler technique checked	Doctor, nurse, pharmacist
	Like taking reliever medication	Check what is a ‘normal’ amount to take	Asthma Helpline, doctor, nurse, pharmacist

ACTIVITY 5: Closing (10 minutes)

Closing and Action Planning

Method

- Discussion
- Personal reflection

Preparatory work

- Action planning as in previous sessions

Short talk: (paraphrase the following)

“As with all the other six sessions you have had in the generic course, we would like you to make an Action Plan to help you change something over the next week which you think will help you take control of your asthma and reduce your bother/problems with asthma. We have just done some work on overcoming barriers, but I would like you to choose something that you think would help you. This can be something like investigating trigger avoidance, peak flow monitoring, adhering to your medication prescription, taking more exercise, going for walks, or anything you like. As usual, we are asking you to commit to a behaviour change that you want to do and it should be realistic.”

Ask participants to write an action plan for the coming week. Put up Chart 6 from the generic course to remind participants of the process. Tell participants that if they like, a classmate from this course can call them in a week to check on their progress.

Closing

Ask members to **choose, if possible, a classmate** other than their spouse or significant other to call this week. These calls should be short, just enough to give support to each other in trying new behaviours and sticking with the action plan. Give people a minute to exchange telephone numbers.

Note

1. Do not pressure anyone who does not want to give his or her phone number. Ask if they would like you to phone.
2. Remind everyone to fill out their action plan and refer to it during the next week.
3. Invite participants to review what was covered today in the Asthma Supplement. Reinforce if anything discussed today has left them worried, upset or with more questions, ask them to see you after the session if necessary.
4. Thank everyone for coming and collect nametags.
5. Stay around for 15 minutes or so to answer questions and straighten up the room.

Resources for delivery of Asthma Module

Relevant Agency	Purpose
National Asthma Campaign Providence House Providence Place London N1 0NT Tel 020 7226 2260 Fax 020 7704 0740	<ul style="list-style-type: none"> - For asthma information brochures for resource table - For posters promoting the Campaign and the Asthma Helpline
Be In Control materials	<ul style="list-style-type: none"> - Linked with Activity 3 - For copies of the Personal Asthma Plans and Diaries, please download from the National Asthma Campaign's website on www.asthma.org.uk, or contact the National Asthma Campaign on the numbers above.
National Respiratory Training Centre The Athenaeum 10 Church Street Warwick CV34 4AB Tel 01926 493313 Fax 01926 493224	<ul style="list-style-type: none"> - For models of airways (£19 incl p&p, and posters of devices)
3M Health Care Ltd Morley Street Loughborough Leics LE11 1EP Tel 01509 611611	<ul style="list-style-type: none"> - For placebo devices
GlaxoSmithKline Stockley Park West Uxbridge Middlesex UB11 1BT	<ul style="list-style-type: none"> - For placebo devices
AstraZeneca UK Ltd Horizon Place 600 Capability Green Luton Beds LU1 3LU Tel 01582 836836	<ul style="list-style-type: none"> - For placebo devices

Boehringer Ingelheim Ltd Ellesfield Avenue Bracknell Berks RG12 8YS Tel 01334 42224600	- For placebo devices
Ivax Pharmaceuticals UK Albert Basin Royal Docks London E16 2QJ Tel 08705 020304	- For placebo devices

Annex 3.10: Asthma Handout booklet for participants in Asthma specific Programme

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The following material is subject to
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This material is suitable for adults with asthma and
not suitable for children with asthma.

This material was last updated in 2003.

Asthma Handbooklet

Taking Control of your Asthma

NHS Expert Patients Programme

November 2003

Caution

Please note that this Asthma Handbooklet does **not** contain information for children with asthma. This Handbooklet is given to adult participants who are taking the seventh week module of the Expert Patients Programme. The information contained in this Handbooklet may only be used by adults with asthma or by adults who are looking after other adults with asthma.

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Introduction

This Handbooklet is for people with asthma who are attending the Expert Patients Programme (EPP) courses run by the NHS to provide people with long-term conditions training in self care and self-management of their conditions. The Asthma Handbooklet explains what asthma is, how it is treated and gives handy hints and helpful advice about how to recognise the things that affect asthma. It describes how most people with asthma, and with the right treatment and information, can lead a full and active life. As part of this, it shows how to create and follow a personalised written asthma plan.

Why have a personalised written asthma plan?

Having a written personal asthma plan can be an effective way of improving and maintaining control over your asthma. Working together with your health care professional to create a personal asthma plan for you can improve your asthma and your quality of life. Anna thinks so:

"I have a plan and I think it is brilliant. It really puts me in control so I know what to do and when. It takes a degree of responsibility but it's worth it for the benefits of feeling in control. It allows me to control my asthma by stopping things getting out of control and helps avoid lots of trips to the doctor and hospital. I am doing it for me and for my benefit. It also really reassures my friends, family and employers so they also feel they know what to do."

Many other people who have used written personal asthma plans have gained control over their asthma. They said:

"We've been able to nip it in the bud quicker – I've been able to be more aware about when I'm about to get an episode of asthma."

Susan, Hants

"I'm able to get myself through potential trouble spots without the need to see my doctor."

Alice, Gloucester

"It means that I can stave off serious attacks, when my peak flow starts to deteriorate."

Rosemary, Teddington

"It's easy to spot changes and treat quickly before things get bad."

Steven, Harrow

"I can deal with it [asthma] and take whatever action is needed quicker than having to wait for a doctor to attend."

Paul, Maidstone

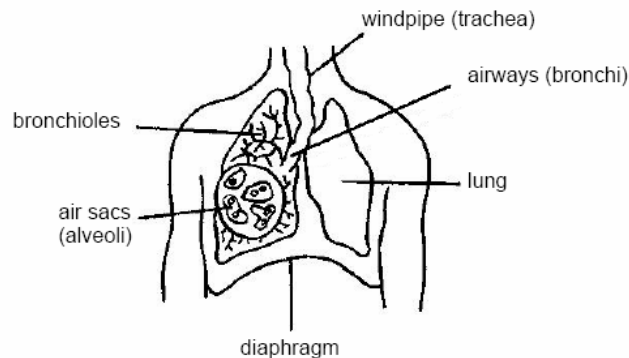
Chapter 1: Understanding your asthma

This chapter explains:

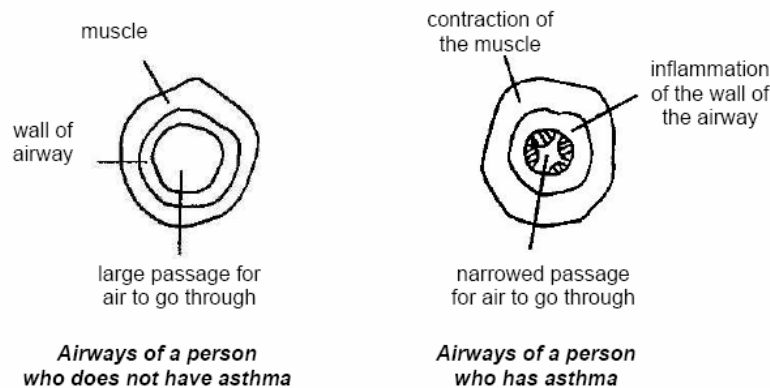
- What is asthma?
- What does having asthma feel like?
- What can trigger asthma symptoms?

1.1 What is asthma?

Asthma is a condition that affects the airways, i.e. the tubes that carry air in and out of the lungs. People with asthma have airways that are almost always red and sensitive (inflamed) which can react badly to infections and other asthma triggers.



The airways: The airways that lead into the lungs are often referred to as the lower respiratory tract. This looks like an upside-down tree. The trachea, the tube that starts in the throat, is the trunk, the main branches are called bronchi, the smaller ones are called bronchioles. All these are hollow tubes made out of muscle. They go on dividing and eventually lead into very small sac-like structures called the alveoli. It is



from walls of the alveoli that the oxygen from the air you breathe in passes into the blood. Carbon dioxide passes out of the blood into the alveoli and is breathed out. Asthma affects all the airways.

Effect of asthma on the airways: When someone with asthma comes into contact with an asthma trigger, the muscle around the walls of the airways tightens so that the airway becomes narrower. The lining of the airways becomes inflamed and starts to swell. Sticky mucus or phlegm is often produced. The airways become narrower and irritated, leading to symptoms of asthma.

1.2 What does having asthma feel like?

The usual symptoms of someone with asthma are:

- Coughing.
- Wheezing or a whistling noise in the chest.
- Getting short of breath.
- A tight feeling in the chest.

Not everybody will get all these symptoms. Some people feel them from time to time, perhaps if they get a cold, or come into contact with one of their asthma triggers. Others feel the worst symptoms at night, first thing in the morning or during or after exercise. A few people may feel these symptoms all the time.

1.3 What can trigger asthma symptoms?

An attack of asthma can be triggered by anything that irritates your airways and causes the symptoms of asthma to appear. Common triggers include colds or flu, cigarette smoke, exercise and allergies to things like pollen, furry animals, birds or house-dust mites. Some people get worse when something causes stress or disturbs them emotionally. Everyone's asthma is different and you will probably have several triggers. It can be difficult to identify exactly what triggers your asthma. Sometimes the link is obvious, for example when your symptoms start within minutes of coming into contact with a cat or dog. But some people can have a delayed reaction to an asthma trigger, so some extra detective work may be needed. To find out more about triggers and how you can avoid them, see '*Getting to know your triggers*' on pages 11-16 of this Handbooklet.

Chapter 2: How you can take control of your asthma

You are the most important person in taking control and managing your asthma.

Taking control of your asthma will involve different stages:

- Feeling positive and controlling your symptoms
- Recognising when symptoms are getting worse and taking action to reduce symptoms (by avoiding triggers and treating with medication)
- Reducing medication when symptoms have gone and you are feeling well again.

You could have a written personal asthma plan to tell yourself what to do in each of these stages. Your doctor or nurse will be able to help you find an effective way of controlling your asthma and suggest how you can adjust your dosage of medication during these times.

This chapter explains what you can do to take control of your asthma. You can:

- Prepare a written personal asthma plan and follow it
- Monitor your own progress
- Get to know your triggers
- Exercise regularly
- Make sure you know how to take your medicines
- Learn to do what you would need to do in an asthma attack
- Prepare and take precautions when you travel or go on holiday

2.1 Self-monitoring your asthma

You can self-monitor your asthma by using a peak flow meter, having a written asthma plan and maintaining an asthma diary.

2.1.1 Peak flow

A peak flow is a measurement of how hard you can blow air out of your lungs. You can tell if your asthma is getting better or worse by keeping a check on your symptoms and by using a peak flow. That is why measuring your lung function with a peak flow meter is very useful. You get this reading by blowing into a small plastic tube called a peak flow meter. Measuring your peak flow is useful because:

- You can tell what's going on in your airways rather than just guess how you are feeling.
- You can find out if the treatment is effective.
- You will know whether you need to change your treatment.
- It is a record of how well you have been which you can show your doctor or nurse.

Your peak flow score will vary according to your age, your height, and whether you are male or female. However, what is most important are the patterns that show up in the peak flow scores. They will show you when your scores are moving away from your own personal best level. Your doctor or practice nurse will advise what your score should be and will probably ask you to take a series of peak flow readings over a couple of weeks. You should take readings every morning and early evening, **before** you use your inhalers. You can plot the results together with your asthma symptoms on your personal asthma diary. You can use this diary to see how well your asthma is controlled. Peak flow meters are available on prescription from your doctor.

2.1.2 Written personal asthma plan

It is important that you have a personal asthma plan that is written especially for you. Your doctor or practice nurse should have these to give to you and will fill one with you. An asthma plan includes written information about your asthma medicines, how to spot if your asthma symptoms are getting worse as well as emergency information on what to do if you have an asthma attack. It can help you to gain better control over your asthma, alter your medicines to reduce your symptoms, and stop your asthma getting worse.

To control your asthma, you will find it helpful to use a personal asthma diary along with the written personal asthma plan. *Be in Control (BIC)* materials produced by the Asthma UK contain these items. They include:

- an asthma plan template for recording the goals you might want set for yourself
- an asthma diary to record symptoms and information on medication
- a diary to record the level of peak flow.

Be in Control materials



These will help you keep a record of your symptoms, peak flow and medicines taken and will help you to work out an effective way of keeping your symptoms under control with the help of your doctor or practice nurse.

You can get *Be in Control* materials from the Asthma UK by calling 020 7704 5888 or you can download them from their website at www.asthma.org.uk. Your doctor or nurse will have them as well or may provide you with others.

2.2 Frequently asked questions about written personal asthma plans

2.2.1 Why should you be involved in controlling your asthma?

Nobody knows your asthma as well as you do. If you take control of your asthma, you will make a bigger difference to the way that asthma affects your life. It is important that your written personal asthma plan has information about your goals for activities that you might feel your asthma prevents you from doing, for example goals on doing a certain amount of exercise on a regular basis, or going for a walk each day. Your doctor or practice nurse will be able to help you make a written plan to control your asthma, looking at all aspects of your life including taking your asthma treatments and medicines.

2.2.2 Why should you use a written personal asthma plan?

It has been proven that using a written personal asthma plan that has been written by you, with good support and written information from doctors and nurses can improve the symptoms and lifestyle of people with asthma. They work.

2.2.3 Why will a written personal asthma plan benefit you?

When you write a personal asthma plan, you are putting into words what you need to do to get your asthma under control, and keep it under control. People who use asthma plans to help them control their asthma often know a lot about their asthma symptoms, what triggers them and what action they should take to make their symptoms better. They feel confident that they are able to make decisions about the best way to take care of their asthma on a regular basis. A written personal asthma plan can also help you to make positive decisions about changing things in your lifestyle that affects your asthma. Share your plans with your doctor or practice nurse, as they may be able to explain other areas in which you can improve your lifestyle.

2.2.4 Does everyone with asthma have a written personal asthma plan?

When seeing a health professional dealing with asthma, everyone with asthma will be given help in writing a personal asthma plan. The plan will say what to do to control your asthma and what to do if your asthma symptoms get worse. Everyone should have included in their plan what to do in an asthma emergency. It will also help other people, such as, family, friends and employers to understand what affects your asthma and what to do if your asthma symptoms get worse.

2.3 Getting to know your triggers

You can help yourself by being positive, identifying and avoiding triggers. Triggers are the things that tend to bring on your asthma symptoms. Many things can trigger asthma symptoms. You should get to know what triggers your asthma and avoid them if possible. It is likely that there will be many different things that trigger your asthma and you probably won't be able to avoid them all. Discuss your triggers with your doctor or practice nurse. Record them in your written personal asthma plan. Also write down in the plan a list of the actions you can take to avoid the triggers.

Here are the **most common triggers** and what you can do to avoid them:

2.3.1 Colds and other viral infections

Colds and viral infections are very common triggers of asthma. They are also almost impossible to avoid! But you can reduce the effect of the infection by doing certain things:

- Regular use of your preventer inhaler will reduce the risk of having an asthma attack if you catch colds or get an infection.
- A healthy diet with lots of fresh fruit and vegetables will help.
- Flu and pneumonia injections are recommended for people with severe asthma and people over the age of 60.

2.3.2 Smoking

Smoking is dangerous for everyone, but particularly for people with asthma. Smoking or inhaling other people's cigarette smoke can irritate the lungs and bring on asthma symptoms. If you smoke or are exposed to other people's smoke:

- You are increasing the risk of an asthma attack.
- You may be permanently damaging your airways.
- You are putting your children at risk of developing asthma or making symptoms worse in children who have asthma.
- When you are pregnant you are increasing the risk of your child developing respiratory problems.

Many public places are now smoke-free areas but if you find yourself in a smoky environment, or someone close by is smoking, do not be afraid to ask other people to stop smoking. For useful contacts for advice, support and information about smoking and giving up smoking see the Chapter 5 'Other sources of help and information' in this Handbooklet.

2.3.3 House-dust mite

Studies have shown that up to 85 per cent of people with allergic asthma are sensitive to house-dust mites, or more specifically their droppings. House-dust mites are tiny insects and they live in the dust that builds up around the house, in carpets, bedding, beds, soft furnishings and soft toys. You will not be able to remove all house-dust mites from your home. However, if you know that house-dust mite triggers your

asthma, following **all** of the steps suggested here may reduce asthma symptoms in some people:

- Use complete barrier pillow and bed covers
- Remove carpets from all living areas
- Remove soft toys from beds
- Wash bed linen at high temperatures (60° once a week may be recommended)
- Apply chemical treatments to soft furnishings to kill house-dust mite
- Dehumidification (removing damp and extra moisture in the house and air).

2.3.4 Pets

Pets can be great fun to keep and a wonderful source of companionship. But animals are a common trigger of asthma symptoms. Chemicals found in the pets' saliva and very small flakes of skin (pet dander), fur and urine can trigger asthma. Up to 50 per cent of children with asthma are made worse by being near to pets such as cats, dogs and/or rabbits.

- If pets trigger your asthma do not keep a furry or a feathered pet.
- If you feel that you cannot remove your pets from your home, always keep them out of your bedroom, and living areas if possible.

2.3.5 Pollen

There are many different types of pollen grains (from grasses, trees and plants) that can trigger asthma symptoms in some people. Top tips for reducing your asthma in the pollen season are:

- If grass pollen triggers your asthma it is important to review your treatment with your doctor or practice nurse **before** the hay fever season begins.
- On hot, dry days avoid spending too much time outdoors.
- Avoid long grass.
- Keep car windows closed.
- Look out for pollen forecasts on the television, in newspapers or on the Internet.

2.3.6 Some medicines can be a trigger

When handing in a prescription to your pharmacist, (for anything other than a lung condition), always remind your pharmacist that you have asthma. There are some

medicines which can cause asthma symptoms to get worse. For example, some people react to non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen (e.g. Nurofen) and to the beta-blockers used for heart disease, high blood pressure and eye drops for the eye condition glaucoma.

2.3.7 Moulds and fungi

Moulds release tiny seeds called spores into the air which can trigger asthma symptoms in some people. Mould spores are found in any damp place - from piles of autumn leaves and woody areas to bathrooms, kitchens and even piles of damp clothes. Try to reduce contact with these spores by ensuring that the house is well ventilated and damp in the house is treated. Avoid areas such as gardens or compost if they make your asthma worse.

If you are finding it too costly to keep your home warm and free of damp, and are receiving certain benefits, you may be eligible for a grant to improve your heating and ventilation. Your local Citizens Advice Bureau will be able to advise you. Their phone number will be in your local phone book.

2.3.8 Air pollutants

Unfortunately the air we breathe is not always clean and fresh. It contains lots of different particles that can trigger asthma symptoms. Air pollutants like cigarette smoke and car exhaust fumes release gases and particles into the atmosphere, which can irritate your airways. Here are some **handy tips**:

- Keep well informed about air quality. (See Chapter 5 '*Other sources of help and information*' in this Handbooklet).
- Some pollution levels are likely to be higher on hot, summer days. If you think this might be a trigger for you, avoid exercising outdoors, especially in the afternoon.
- There is no good evidence that wearing a facemask will be helpful.

2.3.9 Weather

A sudden change in temperature, cold air, windy days, and hot and humid days are all known triggers for asthma. Thunderstorms can also release large quantities of pollen into the air and trigger asthma attacks. Here are some **handy tips**:

- Take your usual dose of reliever inhaler before going out on cold, dry days, if you know that this is one of your triggers.
- Wear a scarf over your face if it's cold and windy. It will help warm the air up before you breathe it in.
- Try to avoid going out in the middle of the day on hot, smoggy days.

2.3.10 Emotions

Although it is not true that asthma is 'all in the mind', we do know that certain psychological factors can trigger asthma symptoms. These include excitement, stress or even a long fit of laughing. If you are getting very anxious when your asthma symptoms get worse, this emotion itself can increase your symptoms. It is important to keep a positive frame of mind, get involved in making decisions about your treatment and take control of your asthma. Regular monitoring of your condition and taking your medication regularly should help to minimise these problems.

2.3.11 Hormones

Some women find their asthma varies around puberty, before their periods, during pregnancy, or during the menopause their asthma can also be affected. Around one third of women find their asthma symptoms improve in pregnancy, one third stay the same and one third find their asthma gets worse. If your asthma gets worse, make an appointment to see your doctor so that you can discuss any changes in medications that may help improve your symptoms. Remember asthma medicines are safe to use during pregnancy.

2.3.12 Food

Most people with asthma do not have to follow a special diet. In very few cases, certain foods can make asthma symptoms worse. Dairy products (including cow's milk), eggs, shellfish, fish, yeast products and nuts are some of the offenders. Here are some **handy tips**:

- If you think you have a food allergy, speak to your doctor.
- Your doctor may ask you to keep a diary of your diet and your symptoms to see if there is a consistent relationship between the two.
- Your doctor may suggest that you go to a specialist clinic for an allergy test.

2.3.13 Workplace triggers

Occupational asthma mainly occurs in people who become sensitive to chemicals or air pollutants in the workplace. The major causes of occupational asthma include:

- Chemicals (isocyanates) found in spray paint, foam moulding, adhesives, foundry cores and surface coatings.
- Dust from flour and grain.
- Insects and animals and their products.
- Wood dust (particularly hard wood and red cedar wood dust).
- Colophony (fumes from soldering, glues and floor cleaners).
- Latex.

If asthma is diagnosed later in life, occupational asthma might be part of the cause. If you notice your asthma is better at weekends or on holidays away from work and worse when you are at work, discuss it with your doctor and with your health and safety advisor at your work place. Taking action to reduce these triggers, and making others aware that your asthma is affected is important. Specialist advice and actions may be necessary to remove or substitute these triggers where necessary (e.g. marker pens, correction fluid, cleaning fluids). It is important to share your concerns with your employer so they can support you. Speak to your local Health and Safety advisor at work or contact the Health and Safety Executive (their number can be found in the phone book).

2.4 Importance of regular exercise

Among the simplest and most effective ways to improve your ability to live a full life with asthma is to exercise. Physical activity strengthens your heart and your lungs and it can improve your ability to function within whatever the limits you have due to your asthma.

However, some people may find that exercise makes asthma symptoms worse, for example on cold mornings. However, if you use your asthma medications properly, you should still be able to join in, have fun and keep fit.

2.4.1 How can you make sure exercise doesn't trigger your asthma?

- Take your usual dose of reliever inhaler (usually blue) about 5-10 minutes before you start and keep it close at hand at all times. If you need to use it, wait for it to take effect before exercising again.
- Warm up for 5-10 minutes
- If you still get symptoms, it's a sign that your asthma might not be properly under control. Go and see your doctor or practice nurse. They will be able to adjust your treatment to help get you fit again.

2.4.2 What are the best types of exercise for people with asthma?

If your asthma is under control, you should be able to do any sport or exercise that you enjoy. However, you might like to try the following:

- Yoga (helps relax the body and improve your breathing technique).
- Fitness classes involving short periods of aerobic exercise.
- Swimming (however, chemicals used in pools may be a trigger for some people).

Some sports and activities, for example, scuba diving, climbing, hiking or skiing at high altitudes, can cause problems for some people with asthma. Speak to your doctor if you're thinking about doing any of these activities. For more information see the Chapter 5 'Other sources of help and information' in this Handbooklet.

2.5 Symptoms of asthma getting out of control

Symptoms that your asthma is getting out of control may include:

- Waking at night with coughing, wheezing, shortness of breath or a tight chest.
- Shortness of breath on waking up in the morning.
- Needing more reliever treatment or your reliever does not seem to be working well or lasting as long as four hours.
- You can't do your daily activities or any exercise.
- You are too breathless to talk or eat.

If you notice any of these symptoms you should speak to your doctor or follow your written personal asthma plan to bring your asthma back under control. The aim of managing your asthma is to put you in control of your asthma, rather than letting the asthma control you.

2.6 What to do in an asthma attack

Sometimes, no matter how carefully you are taking your asthma medicines and avoiding asthma triggers, you may still have an asthma attack. Quite often, using your reliever medicine (see next chapter) is all that is needed to get your asthma under control again. At other times, when symptoms are more severe, more urgent action is needed. Here is a list of action points when the symptoms are more severe:

1. Take two puffs or more of your reliever inhaler or medicine straight away, preferably using a spacer described on page 24 of this Handbooklet (your doctor or nurse will advise you on how many puffs to take).
2. Keep calm and try to relax as much as your breathing will let you:
 - Sit down, don't lie down.
 - Rest your hands on your knees to help support yourself.
 - Try to slow your breathing down, as this will make you less exhausted.
3. Wait 5-10 minutes.
4. If the symptoms disappear, you should be able to go back to whatever you were doing.
5. If the reliever has no effect, call the doctor or ambulance.
6. Continue to take your reliever inhaler, preferably using a spacer (see page 24 of this Handbooklet), every few minutes until help arrives. It is safe to repeat the dose until help arrives.

Always discuss what to do in an asthma attack with your doctor or asthma nurse. Make sure that instructions are included in your written personal asthma plan. Do not be afraid of causing a fuss, even at night.

2.7 Preparing for travel and holidays

Planning ahead is the key to enjoying your travels and overcoming the problems of asthma. Before you set off, use this checklist to make sure you are prepared for a pleasant trip:

- ▶ Talk to your doctor or practice nurse and draw up a personal asthma plan to help you control your asthma. This should mean you can spot any problems before they get too serious.
- ▶ Make sure you take enough inhalers and tablets with you to last the trip plus a few extra days.
- ▶ Take all your asthma treatment with you as hand luggage in case you need it. Remember that using a spacer device with an aerosol inhaler can be as effective as a nebuliser (see page 25) during an asthma attack. Take spare medication in case you lose any.
- ▶ Before you leave, find out how you can get medical help at your destination and the telephone number of a local ambulance or doctor.
- ▶ Make sure you complete form E111 to get free medical treatment in the EU (see Chapter 5 'Other sources of help and information' on page 31). You may also want to get private medical insurance. Check the small print to make sure asthma is covered.

Holiday Programmes: PEAK holidays are run by the Asthma UK, which offer help and advice to young people affected by asthma by providing a unique opportunity to experience an active and adventurous holiday away from home. It's a great way for children to gain confidence and have fun in a safe environment supported by specially trained volunteers. For more information visit the Asthma UK website at www.asthma.org.uk

Chapter 3: Medicines for asthma

3.1 Types of Medicines for Asthma

There are a range of medicines available to help you with your asthma. Most asthma medicines are inhaled so the medicine goes straight to the lungs. There are also other treatments in the form of tablets. The main medicines for asthma are of two kinds:

- Relievers help to relieve asthma symptoms when they happen.
- Preventers help to control swelling and inflammation in the airways and reduce the chance of getting asthma symptoms.

3.1.1 Relievers

Relievers are medicines that you can take immediately to relieve asthma symptoms. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider making it easier to breathe again. They are essential in treating asthma attacks. Relievers usually come in blue inhalers. *You should always have your reliever inhaler with you.*

Examples of relievers: Salbutamol (e.g. Ventolin) and terbutaline (e.g. Bricanyl) are two examples of relievers. They work almost immediately to relieve the symptoms of asthma.

Are there any side effects from relievers? Relievers are a very safe and effective medicine and have very few side effects. Some relievers can temporarily increase your heartbeat or give you mild muscle shakes. These effects are more common when taking high doses. They generally wear off within a few minutes or a few hours at most.

If you need to use your reliever inhaler more than once daily, you may need to use a preventer treatment to keep your asthma symptoms under control.

3.1.2 Preventers

Preventers control the swelling and inflammation in the airways, stop them from being sensitive and reduce the risk of severe attacks. Preventers contain the medicine, which reduces the impact of asthma on your life by preventing symptoms from occurring.

Your doctor will prescribe the lowest possible dose to get your asthma under control. By having a regular review appointment every six months, your doctor will be able to see you when you are well and decide if a lower dose is possible.

Preventer inhalers usually contain a steroid medication. There are several kinds of inhaled steroids but they all work in the same way. Preventer inhalers are usually brown, red or orange. Their protective effect builds up over a period of time so they need to be taken every day, usually morning and evening, even when you are feeling well. When you first start using a preventer, you may feel better after a few days. However, it can take up to two weeks before they work fully.

Examples of steroid inhalers are beclomethasone (e.g. Becotide, Becloforte and Qvar), budesonide (e.g. Pulmicort), fluticasone (e.g. Flixotide) mometasone (e.g. Asmanex).

Are there any side effects from steroids? Many people are anxious about the side effects of steroids used in preventer treatment. Here are some points to remember:

- the steroids used to treat asthma are called corticosteroids
- corticosteroids are a copy of the steroids produced naturally in our bodies
- corticosteroids are very effective in controlling asthma symptoms
- they are completely different to the anabolic steroids used by body builders and athletes.
- most people use inhaled steroids which go straight down to the airways, so very little is absorbed into the rest of the body
- there is a small risk of a mouth infection called thrush or hoarseness of the voice. You can avoid this by using your inhaler before brushing your teeth, and by rinsing out your mouth well afterwards. Using a spacer (see page 24) will also reduce the possibility of thrush.

When are steroid tablets used in asthma? If your asthma gets severe, your doctor may give you a short course of steroid tablets as well as your usual inhalers, they work quickly and effectively to help calm down your inflamed airways. A very small number of people may need to take them on a regular basis.

3.1.3 Long acting relievers

Your doctor may consider adding a long-acting reliever to your treatment if your regular dose of preventer is not controlling your asthma symptoms. They go on working for a longer time than the rescue relievers and usually need to be taken twice a day to have an effect. You should not be using a long-acting reliever unless you are also on a preventer treatment.

Examples of long acting relievers: These include the inhaled salmeterol (e.g. Serevent) and eformoterol (e.g. Oxis) tiotropium (e.g. Spiriva). Long acting relievers are usually taken as an inhaler but some people might take a tablet version such as theophylline (e.g. Uniphyllin or Nuelin).

3.1.4 Preventer tablets

Your doctor may prescribe preventer tablets to help control your asthma. Two brands of preventer tablets are available: montelukast (Singulair) and zafirlukast (Accolate) which are taken once or twice daily. These do not contain steroids. In the main, these medications will be used by a person whose asthma is not adequately controlled by inhaled steroids, and can be used in place of or in addition to inhaled steroid medication.

3.1.5 Combined treatments

Other treatments (e.g. Seretide and Symbicort) are available which combine a long-acting reliever and inhaled steroid preventer in one device. You can use this combined treatment instead of taking two separate inhalers. Talk to your doctor or nurse about whether these treatments are suitable for you.

Occasionally other stronger medicines are used in those people whose asthma is not responding to standard treatments. These would only be given at specialist centres after careful consideration of the risks and benefits. Specialists would be able to tell you more about these treatments.

3.1.6 Using asthma medicines with other medications

Some medicines including aspirin, non-steroidal anti-inflammatory tablets (eg Nurofen), beta-blocker tablets used to treat heart disease and drops used to treat the eye condition glaucoma can lead to asthma attacks in a small number of people. Always tell your pharmacist that you have asthma when collecting prescriptions for any new medicine.

3.2 Devices for taking asthma medicines

Inhalers are the most common way of taking asthma medicines. Many medications are available in a variety of different devices. It is important that you feel able to use the prescribed device. Talk to your doctor or practice nurse to find a device that is suitable for you -- remember you have a choice.

3.2.1 Inhaler devices

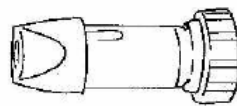
There are three main groups of inhaler devices:

- Aerosol inhalers (also called metered dose inhalers or puffers). These can be used with a spacer. (See below.)
- Breath-activated inhalers (these are also metered dose inhalers but -- because they only release the medication when you breathe in -- they cannot be used with a spacer). Examples include Autohaler, Easi-breathe.
- Dry powder inhalers. These inhalers cannot be used with a spacer. Examples include Turbohaler, Clickhaler, Accuhaler and Twisthaler. (See below.)

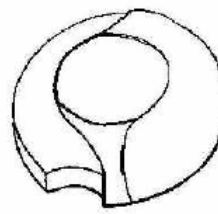
Whichever inhaler you have, it's important that you use it correctly. This helps send the medication straight to where it's needed, inside the airways of your lungs. Your doctor, nurse or pharmacist will help you choose the best device for you. Ensure they show you how to use it correctly and regularly check your technique.



Metered dose inhaler



Turbohaler



Accuhaler

3.2.2 CFC-free inhalers

Some aerosol inhalers contain spray propellants called CFCs (chlorofluorocarbons) which have been found to damage the earth's ozone layer. These are now being replaced with CFC-free propellants, which are less harmful to the environment. Although the new inhalers may look, taste and feel different, they administer the same medication and are just as effective.

3.2.3 What is a spacer and why is it useful?

A spacer is a large plastic container, usually in two halves that fit together. At one end there is a mouthpiece and at the other a hole for the aerosol inhaler to fit in. Examples include Ablespacer, Aerochamber, Nebuhaler, and Volumatic spacers and are very important because:

- They make aerosol inhalers more effective. You get more medicine into your lungs than you could using just the inhaler on its own.
- They are easier to use as they trap the medicine inside the spacer so you don't have to worry about pressing the inhaler and breathing in at exactly the same time.
- Spacers work just as well as nebulisers in acute attacks of asthma. They are a convenient and compact alternative to a nebuliser.
- They help reduce the possibility of side effects from the higher doses of inhaled steroids by reducing the amount of medicine which is swallowed and absorbed into the body.

3.2.4 Handy hints on using the spacer

- ♦ When you first get your spacer, wash it in warm soapy water and leave to drip-dry. Do not rinse or dry with a cloth because this will make the medicine stick to the sides of the spacer and your treatment will become less effective.



- ◆ Wash your spacer monthly.
- ◆ Make sure your particular inhaler fits the type of spacer you have been given.
- ◆ Put one puff of your inhaler into the spacer and breathe in deeply through the mouthpiece. Hold your breath for ten seconds (or for as long as is comfortable) then breathe out slowly.
- ◆ Breathe in deeply again through the mouthpiece. It is best to take at least two deep held breaths for each puff of your inhaler, but if this is difficult, five or six slow breaths in and out will do.
- ◆ Put only one puff of the medicine into the spacer at a time. If you put in more than one puff, the droplets of spray stick together and coat the sides of the spacer, so you actually get less medicine.
- ◆ Read the instructions in the box carefully to find out further details of how to use the spacer. Ask your doctor, nurse or pharmacist to show you if you're not sure. If you are using it every day, you need a new spacer every 6 months.

3.2.5 What is a nebuliser?

A nebuliser is a machine that creates a mist of medicine, which is then breathed in through a mask or mouthpiece. They are more commonly used to give high doses of reliever medicine in an emergency situation, e.g. in a hospital or a doctor's surgery but are generally no more effective than an inhaler and spacer. If you have your own nebuliser it is important to have it regularly serviced.

3.3 Complementary medicines and therapies for asthma

There are a range of complementary medicines and therapies that can support people with asthma to take care of their health. Some people find that complementary medicines and therapies, such as yoga, acupuncture and homoeopathy, seem to improve their asthma symptoms.

However, there is little scientific evidence that complementary treatments are effective on their own. That is why it is better to regard them as '*complementary*' rather than '*alternative*'. These therapies are not a substitute for conventional

medicines and you should not stop your regular treatment unless advised to do so by your asthma doctor or nurse.

If you want to try one of the many complementary treatments available, discuss this with your doctor **but do not** stop taking your normal asthma medicines. Some complementary medicines could be harmful for people with asthma. Make sure you get to know enough about a treatment before trying it out.

Also not all complementary medicines and therapies suit everyone and it is important to check out thoroughly what is involved and what the costs are before deciding if you want to try something out. You may also want to discuss these with your asthma doctor or nurse to make sure that they are appropriate for you.

Complementary therapies which support people with asthma usually have one or more of the following aims:

- improving function of the lungs
- improving function of the body generally
- releasing physical tension
- releasing mental tension.

There are a wide range of complementary therapies. Only a few are covered here:

3.3.1 Alexander Technique

This technique looks at how a person ‘uses’ their body in their daily life, how a person carries themselves, moves and holds tension. Alexander sessions are usually one-to-one and facilitate people to improve posture and release tension. An Alexander session includes work on freeing up movement in the ribs and widening and lengthening the back. By co-ordinating the movements on which breathing depends, breathing can be maximised. Visit the Society of Teachers of the Alexander Technique on their website at www.stat.org.uk See page 36 of this Handbooklet for further contact details.

3.3.2 Breathing Co-ordination

Breathing Co-ordination was developed in the USA with a variety of people including athletes, brass and wind musicians, singers and people with ‘end-stage’ emphysema.

Breathing Co-ordination uses sound to gently extend your breathing when you breathe out. Gentle movements are also used to free up the body and the breathing movement. Although the organisation is based in New York, simple instructions are available free on their website. Instruction tapes, and books and videos documenting details of the techniques work can also be obtained via their website. You might want to decide for yourself after visiting their website at www.breathingcoordination.com See page 36 of this Handbooklet for further contact details.

3.3.3 Buteyko

The Buteyko method is based on the principle that over-breathing, or hyperventilation, causes the airways to shut down. Buteyko theory states that people with asthma may be over-breathing, setting up a situation where the harder they try to breathe, the more their airways shut down. The Buteyko method teaches a breathing technique to deal with this. Initially, the technique must be practised for 40 minutes twice daily. Some Buteyko teachers also recommend supporting the body through particular nutritional supplements. For further information visit the website at www.buteyko.co.uk See page 36 of this Handbooklet for further contact details.

3.3.4 Feldenkrais

Feldenkrais is a gentle movement based system. It increases awareness of the body through movement. Rather than teaching the 'right' way to breathe, Feldenkrais supports people to find different ways of moving and breathing. Focusing on breathing would involve becoming aware of the different parts of the body and developing a regular breathing motion. Small movements can be used to gently free up the body and the breath. Feldenkrais is available in classes or in one-to-one sessions. Visit the Feldenkrais Guild on www.feldenkrais.co.uk See page 36 of this Handbooklet for further contact details.

3.3.5 Yoga

General Yoga classes can help with body and lung function, and facilitate relaxation. It is important to find a type of Yoga and a teacher who suits you. Forms of Yoga

vary. They may be gentle, emphasising relaxation, or based on alignment and precision, or even quite athletic, so do check out the type of Yoga involved before attending a class for the first time. As well as postures, Yoga classes may include specific breathing exercises, meditation, and/or chanting. There are many schools of Yoga and within each school there may be teachers experienced in working with particular health conditions, so do ask. For a general class near you visit the website of British Wheel of Yoga at www.bwy.org.uk See page 37 of this Handbooklet for further contact details.

Yoga courses specifically for asthma are also run by Yoga Therapy Centre. Visit their website at www.yogatherapy.org See page 37 of this Handbooklet for further contact details.

Yoga for Health Foundation run short residential courses. Visit their website at www.yogaforhealthfoundation.co.uk See page 37 of this Handbooklet for further contact details.

Please remember these complementary therapies are not a substitute for conventional medicines and you should not stop your regular treatment unless advised to do so by your asthma doctor or nurse.

Chapter 4: What your health professionals can do for you

You can expect health professionals to work with you to:

- Help you reach your personal goals that will help you control your asthma
- Take care of your asthma using a 'stepwise treatment approach' recommended by the British Thoracic Society (see page 33 of this Handbooklet)
- Agree a written personal asthma plan
- Assess your asthma if it gets worse and advise you how to get back in control
- Refer you to a specialist doctor if needed
- To see you quickly if you have been admitted to hospital with asthma symptoms and review your medicines and written personal asthma plan.

4.1 The asthma goals

For most people with asthma, there is no need to experience symptoms on a daily basis. The GINA (Global Initiative for Asthma) guidelines suggest that people with asthma who are having treatment can expect to achieve several goals. These include:

- Very few (or no) chronic symptoms.
- Very few (or no) night time symptoms, coughing, wheezing, shortness of breath or tightness in the chest.
- No emergency visits to the doctor or hospital.
- Very little need for quick relief medicine (reliever inhalers).
- No restrictions on exercise.
- Minimal (or no) adverse effects from the medicine.

These goals are worth working towards. You can expect these goals to be achievable through working together with your doctor, asthma specialist or other health professionals and discussing with them treatments and lifestyle issues that will improve asthma symptoms. In addition, if necessary you can expect a review of your condition with your doctor or practice nurse every six months.

4.2 Stepwise care of asthma

Doctors treat asthma by using a nationally agreed 'stepwise treatment approach' called the British Guideline on the Management of Asthma to help them. Each step shows what treatment is needed to control your asthma. If the treatment on one step isn't working, your doctor may recommend moving up to the next step. If your asthma is well controlled, your doctor may recommend moving down a step (Step 1 is the lowest, Step 2 is moving up one step, etc).

Step 1

You occasionally use a reliever (usually a blue inhaler). If you are regularly using it more than once a day/night you will need to go to the next step.

Step 2

In addition to your reliever, you will now need to take regular preventer treatment to reduce the inflammation in your airways. This will be a steroid inhaler; prescribed at the lowest dose that controls your symptoms. If symptoms continue you will need to go to the next step.

Step 3

If your asthma is not fully controlled on low dose preventer treatments, your doctor will add in a long-acting reliever inhaler **before** increasing your preventer treatment to a higher dose (which should be taken using a spacer). Alternatively, you may be given a long-acting reliever or preventer tablet plus the low dose steroid inhaler.

Step 4

In addition to your long acting reliever and higher dose preventer with spacer, your doctor may also try other types of reliever and preventer treatments. If after an agreed period of time a medicine is making symptoms better they should be stopped before the next medicine is tried. If symptoms continue and your asthma is difficult to control your doctor may refer you to a specialist at this point.

Step 5

In addition to your reliever, higher dose preventer with spacer and one or more of the long-acting relievers, you may be given regular steroid tablets to take every morning.

Speak to your doctor or practice nurse and agree a personalised written asthma plan that will allow you, to vary and change your medication **within set limits agreed with the doctor or nurse** in order to get better control of your asthma.

The success of the asthma treatment relies on a good partnership between you and your doctor or practice nurse. Make sure you have your asthma reviewed every six months or sooner if your symptoms are getting worse and you are having difficulty in controlling your asthma. Signs that your asthma is not controlled are:

- Waking at night with coughing, wheezing, shortness of breath or a tight chest.
- Shortness of breath on waking up in the morning.
- Needing more reliever treatment or your reliever does not seem to be working well or lasting as long as four hours.
- You can't do the things you would normally do or any exercise.
- You are too breathless to talk or eat.

The key to keeping your asthma under control is to continue to take your preventive medication regularly every day -- even when you are feeling well. That is because it works over a period of time to give your airways the protection they need.

4.3 Asthma that needs better control

Your GP surgery may have a practice nurse with asthma training or an asthma clinic where your asthma control can be assessed. If you would like to find out where your local asthma clinic is you can call your local Primary Care Trust to ask for details. You may be referred from your GP surgery or asthma clinic to a respiratory specialist.

4.3.1 Assessment of asthma

There are a number of questions that you will be asked in an assessment. These include:

- Details of your family and medical history including other medical problems with your nose, sinuses, or gastric reflux into the gullet that may have an effect on asthma.

- Your occupation -- some people find that substances at work trigger their asthma.
- Checking your inhaler technique.
- Peak flow readings.
- Medication usage including over the counter remedies that may trigger asthma, for example aspirin.

Your experience and knowledge of how different triggers and experiences affect you and your asthma are very valuable. Ensure that you share these with your doctor or practice nurse during the assessment time.

This will provide a base of information, which will inform both you and your doctor or nurse about what affects your asthma, how you are controlling it, how well this is working and how you can gain better control over your asthma.

4.3.2 Tests for monitoring asthma by health professionals

In addition to the assessment, your doctor or nurse may ask you to participate in some tests that will help them find out more about your asthma. These may include:

- **Peak flow and symptom monitoring:** Usually over a 2 week period, this will give an indication as to how well controlled your asthma is and how well your treatment is working. Your peak flow measurements will be recorded in a personal asthma plan.
- **Reversibility test:** Your peak flow reading will be taken followed by a dose of reliever medication. After 25 minutes your peak flow will be recorded again. The result will give some indication as to how well the reliever opens up your airways.
- **Spirometry:** Some surgeries have a spirometer, which is a machine used to measure your lung function. This gives more information about what is happening in your smaller airways.
- **Trial of treatment:** This may include a short course of steroid tablets. This will help to see if your lung function improves by reducing inflammation.
- **Exercise test:** This gives information about how exercise affects your breathing.

4.4 Referral to a respiratory specialist

If your asthma continues to cause you problems, your doctor can refer you to a respiratory specialist. They may perform other tests such as:

- Chest X-ray.
- Lung function tests including spirometry.
- Blood test for allergy
- Skin prick tests for allergy.
- Occasionally food challenges (if certain foods are suspected to trigger your asthma).
- Sometimes a psychological assessment to try and identify life stresses that may be having an impact on your asthma.

4.5 Care after an emergency admission to hospital with asthma

If you have been admitted to hospital or receive treatment for an asthma emergency, you can expect:

- The hospital will inform your doctor or practice nurse about your admission or treatment within 24 hours of your discharge.
- Before you leave hospital, a follow up appointment will be made with your doctor or practice nurse that should be within 2 working days of your return home.
- An appointment with an asthma specialist (nurse or consultant) will be made within 1 month after your admission.

Chapter 5: Other sources of help and information

Asthma UK

The Asthma UK is an independent charity dedicated to conquering asthma. It funds asthma research, offers help and advice and campaigns for a better deal for people with asthma. If you would like further information:

- Call the Asthma Helpline Monday to Friday, 9am to 5 pm on 0845 7 01 02 03 for help and advice from asthma nurses who have the time to listen to your concerns and discuss what is right for you in confidence. Calls are charged at local rates.
- E-mail an asthma nurse via the Asthma UK website: www.asthma.org.uk
- If you would like to order specific publications, please contact the supporter and information team on 020 7704 5888 for further information. For up to date information 24 hours a day visit the Asthma UK's website at www.asthma.org.uk or write to them at Asthma UK, Providence House, Providence Place, London N1 0NT ; Tel: 020 7226 2260 ; Fax: 020 7704 0740.
- If you would like more information about the PEAK holiday programmes run by the Asthma UK, call the PEAK Manager on 020 7704 5892 or email peak@asthma.org.uk

British Lung Foundation

The British Lung Foundation has information on other respiratory conditions such as COPD and runs 'Breathe Easy' clubs for people who experience respiratory problems. You can contact them on 020 7831 5831 or email blf@britishlungfoundation.com

British Thoracic Society

The British Thoracic Society is an organisation for health professionals involved in the care of people with lung conditions. Health professionals can access the British Guidelines on the Management of Asthma from the British Thoracic Society.

Address: 17 Doughty Street, London WC1N 2PL.
Tele: 020 7831 8778
Website: <http://www.brit-thoracic.org.uk/>

Smoking cessation

For advice, support and information about smoking and giving up smoking call:

- ▶ Quitline on 0800 002200 (in England) or 0800 848484 (Scotland)
- ▶ NHS Smoking Helpline on 0800 1690169
- ▶ Action on Smoking and Health on 020 7739 5902 or go to www.ash.org.uk.

Your doctor or practice nurse may also be able to help by referring you to a local smoking cessation team.

Air pollution

Keep well informed about air quality. Ring the Air Pollution Bulletin Service (calls are free) on 0800 556677 for information on air pollution levels.

Allergies

For more information about food allergies you can contact:

The Anaphylaxis Campaign.

PO Box 149

Fleet

Hampshire

GU13 9XU

Tel: 01252 542029 or visit their website at www.anaphylaxis.org.uk

Allergy UK produces a range of leaflets, factsheets, and a regular newsletter containing practical information on living with allergies:

Allergy UK

Deepdene House

30 Belgrove Road

Welling

Kent

DA16 3PY

Helpline: 020 8303 8583, or visit their website on www.allergyfoundation.com

Travelling abroad

- ▶ To get an E111 form to receive free medical treatment in the EU contact your local post office, your doctor or call 0800 555777.
- ▶ Holiday Care offers advice on insurance and accommodation (that is allergy free). You can contact them on 020 7831 5831 or visit their website at www.holidaycare.org.uk

Exercise

For further advice and information on scuba diving, contact
The British Sub-Aqua Club
Tel 020 7723 8336

Breathing Techniques

Society of Teachers of the Alexander Technique

Tele: 020 7284 3338

Website: www.stat.org.uk

Breathing Co-ordination

Tele:

Website: www.breathingcoordination.com

Buteyko

Tele: 0116 277 2051

Website: www.buteyko.co.uk

Feldenkrais Guild

Tele: 070 00 785 506

Website: www.feldenkrais.co.uk

Yoga

British Wheel of Yoga

Tele: 01529 306851

Website: www.bwy.org.uk

Yoga Therapy Centre

Tele: 020 7689 3040

Website: www.yogatherapy.org

Yoga for Health Foundation

Tele: 01767 627271

Website: www.yogaforhealthfoundation.co.uk

Glossary

Asthma	A condition that affects the airways, making them red, sensitive and inflamed.
Complementary Therapies	"Complementary" can be used to refer to a wide range of treatments and therapies which, usually, do not use drugs prescribed by doctors.
Inhaler	Most common method of taking asthma medications.
Nebuliser	A machine that creates a mist of medicine which is breathed in through a mask or mouthpiece.
Peak flow	A measurement of how hard you can blow air out of your lungs.
Personal Diary	This is a diary to be filled in with information about peak flow measurements, medication and treatments, information about what to do in an asthma emergency and contains an asthma plan.
Preventers	Medication that controls swelling and inflammation in the airways, stops them from being sensitive and reduces the risk of severe attacks.
Relievers	Medication that you can take immediately to relieve asthma symptoms.
Spacer	A large container, usually plastic, in two parts that fit together. Used with metered dose inhalers to improve effectiveness of medication and makes the inhalers easier to use.
Triggers	Anything that irritates the airways (e.g. flu, colds, smoking & pollen).
Written Personal Asthma Plan	This is a written plan agreed by both your doctor and nurse and yourself including information on your asthma medications, how to spot if your asthma is getting worse as well as emergency information on what to do if you have an asthma attack.

Diagnostic tests

Peak flow	A peak flow is a measurement of how hard you can blow air out of your lungs. You get this reading by blowing into a small plastic tube called a peak flow meter. The meter has a marker, which slides up the scale as you blow out. The better controlled your asthma, the harder you'll be able to blow out and the higher your peak flow scores will be. Peak flow scores vary according to age, height and gender
Reversibility Test	Your peak flow will be measured. A dose of reliever medication is administered. After 25 minutes the peak flow is recorded again. The result will give an indication of whether the reliever medication has had any effect on your airways.
Exercise test	Your peak flow will be measured and you will then be asked to exercise for six minutes, further peak flow reading will then be recorded every 10 minutes for 30 minutes.
Spirometry	This test measures your lung function by giving you more information about what is happening in your smaller airways.

Annex 3.11: Example of Asthma Event Programme & Asthma Module Material





Example of asthma event programme

Staying Well With Asthma Event

Event Programme

- 12.00 Healthy buffet lunch, mingle with other people at the event and find a seat at a round table
- 12.30 Welcome to “Staying Well with Asthma”
PCT Self care Programme Manager
- 12.35 EPP exercise 1 – interactive session
Two EPP Trainers
- 12.55 Break: mingle and visit display stands
- 1.05 Managing your medicines – skills and techniques
Specialist Nurse, National Respiratory Training Centre
- 1.20 EPP exercise 2 – interactive session
Two EPP Trainers
- 1.40 Break: mingle and visit display stands
- 1.50 Staying well with a child with asthma
Physical Activity Officer, Erewash Borough Council
- 2.00 Who wants to be an asthma millionaire? – Quiz
- 2.15 Evaluation & invitation to more sessions
PCT Self care Programme Manager
- 2.30 Close

Asthma Leaflet for 7 Week Course

Staying Well with Asthma

A self care course for people with asthma, incorporating the Expert Patients Programme. For more information contact:

Patient Advice and Liaison Service
Erewash Primary Care Trust
Toll Bar House
1 Derby Road
Ilkeston
Derbyshire DE7 5FE
Freephone 0800 783 7279
Or

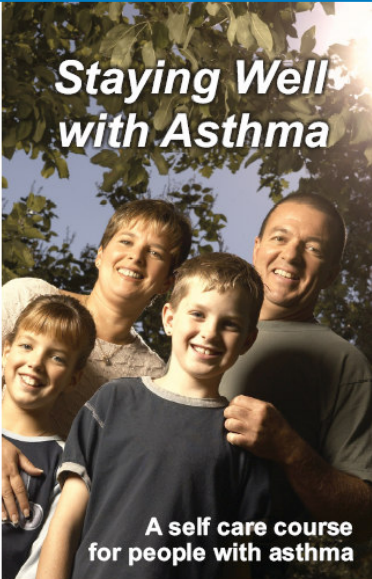
The Expert Patients Programme Team:
Carol Lockwood
Pauline Severn
Tel: 01623 510922 ext 221
www.expertpatients.nhs.uk

THIS COURSE WILL ENABLE YOU TO:



- ▶ Meet other people who have asthma.
- ▶ Become more confident and positive about managing your condition.
- ▶ Talk about your experience of living with asthma.
- ▶ Share your skills and knowledge with others.
- ▶ Get practical advice about living with asthma.

Erewash Primary Care Trust
Toll Bar House
1 Derby Road
Ilkeston
Derbyshire DE7 5FE
0115 9316100

Telephone PALS:
0800 783 7279
Fax:
0115 9512350
www.erewash-pct.nhs.uk



A self care course for people with asthma

Incorporating the **Expert Patients Programme**

Staying Well with Asthma

About the Expert Patients Programme

The NHS is committed to delivering health care that is informative, empowering and involves patients.

The Expert Patients programme is part of a national programme and a great opportunity to help you become more confident about managing your condition.

The Staying Well with Asthma course recognises that people can develop the skills to deal with the impact of living with a long term health problem.

Information about the course

The course is free and will run for seven weekly sessions. Each session will be two and half hours long and delivered by tutors who themselves live or care for people living with long term health problems.

Topics covered include exercise, diet, relaxation techniques, complementary therapies, effective communication skills, information about asthma and the treatment of asthma and much more.

Tell me more -

Who can take part?
Any adult who has asthma.

How will I benefit?
The programme is designed to give you the confidence, knowledge and skills to manage your condition better.

You will:

- ▶ Acquire or extend the knowledge of how you live with your condition.
- ▶ Develop confidence to take control of the day to day management of your illness.
- ▶ Meet with others who share similar experiences.
- ▶ Work alongside healthcare professionals in deciding the best outcomes for the improvement of quality to your life.
- ▶ Have access to high quality information and a network of people who live with asthma.
- ▶ Contribute to the way health services are delivered to patients and have a say in changing them for the better.

If you are interested in attending a Staying Well with Asthma course please complete your details below to enable us to contact you when one is available in your area.

Please return to the PALS (Patient Advice and Liaison Service) officer at the address overleaf.

Name

Address.....

.....

Postcode.....

Telephone



Email

Preferred location of venue.....

Preferred time of day.....

Preferred days of week.....

I have my own transport YES / NO
 (please circle that which applies)

Asthma Poster for 7 Week Course

"Do you suffer from asthma...?"

Would you like to attend a **FREE** course to become more confident about managing your condition?



Staying Well with Asthma courses are being run in Long Eaton and Ilkeston

Topics covered include exercise, diet, relaxation techniques, complementary therapies, effective communication skills, information about asthma and the treatment of asthma and much more.

Who can take part? - Any adult who has asthma.

How will I benefit? - The programme is designed to give you the confidence, knowledge and skills to manage your condition better.

For more information contact:

Patient Advice and Liason Service
Erewash Primary Care Trust
Toll Bar House, 1 Derby Road, Ilkeston
Derbyshire DE7 5FE
Freepost 0800 783 7279
www.expertpatients.nhs.uk



Erewash 
Primary Care Trust

Incorporating the **Expert Patients Programme**

Asthma Flyer for Half Day Events



**Staying Well
with Asthma**

**A FREE self-care event
for people in Erewash with asthma**

**Joining Up
Self-Care**

Erewash NHS
Primary Care Trust

Friday 9th September, 12pm - 2.30pm Albion Leisure Centre, Ilkeston
or
Wednesday 14th September, 12pm - 2.30pm West Park Leisure Centre, Long Eaton

- **Meet other people who have asthma & talk about your experiences**
- **Become more confident and positive about managing your condition**
- **Share your skills and knowledge with others**
- **Get practical advice about living with asthma**

Free Healthy Lunch!

**to book your free place, telephone 0115 931 6100
or email suzanne.gaskin@erewash-pct.nhs.uk**

Erewash Primary Care Trust, Toll Bar House, 1 Derby Road, Ilkeston, Derbyshire DE75FE



***Staying Well
with Asthma***

**A FREE self-care event
for people in Erewash with asthma**

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Asthma Poster for Half Day Events



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Meet other people who have asthma & talk about your experiences
Become more confident and positive about managing your condition
Share your skills and knowledge with others
Get practical advice about living with asthma

Free Healthy Lunch!

**to book your free place, telephone 0115 931 6100
or email suzanne.gaskin@erewash-pct.nhs.uk**

Erewash Primary Care Trust, Toll Bar House, 1 Derby Road, Ilkeston, Derbyshire DE7 5FE

Annex 3.12: Reasons for Not Being Interested in EPP 7 Week Course

I did not feel that the course was for me	28 people
I feel that I can manage my asthma well and did not think I would benefit from the course	53 People
I would not be able to get transport to attend the Course	1 person
The location of the course was not suitable for me	2 people
The day and time of the course was not suitable	20 people
I would not have been able to attend ALL of the Sessions	24 people
I would not have been able to get time of work	22 people
I did not know enough about the course to make a decision	10 people

Other Comments:

If the course is on a Wednesday every time then I can attend. If you could let me know the details.

I am not always able to commit to regular dates.

I am reliant on public transport so the time and venue could prevent me attending.

My Asthma is never a problem, so I didn't feel I needed to attend.

I feel that people with more severe asthma than myself would benefit more.

Thank you for your offer but work commitments won't allow. I have spent time researching asthma as my children also have it and I feel well prepared/knowledgeable about self help.

Will come to the others

I work shifts "and on call" 24/7.

Patient did not want to commit to 7 weeks - thought this was too long.

My Asthma is very minor and does not trouble me at this time.

Annex 3.13: Minor Ailments Scheme (MAS) Service Specification



Service Specification

1. Introduction

- 1.1. The Project Facilitator wishes to acknowledge the various representatives from Primary Care Trusts and Community Pharmacy within the UK that provided information and guidance.
- 1.2. The service is available to all patients registered with the practices specified in the *list of participating practices* in the Appendices
- 1.3. The service is available for the *list of minor ailments* specified in the Appendices.
- 1.4. Patients are required to register at a participating surgery to access the service.
- 1.5. Patients are at liberty to decline this service.
- 1.6. Patients who are exempt from prescription charges should be referred to a pharmacy as per this service specification. They will receive a consultation and **IF** medicines are provided, they will not be required to pay. Patients must sign a declaration form to confirm that they are exempt from payment.
- 1.7. Patients who pay for their prescriptions should be referred to a pharmacy as per this service specification. They will receive the same consultations but will be required to purchase the advised medicines in the usual way, up to a maximum of the current prescription charge, or pay a standard prescription charge for medications covered by a patient group direction (PGD).

2. Duties of participating Community Pharmacists

- 2.1. It is a condition of the agreement between Erewash Primary Care Trust and the Pharmacy that:-
 - 2.1.1. The pharmacists should complete, (or have already completed) within 8 months of commencement of the scheme, the CPPE pack for minor ailments. Confirmation of successful completion should be provided to the PCT. The CPPE distance learning pack is available from:

The Centre for Pharmacy Postgraduate Education, Manchester University
Telephone: 0161 2372058 or <http://www.cppe.man.ac.uk/>
 - 2.1.2. The pharmacist attends the designated training event or receives equivalent training from the project facilitator.
 - 2.1.3. any locum pharmacy staff are adequately trained in the procedures and principals of the scheme and are competent to fulfil the criteria listed in this specification.
 - 2.1.4. the Superintendent Pharmacist ensures that all staff members are appropriately trained before participating in the scheme.
 - 2.1.5. each pharmacist working in the premises and offering the Pharmacy First service must complete, sign and date the *Pharmacist Agreement* and return to Erewash Primary Care Trust.
- 2.2. Pharmacies should be aware of the requirements for training in minor ailments required by the Pharmacy First scheme when recruiting locum staff to work in the pharmacy and the necessity to complete the *Pharmacist Agreement* (see 2.1.4.).
- 2.3. Any patient providing a *Patient Confirmation and Registration Form* stamped by an Erewash PCT practice may be accepted into the scheme.
- 2.4. The Patient will choose a Pharmacy within Erewash PCT which they will use to access the scheme during normal operational hours.
- 2.5. The patient must be present for a consultation to take place (representation by parent/carer is not acceptable).
- 2.6. If registration with a participating practice is in doubt the patient will not be eligible for this scheme and they will be advised to access medical care through the normal channels.

- 2.7. Pharmacies specified on the *List of Participating Pharmacists* will provide a professional consultation service for patients requesting access to the Pharmacy First scheme, presenting with one of the specified minor ailments.
- 2.8. The Pharmacist will supervise the consultation, which will consist of:
- 2.8.1. Assessment of patient's condition.
 - 2.8.2. Assessment of patient's history of consultations made under Pharmacy First by checking the patient's *record folder*.
 - 2.8.3. Provision of advice as laid out in the *Protocol* for the appropriate minor ailment.
 - 2.8.4. Full completion of *Consultation form* for each patient consultation.
 - 2.8.5. Filing the second copy of the *Consultation form* in the patient's *record folder*.
 - 2.8.6. Only if necessary, provision of medication from the agreed *Formulary* appropriate to the patient's condition (and in accordance with any relevant Patient Group Direction).
 - 2.8.7. If medication is provided, the pharmacist is required to dispense, label and provide information for any product supplied in a similar manner to a regular prescription and make a record of the medication on the patient's PMR.
- 2.9. The Pharmacist must ensure that the patient has completed and signed the declaration of exemption of Prescription charge on the *Consultation Form*.
- 2.10. The Pharmacist must ensure that evidence of exemption from prescription charges is provided before medicines are provided to the patient without charge, or indicate on the consultation form that evidence has not been seen.
- 2.11. If a patient is not exempt from prescription charges, the patient must pay for the medicine as usual. If the cost of the medicine provided from the formulary is greater than the amount which the patient would have paid for an NHS prescription, the pharmacist will ask the patient to pay one prescription charge per item.
- 2.12. Guidance from the RPSGB indicates that the declaration of exemption at the bottom of the *Consultation form* should be handled in the same way as a prescription for the purposes of dispensing and all professional responsibilities carried out as usual.
- 2.13. In the event of the consultation under this scheme not leading to the supply of a product, the Pharmacist should ensure that the patient selects the appropriate box on the *Consultation Form* to confirm that they have not received a product.

- 2.14. Medication can only be supplied to the patient for which the consultation has been carried out.
- 2.15. Patient Information Leaflets for the relevant minor ailment can be provided to the patient where appropriate.
- 2.16. If the Pharmacist suspects that the patient and/or parent is abusing the Pharmacy First service, they must alert the Pharmacy First Project Facilitator.
- 2.17. Referral Procedures specified in this Service Specification must be adhered to.
- 2.18. If a patient wishes to register with a different pharmacy,
 - 2.18.1. the patient should be advised that they will only be able to use the service when the “new” pharmacy has received a copy of the patient record folder.
 - 2.18.2. the patient’s record folder complete with all records of consultations must be posted first class to the patient’s chosen pharmacy and marked “Private and Confidential” on the envelope
 - 2.18.3. the patient’s NHS number must be added to the relevant section on the *Pharmacy Returns* form to indicate transferral/receipt.
- 2.19. All patient record folders must be kept appropriately to prevent breaches of patient confidentiality.
- 2.20. At the end of each calendar month (to receive the PCT by the 3rd date of each calendar month) the pharmacist will send to the Project Facilitator at Erewash Primary Care Trust :-
 - each *Consultation Form*
 - each *Patient Confirmation and Registration Form*
 - the *Pharmacy Returns form*

3. Referral to surgery Procedures

- 3.1. If a patient presents with symptoms which are outside the Scheme, they should be advised to refer back to their GP Practice (within surgery hours), or to contact the on-call doctor, or telephone NHS Direct (as appropriate, outside surgery hours).
- 3.2. If patient presents more than twice within any month with the same symptoms, the patient should be referred to their surgery. The *Patient Self Referral Form* should be completed and given to the patient to take to the surgery. The pharmacist must tick the relevant box to specify whether they **recommend** the patient see a healthcare professional within 2 days,
- 3.3. Patients re-presenting due to treatment failure or deterioration of condition should be referred to their surgery as appropriate under the protocol for each ailment. The *Patient Self Referral Form* should be completed and given to the patient to take to the surgery. The pharmacist must tick the relevant box to specify whether they **recommend** the patient see a healthcare professional within 2 days,
- 3.4. Following referral to the surgery, a patient may be re-accepted onto the scheme for the same symptoms **IF** the GP has confirmed this by indicating in the *Notes to pharmacist from GP* section of the *Patient Self Referral Form*.

4. Rapid Referral Procedure

If the patient presents with symptoms indicating the need for a rapid (urgent) consultation with the GP, the pharmacist should ring the surgery and make an appointment for the patient within the appropriate time frame. If the patient refuses this service, the pharmacist should complete the *Patient Self Referral Form* and give to the patient to take to the surgery indicating “URGENT”. The individual minor ailment protocols define the occasions where a rapid (urgent) referral is normally indicated

- 4.1. If the surgery is closed and/or the symptoms are sufficiently severe the patient should be advised to contact the on-call doctor or attend A & E immediately.

5 Responsibilities of the Surgery

- 5.1. All patients requesting consultations (either immediately or on an appointment basis) for symptoms matching the criteria identified can be offered transfer into the service.
- 5.2. Patients under the age of 3 months are not eligible for the scheme.
- 5.3. For patients under the age of 16, the parent/guardian can accept transfer into the scheme on behalf of the patient.
- 5.4. The practice will register patients wanting to participate in the service by:-
 - 5.4.1. Asking the patient whether they are already registered on Pharmacy First (this may be confirmed by checking the clinical record on the relevant practice system).
 - 5.4.2. Assisting the patient in completing the *Patient Confirmation and Registration Form*, confirming the NHS number and printing the Practice Stamp on the form.
 - 5.4.3. Issuing the patient with a “Pharmacy First” leaflet AND the completed *Patient Confirmation and Registration Form*.
 - 5.4.4. Updating the clinical system by adding a Read Code **8H7t** to confirm patient has registered with the Pharmacy First Scheme.
- 5.5. The practice will make an appropriate response to any patient provided with a referral to surgery form by the Pharmacist.
- 5.6. Following referral to the surgery, if the GP decides that a patient may be re-accepted onto the scheme for the **same** symptoms the GP must confirm this by indicating in the “Notes to Pharmacist from GP” section of the *Patient Self Referral Form*.
- 5.7. The practice should either make a record of any GP comments on the clinical system or take a copy of the *Patient Self Referral Form* and store this with the patient’s notes.
- 5.8. The practice should display official posters and provide leaflets to promote the service.
- 5.9. For patients suspected of abusing the system who are referred back to the surgery for consultation in the normal manner, the medical record should be annotated to highlight this fact and prevent the patient from being referred in to the Pharmacy First scheme again. The Project Facilitator at the PCT should also be informed.
- 5.10. The Project Facilitator at the PCT should be notified of patients requesting to register on the scheme for a second time.

6. Responsibilities of the Erewash Primary Care Trust

- 6.1 Providing all stationery associated with the Pharmacy First scheme.
- 6.2 Providing, free of charge, headlice combs for issue under the Pharmacy First scheme.
- 6.3 Paying the agreed consultation fee to the Pharmacist for all consultations carried out **under the Pharmacy First scheme.** (For those consultations that result in the sale of medicines to patients who are not exempt from prescription charges, they shall be required to pay the OTC price of the medicines supplied, up to a maximum of a prescription charge).
- 6.4 Providing training and support in the processes associated with the administration of the Pharmacy First scheme.
- 6.5 Periodic review of the processes involved with the Pharmacy First Scheme
- 6.6 Annual review of the consultation payment, in line with the terms and conditions set out in the Service Level Agreement.
- 6.7 Provide a Project Facilitator to manage and co-ordinate the scheme.
- 6.8 Provide adequate administration to support the operations of the scheme.
- 6.9 Mechanisms for updating and circulating amendments to Minor Ailment Scheme Protocols in line with clinical guidance.

7. Service Funding and Payment Mechanism

7.1. The Pharmacy will be paid according to the following schedule:

7.1.1. Fee: £2.75 (per consultation)

7.1.2. Drug Costs: cost price + VAT

7.1.3. Container Costs:	Carton any size	£0.05
	100ml bottle	£0.17
	200ml bottle	£0.22
	Dropper bottle	£0.53

7.1.4. Headlice combs will be supplied free of charge by the Erewash Primary Care Trust.

7.1.5. Transfer cost: £0.50 (to cover cost of envelope and postage)

7.2. **NOTE:** Where the patient is liable to pay the £6.40 NHS prescription charge and the retail price is lower than this amount it is likely that they will elect to purchase medication outside the scheme. This will not, however, apply to any prescription only medicine which is subject to supply by patient group directive.

7.3. The Pharmacy will send each *Consultation Form*, *Registration Form* and the *Pharmacy Returns Form* to the PCT by the 3rd date of each calendar month.

8. Monitoring and Evaluation

8.1. Participating pharmacies and surgeries will be expected to participate in monitoring and evaluation.

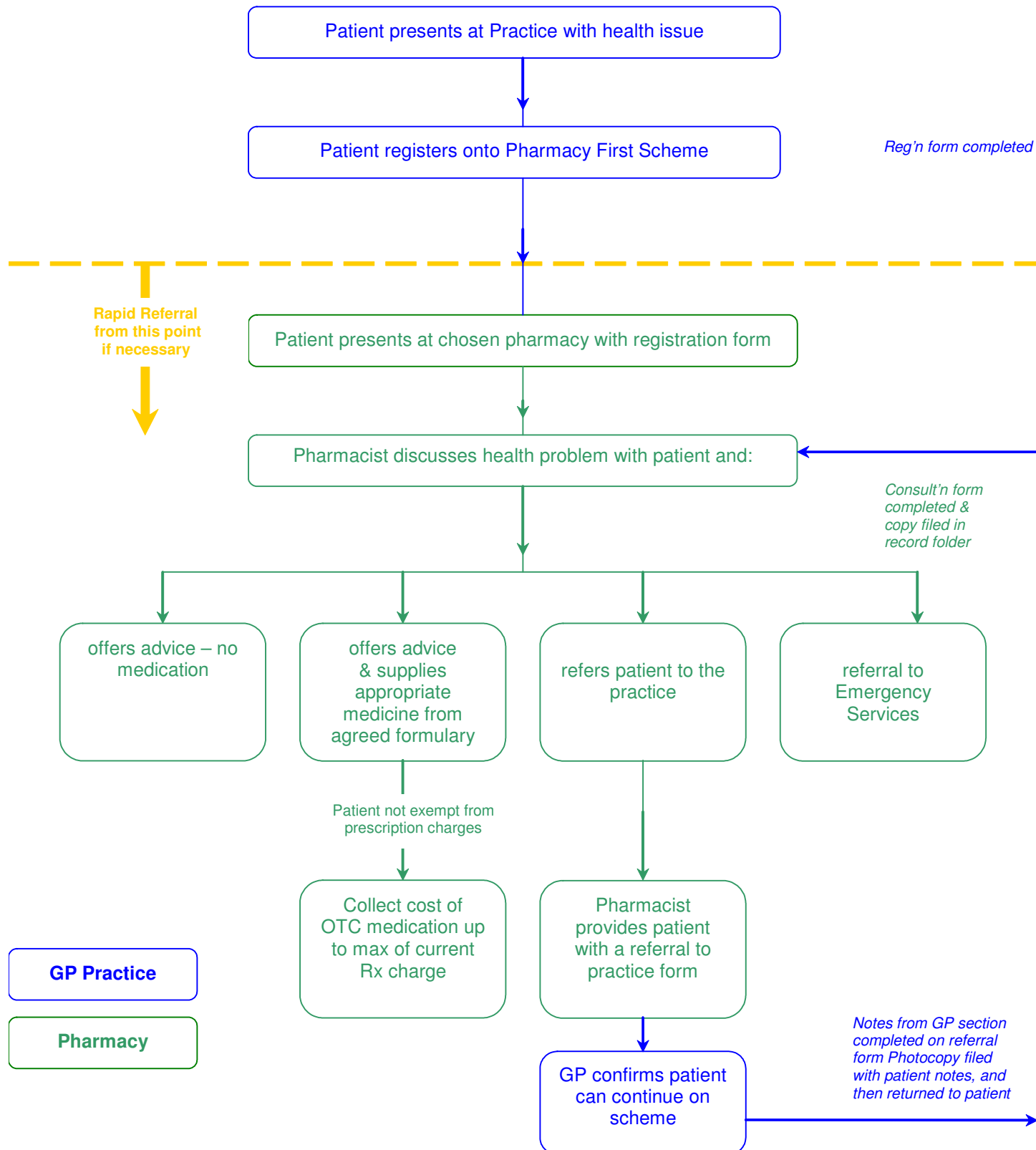
8.2. The scheme will be evaluated in terms of the:-

8.2.1. Cost and volume of impact of pharmacy prescribing using epact.net

8.2.2. Impact on GP appointments and time

8.2.3. Attitudinal survey of GPs, Receptionists, Pharmacists, Patients.

9 – The Process (on following page)



Annex 3.14: Minor Ailments Scheme (MAS) List of Minor Ailments

Patients with symptoms of the following conditions may be referred in to this scheme and advice and treatment will follow the regime laid out in the following pages.

- Bites & stings
- Constipation
- Diarrhoea
- Earwax
- Hay Fever
- Headache
- Head Lice
- Indigestion, Heart Burn, Tummy upset
- Nappy Rash
- Scabies
- Sore Throat
- Teething
- Temperature
- Threadworm
- Thrush
- Tinea Infection
- Toothache

Annex 3.15: Pharmacy First Module Specification



Pharmacy First gives you the choice of visiting your pharmacy, and if necessary, get the same medicines your Doctor would have given you for the problems.

How do I join Pharmacy First?

If you are registered with a doctor in Erewash PCT, you can ask at your doctors reception or at a participating community pharmacy to register on Pharmacy First. You will complete and sign a simple registration form. If you have completed the registration form at the doctors, you can take the registration form to a pharmacy of your choice. You will continue to use this pharmacy for future problems that are covered by Pharmacy First.

What if the pharmacist thinks I need to see the doctor or nurse?

Your Pharmacist is a qualified healthcare professional. However, if they think you need to see the doctor or a nurse they will give you a referral slip to take to your doctor's practice. If you decide to make an appointment, you should take the referral slip to show your doctor or nurse.

Which pharmacies are involved in the scheme?

Most pharmacies within Erewash offer Pharmacy First. Please ask at your local pharmacy or doctors surgery.

How do I get more information on Pharmacy First?

If you have any comments about Pharmacy First or would like more information, please contact:

Pharmacy First
Erewash PCT
Toll Bar House
Ilkeston
Derbyshire
DE7 5FE

Telephone: 0115 9316100
Email: pharmacyfirst@erewash-pct.nhs.uk

Health Advice is also available from
NHS Direct 24 hours a day
Telephone: 0845 4647 or visit
www.nhsdirect.nhs.uk



DO YOU HAVE A MINOR ILLNESS?

Do you need to feel better fast?

Instead of seeing your doctor,
you can now visit your
community pharmacy



How does Pharmacy First work?



Pharmacy First is available for you or your children if you are considering seeing your Doctor for....

- | | |
|------------------|----------------------------|
| + BITES & STINGS | + NAPPY RASH |
| + CONJUNCTIVITIS | + ORAL THRUSH |
| + CONSTIPATION | + SCABIES |
| + DIARRHOEA | + SORE THROAT |
| + DRY SKIN | + TEETHING |
| + EARWAX | + TEMPERATURE |
| + HAY FEVER | + THREADWORM |
| + HEADACHE | + ATHLETE'S FOOT |
| + HEAD LICE | + RINGWORM |
| + HEART BURN | + TOOTHACHE |
| + INDIGESTION | + VAGINAL THRUSH |
| + TUMMY UPSET | + URINARY TRACT INFECTIONS |

- + The patient must be present at the Pharmacy to access **Pharmacy First**.
- + **Pharmacy First** is available for children over 3 months old.
- + If your child is suffering from a minor illness, they must attend the pharmacy with you.

Annex 3.16: Full Distribution List Showing Numbers of Leaflets Sent Out

	CHD Lifestyle Booklet	CHD wheel	EPP Asthma Leaflet	Caring 4 kids	Better Health	Hayfever	Summer Ailments	Back to School	Coughs & Colds
Hospital & Health Centres									
Erewash PCT (employees)					200				
Erewash PCT Patient Advice and Liaison Service (PALS)		600	100	200	1000				
Erewash PCT Smoking Cessation Manager	100				100				
Erewash PCT Special Health Promotions Manager	270								
Erewash PCT Health Promoting Schools Co- Ordinator				250	250		250		
Ilkeston Hospital (Distributed throughout reception areas and clinical areas)		1500	100	400	410				200
Expert Patient Programme (EPP)	15			30	40				
Health Centres for Public Areas and clinicians		1000	50	670	350	50			370
Erewash PCT School Nurses				1000	600				
Erewash PCT Health Visitors			30	600	400				25
Erewash PCT District Nurses		30	30	30	30				25
GP PRACTICES		268	1172	260	260	325			
PHARMACISTS		1600	2375	530	410	950	1800		1900
OPTICIANS		77	200			200			
DENTAL PRACTICES		35		35	35				
OTHER									
EREWASH BOROUGH COUNCIL (for employees)	200			200	1050				
EREWASH BOROUGH COUNCIL (For Public Areas)		350	32	100	100				100
EREWASH SURE START			10	630	230				800
EREWASH SOCIAL SERVICES			20	15	15				50
JOB CENTRES (for	100				200				

Annex 3.17: How to obtain copies of DPP material

Health information from DPP

Developing Patient Partnerships (DPP) is a charity partly funded by the Department of Health. Specialising in health information, the DPP produces a growing range of unbiased high quality, user-tested leaflets, booklets and posters designed to meet the needs of patients and nurses. DPP material was used in this pilot study.

Covering a wide range of topics - from heart health to minor ailments, missed appointments to COPD - DPP provides health information packages to GP surgeries, primary care organisations, hospital trusts, walk-in-centres, minor injury units and other interested organisations. All the health information resources are road tested by members of the public, go through a rigorous consultation process with an expert medical panel and translations are available in key languages.

To find out more, visit: www.dpp.org.uk or call: 020 7383 6824.

Annex 3.17: Minor ailments Materials (following 102 pages)

Better Health at Home and at Work

Better health at home and at work



**A self-care guide
by Dr Ian Banks**

Better health at home and at work

A self-care guide by Dr Ian Banks

There are many common health problems that we all have to deal with at some point.

This booklet will help you:

- deal with common health problems and look after your health
- decide where to go for more information and advice.

Tip: Keep this booklet somewhere handy like your medicines box, or locker at work, then you can refer to it when you need to.



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TREATING COMMON HEALTH PROBLEMS – WHICH STEP?

Treating common health problems – which step?**Step 1. Can I treat the problem myself?**

Keep a well stocked, locked medicines box at home and at work and you may be able to deal with many problems yourself. Check out **Medicines box advice** on page 4 for useful medicines to keep at home and at work.

**Step 2. Ask your pharmacist**

Pharmacists are medicines experts and are usually the quickest and easiest way to get on the spot advice and treatment about many common health problems like **tummy troubles**, **allergies**, **aches** and **pains** and **viruses** (like **coughs** and **colds**) or for **health checks** like **blood pressure** testing. You don't need an appointment to get advice and you can speak to them in confidence.

If you want to speak to your pharmacist privately, away from other customers, many will have a quiet area. Ask the assistant or the pharmacist. Pharmacists will also tell you if you need to see another health professional.



TREATING COMMON HEALTH PROBLEMS – WHICH STEP?

**Step 3. Do I need more advice and treatment?**

If you are still worried and need advice you have several options.

- Call **NHS Direct** on **0845 4647** (England and Wales only) or **NHS 24** in Scotland on **08454 24 24 24**, or your **GP surgery** for telephone advice or to make an appointment. If your surgery is closed call the NHS out-of-hours number. If you do not have this number call your surgery and listen to the answer phone for details or call **NHS Direct** on **0845 4647** (England and Wales only).
- Visit your nearest **NHS Walk-in Centre** (England only) or **Minor Injuries Unit** (England and Wales only) for many problems such as **sprains, cystitis, earache, cuts** and **minor burns**. To find out if there is one near you, call **NHS Direct** on **0845 4647** (England and Wales only).
- If you are at work you may have an **occupational health department** that you can contact. The occupational health service can be an excellent source of information and advice. The type of service companies offer will vary, but they are all there to help you be healthy at work and may be able to deal with your health problem on the spot.
- You can also call the **Over-the-Counter Medicines Advice Line** on **020 8742 7042** (weekdays 10am to 3pm) to speak to a nurse for advice on over-the-counter medicines. They can also give you details of patient support groups and tell you if you need to speak to a pharmacist or GP.

Is it an emergency?

If the situation is critical or life threatening go to your nearest **Accident and Emergency** (A&E) hospital department or call **999** for an ambulance. An emergency is a **critical** or **life-threatening** situation such as:

- **unconsciousness**
- **heavy bleeding**
- **suspected broken bones**
- **a deep wound, like a stab wound**
- **chest pains for 15 minutes or more**
- **breathing difficulties**
- **overdose, swallowing something harmful or poisoning.**

MEDICINES BOX ADVICE

Medicines box advice

There are some medicines worth keeping at home or at work to help relieve many common health problems.



- **Paracetamol, aspirin^{*} or ibuprofen^{**}** are the most common remedies for **pain**, **fever** and **headaches**. Aspirin^{*} and ibuprofen^{**} also have anti-inflammatory properties making them good for **strains** and **sprains**.
- **Paracetamol** or **ibuprofen^{**}** syrups for children.
- **Rehydration mixture** – if you have **sickness** or **diarrhoea**.
- **Indigestion remedy** – there are many available such as antacids for **excess acid** and remedies to treat symptoms like **heartburn**, **feeling bloated** or **trapped wind**.
- **Anti-diarrhoeal medicines**.
- **Travel-sickness tablets**.
- **Sunscreen** – SPF15 or higher.
- **Sunburn treatment** (like calamine lotion).
- **Cough medicines** – make sure you get the right kind for the type of cough you have (like dry or chesty).
- **Decongestants** – for **blocked nose**, **allergy** or **hay fever** come as tablets or sprays so you can spray or inhale the remedy into the nose. They should be used for temporary treatment only and not for long periods of time.
- **Antihistamines** – for **allergies** and **hay fever** are excellent treatments and are more effective if taken before the symptoms appear – rather than after they have started. They are available as tablets and are effective in controlling most of the typical symptoms like **sneezing**, **runny nose**, **watery eyes**, **itchy nose** and **throat**. Always read the label as some antihistamines can make you feel drowsy – you should not drive after taking them.

For more information and advice on treating common health problems visit the Consumer Health Information Centre www.chic.org.uk

Basic home first aid kit

- thermometer • plasters • sterile eye pads • safety pins • tweezers
- sharp scissors • disposable gloves • antiseptic liquid or cream
- selection of plasters, non-absorbent cotton wool, elastic bandages and dressings.



Tip: your work should have a first aid kit – make sure you know where yours is, how to access it and find out who the first aider is.

*** Children under 16 years old and people with asthma should not take aspirin.**

**** If you are asthmatic speak to a GP before taking ibuprofen.**

USING MEDICINES

Using medicines

- Keep all medicines secure, locked in a cool dry place, and out of the sight and reach of children.
- Always read the label and patient information leaflet before taking medicines and only take the recommended dose.
- Check the expiry date – never use out-of-date medicines, take any of them to your pharmacist who can destroy them safely.
- Keep all medicines in their original containers.
- Pharmacist can offer you expert advice on medicines and can advise you on which medicines are best suited for treating your symptoms. They can also tell you how to use your medicine if you are unsure.
- Always discuss with a health professional to make sure your medicine is appropriate. Other medicines you are taking or conditions (like pregnancy) may affect whether a medicine is suitable for you.
- Ask your pharmacist for advice before giving over-the-counter medicines to children.

Buying medicines

When you are buying medicines for yourself (or others) be prepared to tell the pharmacist:

- your symptoms and how long you have had them
- what treatment, if any, has already been tried
- any other medicines (including **complementary medicines** and **supplements** like vitamins and minerals), either from your doctor, pharmacist, complementary medicine practitioner or other health professional, you are taking or using
- if you are sensitive or allergic to any medicines
- any relevant medical history.

Ask about your medicines

Here are some questions that you can ask a health professional, like a pharmacist or GP, to help you understand your medicines better:

- what does this medicine do?
- how long will I need to use it?
- how and when should I take it?
- should I avoid any other medicines, drinks, foods or activities when I am taking this medicine?
- what are the possible risks and side effects – and what should I do if they happen to me?

You should not change or stop taking prescribed medicine without talking to a GP or pharmacist first.

HEALTHY EATING

Healthy eating

Benefits: helps to protect you against many cancers and prevent heart disease. Helps you to maintain a healthy weight and gives your body the essential nutrients that it needs to make you feel well, give you energy and help you have healthy skin, hair and nails.

How can I make sure I have a balanced diet?

- Eat a minimum of five portions of fruit and vegetables a day. Try to eat a variety – you can choose from fresh, frozen, canned and dry types.
- Base your meals on starchy foods, preferably wholegrain, such as bread, cereals, potatoes, rice and pasta which should make up a third of your daily diet.
- Eat two servings of protein-rich foods such as lean meat, fish, eggs, pulses and beans each week.
- Try to eat 2 portions of fish a week making one of these an oily fish like kippers or salmon.
- Have at least half a pint of milk a day, preferably skimmed or semi-skimmed, or its equivalent in the form of yoghurt or cheese. Try to stick to low fat versions.
- Cut out foods high in saturated fat such as processed meat (like sausages and pies), cakes, pastries, crisps, deep fried foods (like chips) and many packaged foods.

Tips for healthy eating at work

- Take 2 pieces of fruit with you to snack on.
- Request fruit instead of biscuits at meetings.
- Have fruit or bread based products as snacks.
- Plan and shop for healthy lunch box contents and snacks.
- Swap fizzy drinks for pure/unsweetened fruit juice and opt for semi-skimmed milk instead of full fat.

Remember to drink plenty of water (6-8 glasses a day) as this is a key nutrient for your body.

Healthy lunch box

When making or buying lunch time sandwiches:

- either avoid spread, or choose low fat options or a light mayonnaise
- use thick cut wholegrain bread
- add salad to bulk out the filling
- use fillings lower in saturated fat like chicken, lean ham, lean beef, turkey, prawns, tuna and salmon
- choose lower fat varieties of cheese like brie, cottage cheese, low fat cream cheese or reduced fat cheddar.

HEALTHY EATING

Where to get advice

- Ask your pharmacist for information and advice on nutrition.
- GPs may be able to offer advice about your diet in relation to health problems or being overweight. Ask at your next appointment.
- Health food shops and many health clubs and gyms may be able to offer nutritional advice.

A dietitian can advise you on a healthy diet. You can contact a registered dietitian via your local hospital or GP practice. For details of registered dietitians working in private practice in your area, you can send a stamped addressed envelope marked 'Private Practice' to **The British Dietetic Association**, 5th Floor Charles House, 148/9 Great Charles St Queensway, Birmingham, B3 3HT.

More healthy eating info and ideas

Helpline: 0845 2788878
www.healthyliving.gov.uk
www.food.gov.uk
www.eatwell.gov.uk



GETTING ACTIVE

Getting active

Benefits: helps reduce the risk of heart disease, stroke, Type 2 diabetes (diet or tablet controlled diabetes) and some cancers. Helps you to lose weight and maintain a healthy weight, relieves stress, gives you energy and makes you feel good.

Aim to exercise for at least 30 minutes a day, at least 5 days a week. This can be done in bouts of 10 minutes instead of all at once.

Getting active at work

- Walk or cycle to work or for part of your journey – this gets you fit and saves you money on travel expenses!
- Take the stairs instead of the lift – you may get a little puffed out but it will give you more energy to face the day.
- Go for a walk round the block at lunch time or go out to get your lunch instead of sitting in the canteen – walking is excellent low impact exercise.
- Don't stay still for long periods of time – have a walk around and stretch every so often.
- Ask for the water cooler to be positioned somewhere that gives you the chance to stretch your legs when going for a top up.
- Park your car at the far end of the car park.
- Walk to meetings or to speak to colleagues instead of relying on email.
- Check to see if your employer has any special deals with local fitness clubs or exercise and relaxation classes that you can go to at lunch time.

Remember to drink more water when you are exercising to replace lost fluids from sweating.



DRINKING WATER

Drinking water

Benefits: helps prevent bladder, bowel problems, kidney stones and certain cancers. Improves oral health, concentration and physical performance. Helps avoid dehydration headaches, makes you feel alert, less irritable and it's cheap!

How much water should I drink?

Try to drink 6 to 8 glasses (around 2 litres) of water a day. Drink more if it's hot, you are exercising, you feel unwell or hungover and when going on long journeys.

Tips for drinking more water

- Start off by replacing drinks you normally have with a glass of water and gradually build this up.
- Have a glass of hot water with a slice of lemon in the morning.
- Keep a small bottle of water in your bag.
- Fill a 2 litre bottle with water each morning and aim to drink it all throughout the day.
- If you go out for a meal ask for a jug of tap water to go with it.
- If you don't have a water cooler at work, take a bottle with you and fill it up with tap water to drink throughout the day.

Tip: tap water is cheap and good for you – you don't have to rely on bottled water. To make it really refreshing keep a bottle chilled in the fridge.

Other healthy drinking tips

- Swap fizzy drinks for unsweetened fruit juice (diluted or pure).
- Avoid fruit juice with 'drink' in the title e.g. 'orange juice drink' as it normally means there is not much juice but lots of sugar.
- Swap full fat milk for semi-skimmed which has just as many essential nutrients but less fat.
- Make smoothies and milkshake with fresh or tinned fruit added to semi skimmed milk or yoghurt.
- Try and keep your alcohol intake to 3 units per day or less if you are a man, and two units or less if you are a woman. One unit equals half a pint of ordinary strength beer, or a small glass of wine, or one measure of spirit.

More information

For more information about how your body benefits from water visit:
www.waterforhealth.org.uk/home/resources-and-links/water-for-health/ask-about
020 7344 1844

STOPPING SMOKING

Stopping smoking

Benefits: improved smell, taste and circulation. Decreases your risk of many smoking related illnesses including lung and other cancers, heart disease, osteoporosis and stomach ulcers.

How can I give up smoking?

Just wanting to stop is a positive step in the right direction. If you've made the decision to quit, help and support is at hand! Call the **NHS Smoking Helpline** on 0800 169 0 169 – (England and Wales only) to find out about local services. In Scotland call **Smokeline** on 0800 84 84 84 or **NHS24** on 08454 24 24 24.

Think about making a quit plan which may include telling friends, relatives and work colleagues so they can support you, or get someone you know to give up with you at the same time. Going through the same experience together can be a great support and encouragement to help you stay focused and positive.

Where can I get support and advice?

- The NHS provides free services to help smokers stop including the local **NHS Stop Smoking Service**, which offers ongoing group and one-to-one sessions giving advice and support close to home. They are run by trained advisors and health professionals.
- Ask your pharmacist or GP about nicotine replacement therapy (NRT) which comes in various forms including patches, gum, nasal spray, inhalator and lozenges. Using NRT doubles your chance of successfully quitting.
- Some non-nicotine medicines are available on prescription to help you stop smoking – speak to a GP or pharmacist for more advice.
- Other stopping smoking techniques include acupuncture and hypnotherapy – although these haven't been clinically proven many people have found these methods to be very effective.

Worries about giving up

‘I'll put on weight’

The average weight gain for people who do put on weight is just 4lb.

Try to get active as this will help you reduce cravings and control any weight gain.

‘I've given up before and started again’

On average it takes 3 or 4 attempts to stop for good. So give it another go – maybe you can try a different technique this time.

STOPPING SMOKING

Useful contacts**England and Wales****NHS Smoking Helpline** 0800 169 0 169**NHS Pregnancy Smoking Helpline** 0800 169 9 169**NHS Asian Tobacco Helpline**

0800 169 0 881 – Urdu

0800 169 0 882 – Punjabi

0800 169 0 883 – Hindi

0800 169 0 884 – Gujarati

0800 169 0 885 – Bengali

NHS Direct 0845 4647 (England and Wales only)

Find your local **NHS Stop Smoking Service** (England only) by calling 0800 169 0 169, visiting www.givingupsmoking.co.uk or texting GIVE UP with your full post code to 88088

Scotland**Smokeline** 0800 84 84 84**NHS24** 08454 24 24 24 (Scotland only)**Northern Ireland****Smokers Helpline:** 0800 85 85 85**UK****British Heart Foundation Smoking Helpline** 0800 169 1 900**Action on Smoking and Health** www.ash.org.uk**Quitline** 0800 00 22 00 www.quit.org.uk

STRESS

Stress

Symptoms: tiredness, mood swings, skin problems, muscle tension, disturbed sleep patterns, low self-esteem, anxiety, poor concentration, changes in eating patterns, poor memory/forgetfulness. People vary in how much stress they can experience before it has an effect on their health.

How can I treat stress signals?

- Exercise has a positive effect on the common symptoms of stress and is useful in helping to prevent stress related ill-health.
- Make time for yourself. Relaxation techniques or meditation can be useful for many people.
- There are many types of relaxation classes available including meditation, yoga, Pilates etc.
- Taking a positive approach to your health can help you avoid turning to food, alcohol or other drugs like nicotine as comforters when feeling stressed.

How can I deal with stress at work?

Lots of people feel stressed at work and it can be caused by many reasons like having too much or too little to do, little freedom or flexibility, being unclear about where you fit in the workplace, trying to balance work and home life demands and strenuous work relationships.

Your organisation should support you in finding ways to reduce the causes of work related stress. There are also a number of things you can do for yourself which may help you deal with stress:

- organise your work – if too much work and too little time is a problem speak to your manager, if this is difficult you could speak to a staff representative or trade union representative
- develop a network of people both in and outside of work who can support you
- change your work environment (for instance, list your priorities or develop a filing system)
- take regular breaks during the day and at lunch time, avoid long work hours and take proper holidays
- exercise – going to the gym, a brisk walk, running or swimming are all good ways to take your mind off things
- find out if your company has a counselling or occupational health service and use it
- if you feel distressed at work try and take some time out to calm down and have a break
- learn simple relaxation techniques that you can do at work such as deep breathing.

STRESS

Where to get advice

- Use the occupational health service at work or ask your personnel/human resources department or health and safety representative about your company policy on work related stress.
- You may find information about relaxation classes at your local library, gym, health centre, in your local paper or on the internet.
- Speak to a GP or call **NHS Direct** on 0845 4647 – (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 for more advice.

Useful contacts**The Mental Health Foundation**

www.mentalhealth.org.uk

The Health & Safety Executive

Information on work related stress

www.hse.gov.uk/stress / 08701 545 500

Mind

Confidential advice and help on mental health issues

www.mind.org.uk / Mindinfo 0845 7660 163

www.teacherstress.co.uk

Advice for teachers on how to prevent and cope with stress

Samaritans

08457 909090, jo@samaritans.org www.samaritans.org

International Stress Management Association

www.isma.org.uk / 07000 780430



BACK PAIN

Back pain

Most acute back pain (pain which goes on for a limited time) is caused by muscle or ligament strain which is often a result of poor posture (both standing and sitting), bad lifting technique, being unfit, being overweight, over-stretching or overuse of your back muscles.

The pain is most often caused when muscles in the back are strained or go into spasm because of over-stretching or overuse. Even when there is a lot of pain it is unlikely that it is caused by anything more serious, like infection, because this is quite rare. Most pain will lessen within a week.

What can I do to treat back pain?

- Take pain killers like paracetamol or ibuprofen** (always read the label). You may find it soothing to apply a heat or ice pack to the area. Do this for no longer than 30 minutes at a time and **do not apply ice packs directly to the skin** (wrap in a tea towel first).
- Keep as active as possible, this will help it get better faster. **Lying in bed for too long will not help, it may even make it worse.**
- Carry out your normal activities, like going to work, walking your dog, shopping and cooking as best you can, but try not to overdo it.

Where to get advice

- If your back pain is due to muscle spasm you can usually manage it yourself with advice from your pharmacist or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 without having to spend time visiting your GP. In most cases, your GP is likely to advise you to improve your posture and lifting technique, take pain killers such as paracetamol and may offer you some gentle exercises.
- Speak to your occupational health service at work if you have one.
- You may wish to get help and advice from someone who deals with back pain all the time, such as a physiotherapist, osteopath or chiropractor.

If you have back pain with any of the following symptoms you should go to your GP or call **NHS Direct** on 0845 4647 – (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 immediately:

- feel numb or have pins and needles in one or both legs or around your back passage, genital area, or inside the tops of your thighs
- you are incontinent (bladder or bowel) or are unable to pass water
- you feel unsteady on your feet or both legs feel weak
- you feel generally unwell (for instance if you have a high temperature as well as severe back pain)
- you have weight loss or night sweats
- your back pain is getting worse over a period of time (more than four weeks) for no apparent reason.

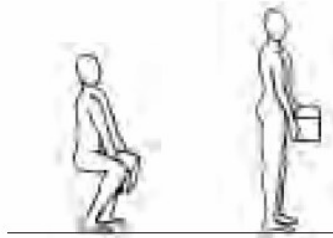
**** If you are asthmatic speak to a GP before taking ibuprofen.**

BACK PAIN

Tips on correct lifting technique

Follow these four steps to lifting correctly:

1. Bend your knees
2. Keep the object close to your body
3. Keep your back straight
4. Lift by straightening your legs not your back



Reverse this for putting the object down and remember not to twist your back, instead turn with your feet.

Useful contacts**BackCare**

www.backcare.org.uk

BackCare Helpline 0870 950 0275

General Osteopathic Council

www.osteopathy.org.uk

020 7357 6655

General Chiropractic Council

www.gcc-uk.org

020 7713 5155

Chartered Society of Physiotherapy

www.csp.org.uk

020 7306 6666

UPPER LIMB DISORDER (ULD)

Upper limb disorder (ULD)

Upper limb disorder (ULD) is a group of conditions/injuries that affect your arms or hands caused by a repetitive movement of a part of the body. Frozen shoulder, tennis elbow, golfers elbow, carpal tunnel syndrome and tenosynovitis/tendonitis are some of the most common conditions. ULD is common and accounts for over half of all work-related illnesses. It used to be called repetitive strain injury (RSI) but most health professionals now call it ULD as the term RSI can be misleading.

Symptoms: vary depending on the type of ULD but may include pain, tingling (pins and needles), dull ache, stiffness, weakness, loss of grip and difficulty in movement.

What causes ULD?

A number of factors can cause ULD including:

- highly repetitive movements
- awkward posture or gripping
- vibrations
- excessive force
- activities like gardening, DIY and tennis
- certain types of work (both office based and manual) can cause or aggravate ULD
- too much time spent on an activity without a break.

How can ULD be treated?

It is important to identify and treat the symptoms of ULD as early as possible. If you have an occupational health department at work speak to them or contact your GP surgery. Treatments vary and may include physiotherapy, painkillers and exercises. Occupational health departments have a good understanding of work environments and can give you advice – like adjusting the layout of your work station or way you work – to help prevent ULD and avoid the risk of further damage.

Useful contacts

The Health & Safety Executive

Advice for employers and employees

www.hse.gov.uk (go to publications)

HSE Infoline 08701 545 500

NHS Plus – Health at work

Information about the causes and treatments of ULD

www.nhsplus.nhs.uk

The RSI Association

www.rsi.org.uk

IRRITABLE BOWEL SYNDROME (IBS)

Irritable bowel syndrome (IBS)

Symptoms: abdominal pain – often on the left hand side, diarrhoea, constipation, bloating, feeling nauseous (sick) and/or loss or lack of appetite. Symptoms vary greatly between people.

Irritable bowel syndrome (IBS) is a common digestive disorder. Although the causes of IBS are not fully understood research shows that the bowel of people with IBS is more sensitive than usual and this sensitivity sets off a reaction, causing the symptoms. Stress and lifestyle are also major factors.

How can I treat IBS?

- The best treatment for IBS is to understand the triggers and avoid them.
- Eat a well-balanced diet and try to eat small meals at regular intervals.
- Avoid rich, fatty or spicy foods.
- Common foods such as dairy products and bread and cereals can trigger symptoms, so check out your body's reaction to these foods.
- If you have constipation natural fibre supplements can be prescribed or bought from the pharmacy to help your bowel work more effectively. Medicines are also available that help some people by reducing the frequency and severity of stomach cramping.

Where to get advice

- If you think you may have IBS, ask your pharmacist or a GP for advice or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24.
- If you have blood or tar like material in your bowel motions call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 or contact your GP surgery.

Useful contacts

Digestive Disorders Foundation

www.digestivedisorders.org.uk

Helpline 020 7486 0341

The IBS network

Advice, information and support for sufferers

www.ibsnetwork.org.uk

IBS Network Helpline 01543 492192

COUGHS, COLDS AND FLU

Coughs, colds and flu

Symptoms: fever, aches, sore throat, runny nose, blocked nose and cough. Cold and flu symptoms are similar. However, flu symptoms are more severe and last longer.

Should I have a flu vaccination?

Everyone aged 65+ should have a flu jab each year. You should also consider having a flu jab if:

- you have a long-term (chronic) condition like a heart problem, asthma, kidney disease, diabetes or a weak immune system because of disease or treatment for instance steroid medication or cancer treatment (does not apply to babies under 6 months old).
- you live in a nursing home, residential home or other long-stay home.

If you think you need a flu jab contact your GP surgery.

How can I treat cough, cold and flu symptoms?

- Ask your pharmacist. The fastest and most effective way to treat colds and flu is with advice from your pharmacist.
- Breathing in steam from a hot shower, in the bath or from a basin can help ease a blocked nose, stuffiness and a sore throat. You can also put inhalant drops, aromatic rub or salts in the water for extra relief.
- Drink plenty of fluids. Drinks like hot water with lemon juice and honey have a soothing effect. Vitamin C (found in citrus fruits like oranges and kiwi fruit) can help you fight colds and flu.
- Get plenty of rest and avoid strenuous exercise.
- If you don't feel like eating try soup instead.
- There are several remedies to treat cough, cold and flu symptoms, (see page 19) ask your pharmacist for advice.



COUGHS, COLDS AND FLU

Where to get advice

- Ask your pharmacist or call **NHS Direct** on 0845 4647 – (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 for advice.
- Ask your pharmacist which medicine is best for you. For example, if you have high blood pressure many decongestants may not be suitable as they can make some symptoms worse.
- If your cough persists for more than a fortnight, you have a lot of yellow or green phlegm, you have pain in your chest or shortness of breath ask your pharmacist or a GP for advice or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24.

Use this table to help you find the right remedy for cough, cold and flu symptoms.

Symptom	Remedy
High temperature, headache, aches and pains	The three most common remedies for pain, fever and headaches are paracetamol , aspirin* or ibuprofen** . Aspirin* and ibuprofen** also have anti-inflammatory properties (good for sprains, aches and pains).
Cough	There are many cough medicines available. Ensure you get the right variant for your type of cough (like dry or chesty).
Sore Throat	Sore throat relief comes in the form of lozenges , pastilles and sprays as well as traditional pain relief remedies such as paracetamol and aspirin* .
Runny Nose	The most common remedies for runny nose can be taken orally as a tablet or as a liquid.
Blocked Nose	There are several decongestants available which are generally taken orally as a tablet or by spraying or inhaling the remedy into the nose.
Colds and flu are caused by viruses. Antibiotics do not work on viruses so will not cure colds and flu.	

* Children under 16 years old and people with asthma should not take aspirin.

** If you are asthmatic speak to a GP before taking ibuprofen.

HEADACHES, FEVER AND HANGOVERS

Headaches, fever and hangovers

Headaches can have a whole variety of causes including looking at a computer screen for too long, stress, needing glasses or dehydration.

How can I treat headaches and fever?

- The most common remedies for pain relief and reducing a high temperature are ibuprofen,** aspirin* and paracetamol. These remedies will also reduce a high temperature. Ask your pharmacist for more advice.
- If you use a computer at work take a break regularly to avoid eye strain.
- Stress or dehydration may be causing your headaches – make sure you drink plenty of water. Check out **Stress** on page 12 for advice.
- Cool drinks or putting a damp towel on your forehead can help reduce your temperature.

How can I treat hangovers?

- Hangover headaches are largely caused by dehydration due to drinking too much alcohol and not enough water. The most effective way to prevent them is by drinking less alcohol and drinking plenty of water – perhaps alternating water with alcoholic drinks – and by making sure you get plenty of fluids the next day. Drinking water before you go to bed may also help.
- The recommended pain relief for a hangover is paracetamol. Other pain relief like aspirin* can irritate what might already be a sensitive stomach. However, do not mix alcohol and medicines on the same night – you could damage your liver.
- Ask your pharmacist about paracetamol products specifically designed for hangovers which provide headache relief, rehydration and replacement of minerals and salts.
- You may also feel sick. Check out **Sickness** on page 24 for advice.

* Children under 16 years old and people with asthma should not take aspirin.

** If you are asthmatic speak to a GP before taking ibuprofen.

HEADACHES, FEVER AND HANGOVERS

Where to get advice

- Ask your pharmacist or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 for more advice.
- If you have a temperature that lasts longer than 48 hours ask for advice from a health professional.
- If you find yourself having difficulty seeing things at a short or long distance, this could be causing your headaches, speak to an optician about having an eye test.
- Consult your pharmacist, GP or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 for more advice if your headache is severe and accompanied by a very high temperature, sickness, abdominal, neck or back pain and/or bright light bothers you and you feel drowsy or confused.
- If you have frequent headaches or one which lasts more than a few days speak to a GP or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 for more advice.
- If you get hangovers regularly you could be in danger of permanently harming your health. Check this out with a GP or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24.

Remember do not use over-the-counter medicines for headache relief for more than the recommended few days without talking to a health professional.



HAY FEVER AND ALLERGIES

Hay fever and allergies

Symptoms: blocked or itchy nose, sore, streaming and watery eyes, blocked ears, sneezing, sinus pain, tickly throat and/or itchy palate, blisters or skin rashes – check out **Rashes** on page 27 for more advice on dealing with skin rashes.

Hay fever and allergies happen when you come into contact with a substance that your body is unusually sensitive to. With hay fever it is the pollen in the air, but allergies can be caused by any substance – from specific kinds of foods to animal fur and dander. These substances are called allergens which stimulate the release of histamine from cells in the skin. This causes a reaction such as swelling.

Common allergies include: pollen, house dust mite, moulds, pets, insect bites, industrial and household chemicals, some medicines and foods. Less common allergens include nuts, fruit and latex. Certain drugs such as penicillin can cause allergic reactions.

How can I avoid and treat hay fever and allergies?

- When you have an allergic reaction, try to identify what causes it, and avoid coming into contact with the substance or situation in the future.
- If you get hay fever, look out for the pollen count, which is published in many newspapers and is often on TV weather forecasts.
- Ask your pharmacist for advice, there are a range of remedies available to treat hay fever and allergies (especially if taken early) like antihistamines, nasal anti-inflammatories (reduce inflammation and swelling in the nose), decongestants and eye drops. Make sure you tell your pharmacist if you have high blood pressure – as some medicines may not suit you.

HAY FEVER AND ALLERGIES

Where to get advice

- If you experience recurring allergic symptoms, tightness of chest, wheezing or shortness of breath contact your GP surgery or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24.
- A more serious, but relatively rare, type of allergic reaction is anaphylaxis or anaphylactic shock. People known to be at risk must see a GP for advice and treatment and carry a pack of emergency medicines at all times.
- An organisation called **MedicAlert** can help to provide emergency identification for people with allergies. Call 020 7833 3034 or go to www.medicalert.org.uk

Useful contacts**Allergy UK**

For help managing your allergies

www.allergyfoundation.com

Allergy Helpline 01322 619 864

Chemical Sensitivity Helpline 01322 619 898

Anaphylaxis Campaign

Helpline 01252 542029

www.anaphylaxis.org.uk

MedicAlert

www.medicalert.org.uk

020 7833 3034



SICKNESS (VOMITING) AND DIARRHOEA

Sickness (Vomiting) and Diarrhoea

Sickness (vomiting) and diarrhoea is not usually a sign of anything serious. It is generally caused by a bug (a virus or bacteria), perhaps in something you've eaten or by too much food or alcohol. Some people also get travel sickness.

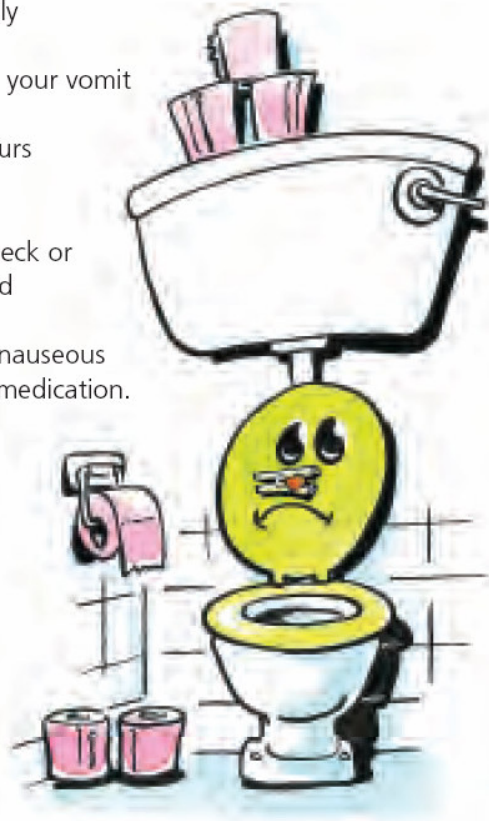
How can I treat sickness and diarrhoea?

- There are many remedies you can buy from your pharmacist to help ease nausea and diarrhoea and relieve travel sickness. Ask your pharmacist for more advice.
- Do not eat solid food, drink excessive tea or coffee or take painkillers until the sickness has stopped.
- Drink water – even if you have problems keeping it down. This is important to help you stop getting dehydrated.
- Sickness and diarrhoea should stop in 24 hours and then you can start eating foods again – but try not to overload your stomach too quickly.

Where to get advice

Ask your pharmacist, GP or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 if:

- you are vomiting or have diarrhoea repeatedly and/or it does not settle down in 24 hours
- there is blood or dark brown/black matter in your vomit or stools (poo)
- you have had a head injury in the last 24 hours and are sick
- your sickness is accompanied by a very high temperature, severe headache, abdominal, neck or back pain and/or bright light bothers you and you feel drowsy or confused
- you are on medication and regularly feeling nauseous (sick) as this may be a side-effect from your medication.



CONSTIPATION

Constipation

Symptoms: change in your routine where you go to the toilet less often than usual or have difficulty passing stools (poo) because they are hard or small, stomach pains and cramps, feeling bloated, feeling sick, a sense of fullness, headache, furred tongue, loss of appetite, fatigue and depression.

Constipation is often caused by not having enough fibre in your diet, not drinking enough fluids or too little activity. Sometimes it can also be caused by medicines you are taking (like codeine), hormonal changes (for instance, the menopause) or stress.



How can I treat constipation?

- Make sure your diet includes plenty of wholegrain, cereals and bread (this includes foods such as pasta, rice and beans which should make up about a third of your diet) and at least five portions of fruit and vegetables each day.
- Drink plenty of water – around two litres a day (six to eight glasses).
- Laxatives are available over-the-counter that will help get your bowels moving, ask your pharmacist for the best type to suit you.
- Keep active to encourage normal bowel activity.

Where to get advice

- Ask your pharmacist to recommend what laxative is best for you. Let your pharmacist know if you are taking other medication as this may be causing your constipation and they can advise you.
- If laxatives do not work, you have lower abdominal pain or other symptoms such as persistent vomiting, blood in your motions (poo), weight gain or loss and tiredness speak to a GP or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24.

INDIGESTION

Indigestion

Symptoms: burning pain behind the breastbone that may be accompanied by a bitter acidic taste in the mouth, bloated or gassy stomach, burping, general stomach discomfort, feeling full and feeling sick.

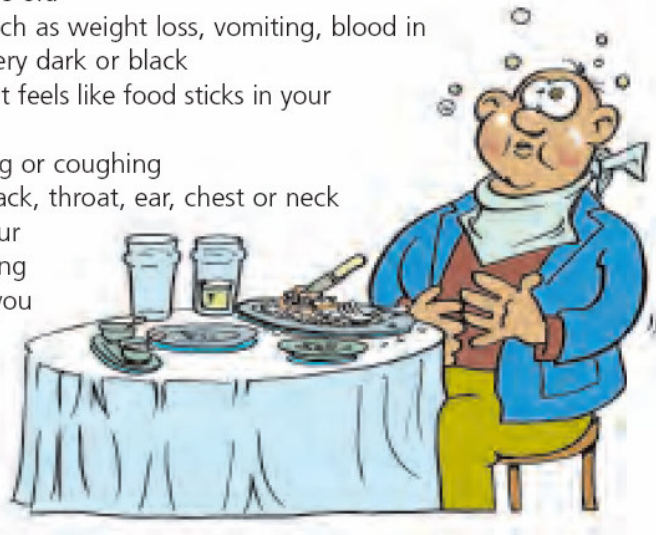
Many of us are familiar with that feeling of bloating, discomfort or even pain after we've overdone it with food or drink. Indigestion, also known as **heartburn** or dyspepsia, is any symptom or collection of symptoms caused by disruption of the body's digestive system. Some people will have symptoms every day and others only occasionally.

How can I treat indigestion symptoms?

- Eat sensibly and avoid spicy, fatty and/or rich meals, especially just before bedtime.
- Try to eat slowly and chew well.
- Try to cut down on alcohol.
- If you smoke, stop (see page 10 for more advice). If you struggle to stop try cutting down.
- Put an extra pillow under your head at night as it is harder for the acid to flow uphill.
- Get active as it helps your digestion.
- Try not to get stressed as this can trigger indigestion.

Where to get advice

- Ask your pharmacist to advise you on the range of indigestion remedies available to treat symptoms like heartburn, excess acid, feeling bloated or trapped wind.
- Speak to a GP or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 for more advice if:
 - symptoms suddenly get worse, are not relieved by medication, go on for longer than one week or come back when you stop taking your medicine
 - you are under 16 or over 45 years old
 - you have any other symptoms such as weight loss, vomiting, blood in your motions (poo) or they are very dark or black
 - you find it difficult to swallow or it feels like food sticks in your throat when you swallow
 - you are short of breath, wheezing or coughing
 - you have a severe pain in your back, throat, ear, chest or neck
 - you have ever had surgery on your stomach, a stomach ulcer, bleeding in your stomach or intestine, or you have anaemia.



SKIN PROBLEMS

Skin problems

Your skin is the largest organ in the body and covers an average area of about 1.8 square meters, about the size of a bed sheet. There are many different types of skin problems, this section deals with some common ones.

Rashes and insect bites

Rashes can happen because of heat, sweat and friction or an allergic reaction (see page 22). Insect bites become itchy and reddened and stings can be painful.

How can I treat rashes and insect bites?

- Ask your pharmacist. There are many creams, lotions and sprays available that will ease rashes, help clear up the redness and soothe pain.
- For rashes from allergic reactions, insect bites or wasp stings there are a range of antihistamine creams, local anaesthetics and hydrocortisone creams that can help.
- Bees only sting once and can leave their sting behind. This should be removed by scraping with a thumbnail or tweezers before applying an ointment or cream. Do not squeeze the area as this may force it more into your flesh.
- Get insect repellent to prevent bites if you are going abroad or where you think your risk of being bitten is higher than normal.

Where to get advice

- Ask your pharmacist or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 for advice on what medicine would be most suited to your particular rash or bite.
- If you also have headaches, pain, a high temperature or other symptoms ask a pharmacist, GP or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 for advice as it could be an infection such as chickenpox.
- If you think your rash may be related to something at work you should speak to your occupational health or human resources department or speak to your health and safety representative.

SPOTS

Spots

Spots are caused by the skin producing extra grease, which blocks the pores, causing bacteria to be trapped beneath the surface. Spots can happen because of hormonal changes like during adolescence, or during (or just before) menstruation and can also appear because of stress.

Acne, is a more severe and prolonged amount of spots, usually on the face and neck, and often happens during puberty and adolescence. Acne can be distressing and may need medical treatment.

How can I treat spots?

- Wash the affected area twice a day with water or a mild product – avoid strong soaps.
- Avoid greasy, heavy make-up and cleanse the skin thoroughly every night.
- Squeezing or picking your spots may only make them worse and could cause scarring.
- If you get a sudden bout of spots it could be an allergic reaction – see page 22.
- Ask your pharmacist for more advice. There are many treatments available such as creams, face-washes, cleansers and abrasives (although excessive use can make things worse).
- Drinking plenty of water and eating a healthy balanced diet may help you have healthy skin.

Where to get advice

- Ask your pharmacist who can recommend the best treatment and give advice for spots.
- If you are still worried visit a GP who may prescribe antibiotics or refer you to a specialist.
- If you also have a headache, pain, high temperature or other symptoms ask your pharmacist, a GP or call **NHS Direct** on 0845 46 47 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 for advice as it could be an infection such as chickenpox.

Useful contacts

Skin Care Campaign

www.skincarecampaign.org

British Association of Dermatologists

www.bad.org.uk/patients/disease/acne/

020 7383 6266

COLD SORES/MOUTH ULCERS

Cold sores

Symptoms: painful raised blisters around the mouth that can take up to 10 days to form and heal. The virus is highly contagious and can be passed on by kissing and touching another person's mouth or other part of their body.

One in four people get recurrent cold sores. Cold sores are caused by the herpes simplex virus and can not be treated by antibiotics. Some people think this is a form of sexually transmitted infection (STI) but you can catch a cold sore without sexual contact. Many people are carriers of the cold sore virus without knowing as it can lie dormant. The virus stays in the system and can be triggered by things like stress, feeling run down, fighting off other infections and exposure to the sun.

How can I treat cold sores?

- Ask your pharmacist. Cold sore creams are available and, if used early enough (when there is the initial tingling in the skin), can prevent the blister or help it heal more quickly.
- Prevent cold sores spreading by washing carefully, especially hands, not sharing towels and by avoiding physical contact, which may spread the virus to others.

Mouth ulcers

Symptoms: painful, white blisters in the mouth or on the tongue.

Mouth ulcers happen for many reasons like friction on dentures, stress, bacterial or fungal infection, lack of sleep, being run down and not getting enough vitamins and minerals.

How can I treat mouth ulcers?

- Ask your pharmacist, there are many gels available that contain antiseptics or antibacterial agents combined with pain relief ingredients that can help.

Tip: if you frequently get cold sores or mouth ulcers, your lifestyle may be triggering them. Check out **Healthy Eating** on page 6 and **Stress** on page 12, which may be underlying causes.

Where to get advice

- Ask your pharmacist or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 for more advice.

ATHLETE'S FOOT

Athlete's foot

Symptoms: itchy, sore skin between the toes that will eventually crack and peel. Sometimes looks white, inflamed and weepy.

Athlete's foot is a skin disease caused by a fungus that you often get between the toes. The fungus most commonly attacks skin on the feet because shoes create a warm, dark, and humid environment, encouraging the fungus to grow. It is commonly picked up from showers and changing room floors in gyms and swimming pools.

How can I treat athlete's foot?

- Ask your pharmacist. Antifungal treatments for feet, shoes and socks are available and come as creams, sprays, ointments and dusting powders – some also contain hydrocortisone to stop the itching.
- Avoid walking around barefoot, especially in changing rooms and communal showers.
- Wash feet daily with soap and water and dry carefully – especially between the toes.
- Change your socks and shoes regularly to decrease moisture and help stop the fungus from infecting the feet.
- If you tend to get athlete's foot, try using an anti-fungal foot powder, which is available from the pharmacy.

Where to get advice

- If you need more advice speak to your pharmacist or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24.

CUTS AND GRAZES

Cuts and grazes

How can I treat cuts and grazes?

Rinse a cut or graze under cold running water, allowing the blood to flow out and to wash out any dirt. Cover and apply pressure to the wound for a few minutes to stop bleeding, then dry the area carefully. A sticking plaster can be used for small cuts.

Larger cuts should be covered with gauze or a non-stick dressing held in place with tape or a bandage and grazes should be left open to the air in order to heal.

If you have a deep cut and are losing a lot of blood, apply pressure to stop the bleeding, lift the limb if possible and get medical help or call **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 if you are unsure.

Where to get advice

- Ask your pharmacist, you can buy antiseptic liquids and creams, sticking plasters and dry dressings over-the-counter.
- If the cut is very deep, dirty or caused by a dirty or rusting object a tetanus jab may be needed from your GP surgery.
- If the wound is red and inflamed with pus it may be infected, call your GP surgery or **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24 if you are unsure.
- If the wound has something in it (like glass), call your GP surgery or **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24.
- If the cut is deep and does not stop bleeding get urgent medical help or call your GP surgery or **NHS Direct** on 0845 4647 (England and Wales only) or **NHS 24** in Scotland on 08454 24 24 24.

If your injury happens at work you should make sure it is reported following correct company procedures.



BURNS AND SCALDS

Burns and scalds

Burns are caused by dry heat, such as hot objects, flames or the sun. Scalds are caused by steam, hot liquid or hot fat.

How can I treat burns and scalds?

The urgent priority for burns or scalds is to cool the injury by getting it under cold water as soon as possible and holding it there for at least ten minutes. Remove any jewellery, belts or shoes in case of swelling. Cover the burn with a sterile dressing. Do not break blisters or touch the burned area.

Where to get advice

- If you have a minor burn, ask your pharmacist for ointments that are available to provide soothing relief.
- If you have a severe burn, have a chemical or electrical burn or injury to the eyes go to your local Accident and Emergency department at hospital or dial 999.

If your injury happens at work you should make sure it is reported following correct company procedures.

This booklet contains general information produced by DPP: Developing Patient Partnerships (formerly Doctor Patient Partnership) which can be used as the first step to help you decide the best course to take when you or your family are not well. In the absence of any examination, it is not possible to reliably diagnose and treat a medical condition. Diagnosis can only be carried out by a suitably qualified health professional after a consultation. The advice and guidance in this booklet is the responsibility of DPP: Developing Patient Partnerships.

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"Better health at home and at work" – Survey

We would like to find out how you used this booklet and if you found it useful. We would be grateful if you could spend a few minutes filling in this survey and then returning it to us.

1. How did you get this booklet? (please tick one)

It was given to me at work ☐

I picked it up from my:

GP surgery ☐ Hospital ☐ Walk-in Centre ☐ Pharmacy ☐

It was given to me in a consultation with a health professional ☐

Other (Please state): ☐

2. How many times have you used this booklet? (please tick one)

Haven't used it ☐ Once ☐ Two or Three times ☐ More than three times ☐

3. Who have you used this booklet for? (please tick all that apply)

Myself ☐ Other adult ☐ Child ☐

4. What will you do with this booklet? (please tick one)

Keep it to refer to at home ☐ at work ☐ Read it and then throw it away ☐

Throw it away without reading it ☐ Give it to a friend or family member ☐

5. What is your overall impression of the booklet? (please tick one)

Excellent ☐ Good ☐ Fair ☐ Poor ☐

6. Has this booklet helped you to recognise common health problems? (please tick one)

Yes ☐ No ☐

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PLEASE FOLD AND GLUE																									
<p>7. Has this booklet helped you to treat common health problems? (please tick one) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8. Has this booklet encouraged you to improve your diet or exercise more? (please tick one) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>9. Has this booklet made you more or less likely to:</p> <table border="0"> <thead> <tr> <th></th> <th>More likely</th> <th>Neither</th> <th>Less likely</th> </tr> </thead> <tbody> <tr> <td>a. See a GP or nurse about common health problems</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. See your pharmacist about common health problems</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. Treat common health problems at home</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. Take time off work for common health problems</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. Know which service to use</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>10. After reading this booklet do you feel that it: (please tick all that apply)</p> <p>Gave you confidence to deal with common health problems yourself <input type="checkbox"/></p> <p>Gave you new information about common health problems <input type="checkbox"/></p> <p>Confirmed what you knew already about common health problems <input type="checkbox"/></p> <p>Changed the way you will manage common health problems <input type="checkbox"/></p> <p>Helped you improve your health <input type="checkbox"/></p> <p>11. What other people or things do you use to help you deal with common health problems?</p> <p>Please write:</p> <p>_____</p> <p>_____</p> <p>_____</p>		More likely	Neither	Less likely	a. See a GP or nurse about common health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. See your pharmacist about common health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Treat common health problems at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Take time off work for common health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Know which service to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>12. Would you like to get information (like this booklet) from your employer to help you look after your health? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>13. Are you? (please tick one) Under 16 <input type="checkbox"/> 16-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75-Over <input type="checkbox"/></p> <p>14. Are you? (please tick one) Employed Full time (30+hrs) <input type="checkbox"/> Employee Part-time (< 30 hrs) <input type="checkbox"/> Self employed <input type="checkbox"/> Student <input type="checkbox"/> Unable to work <input type="checkbox"/> Looking after family/household <input type="checkbox"/> Retired <input type="checkbox"/> Looking for work <input type="checkbox"/></p> <p>15. In general would you say your health is: (please tick one) Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/></p> <p>19. Are you? (please tick one) Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>We want to ask some of the people who return this survey to help us to learn more about how this booklet is used by agreeing to have a brief interview over the telephone.</p> <p>If you would be willing to take part please fill in your details below and you will be contacted by 24/03/2005 at the latest.</p> <p>Your name: _____</p> <p>Your telephone number: _____</p> <p>Thank you for your time Code: A</p>
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d. Take time off work for common health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
e. Know which service to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						

Fold

Fold

Caring for Kids

Caring for kids

A self-care guide to childhood illnesses



Introduction

All children experience common illnesses like colds and chickenpox from time to time – they are all part of growing up. You do not need a prescription for common illnesses as they are rarely serious. So, treating your child's illness yourself, or with advice and medicines from your pharmacist, can often be the easiest and quickest way to deal with your child's problem.

This booklet has information on the most common childhood illnesses and helps you:

- recognise your child's minor illness;
- treat your child at home;
- decide what to do if you are still not sure; and
- know what medicines to use.



www.dpp.org.uk

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Medicines Advice

When you are buying medicine for your child be prepared to tell the pharmacist:

- Who it is for and give your child's age – many medicines are for adults only
- What the symptoms are and how long your child has had them
- What treatment, if any, has already been tried
- Any other medicines, either from your doctor or pharmacist, your child is taking
- If your child is sensitive or allergic to any other medicines that you know of
- Any relevant medical history.

Using medicines

- Keep all medicines secure, locked in a cool dry place, and out of reach of children.
- Always read the label before giving medicine to your child and only give them the dose recommended on the packet.
- Check the sell-by date – never use out-of-date medicines. Take any out-of-date medicines back to your pharmacist who can destroy them safely – this is to stop medicines from getting into the public water supply and the wrong people getting hold of medicines that someone else has thrown away.
- Keep all medicines in their original containers.
- Your pharmacist is able to offer expert advice on medicine and can advise which medicines are appropriate for your child, based on the latest available information.



Medicines to have handy...

There are many childhood ailments that you can successfully treat yourself using medicines that you can buy from your pharmacy without the need for a prescription.

It may be helpful for you to have the following at home in your medicines cabinet.

For pain relief:

Children's paracetamol (which can be given to children 3 months and over) or ibuprofen (which can be given to children over 6 months old only)*. These are good for things like earache and teething, and can also help to bring down your child's temperature if they have a fever.

* Aspirin

Children below 16 years should not be given aspirin, except on specialist advice from a doctor.

For coughs and colds:

There are various cough mixtures available to ease a cough. Decongestants which help blocked noses come as nasal drops, as a rub for the chest, or drops to put on clothes. Take care to only use nasal drops or sprays for the time recommended by the manufacturer. Some of these products can make nasal congestion worse if overused. Remedies that contain pain relievers and decongestants are also available. Be careful not to double up on the dosage. Ask your pharmacist which products would be best for your child.

For cuts, grazes, burns and bites:

Various creams, solutions and ointments are available from your pharmacist containing antiseptic with soothing qualities. Ask your pharmacist for advice.

For hay fever/allergy:

Antihistamines for young children come in syrup form and give relief from hay fever and other allergic problems, e.g. hives. Eye drops are available for sore itchy eyes caused by allergies.

For diarrhoea:

Oral rehydration sachets that can be dissolved in water are the most suitable products for children. These replace the salt and water lost in the diarrhoea.

For wind and gripe:

Child formulations are available to relieve the symptoms of wind and gripe – ask your pharmacist.

For teething:

Special gels are available that help to relieve pain and discomfort caused by teething. Children's paracetamol (can be given to children 3 months and over) or ibuprofen (for children over 6 months only) are also good for pain relief.

For baby rashes:

Various creams are available from your pharmacist that will provide rash relief. Calamine lotion helps soothe itchy and hot rashes. Adding two tablespoons of bicarbonate of soda to bath water may also relieve the itching.

Special creams are available for nappy rash but some antiseptic creams may also be suitable for nappy rash and rashes in general – ask your pharmacist for advice. If the rash is giving your child pain or discomfort you can give them some children's paracetamol (can be given to children 3 months and over). Do not use cream or ointment on broken or bleeding skin without medical advice.

For fevers:

Digital and forehead thermometers are available for checking your child's temperature. A child has a fever if the temperature is 38°C/100.4°F or more. If your child does have a fever there are various things that you can do to bring it down – see Fever page 17.

Your pharmacist is a medicines expert and will give you advice on the best medicine for your child. If you are in doubt, or are worried, ask your pharmacist for help.

Immunisation timetable

Immunisation is a way of protecting children from a range of infectious illnesses using a vaccine. Vaccines can protect children from many diseases such as polio, tetanus, diphtheria, whooping cough, measles, mumps and rubella (German measles).

The immunisation timetable is a guide to help you give your child maximum protection as early as possible. It may be useful for you to use this timetable as a record of your child's vaccinations.

When to immunise	Vaccination given	How vaccination is given	What vaccination protects against
Two, three and four months	Polio	by mouth	Polio
	Diphtheria, Tetanus, Pertussis and Haemophilus Influenza type B (DTP-Hib)	one injection	Diphtheria, Tetanus, Pertussis (whooping cough) and Hib Meningitis
	Men C	one injection	Meningitis C
12-15 months	Measles, Mumps, Rubella (MMR) (see page 12)	one injection	Measles, Mumps and Rubella (German measles)
3 to 5 years (pre school or nursery school entry)	Polio	by mouth	Polio
	Diphtheria, Tetanus and acellular Pertussis (DtaP)	one injection	Diphtheria, Tetanus, attenuated Pertussis (whooping cough)
	Measles, Mumps and Rubella (MMR)	one injection	Measles, Mumps and Rubella (German measles)
10 to 14 years (and sometimes shortly after birth)	BCG	skin test, then if needed one injection	Tuberculosis
13 to 18 years	Tetanus and low dose Diphtheria (Td)	one injection	Tetanus and Diphtheria
	Polio	by mouth	Polio

Rashes

If your child develops a rash and there are no other symptoms it is unlikely to be serious. (See also MMR page 12).

What should I do if my child develops a rash?

- Encourage your child to rest and keep an eye on them for any signs of illness.
- Make sure your child is drinking plenty of fluids.
- Children's paracetamol (can be given to children 3 months and over) can help to ease any discomfort the rash may be causing.
- Calamine lotion may give some relief for a short time.
- Two tablespoons of bicarbonate of soda added to bath water may relieve any itching.
- Ask your pharmacist to recommend a cream to provide relief. Hydrocortisone creams should not be used on children under 10 years unless specifically recommended by a doctor.

Common rashes in children

There are some common rashes that your child may experience from time to time such as **cradle cap**, **nappy rash** and **heat rash**. There are a number of ways that you can treat these types of rashes yourself at home.

Nappy Rash

Symptoms: A red rash (not usually raised) in the nappy area.

Most babies get nappy rash from time to time. It is caused by the irritating effect of urine and faeces (poo) coming into contact with the skin. There are several ways to prevent your child from getting nappy rash and it can easily be treated.

How can I prevent my child from getting nappy rash?

- Change the nappy as soon as it becomes soiled or wet.
- Avoid disposable wipes containing alcohol or moisturising chemicals – use plenty of warm water instead and dry thoroughly by patting (not rubbing) the skin, and leaving the fresh nappy off for a few minutes.
- Leave the nappy, particularly plastic pants, off as much as possible.

- Avoid talcum powder as this can cause irritation.
- Avoid caustic household detergents on re-useable nappies.

How can I treat my child's nappy rash?

- Quickly treat the rash with a cream or ointment from your pharmacist, who can advise on which one to use.
- Leave the nappy off wherever possible: exposing the skin to air will help healing.
- Change the nappy frequently.
- Consider switching from disposable to reusable nappies if nappy rash is a persistent problem.

If the condition gets worse or any other symptoms develop ask your pharmacist, health visitor or doctor for advice or call NHS Direct on 0845 4647 (England and Wales only).



Cradle Cap

Symptoms: A white and yellow waxy scale on the scalp (looks a bit like dandruff).

Cradle cap is completely harmless and often clears up by itself after a few weeks. It is very common in new babies for the first 3 months, but toddlers and older children can also develop it in small patches. The cause of cradle cap is unknown.

How can I prevent my child from getting cradle cap?

- In most cases regular washing will prevent cradle cap.

How can I treat my child's cradle cap?

- Simply rub the affected parts of the scalp with olive oil. Leave it on overnight and then wash it off the next morning with a mild shampoo.
- Your pharmacist can give you advice on special shampoos, but try rubbing with olive oil first.



Heat Rash

Most babies and children will have heat rash at some point. No treatment is needed apart from trying to lower their temperature by moving them away from the heat, removing their clothes and keeping them in a cool room. Calamine lotion is soothing and may help settle the baby or child more quickly.

Eczema

Eczema is a skin condition affecting 1 in 5 children in the UK and can range from being mild to severe. It is not contagious. There is no cure for eczema but it can be treated and managed. Most children are likely to be free of it by the time they reach adulthood.

Symptoms: dry, flaky, itchy skin, which can become red, sore, cracked or weepy.

There are several different types of eczema but the two types most commonly found in children are:

Atopic – this usually affects the creases of the body such as the back of the knee and inside the elbow, the cheeks and the neck of child, but can appear on other parts of the body. Eczema can look different in each child. Usually the skin is very itchy, which is the main characteristic of eczema. The skin may look very dry and swollen with tiny blisters. In African-Caribbean and Asian children the skin can look either darker or paler.

The causes of Atopic Eczema (sometimes referred to as Atopic Dermatitis) are not fully understood, but it would appear to be a combination of a family history of eczema, asthma or hay fever and factors from the environment in which we live.

Infantile Seborrhoeic dermatitis – found in infants under the age of one. Often the nappy area is affected first, although it can start on the scalp or the scalp and nappy area at the same time. The forehead, eyebrows, back of the neck, behind the ears and the folds at the sides of the nose are often also affected. Infantile Seborrhoeic eczema is usually not itchy or sore.

How can I treat my child's eczema?

- It is important to keep the child's skin from drying out, as dry skin will itch more. An emollient (non cosmetic moisturiser) will keep the skin moist. You may have to try several different ones to find the best for your child. Emollients can be used as often as necessary.
- Avoid using soap as this has a drying effect on the skin. Use a soap substitute instead.
- Antihistamine tablets can be used for short periods if the eczema is keeping the child awake at night.
- Your doctor may need to prescribe a steroid cream to help heal the skin and control the itch. If the eczema is mild your pharmacist may be able to advise but for moderate to severe eczema you need to get advice from your doctor.
- Your pharmacist/health visitor should be able to advise you on the range of emollients and soap substitutes available, many of which are available on prescription.

Eczema herpeticum

If your child is running a high temperature or has flu-like symptoms or the skin is sore and tender rather than itchy contact your doctor as your child may have eczema that has become infected.

For practical advice on caring for a child with eczema contact:

**The National Eczema Society
Hill House
Highgate Hill
London N19 4EH**

**Telephone Helpline No: 0870 241 3604
(11 am – 4pm Mon-Fri)**

If you are still worried about your child's eczema speak to your health visitor where relevant, pharmacist or GP or call NHS Direct on 0800 4647 (England and Wales only).

Chickenpox

Symptoms: A slight fever, stomach ache, and feeling generally run down. This starts a day or two before a flat, red spotty rash appears. The rash normally begins on the scalp, face and back but can spread anywhere. Itchy, watery blisters will follow and fresh red spots are usually seen next to blisters and crusts.

If children are exposed to the chickenpox virus they will develop chickenpox seven to 21 days later. It spreads quickly, particularly amongst children through coughing and sneezing. For most children chickenpox will last less than two weeks and a child will be infectious until the last spot has crusted over.

How can I prevent my child from getting chickenpox?

Chickenpox vaccine is not in general use, though it has been developed and the possibility of including it in routine immunisations is being examined.

What can I do to treat my child's chickenpox?

- Give your child cool baths without soap every three to four hours for the first few days.
- Adding a few tablespoons of bicarbonate of soda to the bath water may help.
- Keep your child's finger nails short or put cotton socks on their hands at night to help prevent damaging scratching that can lead to infection and scarring.
- Children's paracetamol (can be given to children 3 months and over) helps reduce the fever. Children over four can be given ice lollies which help to lower the temperature and reduce the irritation of a mouth infection.
- Calamine lotion may relieve the itching.



If your child develops chickenpox and is taking medicines such as steroids speak to your GP as this could cause complications or call NHS Direct on 0845 4647 (England and Wales only). Other serious complications are very rare.

MMR

Measles, mumps and rubella (MMR) are rare because of the MMR vaccine which protects children against the diseases. Rubella is also known as German measles.

Before the vaccine was introduced there were between 50 to 100 times more reported cases of suspected measles than recent levels⁽¹⁾. There were also 13 deaths on average each year from acute measles compared with 4 in total since the introduction of the vaccine in 1988⁽¹⁾.

Will my child be at risk without MMR?

Yes. If children are unprotected these diseases will become more common again. This puts all children at risk:

- Measles is highly contagious and in rare cases can cause inflammation of the brain leading to death in 15% of cases and complications in 20-40% of survivors. In the year before MMR was introduced in England 86,000 caught measles and 16 died. The recent drop in numbers of children being vaccinated with MMR has led to an outbreak which resulted in some deaths.
- Mumps was the biggest cause of viral meningitis in children before the MMR vaccine was introduced.
- Rubella (German measles) harms unborn babies. If a pregnant woman is infected with rubella it can cause mental disability, cataracts, deafness, cardiac abnormalities and brain lesions in the unborn child.

To find out more about the evidence on MMR vaccinations:

- Department of Health www.immunisation.nhs.uk
www.mmrthefacts.nhs.net
- Public Health Laboratory Service www.phls.co.uk
- UK vaccinations Group www.uvig.org.uk
- Call NHS Direct on 0845 4647 (England and Wales only)
and ask for the MMR information Pack for Parents.

(1) Salisbury DM & Begg NT (Eds.) 1996 Immunisation Against Infectious Disease. HMSO 1996

Measles

Symptoms: Measles begins like a bad cold with a high temperature, tiredness, runny nose, sore eyes and a cough. There will be small white spots in the mouth and throat and a blotchy red rash then appears behind the ears, spreading to the face and body. The rash will last for up to seven days. After four days the child will usually feel better.

Measles is a highly-contagious viral infection. Children are most vulnerable to measles, but due to the Measles Mumps Rubella (MMR) vaccination this infection is now very rare in the UK. Measles spreads easily – sneezing, coughing and physical contact all help to spread the infection. The time between catching the illness and becoming unwell is around 10 to 12 days.

How can I protect my child from getting measles?

If your child has had the MMR vaccination or if they have already had measles they will be virtually immune. Even though immunisation rates are high, you should keep your child away from other children if you think your child may be infected.

What should I do if my child has measles?

If your child has measles there are a number of things that you can do to treat their symptoms:

- Check their temperature – children's paracetamol syrup (can be given to children 3 months and over) helps bring their temperature down and ease aches and pains
- When your child has measles their eyes will be extra sensitive to bright lights – reducing sunlight or electric lights in the room will help
- Clean away crustiness around the eyes with cotton wool and cooled boiled water
- Cough medicines can ease ticklish throats. You can also place a bowl of water in the room which helps to humidify dry air
- Give your child plenty of fluids to avoid dehydration
- Some people find it helpful to give their child warm water with a teaspoon of lemon juice and two teaspoons of honey, which helps ease sore throats.

If you think that the eyes and ears have developed a secondary infection, you may need to see your GP. Serious complications are rare.

If you are still worried ask your pharmacist, health visitor or doctor for advice or call NHS Direct on 0845 4647 (England and Wales only).



Mumps

Symptoms: Swollen face and neck, slight fever, they may also complain of a dry mouth and chewing and swallowing may be uncomfortable.

Mumps used to be common between the ages of 5 and 13 although it is now rare due to the MMR (measles mumps rubella) vaccine. Your child will be infectious from a few days before becoming unwell, until the swelling goes down – around ten days in all.

How can I prevent my child from getting mumps?

The MMR vaccination is an effective way to prevent mumps.

What can I do if my child has mumps?

- Give them plenty of drinks, but not fruit juices, which can hurt sore mouths and throats.
- Give soup and mashed foods if swallowing is difficult.
- A warm cloth or pad applied to the swollen glands will ease pain.
- If your child is in obvious pain give children's paracetamol (can be given to children 3 months and over).
- Try to keep your child away from adults who have not had mumps.

If a high temperature persists or new symptoms develop speak to your pharmacist, health visitor, or doctor for advice or call NHS Direct 0845 4647 (in England and Wales only).





Rubella (German measles)

Symptoms: Slightly raised temperature, swollen glands on the back of the neck and base of the skull, pin-head-sized flat red spots.

Rubella (German measles) is a contagious virus and will spread quickly in people who are not immune. It is usually much milder than measles and can often go unnoticed. The infectious period starts about one week before the spots appear and lasts around four days. German measles (rubella) is now uncommon due to the Measles, Mumps and Rubella (MMR) vaccine.

How can I prevent my child from getting rubella (German measles)?

- The MMR vaccination is an effective way to prevent rubella.

How can I treat my child's rubella (German measles)?

- Children's paracetamol (can be given to children 3 months and over) helps to reduce the fever.
- The spots will last for about two days and need no treatment.

If an unvaccinated woman becomes infected with rubella (German measles) while pregnant it can affect the development of the baby.

If you are still worried ask your pharmacist, health visitor or doctor for advice or call NHS Direct on 0845 4647 (England and Wales only).

Fever

A high temperature is a symptom of many common illnesses such as colds, flu, chickenpox and earache.

How do I know if my child has a fever?

If your child is flushed or feels hot and sweaty they may have a fever, or high temperature. A child has a fever if the body temperature is 38°C/100.4°F or more.

If my child has a fever what should I do?

If your child has a high temperature there are ways you can bring it down to improve comfort and reduce misery.

- Give children's paracetamol (for children 3 months and over) or ibuprofen (for children over 6 months only) regularly for 48 hours – check the instructions on the label for the right dose and for how often it can be given.
- Encourage your child to drink extra fluids – at least double the usual amount each day. This is very important to reduce the risk of dehydration, and will also help reduce the temperature. Use their favourite cool drink, or ice lollies.
- Make sure your child is not wearing too many clothes – a vest and nappy or pants is enough if the house is at a normal temperature.
- Reduce night-time bedding to a light cotton sheet only.
- Make sure your child is up to date with immunisations.
- If the fever does not go away, other symptoms develop, or the condition gets worse ask your pharmacist, health visitor or doctor for advice or call NHS Direct 0845 4647 (England and Wales only).



Colds and flu

Symptoms: Runny nose, sore throat, fever, aches and pains, a phlegmy or dry cough, sneezing.

All children will catch a cold at some point, and it's not unusual for them to have as many as eight a year. If your child has flu they will feel much worse than with a cold although both are treated in the same way. There are simple things you can do to help your child get over a cold or flu.

What can I do if my child has a cold or flu?

- Give them children's paracetamol (for children 3 months and over) or ibuprofen (for children over 6 months only) which helps to bring their temperature down.
- Increase the amount of fluids they drink. Warm drinks can have a soothing effect.
- Your pharmacist can advise on a medication to help soothe a cough or sore throat.
- Encourage your child to rest.

Colds and flu are caused by viruses. Antibiotics do not work on viruses so will not cure colds or flu.

If you are still worried, the symptoms are severe, or last a long time, if your child is short of breath or coughing up blood or large amounts of green or yellow phlegm ask your pharmacist, health visitor or doctor for advice or call NHS Direct

0845 4647 (England and Wales only).



Coughs

Coughs are normally caused by colds or flu or a throat infection.

How can I treat my child's cough?

- Give them extra fluids. Warm drinks help to loosen a chesty cough, and a warm lemon and honey drink can be soothing for a dry cough.
- Avoid having your child in a smoky atmosphere. Smoke can make the cough worse and lead to more severe illness.
- At night keep your child propped up in bed with extra pillows so they can sleep better. For babies under one year prop a pillow under the head of the mattress to raise it slightly.
- A humid environment, like a bathroom with the shower on, may help (make sure you are supervising your child). Placing a bowl of boiling water in the room (in a safe place well out of reach of the child) can also help.

If the condition gets worse or new symptoms develop, ask your pharmacist, health visitor or doctor for advice or call NHS Direct 0845 4647 (England and Wales only).



Croup

Symptoms: Harsh barking cough, wheezy breathing.

Croup often comes with a cold and usually occurs in children between the ages of one and five. Young children are more likely to get the condition because their air passages are narrower.

What should I do if my child has croup?

- Croup can be eased by breathing moist air. A humid environment like a bathroom with the shower on may help (make sure you are supervising your child). Also placing a bowl of boiling water in the room (in a safe place well out of reach of the child) can help.
- Make breathing easier by propping up your child in bed.



Ear infection

Symptoms: Earache (usually just on one side), congested cold, fever, general feeling of being unwell, irritability, frequent ear pulling or rubbing, poor appetite.

There may also be a greenish yellow discharge from the ear, and hearing loss – usually mild.

Your child is likely to have an ear infection at least once before the age of five. It is usually caused by a viral infection in the ear space behind the eardrum. These ear infections often follow a nose or throat infection such as a cold. Outer ear (canal) infection is especially common after swimming, in the summer time, and in humid climates. Ear wax can soak up water and encourages bacteria to grow.

Earache can be caused by many things other than infection – tooth problems for example.



How can I treat my child's ear infection?

Most ear infections eventually clear up on their own, in the meantime there are ways you can help relieve the symptoms:

- Give pain relief, such as children's paracetamol (for children 3 months and over) or ibuprofen (for children over 6 months only) to help relieve the pain
- Place your child in an upright position with pillows
- A warm (but not boiling) hot water bottle wrapped in a towel, placed over the ear, may give some pain relief
- Keep your child away from smoky environments
- Don't let your child drink from a bottle while lying down
- Decongestants may give temporary relief by helping fluid drain away from behind the eardrum into the throat (through a natural connection – the Eustachian tube), and follow the manufacturer's instructions on how long they should be used for
- Never poke any objects in to the ear (e.g. cotton buds). These often push wax inwards and can damage the ear.

Antibiotics will not be given in the early stages of an ear infection but persistent or recurrent ear symptoms may need further treatment to avoid more serious problems. If the earache persists ask your pharmacist, health visitor or doctor for advice or call NHS Direct 0845 4647 (England and Wales only).

Did you know?

The chances of a child suffering from ear infection are increased if they are exposed to cigarette smoke in the home.

Teething

Symptoms: Irritability, dribbling, red inflamed gums, flushed cheeks, gnawing.

Babies begin to teeth from 6 or 7 months, though they can start earlier. It is common for babies to become irritable and tearful, and restless at night when teething. Some babies will want to chew almost anything they can get their hands on!

What can I do to help my baby during teething?

- Comfort your baby and give extra drinks of cool boiled water.
- Give them something to bite on like a hard rusk, teething ring or rattle.
- Ask your pharmacist for teething gel which will help to numb discomfort and inflammation on the gums.
- Children's paracetamol (for children 3 months and over) or ibuprofen (for children over 6 months only) will also help to relieve any discomfort.

Top teething tip:

Pop the teething ring in the fridge, this will give your baby an extra soothing sensation.



Colic

Symptoms: Long periods of crying or screaming, sometimes going red in the face and pulling up the legs to the tummy.

Although a colic attack looks very distressing, your baby will usually be otherwise well, and once the spasm has passed will be back to normal again.

How can I prevent my child from getting colic?

The simple answer is – you can't. The cause of colic is unknown and usually gets better after the age of three months.

How can I treat my child's colic?

- Try the usual soothing tricks like cuddling, rocking, burping. It's important not to show your own upset as even young infants can pick up your anxiety and become more distressed.
- If the colic continues ask your pharmacist who can recommend a gripe mixture or colic drops.



Diarrhoea and Vomiting

Babies and young children are bound to get an upset tummy from time to time. This will usually cause one or more of three symptoms – vomiting, diarrhoea and tummy pains.

Diarrhoea

What can I do if my baby or child has diarrhoea?

Diarrhoea is common in babies and young children. If they are otherwise well it is likely that it will settle in 24 hours. In the meantime there are some things that you can do to help.

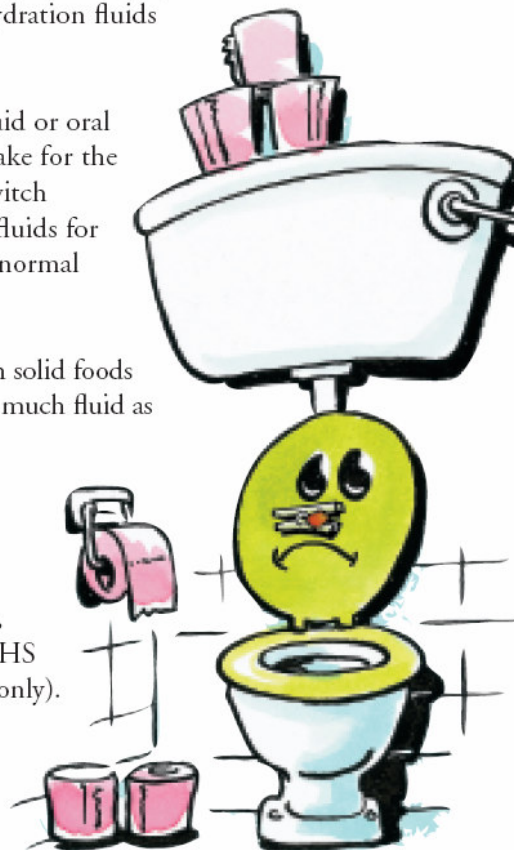
If your baby is breast fed – continue to feed them when they need it. You can also give them extra drinks or rehydration fluids from your pharmacist between feeds.

If your baby is bottle fed – offer as much fluid or oral rehydration fluid as your baby will willingly take for the first four hours. If the diarrhoea continues, switch between the bottle-feed and oral rehydration fluids for the next eight hours. You can then introduce normal feeds.

If you have an older child – avoid giving them solid foods until their appetite has returned. Offer them as much fluid as they need (avoid cow's milk until 24 hours after the diarrhoea has settled). Oral rehydration fluids will also help.

Still worried?

If you are still worried ask your pharmacist, health visitor or doctor for advice or call NHS Direct on 0845 4647 (England and Wales only).



Tip:

Fluid loss from the diarrhoea and vomiting can cause dehydration and babies can become ill very quickly if they do not have enough fluids. A good way of telling if your baby is dehydrated is to lightly pinch the skin on the back of their hand. If the skin stays up it means they are dehydrated.

Constipation

What can I do if my child is constipated?

Not enough fluids – especially when the weather is hot can cause constipation in children. Make sure they drink plenty of fluids and eat a mixed diet with plenty of fibre, fruit and vegetables. If there is no improvement or if new symptoms develop ask your pharmacist, health visitor or doctor or call NHS Direct 0845 4647 (England and Wales only).

Vomiting

What can I do if my baby is vomiting?

Babies often bring up a little milk after their feed – this is quite normal. If your baby is vomiting more than normal make sure that:

Whether you are breast feeding or bottle feeding you continue feeding as normal and introduce rehydration fluids in small amounts between feeds.

- Sachets of fluids can be obtained from your pharmacist, who can recommend which one is best for your baby.
- Do not give large amounts of fluids in one go.

What can I do if my child is vomiting?

If your child is vomiting it could be due to many things such as a tummy bug. Occasionally some medicines will cause vomiting. Infections of the middle ear are also common and cause vomiting.

The best thing to do is:

- Give them sips of water or rehydration fluids for the first few hours – your pharmacist can advise
- Gradually increase the amount of clear fluids they have every two hours
- Avoid solid foods which are harder to digest than liquid foods. As the vomiting settles your child's appetite will return. Start with bland food like toast and avoid foods high in fat
- If your child is not taking fluids or is bringing most of it back up ask your pharmacist, health visitor or doctor or call NHS Direct 0845 4647 (England and Wales only)
- If your child has a high temperature (38°C/100.4°F or more) – lowering their temperature with paracetamol will also help (see Fever page 17)
- If your child is in pain – especially if continuous, or if the vomit contains blood or brown soil-like substances call NHS Direct 0845 4647 (England and Wales only), or see a doctor urgently.

Still worried?

If the vomiting becomes persistent and you are worried that your baby is not keeping any milk down or other symptoms develop contact your GP surgery or call NHS Direct on 0845 4647 (England and Wales only).



Threadworms

Symptoms: Itchy bottom – especially at night.

Threadworms are common in children. They are tiny white worms about half an inch long that live in the gut and around the bottom. Sometimes they can be seen in your child's faeces (poo) and are often seen around and on the anus. They look like tiny threads of white cotton. They can be collected using a reversed piece of clear sticky tape for confirmation by a health professional

Threadworms do not live for very long, so if you are careful and avoid re-infestation this ailment may cure itself.

How can I prevent threadworms spreading?

- Keep your child's fingernails short and clean.
- Make sure that everyone living in your house washes their hands well and scrubs their nails before every meal and after going to the toilet.
- Make sure that everyone uses their own towel and flannel.
- Your child should wear pyjamas or pants in bed. Make sure the bed linen is changed regularly.
- Give your child a bath or a shower daily, washing thoroughly around the bottom area.

Your pharmacist can also recommend treatment for threadworms. (All members of the family should be treated, even if they do not have any symptoms of infection.)



Head Lice

Head lice aren't fussy and will live in clean or dirty hair – most children will come into contact with them at some point. They don't cause health problems and are more of a nuisance than anything else.

What are lice like?



Lice are small flesh-coloured insects that live on human hair and lay eggs which stick to the hair near the scalp. They vary in size – from pinhead size to the size of a sesame seed on a burger bun. The eggs are dark in colour and hard to see, but the shells turn white when the louse is hatched. The empty egg shells are called nits. Nits don't need treatment – only adult head lice do!

How can I tell if my child has head lice?

Wash your child's hair in the usual way and leave hair wet but not dripping. Straighten and untangle with an ordinary comb, conditioner may help. Then use a plastic detection comb (available from your pharmacy) to comb from the roots to the tips of the hair, keeping the comb as close to the scalp as possible. Work the comb around the whole head. Keep checking the comb for lice. If you find living lice check every head in your family and treat them in the same way. This is called the detection method.

What can I do to tackle head lice?

- Check your child's hair regularly (about every 1-3 weeks) using the detection method.
- Tell your child to avoid sharing other peoples combs or brushes.
- If you find living lice, there are several treatments to choose from.



Treat lice using:

Lotions containing insecticides

There are several insecticide treatments available from your pharmacy. It is important to ask your pharmacist for advice on the best lotion to use as some insecticide treatments are unsuitable for some people. Treat anyone else in the family who is also found to have living adult head lice, at the same time, with the same lotion (if suitable). This helps to prevent re-infestation. Remember there is no need for treatment for the empty lice shells, only for live lice.

Wet combing/Bug busting

This removes lice by combing through the hair from the roots to the ends, removing any lice found. A 'Bug Buster Kit', available from your pharmacy or by mail order from Community Hygiene Concern (Bug Buster helpline: 020 7686 4321 www.nits.net/bugbusting) contains the right combs and instructions. It is designed to be used with ordinary shampoo and hair conditioner.

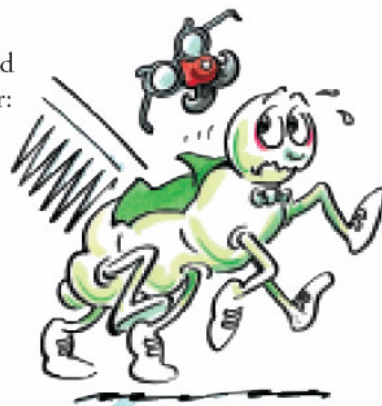
Alternative methods

Some people claim that tea tree oil or lavender oil helps to get rid of or prevent head lice infestations. Other alternative treatments include combing the hair regularly with a fine toothed comb. These methods have not been rigorously tested so there is no evidence to prove whether they are effective or not.

Treatments should only be used if live lice are detected.

Don't pass it on

Let any close contacts know about your child's head lice, and the need for them to check their own hair: this is important for anyone who may have had head-to-head contact with your child. Remember – anyone with hair, clean or dirty, can catch head lice, so it's nothing to be ashamed of.



More information

NHS Direct

For 24 hour telephone advice
(England and Wales only) call 0845 4647
or log on to www.nhsdirect.nhs.uk

Proprietary Association of Great Britain

www.medicine-chest.co.uk
www.chic.org.uk

National Pharmaceutical Association

www.askyourpharmacist.co.uk – local pharmacy details



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Back to School

Back to school

A self-care guide to common ailments





Back to School

Common ailments which your child may pick up at school are rarely serious and will not need a prescription. Treating your child’s ailment or infection yourself, or with advice and medicines from your pharmacist, can often be the easiest and quickest way to deal with your child’s problem.

This booklet will help you recognise and treat your child’s common ailment at home or with advice from your pharmacist. It covers common ailments often picked up at school.

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Head lice

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How can I tell if my child has head lice?

Wash your child's hair in the usual way and leave hair wet. Straighten and untangle with an ordinary comb, conditioner may help. Then use a plastic detection comb (available from your pharmacy) to comb from the roots to the tips of the hair, keeping the comb as close to the scalp as possible. Work the comb around the whole head. Keep checking the comb for lice. If you find living lice check every head in your family and treat them in the same way. This is called the detection method.

What can I do to tackle head lice?

- Check your child's hair regularly (about every 1-3 weeks) using the detection method.
- Tell your child to avoid sharing other peoples combs or brushes.
- If you find living lice, there are several treatments to choose from.



Treat lice using:

Wet combing/Bug busting

This removes lice by combing through the hair from the roots to the ends, removing any lice found. A 'Bug Buster Kit', available from your pharmacy or by mail order from Community Hygiene Concern (Bug Buster helpline: 020 7686 4321 www.nits.net/bugbusting) contains the right combs and instructions. It is designed to be used with ordinary shampoo and hair conditioner.

Lotions containing insecticides

There are several insecticide treatments available from your pharmacy. It is important to ask your pharmacist for advice on the best lotion to use as some insecticide treatments are unsuitable for some people. Treat anyone else in the family who is also found to have living adult head lice, at the same time, with the same lotion (if suitable). Remember there is no need to treat the empty lice shells, only for live lice. Insecticide treatments cannot prevent your child from catching head lice.

Alternative methods

Some people claim that tea tree oil or lavender oil helps to get rid of or prevent head lice infestations. Other alternative treatments include combing the hair regularly with a fine toothed comb. These methods have not been rigorously tested so there is no evidence to prove whether they are effective or not. Treatments should only be used if live lice are detected.

Don't pass it on

Let any close contacts know about your child's head lice, and the need for them to check their own hair. This is important for anyone who may have had head-to-head contact with your child. Remember – anyone with hair, clean or dirty, can catch head lice, so it's nothing to be ashamed of.



Ear infection

Earache (usually just on one side), congested cold, fever, general feeling of being unwell, irritability, frequent ear pulling or rubbing, poor appetite are all symptoms of an ear infection.

There may also be a greenish yellow discharge from the ear, and hearing loss – usually mild.

What causes ear infections?

Your child is likely to have an ear infection at least once before the age of five. It is usually caused by a viral infection in the ear space behind the eardrum. These ear infections often follow a nose or throat infection such as a cold. Outer ear (canal) infection is especially common after swimming, in the summer time, and in humid climates. Ear wax can soak up water and encourages bacteria to grow. Earache can be caused by many things other than infection – tooth problems for example.



What can I do if my child has an ear infection?

Most ear infections eventually clear up on their own, in the meantime there are ways you can help relieve the symptoms:

- give pain relief, such as children's paracetamol (for children 3 months and over) or ibuprofen* (for children over 6 months only) to help relieve the pain
- place your child in an upright position with pillows
- a warm (but not boiling) hot water bottle wrapped in a towel, placed over the ear, may give some pain relief
- keep your child away from smoky environments
- don't let your child drink from a bottle while lying down
- decongestants may give temporary relief by helping fluid drain away from behind the eardrum into the throat (through a natural connection – the Eustachian tube), and follow the manufacturer's instructions on how long they should be used for
- never poke any objects in to the ear (e.g. cotton buds) as these often push wax inwards and can damage the ear.

Antibiotics may not be given in the early stages of an ear infection but persistent or recurrent ear symptoms may need further treatment to avoid more serious problems. If the earache persists ask your pharmacist, health visitor or doctor for advice or call **NHS Direct** 0845 4647.

Did you know? The chances of a child suffering from ear infection are increased if they are exposed to cigarette smoke in the home.

More information

For more advice and information on treating common health problems visit the Consumer Health Information Centre **www.chic.org.uk**

To speak to a nurse for advice on over-the-counter medicines call the **Over-the-Counter Medicines Advice Line** on **020 8742 7042** (weekdays 10am-3pm). They can also give you details of patient support groups and tell you if you need to speak to a pharmacist or GP.

*** If your child is asthmatics speak to a GP before giving ibuprofen.**

Diarrhoea

Babies and young children are bound to get an upset tummy from time to time. This will usually cause one or more of three symptoms – vomiting, diarrhoea and tummy pains.

What can I do if my baby or child has diarrhoea?

Diarrhoea is common in babies and young children. If they are otherwise well it is likely that it will settle in 24 hours. In the meantime there are some things that you can do to help.

If your baby is breast fed – continue to feed them when they need it. You can also give them extra drinks or rehydration fluids from your pharmacist between feeds.

If your baby is bottle fed – offer as much fluid or oral rehydration fluid as your baby will willingly take for the first four hours. If the diarrhoea continues, switch between the bottle-feed and oral rehydration fluids for the next eight hours. You can then introduce normal feeds.

If you have an older child – avoid giving them solid foods until their appetite has returned. Offer them as much fluid as they need (avoid cow's milk until 24 hours after the diarrhoea has settled). Oral rehydration fluids will also help.

Still worried?

If you are still worried ask your pharmacist, health visitor or a doctor for advice or call **NHS Direct** on 0845 4647.



Tip: Fluid loss from the diarrhoea and vomiting can cause dehydration and babies can become ill very quickly if they do not have enough fluids. A good way of telling if your baby is dehydrated is to lightly pinch the skin on the back of their hand. If the skin stays up it means they are dehydrated.

Vomiting

What can I do if my baby is vomiting?

Babies often bring up a little milk after their feed – this is quite normal. If your baby is vomiting more than normal make sure that:

Whether you are breast feeding or bottle feeding you continue feeding as normal and introduce rehydration fluids in small amounts between feeds.

- Sachets of fluids can be obtained from your pharmacist, who can recommend which one is best for your baby.
- Do not give large amounts of fluids in one go.



What can I do if my child is vomiting?

If your child is vomiting it could be due to many things such as a tummy bug. Occasionally some medicines will cause vomiting. Infections of the middle ear are also common and cause vomiting.

The best thing to do is:

- give them sips of water or rehydration fluids for the first few hours – your pharmacist can advise
- gradually increase the amount of clear fluids they have every two hours
- avoid solid foods which are harder to digest than liquid foods. As the vomiting settles your child's appetite will return. Start with bland food like toast and avoid foods high in fat
- if your child is not taking fluids or is bringing most of it back up ask your pharmacist, health visitor or doctor or call **NHS Direct** 0845 4647
- if your child has a high temperature (38°C/100.4°F or more) – lowering their temperature with paracetamol will also help
- if your child is in pain – especially if continuous, or if the vomit contains blood or brown soil-like substances call **NHS Direct** 0845 4647 or see a doctor urgently.

Still worried?

If the vomiting becomes persistent and you are worried that your baby is not keeping any milk down or other symptoms develop contact your GP surgery or call **NHS Direct** on 0845 4647.

Threadworms

Threadworms are common in children and cause an itchy bottom especially at night. They are tiny white worms about half an inch long that live in the gut and around the bottom. Sometimes they can be seen in your child's faeces (poo) and are often seen around and on the anus. They look like tiny threads of white cotton. They can be collected using a reversed piece of clear sticky tape for confirmation by a health professional. Threadworms do not live for very long, so if you are careful and avoid reinfestation this ailment may cure itself.

What can I do to prevent threadworms spreading?

- Keep your child's fingernails short and clean.
- Make sure that everyone living in your house washes their hands well and scrubs their nails before every meal and after going to the toilet.
- Make sure that everyone uses their own towel and flannel.
- Your child should wear pyjamas or pants in bed. Make sure the bed linen is changed regularly.
- Give your child a bath or a shower daily, washing thoroughly around the bottom area. Your pharmacist can also recommend treatment for threadworms. (All members of the family should be treated, even if they do not have any symptoms of infection.)



Ring worm

Ringworm appears as a round or oval patch of itchy skin with a red outline. It can be found anywhere on the body, especially on the groin or the scalp. It may appear as red itchy patches at the base of hair. It is common in children.

Ringworm is a contagious fungal infection of the skin and is normally caught from an infected person or pet. It is not a worm. Ringworm can also be caught from sharing hairbrushes, combs and unwashed clothes.

How can I treat my child's ringworm?

- The affected area should be kept dry and where possible leave it uncovered.
- Avoid further infection by using a different flannel or towel for the infected area.
- Ask your pharmacist. There are several different creams which will help to get rid of the infection.

Where to get advice

If you are still concerned or need further advice ask your pharmacist or call **NHS Direct** on 0845 4647.

Scabies

Itchy rash, inflammation of the skin and red lines are all symptoms of scabies.

A rash will commonly appear on wrists, elbows, between the fingers and genitals caused by a mite that burrows into the skin. Scabies is caught from contact with an infected person.

How can I treat my child's scabies?

- Clothing and bedding should be washed thoroughly.
- Ask your pharmacist. There are several different creams which will help to get rid of the infection. (All members of the family should be treated, even if they do not have any symptoms of infection.)

Where to get advice

If you are still concerned or need further advice ask your pharmacist or call **NHS Direct** on 0845 4647.



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Hayfever

Hay fever



This leaflet will help you to:

- recognise signs of hayfever;
- avoid and treat symptoms; and
- know where to go for help.



Hay fever

What is it?

Hay fever, or Seasonal Allergic Rhinitis, is one of the most common allergies and can cause real discomfort. It is an allergic reaction to pollen; so grass, flowers and trees are the culprits! People develop a range of symptoms from hay fever – common ones are sneezing, watery eyes, running nose and sore throat.

How can I avoid and treat hay fever?

- look out for the pollen count, which is published in many newspapers and is often on TV weather forecasts
- stay inside when the pollen count is at its highest – between 5pm and 7pm, and 7am and 9am
- make sure windows are closed while you are sleeping
- avoid gardens, parks and woodland as pollen count will be higher here
- help keep your home pollen free by vacuuming and damp-dusting frequently
- Ask your pharmacist for advice, there are a range of remedies available to treat hay fever (especially if taken early) like antihistamines, nasal anti-inflammatories (reduce inflammation and swelling in the nose), oral decongestants, inhalants and eye drops.

Make sure you tell your pharmacist if you have high blood pressure, are pregnant or if the medicine is for a child – as some medicines may not be appropriate.

Where to get advice

Ask your pharmacist or call **NHS Direct** on 0845 4647.

More information

- For more advice and information on treating common health problems visit the Consumer Health Information Centre **www.chic.org.uk**
- To speak to a nurse for advice on over-the-counter medicines call the **Over-the-Counter Medicines Advice Line** on **020 87427042** (weekdays 10am-3pm). They can also give you details of patient support groups and tell you if you need to speak to a pharmacist or GP.



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Coughs & Colds

Coughs, colds, flu, fever, sore throat and antibiotics





Coughs, colds, flu, fever, sore throat and antibiotics

The common ailments mentioned in this booklet will often not need a prescription and are rarely serious, so self-treating your ailment, or with advice and medicines from your pharmacist can often be the easiest and quickest way to deal with your problem.

This booklet will help you decide what to do about common ailments such as colds and flu, and give you important information about antibiotics.



More information

For more advice and information on treating common health problems visit the Consumer Health Information Centre www.chic.org.uk

To speak to a nurse for advice on over-the-counter medicines call the **Over-the-Counter Medicines Advice Line** on **020 8742 7042** (weekdays 10am-3pm). They can also give you details of patient support groups and tell you if you need to speak to a pharmacist or GP.

Coughs, colds and flu

Symptoms of colds and flu include fever, aches, sore throat, runny nose, blocked nose and cough. Cold and flu symptoms are similar. However, flu symptoms are more severe and last longer.

Should I have a flu vaccination?

Everyone aged 65+ should have a flu jab each year. You should also consider having a flu jab if:

- you have a long-term (chronic) condition like a heart problem, asthma, kidney disease, diabetes or a weak immune system because of disease or treatment for instance steroid medication or cancer treatment (does not apply to babies under 6 months old).
- you live in a nursing home, residential home or other long-stay home.

If you think you need a flu jab contact your GP surgery.

How can I treat cough, cold and flu symptoms?

- Ask your pharmacist. The fastest and most effective way to treat colds and flu is with advice from your pharmacist.
- Breathing in steam from a hot shower, in the bath or from a basin can help ease a blocked nose, stuffiness and a sore throat. You can also put inhalant drops, aromatic rub or salts in the water for extra relief.
- Drink plenty of fluids. Drinks like hot water with lemon juice and honey have a soothing effect. Vitamin C (found in citrus fruits like oranges and kiwi fruit) can help you fight colds and flu.
- Get plenty of rest and avoid strenuous exercise.
- If you don't feel like eating try soup instead.
- There are several remedies to treat cough, cold and flu symptoms, ask your pharmacist for advice.



Where to get advice

- Ask your pharmacist or call **NHS Direct** on 0845 4647.
- Ask your pharmacist which medicine is best for you. For example, if you have high blood pressure many decongestants may not be suitable as they can make some symptoms worse.
- If your cough persists for more than a fortnight, you have a lot of yellow or green phlegm, you have pain in your chest or shortness of breath ask your pharmacist or a GP for advice or call **NHS Direct** on 0845 4647.

Use this table to help you find the right remedy for cough, cold and flu symptoms.

Symptom	Remedy
High temperature, headache, aches and pains	The three most common remedies for pain, fever and headaches are paracetamol , aspirin* or ibuprofen** . Aspirin* and ibuprofen** also have anti-inflammatory properties (good for sprains, aches and pains).
Cough	There are many cough medicines available. Ensure you get the right variant for your type of cough (like dry or chesty).
Sore Throat	Sore throat relief comes in the form of lozenges , pastilles and sprays as well as traditional pain relief remedies such as paracetamol and aspirin* .
Runny Nose	The most common remedies for runny nose can be taken orally as a tablet or as a liquid.
Blocked Nose	There are several decongestants available which are generally taken orally as a tablet or by spraying or inhaling the remedy into the nose.
Colds and flu are caused by viruses. Antibiotics do not work on viruses so will not cure colds and flu.	

* Children under 16 years old and people with asthma should not take aspirin.

** If you are asthmatic speak to a GP before taking ibuprofen.

Fever or raised temperature

A high temperature is a symptom of many common illnesses such as colds or flu.

How do I know if I have a fever?

If you are flushed or feel hot and sweaty you may have a fever or high temperature. An adult has a fever if their body temperature is 38C/100.4F or more.

If I have a fever what should I do?

If you have a fever there are ways you can bring it down to reduce discomfort.

- The most common remedies for reducing a high temperature are ibuprofen**, aspirin* and paracetamol.
- Cool drinks or putting a damp towel on your forehead can help reduce your temperature.

Where to get advice

- If you have a fever or high temperature that lasts longer than 48 hours ask for advice from a health professional.
- Ask your pharmacist or call **NHS Direct** on 0845 4647 for more advice.
- If you are still worried or your fever is accompanied by a severe headache, sickness, abdominal, neck or back pain and/or bright light bothers you and you feel drowsy and confused ask your pharmacist, a GP or call **NHS Direct** on 0845 46 47 for advice.



* Children under 16 years old and people with asthma should not take aspirin.

** If you are asthmatic speak to a GP before taking ibuprofen

Antibiotics

Most infections get better without antibiotics so you will not always be given a prescription. Your doctor will be able to recognise whether you have an infection that needs antibiotics.

Why overuse of antibiotics can be dangerous

Harmful bacteria can become resistant to antibiotics if you take them frequently. This may mean that the antibiotic won't work the next time you take it. Overuse can also affect the whole population, even people taking antibiotics for the first time. This is because the bacteria causing their infection could be new bacteria which are able to survive antibiotics.

Antibiotic facts

- Antibiotics have no effect on viruses (e.g. colds, flu and most sore throats).
- Your body's defence system can often protect against infection without the need for antibiotics.
- Antibiotics do not just attack the infection they are prescribed for – they can also kill useful bacteria which normally protect you against other infections, like thrush.

Taking antibiotics

There are reasons why you should take prescribed antibiotics according to the instructions:

- Although you may begin to feel better, you must take the full course of antibiotics to prevent your illness coming back.
- Not taking the full course of antibiotics can lead to future antibiotic resistance.

Side-effects of antibiotics

Some antibiotic treatment can cause side-effects such as stomach upset, thrush, diarrhoea and allergic reactions. For women on the pill, some antibiotics can reduce contraceptive protection.

When and who to call for advice

Many infections can be treated with over-the-counter medicines. Ask your pharmacist for advice. Call **NHS Direct** on 0845 4647 or your GP surgery for advice if you or your child is experiencing any of the following:

- extreme shortness of breath
- coughing up blood or large amounts of yellow or green phlegm
- severe or prolonged symptoms.



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Summer Ailments

Summer ailments

A self-care guide to common ailments



Summer ailments

Summer months can bring a range of common health problems from hay fever to sunburn.

Most common health problems will not need a prescription and are rarely serious, so treating your problem or ailment yourself, or with advice and medicines from your pharmacist can often be the easiest and quickest way to deal with your problem.

This booklet will help you decide what to do about common health problems such as hay fever and insect bites.



More information

For more advice and information on treating common health problems visit the Consumer Health Information Centre www.chic.org.uk

To speak to a nurse for advice on over-the-counter medicines call the **Over-the-Counter Medicines Advice Line** on **020 8742 7042** (weekdays 10am-3pm). They can also give you details of patient support groups and tell you if you need to speak to a pharmacist or GP.

Hay fever and allergies

Symptoms include blocked or itchy nose, sore, streaming and watery eyes, blocked ears, sneezing, sinus pain, tickly throat and/or itchy palate, blisters or skin rashes.

Hay fever and allergic reactions happen when you come into contact with a substance that your body is unusually sensitive to. With hay fever it is the pollen in the air, but allergies can be caused by any substance – from specific kinds of foods to animal fur and dander. These substances are called allergens which stimulate the release of histamine from cells in the skin. This causes a reaction such as swelling.

Common allergens include: pollen, house dust mite, moulds, pets, insect bites, industrial and household chemicals, some medicines and foods. Less common allergens include nuts, fruit and latex. Certain drugs such as penicillin can cause allergic reactions.

How can I avoid and treat hay fever and allergies?

- When you have an allergic reaction, try to identify what causes it, and avoid coming into contact with the substance or situation in the future, for example, pollen.
- If you get hay fever:
 - look out for the pollen count, which is published in many newspapers and is often on TV weather forecasts
 - stay inside when the pollen count is at its highest – between 5pm and 7pm, and 7am and 9am
 - make sure windows are closed while you are sleeping
 - avoid gardens, parks and woodland as pollen count will be higher here
 - help keep your home pollen free by vacuuming and damp-dusting frequently.
- Ask your pharmacist for advice, there are a range of remedies available to treat hay fever and allergies (especially if taken early) like antihistamines, nasal anti-inflammatories (reduce inflammation and swelling in the nose), oral decongestants, inhalants and eye drops.

Make sure you tell your pharmacist if you have high blood pressure, are pregnant or if the medicine is for a child – as some medicines may not be appropriate.

Where to get advice

- If you experience recurring allergic symptoms, tightness of chest, wheezing or shortness of breath contact your GP surgery or call **NHS Direct** on 0845 4647.
- A more serious, but relatively rare, type of allergic reaction is anaphylaxis or anaphylactic shock. People known to be at risk must see a GP for advice and treatment and carry a pack of emergency medicines at all times.
- An organisation called **MedicAlert** can help to provide emergency identification for people with allergies. Call 020 7833 3034 or go to www.medicalert.org.uk for more information.

You could be allergic to a number of substances or just one. Some people can develop new allergies whilst others may find their allergies disappear.

Useful Contacts

Allergy UK

www.allergyfoundation.com

Allergy helpline 01322 619864

Chemical sensitivity helpline 01322 619898

Anaphylaxis Campaign

Helpline 01252 542029

www.anaphylaxis.org.uk

MedicAlert

Helpline 020 7833 3034

www.medicalert.org.uk



Insect bites and stings

Insect bites can become itchy and reddened and stings can be painful.

How can I treat insect bites and stings?

- Ask your pharmacist. There are many creams, lotions and sprays available that will help to clear up any redness and soothe pain.
- For rashes from allergic reactions, insect bites or wasp stings there are a range of antihistamine creams, local anaesthetics and hydrocortisone creams that can help.
- Bees only sting once and can leave their sting behind. This should be removed by scraping with a thumbnail or tweezers before applying an ointment or cream. Do not squeeze the area as this may force it more into your flesh.
- Get insect repellent to prevent bites if you are going abroad or where you think your risk of being bitten is higher than normal.

Where to get advice

- Ask your pharmacist or call **NHS Direct** on 0845 4647 for advice on what medicine would be most suited to your bite or sting.
- If you also have a headache, pain, a high temperature or other symptoms ask a pharmacist, GP or call **NHS Direct** on 0845 4647 for advice as it could be an allergic reaction. See page 1.



Sunburn

Sunburn happens after overexposure to direct sunlight. It can range from redness with mild pain to swollen or blistered skin that is hot to touch.

The best prevention is to avoid strong sunlight, especially between 11am and 3pm, if this is not possible cover up skin with loose clothing and wear a hat. Always use a sunscreen with a SPF (Sun Protection Factor) of at least 15, whenever your skin is exposed to the sun and reapply regularly, particularly after swimming.

How can I treat sunburn?

- Drink extra fluids – at least double the usual amount – to reduce the risk of dehydration.
- Use moisturisers to rehydrate your skin. Calamine lotion will help to relieve sore skin.
- Avoid further exposure to direct sunlight until the sunburn has healed.
- Antihistamines and painkillers such as paracetamol may help relieve the discomfort.

Where to get advice

- If you have a minor burn, ask your pharmacist for ointments that are available to provide soothing relief.
- If you also have cold shivers, nausea or sickness, vomiting, fever or palpitations call **NHS Direct** on 0854 4647 for advice.
- If you are still concerned call **NHS Direct** on 0845 4647.





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Annex 3.18: Series of Letters to Healthcare Professionals Regarding JUST and JUSC Events.

Letter to GPs and pharmacists explaining JUSC for the first time

Ilkeston Health Centre
South Street
Ilkeston
Derbyshire
DE7 5PZ

Tel: 0115 9512300 ext 243

14th July 2004

Dear Colleague

Re: Joining up Self-care in Erewash Primary Care Trust – Evaluation of a Model of Self-Care.

Erewash PCT has been successful in being chosen as the exemplar PCT for a study aiming to demonstrate the benefits of adopting an integrated, cohesive approach to self-care.

The principle objective of the study is to evaluate PCT-wide health education and promotion activity aimed at altering people's self-care habits and behaviour. This activity involves the following 3 modules:

1. Prevention of coronary heart disease
2. Treatment of minor ailments aimed at mothers and their families (linking with the Pharmacy First scheme)
3. Chronic condition management aimed at parents / carers of children who have asthma – testing the use of an 'expert parent / carer programme'

The Proprietary Association of Great Britain (PAGB) facilitated the formation of a Steering Group to work up the proposals and oversee the project. This is chaired by Prof. Mike Pringle, University of Nottingham and has representation from a number of organisations including the Department of Health, BMA, GPC, CPHVA, RCN, NHS Direct and Keele University.

The Department of Health has agreed to fund the evaluation of the project. The PCT is to fund the implementation of the modules.

The anticipated benefits of participating in this project include:

- Improving health outcomes.

- Establishing a way of working which creates capacity in general practice and makes effective use of the skill mix.
- Helping in establishing developments for the new GMS and Pharmacy contracts.

At present members of the steering group and myself are working on the ethics committee submission.

I will be contacting you again when I have more detailed proposals. In the mean time if you would like to discuss this project do not hesitate to contact me on Tel: 0115 9512343 or e-mail: Helen.Galloway@erewash-pct.nhs.uk

Yours faithfully

Helen Galloway
Self-Care Programme Manager

Letter to pharmacists August event

Toll Bar House,
Derby Road,
Ilkeston
Derbys DE7 5FE
Telephone: 0115 931 6133

21st July 2005

Dear Erewash Pharmacist,

JOINING UP SELF-CARE – DEVELOPING CUTTING EDGE MODELS IN EREWASH PCT

You will have received a letter from Gareth McCague, the Secretary of the Southern Derbyshire LPC inviting you to a meeting at 7.00m on 9th August at Risley Hall Hotel and I would urge you to attend if at all possible. It would be helpful if you could you make any other Pharmacists within your practice aware of the event.

As Gareth said, the Self-Care focus will be on:

- 1) prevention of CHD
- 2) minor ailments, especially in children
- 3) supporting asthma management

The programme for the event is:

Arrival 6.30pm for 7.00pm

- | | |
|-----------------|---|
| 7.00pm – 7.15pm | Introduction and a commitment to self-care Paula Clark, Chief Executive |
| 7.15pm – 7.30pm | Self-Care and Pharmacy – The national context – Alistair Buxton, Head of NHS Services, PSNC |
| 7.30pm – 7.50pm | Joining up Self-Care – a practical demonstration of self-care in the NHS
Gopa Mitra, PAGB and Member of working in Partnership Programme
Advisory Group |
| 7.50pm – 8.05pm | Self-Care and Pharmacy in Erewash – Gareth McCague, Secretary and
Development Lead, LPC, Southern Derbyshire |
| 8.05pm – 9.00pm | Q & A Session and Buffet |
- Yours sincerely,

Paula Clark,
Chief Executive

Letter sent to LMC members from LMC re August 2005 JUSC event

Working in Partnership

What is Working in Partnership and what does it have to do with GPs?

Working in Partnership has been developed to address workload issues within general practice. It was introduced under the new GMS contract and its work is outlined in paragraphs 6.46 – 6.48 of the contract (thin blue book) which is paraphrased below.

The contract recognises that if practices are to be allowed to manage their workload and earnings to suit their aspirations, a strategy is needed to enable clinicians to use their time effectively whilst improving the availability of services for patients. This strategy will identify those situations in which patients could be enabled to manage their own conditions, use services more effectively, or where the services could be offered by other health professionals.

Under the new GMS contract there will be national arrangements to coordinate and facilitate the development of schemes to maximise the effective use of health services and provide evidence based alternatives to general practice. There will be a multi-disciplinary group, with significant patient and public involvement, to sponsor, evaluate and encourage the spread of good practice. This group will also champion these issues in discussions across Government.

The work programme will cover a number of important areas for development including:

- Development of minor illness management and self-care education programmes by professionals such as nurses and pharmacists
- Development and support for Expert Patient initiatives to make better use of primary care
- Supporting non-GP based chronic disease management schemes
- Promoting effective use of health services, better patient communication, and better self care through initiatives such as those developed by, for example, the Doctor Patient Partnership
- Furthering attempts to reduce certification work within general practice
- Promoting the education of young people via the national curriculum about management of health, maintaining their health status and how to use health services responsibly
- Evaluating how patients use services and understanding how best to communicate with them about effective use of and changes in services.

Who is implementing this work?

The strategy outlined in the new GMS contract is being developed and implemented by the Working in Partnership Programme (WIPP). By looking at the issues which impact on GP workload and trying to reduce this GPs would have more time to:

- Concentrate on patients with more serious conditions
- Take on new roles e.g. GPwSI
- Provide enhanced services to their patients
- Concentrate on continuing professional development
- Plan strategic developments for the practice
- Spend time with family and friends and pursue leisure activities

How do they know what the workload issues are?

In 2004 Dr Foster, on behalf of Norwich Union, carried out the Health of the Nation survey which identified the following as major causes for dissatisfaction amongst GPs:

- Too much paperwork
- Dealing with patients with unrealistic expectations of the service that can be provided
- Inability to spend sufficient time with patients
- Dealing with patients who don't look after themselves properly

GPs estimated that around 30% of their consultations are with patients that don't need to see a doctor but could be seen by a Practice Nurse, Pharmacist, Counsellor, Social Worker or a District Nurse

The survey concluded that patients need to take more of a lead in educating themselves about their health issues:

- 50% of GPs say less than 10% of their patients educate themselves about their condition before their visit

- Three-quarters of GPs say patients who educate themselves improve the quality of decisions made about their healthcare and thus benefit their health.
What is the WIPP doing about this?

WIPP is developing and evaluating schemes to:

- Identify situations in which patients can be enabled to manage their own conditions and use services more effectively
- Explore opportunities for health care professionals to undertake new roles
- Encourage the spread of good practice in areas such as self-care; minor ailments and non-GP led models for managing long term conditions.

WIPP currently has 13 projects, 3 of which are specifically about self-care.

Why is self-care important?

“Many patients, especially those with chronic conditions, don’t want to spend any more time than is necessary visiting their GPs and many are expert in their own conditions. Enabling patients to make a choice of how they access such medicines empowers patients to help them manage their own care, with the help of skilled healthcare staff.” *Lord Hunt, May 2002*

“Self care by the public and self management by patients who suffer from chronic conditions are of fundamental importance, as research clearly demonstrates that a better informed person enhances their health and uses health services more effectively.” *Dr David Colin-Thomé*

Research undertaken by the Proprietary Association of Great Britain (PAGB) found that:

- Minor ailments account for at least 96 million consultations per year
- 39% of GP time is taken dealing with patients who have self treatable minor ailments
- Almost two thirds of these minor ailment consultations result in a prescription being written = 63m scripts, 14% of all NHS scripts per year
- Only about 5% of GP consultations for minor complaints result in an OTC medicine being recommended.

Where does the role of Pharmacist fit into all this?

With the introduction of the new pharmacy contract comes the integration of pharmacy into the NHS family, strengthening their contribution to the provision of high quality patient centred NHS services.

The effective provision of pharmacy services are at the core of successful self care delivery. Pharmacies will provide services that help the promotion of healthy lifestyles and self care of

minor ailments. Their role will be maximised by continuing to expand the range of medicines they can supply without a prescription.

Pharmacists will benefit from the WIPP initiatives by being able to put their knowledge and skills to better use, enhancing their role within the community and within the local primary care team and enhancing the value and service perceived by the patient.

In a study carried out by Keele University in 2003 the overwhelming finding was that community pharmacy schemes, and nurse led clinics, led to a much lower demand on GPs by patients to deal with minor conditions.

How is Erewash PCT involved in all of this?

The term self care in the NHS covers a broad spectrum and there are many initiatives taking place. However, the approach is fragmented and needs to be joined up, this is the work that is being undertaken by Erewash PCT – Joining Up Self Care.

The overall objective of the project is that participants in each of the three strands of work will take more responsibility for their own health by addressing some of the modifiable risk factors for CHD, managing asthma with more confidence, and reducing use of GP for the management of minor ailments.

What are the three strands of the project and how will they be evaluated?

The three strands of the project are:

Prevention (CHD): Using self-assessment risk calculators participants throughout the local community can request relevant information packs with advice on lifestyle and availability of help and advice from appropriate healthcare professionals.

The evaluation will look at understanding risk factors, uptake of diet change, exercise, smoking cessation and reduced alcohol consumption, likely future actions, consultation rates with health professionals regarding heart health.

Chronic condition (asthma): Courses will be set up using the generic Expert Patients programme to look at self-care support. These will be targeted at adults with asthma including those who are also parents of children with asthma.

The evaluation will look at participation levels in the self care programme, participants attitudes toward and confidence in managing their own asthma, look for better results in medicines usage, reduction in GP and A&E consultation rates for asthma.

Minor ailments (Pharmacy First/Self Care Aware training/Information campaigns): Endorsing and encouraging self-care practice including consultation with other professionals in the primary care team. Building knowledge and confidence of patients to make choices in self-care before engaging with the NHS and enabling them to make the appropriate choice of health care professional.

The evaluation will look at reduced rates of GP consultations for children's minor ailments, prescriptions for specific minor ailments and prescribing indicators e.g. head lice treatments and antibiotic usage, awareness levels of self care options, professional attitudes towards management of minor ailments.

What happens then?

The evaluation will form part of a report, along with the lessons learnt of what did and did not work with the project, which will go to WIPP. This information will then be disseminated through WIPP and the Department of Health to help inform work across the rest of the country to help to reduce GP workload.

The following were used as sources of information:

nGMS contract

Working in Partnership – www.workloadmanagement.nhs.uk

PAGB – www.pagb.co.uk

Melanie Beatham

Derbyshire LMC

August 2005

Invitation to GP and pharmacist event Sept 2005 (cancelled due to poor attendance)

Dear Colleague

Self care in Erewash PCT – Working together for improved healthcare.

6.30 for 7pm, Thursday 22 September 2005
Charnos Hall etc

Erewash PCT has embarked upon a strategy for self care and as a part of this we are implementing a nationally funded study to *Join up Self Care* (JUSC).

Whilst a number of existing Department of Health and NHS initiatives involve and relate to supporting self-care there is little evidence to show that they are widespread across the country. Some initiatives supporting self-care have already been developed and implemented across Erewash PCT but there is potential to build on these services, and to develop a more joined-up, strategic approach to self-care across the PCT. We believe that supporting self-care needs to be integral to the work of all health professionals.

By developing a strategy to support self-care, the PCT will help people manage their health better and use health service resources more efficiently. It will also help the PCT achieve targets in all of the National Priority areas e.g.

- Primary Care Access
- Improve Health of Population (obesity, physical activity, smoking – CHD / cancer)
- Long term conditions
- Patient experience

To start the process of working together, you are invited to take part in a meeting of minds with colleagues in general practice and community pharmacy. GPs and pharmacists have a compelling shared interest in dealing with people experiencing minor ailments. At least 96 million GP consultations per year and 39% of GP time is spent dealing with patients suffering from self-treatable minor ailments and EPCT has implemented the *Pharmacy First Scheme* to address this issue for patients who are exempt from the prescription charge. But the overall concept of helping people to self care is something the two professions can work more actively on.

Jenny Archer of the Centre for Pharmacy Postgraduate Education (CPPE) will lead us in this innovative evening of shared learning and interaction which promises to be educational and entertaining.

I hope you will join in and enjoy a different way of working together. To confirm your attendance please

Practice Briefing

3.18: Practice briefing sent Sept04



Practice Briefing.

Title of Project: Joining up Self-care in the NHS: Evaluation of a Model for Self-care in Primary Care Trusts.

Chief Investigator:
Professor Mike Pringle,
Head of School of Community Health Sciences
University of Nottingham, Division of Primary Care
Floor 13, Tower Building
Nottingham, NG7 2RD

Principle Investigator: Mrs Helen Galloway
Self-care Project Manager
Erewash Primary Care Trust
Ilkeston Health Centre, South Street
Ilkeston, Derbyshire, DE7 5PZ
Tel: 0115 9512343

Proposed Starting Date: 01.10.2004 **Proposed Finishing Date:** 30.09.2006

Funding Body: Department of Health Modernisation Agency
Amount: £300 000.00 (to design and implement the evaluation)

Project Objectives

The principle objective is to evaluate a PCT-wide health education and promotion programme aimed at changing people's self-care habits and behaviour in 3 specific areas:

- Prevention of coronary heart disease amongst people aged over 30 years.
- Chronic condition management by parents and carers of children with asthma aged 10 to 16 years.
- Treatment of minor ailments by mothers and young families.

The secondary objective is to evaluate the impact of the self-care programme on health professional attitudes and on the PCT itself.

Rationale.

Evidence that self-care is a means of both improving health outcomes and improving access to appropriate care has recently been highlighted (e.g. the Wanless 2004 report). There is clear recognition within the NHS that equipping the public with knowledge and skills to increase self-management of health is likely to produce benefits for both the public and for the NHS. The General Medical Services contract has explicitly stated an intention to develop and test new ways of working in relation to managing minor illness and increase self-management of chronic disease.

A number of existing Department of Health and NHS initiatives involve, and relate to, supporting self-care, but recent research shows that these have not so far been 'joined up' in a whole systems approach at local level (Blenkinsopp 2004, 2003). This project will evaluate the benefits of the first PCT-wide integrated, coherent programme of supported self-care. The evaluation will determine the effects of the integrated self-care programme on i.) the public's use of primary care health services, ii.) attitudes of the public towards, and future intentions for, self-care, and iii.) attitudes of health professionals and PCT staff.

Outline of Study design***Prevention of Coronary Heart Disease (CHD) Module:***

The aim is to evaluate community based promotion to increase awareness of CHD risk factors and encourage uptake of actions to reduce one or more of these factors. Leaflets with a simple self risk assessment questionnaire will be distributed in community settings. The leaflet will encourage people to obtain an information pack from their pharmacy or the PCT, containing advice on specific lifestyle interventions targeting obesity, exercise and smoking.

Evaluation will be via questionnaire (on receipt of the information pack and between 6 and 12 months later), to assess the level of lifestyle change associated with the programme and the level of consultation with GPs, pharmacists and NHS Direct regarding heart health. 500 participants and 500 controls will be aimed for.

Parents / Carers of Children diagnosed with Asthma Module:

The aim is to build on the existing Expert Patient activity through promotion of an Expert Parent/Carer Programme for those caring for children aged 10 to 16 years diagnosed with asthma. This is aimed at improving outcomes through self-management and building both the carer's and the child's confidence in managing asthma. A programme of 7 sessions will be promoted in community venues, schools, GP practices, pharmacies etc. Evaluation will be via questionnaires for parents/carers and interviews with healthcare professionals. 100 participants and 100 controls will be aimed for.

Minor Ailments Module:

The aim is to evaluate the expansion and promotion of the current Pharmacy First minor ailments scheme to increase self-care behaviour for the management of minor conditions. Promotion will be focused specifically on mothers and young families, with seasonal health promotion activity to add value to existing initiatives to increase mothers' confidence in self-care. Evaluation will be undertaken via GP, Pharmacy and NHS Direct record audits, and by patient and health professional questionnaires / interviews. 200 participants and 200 controls will be aimed for.

Health professionals will be encouraged to increase the self-care content of their consultations and will be invited to participate in local sessions to learn different models of promoting self-care and disseminate best practice.

Controls groups will be recruited from the population who have not responded to the self-care promotion, and comparisons made on key measures including self-care behaviour and consultation rates.

Research will also be undertaken with health professionals in the PCT to assess attitudes towards this promotional activity and its implications for process development at the PCT level.

What is Expected of the Practices

Parents/carers of Children diagnosed with Asthma Module:

1. General promotion of course with leaflets.
2. Computer search of names and addresses of children aged 10 to 16 years with a diagnosis of asthma. Mail out to parents / carers of a sample of these children inviting them to participate in the study as either course participants or controls.

Minor Ailments Module:

1. Long Eaton Practices only (not in Pharmacy First) - Computer search for names and addresses of children aged 3months to 12 years. Mail out to a sample of mothers of these children asking them to participate in study as controls.
2. Record audit of sample of children aged 6 mths to 12 yrs who are registered with Pharmacy First and a sample who are not. (Total of 400 across the PCT). The audit will assess consultation and prescribing rates for a specified list of minor ailments.

A sample of GPs and practice staff will be invited to be interviewed about self-care and its promotion within Erewash PCT.

GPs and Practice Staff will be invited to self-care seminars / briefing sessions.

The Implications for the Practice's Patients

Patients will be supported in making appropriate self-care choices.

What the Practice will be offered

For computer searches, mail-outs and record audits the PCT will either provide audit staff or will provide reimbursement for practice staff time, depending on the circumstances or wishes of the practice.

The PCT will provide all materials and postage costs for mail-outs.

Reimbursement will be provided for GP and practice staff attendance of seminar / briefing sessions and interviews. (? Rates)

Signed.....

Date

Annex 3.19: General Practice Local Enhanced Service Specification



LOCAL ENHANCED SERVICE SPECIFICATION "PROMOTING SELF CARE"

Introduction

Self care was highlighted in the NHS Plan as one of the key building blocks for a patient centred health service and more recently has featured as a key component for supporting people with long term conditions. A copy of "Self Care – A Real Choice" issued by the Department of Health in January 2005 is attached for further information.

Purpose

To establish systematic approaches within General Practices to the promotion of patient self care.

Specification.

The specification is to be based on the Quality and Outcomes Framework points system for payment with each indicator allocated a number of points. In addition a further 6 points will be awarded if all 6 indicators are achieved giving a maximum of 24 points.

1. Develop systems within the practice in collaboration with the PCT to promote self care including maintaining a library to support self care in a minimum of 5 disease areas in each year of the LES. The PCT will assist in producing/compiling "badged" self care information leaflets – **2 points**
2. Incorporate the self care model of consultation into routine patient consultations – see attached guide – **4 points**
3. Promote Pharmacy First through the provision of appropriate information to patients and the parents and carers of patients – **3 points**
4. Agree and utilise 5 locality based protocols in each year for advice to patients on dealing with minor ailments/long term conditions within the practice and local pharmacies – **4 points**
5. Have an agreed protocol for delayed prescribing of antibiotics for uncomplicated self-limiting infections. Practices may request a patient returns to collect a prescription from the surgery or preferred pharmacy if the condition has not improved after 2 days or the patient could be issued with a prescription immediately and advised not to present it for 2 days. Whichever system a practice wishes to operate it must be adhered to by all clinicians in the practice to enable the impact to be monitored by the PCT Pharmacy Advisers – **2 points**

6. Identify and Review frequent attendees with a view to utilising the self care philosophy to reduce their dependency on practices – **3 points**

Training:

- All clinicians to undergo training in the use of the self care model of consultation. A GP from each practice will be required to attend a training session with Prof Mike Pringle and then cascade to the remaining clinicians in the practice.
- A team from each practice is required to attend, during the first 12 months of the LES, behavioural change training. The training is normally held over 2 to 3 days but will be condensed into 2 afternoon sessions for each locality and will be organised by the PCT. Practice representation should, at a minimum, be a GP, a nurse and a manager. Back fill for GPs and Nurses will be available. Additional practice staff may attend as the promotion of self care involves every member of a practice.

Evidence of Achievement:

1. Leaflets evident in all practice premises.
2. Training undertaken as above.
3. Baseline audit will be benchmarked against Mar 06 audit. Practices are expected to have minimum of 5% of their practice population registered with Pharmacy First.
4. Practices must agree protocols with evidence of utilisation apparent.
5. Practices to provide the number of prescriptions for antibiotics deposited for later collection and the number collected. PCT Pharmacy Advisers to monitor prescribing rates for antibiotics.
6. Audit of frequent attendees.

Duration of the LES

This LES is for 2 years from 1st November 2005 and reviewed in 2006.

Price

Payment is to be based on the Quality and Outcomes Framework points system and pricing therefore in 2005/06 an average practice with 5,891 patients could receive £3,000 at £125.00 per point. Payment will be split with 50% being paid once a practice accepts the LES with the remainder at year on verification of achievement. In 2006/07 again the payment will be split 50/50.

The first payment will be made on, or soon after, 1st November 2005 on confirmation that practices wish to adopt the LES. The achievement payment will be made in November 2006 together with the first 50% for 2006/07.

Signatures

This document constitutes the agreement between the practice and Erewash PCT in regards to the delivery of this enhanced service.

For the practice: (Name):			For the PCT		
Signature	Name	Date	Signature	Name	Date
				Gus Curry	27 Oct 05

Please enter name of GP to attend self care consultation training: _____

A signed copy of this specification is to be returned to the PCT as confirmation of acceptance.

THE SELF CARE CONSULTATION

The self care consultation involves:

- All contacts with the whole primary care team to provide a consistent approach within the practice/locality.
- Understanding the patient's self care journey.
- Using the patient's own potential for independent action.
- Building patients' skills and attitudes for future use.
- Providing support to patients/carers where necessary.

Understanding the Patient's Self Care Journey involves taking a history that includes:

- How long have the symptom(s) presented.
- What, if anything, has the patient already tried and for how long (e.g. rest, OTC medicines, complementary products or food supplements, seeing an AHP or alternative practitioner).
- The reason for consulting now.
- Assessment of a patient's willingness/capability for self care.

Supporting the Patient's Self Care Decisions through:

- Endorsing current self care practice and encourage it for the future
- Ensuring patient understanding of the right time period for self care before professional help needs to be sought.
- Endorse consultation with other primary care professionals
- Provide written information, where possible, to support advice and enforcement of self care.

- Offer delayed antibiotic prescriptions where appropriate to reinforce future behaviour.

Self Care Consultation Aide Memoir

- What have you already tried?
- How long have you tried this?
- What were you trying to achieve by doing/taking this?
- Has it worked and how?
- Have you stopped doing what you tried and why?
- What could you do next time?

Annex 3.20: LES Self Monitoring Form



Local Enhanced Service Specification 'Promoting Self Care'
Self Monitoring Form

	Indicator	Description by Practice	Max no QOF points	QOF points achieved
1	'Maintaining a library to support self care in a minimum of 5 disease areas each year.' Name the disease areas for which the practice holds a library of information (e.g. leaflets) and list the information held for each one.		2	
2	'Incorporate the self care model of consultation into routine patient consultations.' List staff who have attended training on self care model of consultation (session by Prof. Mike Pringle, or cascaded from GP who attended this training)		4	
3	'Promote Pharmacy First.' State the percentage of practice population registered with Pharmacy First		3	
4	'Agree and utilize 5 locality based protocols in each year for advice to patients on dealing with minor ailments / long term conditions within the practice and local pharmacies.' Name the conditions for which protocols have been agreed. Please provide copies of these protocols.		4	
5	'Have an agreed protocol for delayed prescribing of antibiotic for uncomplicated self-limiting infections.' Describe the system in place in the practice for delayed prescribing. Is this used by all prescribers? State number of prescriptions for antibiotics deposited for later collection. State number of these prescriptions collected.		2	
6	'Identify and review frequent attendees with a view to utilizing		3	

	the self care philosophy to reduce their dependency on practices.' Has the practice carried out an audit of frequent attendees?			
--	---	--	--	--

Annex 3.21: Prof Mike Pringle's Presentation on Self Care Aware Model of Consultation



A PARTNERSHIP OF EXPERTS
Breaking the Cycle of Dependency

Professor Mike Pringle
Long Eaton
30th March 2006

www.chec.org.uk



What do you want from this session?

www.chec.org.uk



The Session Objectives

We should:

- Recognise the benefits of Self Care
- Decide where the greatest potential lies
- Know how to support patients to become experts in their own healthcare
- Understand the nature of a “self care aware consultation”
- Identify and understand the barriers



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The Afternoon's Timetable

2.00 pm	Introduction to the session
2.05 pm	Introduction to self-care awareness
2.45 pm	Small group activity
3.00 pm	What can <u>you</u> do to promote self care?
3.15 pm	TEA
3.30 pm	The self-care aware consultation
4.00 pm	Paired activity
4.15 pm	What's stopping us?
4.30 pm	Close



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An introduction to Self Care Awareness

www.chec.org.uk



**You are thinking of buying a
new or used car....**

**Discuss the process you would
go through before choosing a
car to buy**

www.chec.org.uk



What do we mean by self care?

- Self care is a part of daily living
- It is the care taken by individuals towards their own health and well being
- It includes the care extended to their children, family, friends and others in neighbourhoods and local communities
- Most care in life is self care

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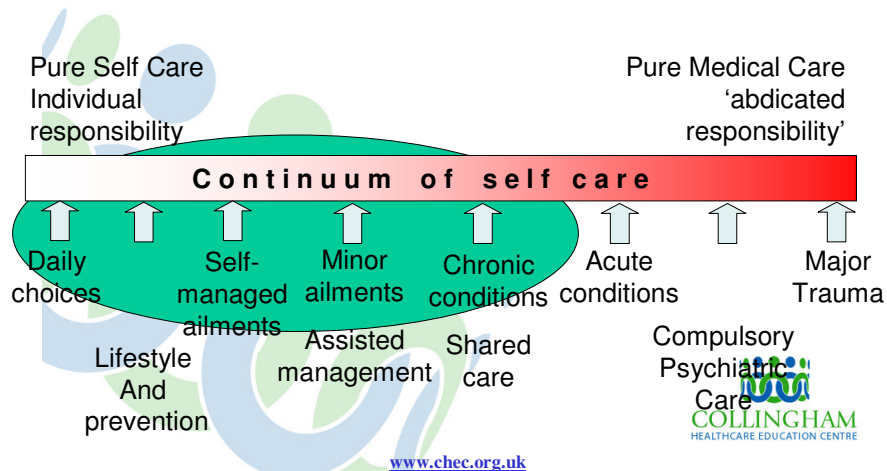
What do we mean by self care?

- **Self care includes**
 - maintaining good physical and mental health
 - meeting social and psychological needs
 - preventing illness or accidents
 - caring for minor ailments and long-term conditions
 - maintaining health and wellbeing after an acute illness or discharge from hospital

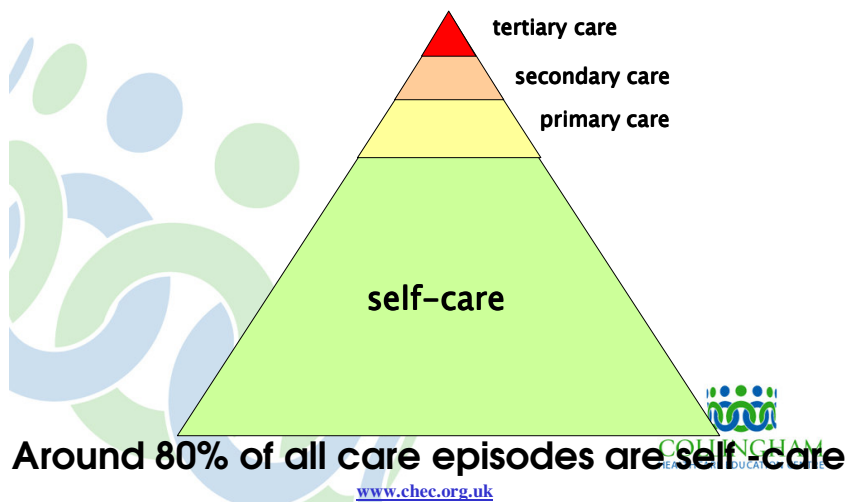
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The Self-care Continuum



The Health Care Pyramid



Current involvement in self care

- Nearly 9 out of 10 people often treat minor ailments themselves - 42% do it all the time
- 82% of people with a long term illness actively take a role in caring for it
- 64% of those who have been to hospital take an active role in monitoring the illness they went to hospital for

DH/MORI Survey, 2005



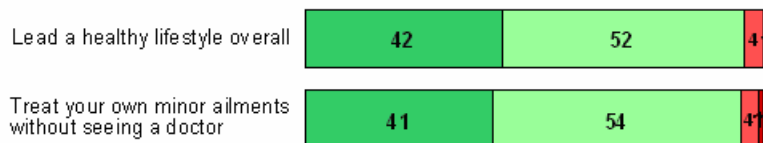
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How confident are you?

Public Confidence that they have Knowledge to Self Care

Q How confident are you that you have the knowledge and understanding to...?

■ % Very confident
 ■ % Fairly confident
 ■ % Not very confident
 ■ % Not at all confident
 ■ % Don't know



Base: All, General Public (1,638)



Base: All with long-term health condition (938)

Source: MORI Survey

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People want to take care of their health

Playing a greater role in treating your minor ailments yourself



Base: All, General Public (1,638)

Playing a greater role in taking care of your long-term health condition yourself



Base: All, with long-term health condition (938)

Source: MORI Survey

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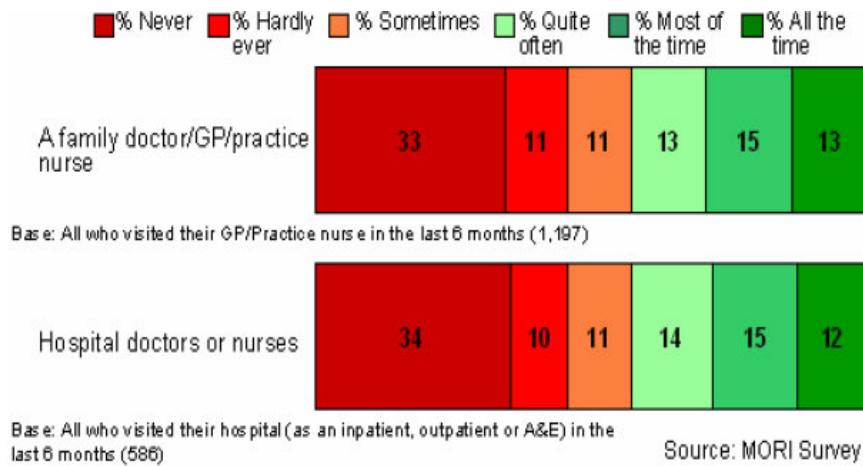
Action taken for everyday health conditions

	Sought advice	Treated the condition (OTC medicine, vitamin / food supplement)	Did nothing
Cold	3%	71%	27%
Headache	2%	86%	13%
Sore throat / cough	8%	78%	16%
Stiffness in joints / back pain	24%	48%	28%
Muscle aches / pains	15%	57%	28%
Indigestion	13%	73%	17%

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COLLINGHAM
HEALTHCARE INNOVATION CENTRE

Encouragement to self care



www.chec.org.uk

HEALTHCARE EDUCATION CENTRE

The Human Context

- In UK, over 17 million people have a long term condition
- 60% of adults report some long-term health problem
- 80% of GP consultations are for long-term conditions
- By 2030, incidence of long-term conditions in over 65s will double

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 COLLINGHAM
 HEALTHCARE EDUCATION CENTRE

The Human Context

- Minor illnesses account for 75% of A&E visits
- 40% of GP time spent dealing with self-treatable illness
- Many consultations end in a prescription when OTC or no prescription would be as appropriate

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The Policy Context

- NHS Plan: “The NHS will become a resource which people use everyday to help look after themselves”
- NSFs and Care of Long-term Conditions
- The public health WP: “Choosing Health”
- The Expert Patient Programme
- The new GMS contract: demand management
- The Out of Hospital White Paper

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The Impact on Patients

- Better symptom management, such as reduction in pain, anxiety, depression and tiredness
- Improved feeling of well being
- Increase in life expectancy
- Improvement in quality of life with greater independence

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The Impact on General Practice

- A start into “demand management”
- Visits to GPs can decrease
- Increase in patient satisfaction
- Use of the wider primary care team
- Use of community and voluntary support
- Increased involvement of patients and carers in decision making

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The Wider Impact

- Outpatient visits can reduce
- A&E visits can be reduced
- Hospital admissions and hospital length of stay can be reduced
- Medicines intake is regulated or reduced
- Days off work can drop

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For the research evidence:

www.dh.gov.uk/selfcare
www.wipp.nhs.uk

www.chec.org.uk



The Self Care Vision

- Individuals and carers have self care as a real choice
- Choice includes a range of self-care options – available, accessible, convenient
- The right support is provided for that choice

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For two conditions, discuss and contrast the advice you give on the phone to someone with...

Adult with:

- Back pain for 1 day after lifting
- URTI for 3 days
- Vaginal itch and white discharge 3 days
- Dysuria and frequency for 1 day
- Hayfever

Child with:

- Chickenpox
- Eneuresis
- Head lice
- Pyrexia 2 days
- Poor sleep with snuffles

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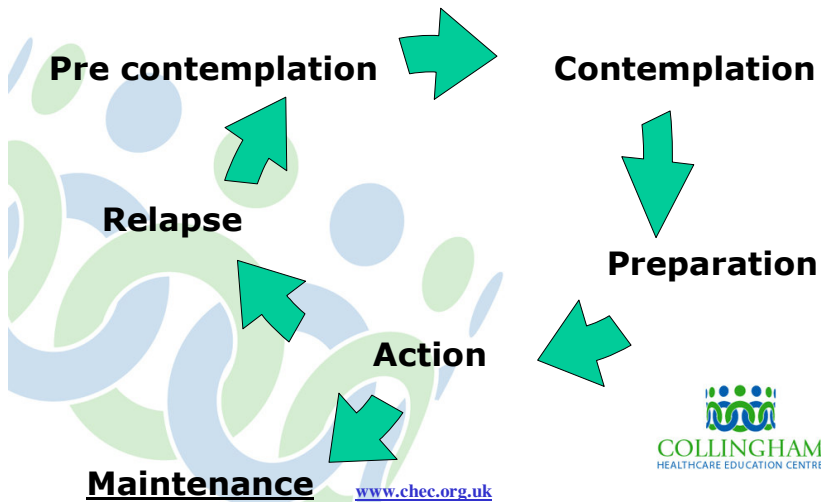


What does this tell us about giving advice?



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Stages of Change Prochaska & DiClemente (1982)



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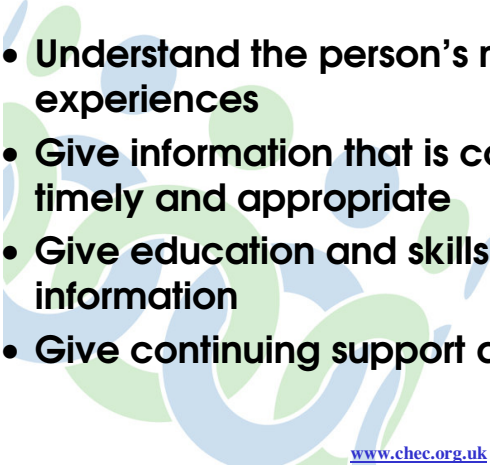


What can you do to promote self care?



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Four Key Actions

- 
- Understand the person's motives and experiences
 - Give information that is consistent, relevant, timely and appropriate
 - Give education and skills training to use that information
 - Give continuing support and encouragement



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Understanding the Patient

- The self care aware consultation
- Understanding preparedness to change
- Responding when the patient is ready to change
- Tailoring the message to the patient

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Education and Skills

- Self diagnostic tools, self monitoring devices and self care equipment
 - How to use them
 - How to react to changes
- First aid training in schools
- Health education
- Skills development e.g. Expert Patients Programme

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Continuing Support

- The self care aware consultation
- Valuing efforts at self-care
- Consistency of messages
- Rapid and effective response to crises

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What are the potential areas for increased self-care in Long Eaton?

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The Self-Care Aware Consultation



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What is a 'self-care aware consultation'?

It involves:

- All contacts with the wide primary care team members
- Using the person's own potential for independent action
- Building a set of skills and attitudes for future use
- Providing support where necessary



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What is a 'self-care aware consultation'?

The outcome is:

- A coherence across the primary care team
- Patients and carers building on their existing skills
- More patient centred consultations in general practice

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The Keys to a 'self-care aware consultation'

- Understanding the patient's Self-Care journey
- Supporting the patient's self-care decisions

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Understanding the Patient's Self-care Journey

- **Taking a history that includes self care**
 - How long have the symptom/s presented?
 - What has the patient already tried?
 - hot water bottle, resting, taking OTC medicines, complementary products or food supplements, seeing an allied health professional or alternative practitioner?
 - And for how long?

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Understanding the Patient's Self-care Journey

- What have you already tried?
- How long have you tried this?
- What were you trying to achieve by doing/taking this?
- Has it worked and how?
- Have you stopped doing what you tried – and why?
- What could you do next time?

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Supporting the Patient's Self-care Decisions

- Endorse current self-care practice and encourage it for the future
- Ensure understanding of the right time period for self-care before the need for professional help to be sought
- Endorse consultation with other professionals in the primary care team
- Use written information where possible to support advice and enforcement of self-care

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Aide Memoire

- What have you already tried?
- How long have you tried this?
- What were you trying to achieve by doing/taking this?
- Has it worked and how?
- Have you stopped doing what you tried – and why?
- What could you do next time?

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Paired Activity

One of you has decided to give up smoking (or go on a diet to lose weight); the other is the expert adviser (GP, nurse, pharmacist, friend etc)

- Conduct a self care aware “consultation” – a discussion in which self care alternatives are explored



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Paired Activity

Reverse roles: One of you has had a bad back for the past 3 days; the other is an expert adviser

- Conduct a self care aware “consultation” – a discussion in which alternatives to prescribed medicines are explored



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So what's stopping us from doing it?

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A PARTNERSHIP OF EXPERTS Breaking the Cycle of Dependency

Professor Mike Pringle

Long Eaton

30th March 2006

www.chec.org.uk



Annex 7.1: Minor Ailments Focus Groups

Key messages:

- Mothers in the intervention group reported having changed their behaviour by consulting the pharmacist rather than the GP for conditions included in the 'Pharmacy First' scheme.
- GP endorsement of 'Pharmacy First' is a powerful influence on mothers' decisions to sign up for the service.
- Users of 'Pharmacy First' described how a relationship of trust had been built with the pharmacist and intentions to use the scheme in the future were high.
- Mothers had confidence that the pharmacist would refer them to the GP if that was needed. Their experience was that the pharmacist's recommendation made it easier to get a GP appointment and this reinforced the behaviour of consulting the pharmacist first.
- Knowledge of the child's previous history and medicines was of high importance by mothers. Pharmacists were not necessarily viewed as having this background, at least initially.
- Most 'Pharmacy First' users thought that pharmacy consultation booths provided sufficient privacy but a few did not.
- There was a lack of understanding about the formulary of medicines from which pharmacists can supply treatment in 'Pharmacy First'.
- A small number of mothers appeared to have consulted the GP after a Pharmacy First consultation where they were not satisfied with either the available range of medicines or the conditions under which they could be supplied.
- Overall negative findings were minimal.

Eighteen mothers participated in the focus groups, thirteen of whom were registered with, and had used, Pharmacy First and five who were 'controls'.

Attitudes towards changing behaviour in accessing information, advice and treatments from sources other than the GP

GP endorsement was important in convincing mothers that consulting the pharmacist was appropriate. One participant, for example, had seen posters about 'Pharmacy First' but it was only when the GP recommended it that she registered for the service. Several other participants reported that their GP had suggested they should sign up for the service and they had done so.

Pharmacies were seen as having several advantages, the key ones were being seen more quickly and the greater flexibility of opening hours and thus access to professional advice. In particular access on Saturdays and at times to suit working mothers, such as during lunch breaks, was important. Participants also described how they could obtain advice from the pharmacist by telephone whereas this was either not available from the GP or involved unpredictable waits for a call back.

"The more options you've got the better because time just seems so short, especially when you're working"

Not having to make an appointment at the pharmacy was important to mothers in that they could decide when to consult and did not have to arrange their day around a fixed time.

“doctors are far more pinned down with rigidity”

“it’s (the pharmacy) a two minute wait whereas with the doctor it’s a firm appointment time”

“There are things you just don’t need to see the doctor for but you would like to speak to someone for a bit of professional advice”

A potential barrier to mothers using non-GP sources was the concern that other professionals would not know the child’s previous history (both medical and medication). This was referred to in relation to the local Minor Injuries Unit and also in relation to pharmacies by some participants. Although community pharmacies keep computerised records of dispensed medicines, these records are usually not accessible from other pharmacies. Thus some of the mothers mentioned that a pharmacist would not be aware of the child’s previous medicines. This influenced their choice of pharmacy and some opted to register at the pharmacy that dispensed their prescriptions, even though this was not the one nearest to home. However some mothers also described how their pharmacist became familiar with their child’s medicines over a period of time and were content with this.

With more experience of the ‘Pharmacy First’ scheme an understanding of how it worked and what it offered was reported by participants to have reinforced their changed behaviour.

Transfer of consultations to pharmacies from general practice

Seeing the pharmacist was viewed by many participants as being midway between self managing an ailment and consulting the GP about it. Consultations with pharmacists were viewed as being less rushed than with the GP.

“You think the pharmacist will be run off their feet but you never get that impression from them”

Pharmacists were also viewed as less critical than GPs and some participants were concerned that they might consult about something that did not need medical advice.

“they (the GP) say there’s nothing wrong or make you feel you’re really wasting time”

Experience of the scheme increased mothers’ level of comfort in consulting with the pharmacist.

“You feel more comfortable when you get to know them”

“I didn’t realise how accessible a pharmacy was, I didn’t know you could go to the pharmacy for things like this”

Mothers described how their confidence in the pharmacist increased with further use of 'Pharmacy First' and this increased the likelihood that they would go to the pharmacist first rather than straight to the surgery. They said that the pharmacist would know when their child needed to see the doctor.

"In fact I would respect the fact they'd done that (referred to the GP) and I'd feel more confident going to the doctor and saying the pharmacist suggested I came"

Around two thirds of the mothers who were registered with 'Pharmacy First' (9/13) said their child had been referred to the GP by the pharmacist on at least one occasion. Conditions involved included impetigo and bites. Mothers also said that when the pharmacist recommended their child should see the GP it was easier to get an appointment at the surgery.

First time mothers were more likely to go to their GP than to the pharmacist for advice, particularly in the early months.

The limited availability of facilities for private consultations in pharmacies has traditionally been a barrier to greater use of the pharmacist as a source of advice. The consultation booths in 'Pharmacy First' pharmacies were viewed as providing sufficient privacy by most, but not all, participants.

A small number of participants were not satisfied with the selection of medicines available in the 'Pharmacy First' formulary, or with the protocol restricting when a medicine might be supplied. The protocol states, for example, that for eye infections treatment should only be supplied after the mother has tried bathing the child's eyes for a week and the infection is still present, which is based on latest evidence.

"It was a battle to get the drops"
"I wasn't going to leave it for seven days"

However these comments suggest mothers' concerns that the condition might not improve or might get worse without treatment. Even though local GPs might take the same line, if the mother's first experience of it is at the pharmacy and this is different from previous GP consultations, then concern is understandable.

On the other hand one mother had been advised by the pharmacist

"The pharmacist said bathe it with water for a few days, which I did and it went away . . but I felt they were helpful and spent time with me"

An explanation of how and why the protocol says what it does would be useful, also of how medicines are selected or excluded from the 'Pharmacy First' formulary.

Awareness levels

Participants thought that 'Pharmacy First' needed to be more widely advertised to raise awareness. Suggestions included promoting the scheme through local nurseries, local radio and the local free newspaper.

There was also some evidence that mothers were unsure who was eligible for the service. One, for example, had seen the posters but thought only families on income support could use the service.

Other self care support sources

Most of the participants had used NHS Direct, sometimes for general advice (for example whether a child's rash might be due to taking an antibiotic) and sometimes for urgent advice.

Awareness of the wider minor ailments activity within JUSC (for example the information leaflets) was minimal. One mother reported receiving a leaflet which her child brought home from school. Three of the 18 mothers had come across the NHS Self Care Guide in their Thomson Local directory.

Almost all (15/18) of the mothers expressed interest in learning more about self care in the future.

Limitations of the research

Most of the mothers in the control group appeared to have decided to join 'Pharmacy First'. Thus the views of mothers who had decided not to join the scheme are likely to have been under-represented.

Conclusions

The focus group data provided evidence that mothers had changed their consulting behaviour as a result of the 'Pharmacy First' scheme. Experience and greater understanding of the service had developed the mothers' confidence and trust in their pharmacist. The focus group findings indicate that 'Pharmacy First' has established the community pharmacist as a credible source of advice and treatment for minor illness. Uptake of the service could be increased by GP recommendation to their patients and targeted publicity through local nurseries

Annex 8.1: Self Care Education Evaluation by Attendees – (Prof Mike Pringle’s Session on Self Care Aware Model of Consultation)

		Mean scores for session organisation & structure (5 = “excellent”; 1 = “poor”)					
	Number of attendees	Booking confirmation & directions	Aim and objectives stated & met	Opportunity to participate actively	Venue appropriate	Worth the time invested	Course Mean Score
15/06/05	20	N/A	3.0	3.1	N/A	2.7	2.9
08/02/06	6	N/A	4.7	4.7	N/A	4.7	4.7
30/03/06	7	N/A	4.4	4.9	N/A	4.0	4.4

	Mean scores for session content (5 = “excellent”; 1 = “poor”)						
	Introduction to Self Care Awareness	Cascade & Whole Group Activity	What can you do?	The Self-Care Aware Consultation	Paired Activity	What’s Stopping Us	Course Mean Score
15/06/05	2.9	2.7	2.9	2.9	2.9	3.0	2.9
08/02/06	4.8	4.3	4.7	4.8	4.5	4.7	4.6
30/03/06	4.4	3.9	4.0	4.4	3.6	4.0	4.0

Annex 9.1: PCT Management Interviewees

Paula Clark, former Chief Executive, Erewash PCT, now Chief Executive, Burton Hospitals Trust (PC)

Rachael Magnani, Former Director of Strategic Development, Erewash PCT, now Director of Strategic Development, Queens Medical Centre Nottingham (RM)

Gus Curry, Associate Director for Primary Care, Erewash PCT (GC)

Clive Aylesbury, Associate Director for Health Improvement, Erewash PCT

Martin Cassidy, Associate Director for Service Development, Erewash PCT (MC)

Steve Hulme, Head of Prescribing & Pharmaceutical Services, Erewash PCT (SH)

Ray Johannsen Chapman, Public Involvement Manager, Erewash PCT (RC)

Lindsey Beasley, Primary Care Project & Development Manager, Erewash PCT (LB)

Helen Galloway, Self Care Programme Manager, Erewash PCT (HG)

Two respondents requested all or part of their responses to be non-attributable.