

# Self Care Aware: Joining Up Self Care in the NHS

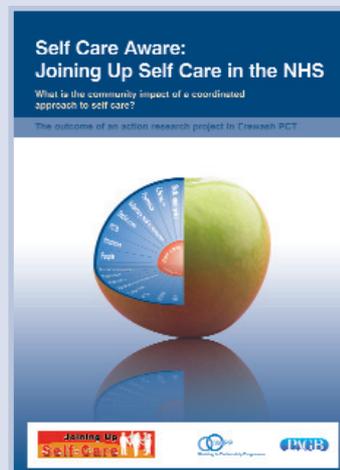
What is the community impact of a coordinated approach to self care?

The outcome of an action research project in Erewash PCT



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# Executive summary

## Why Joining Up Self Care (JUSC)?

- Self care, where the individual makes decisions for, and takes control of their own health has been the way to manage illness for centuries.
- However, the introduction of the NHS over 50 years ago has resulted in the UK population moving away from self care towards reliance on others, in particular, doctors, to 'cure' their problems. Self care as a culture has stalled.
- The NHS Plan, a ten-year blueprint published in 2000, defined self care as an appropriate setting for the delivery of care, alongside hospital, intermediate care and primary care. As a result self care has been established as an integral level of care in the NHS for the first time.
- JUSC is a strategy to improve the interface between primary care and the community. This will ensure that service demand is efficiently managed, actively supporting the individual's own ability to combine self care, when possible, with primary care, when needed. It is a long-term strategy requiring cultural, attitudinal and behavioural change.

## What is JUSC?

- The principal objective of the project was to evaluate the impact on people's self care habits and behaviour of a health education and promotion programme in Erewash PCT, South Derbyshire.
- The secondary objective was to evaluate the impact of the programme on health professional attitudes and on the PCT itself.
- Baseline surveys were conducted and followed up at between five and 12 months later.
- Joining Up Self Care in Erewash centred on three disease-related modules:
  - 1. Prevention of coronary heart disease in people aged over 30 years:** to increase awareness of coronary heart disease (CHD) risk factors through community-focused interventions and increase the personal uptake of actions to reduce at least one modifiable risk factor.
  - 2. Long term condition management by adults with asthma:** to build on previous Expert Patient Programme activity in the PCT through an asthma education programme targeted at improving patient confidence and outcomes through self-management.
  - 3. Treatment of minor ailments by mothers with young families:** to increase mothers' self care of minor conditions affecting children aged between three months to 12 years. Seasonal activity also aimed to promote and add value to existing minor ailments initiatives (notably, Pharmacy First, an NHS scheme in which the community pharmacy is offered as an alternative to a GP appointment for specified ailments).
- JUSC also employed a range of interventions to promote self care in the PCT. This included a public relations campaign, self care leaflets, CHD risk assessment tool with free lifestyle advice pack, free prize draws, asthma education sessions and seasonal promotional campaigns to support Pharmacy First.
- The PCT also made concerted efforts to engage with healthcare professionals, including providing bespoke self care aware consultation training. These activities culminated in the introduction of a GP Local Enhanced Service promoting self care.



## What is the outcome?

### The evaluation found strong evidence of increases in:

- Risk reduction behaviour by those people receiving CHD lifestyle advice.
- Confidence among people with asthma who attended an Expert Patient Programme course or a half-day 'taster' asthma education session.

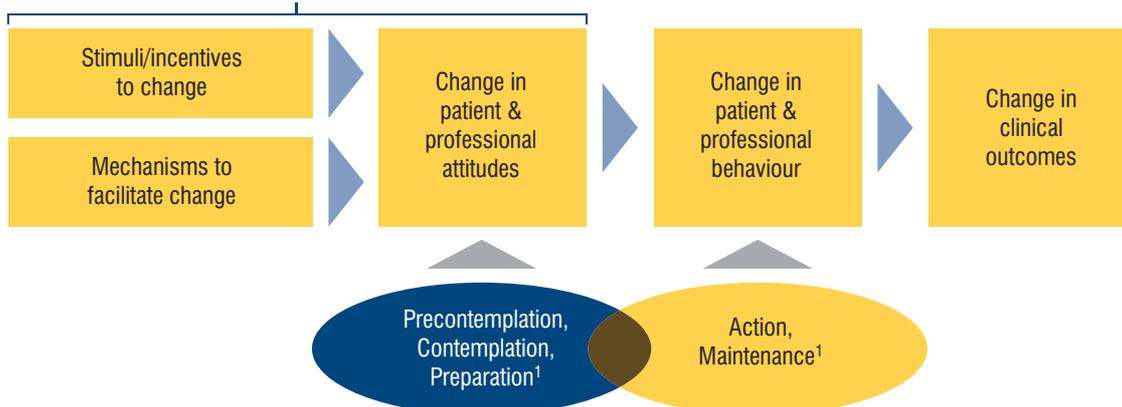
- Mothers' willingness to self care, rather than to see a health professional for several childhood minor ailments.

### It concludes:

- JUSC has laid a strong foundation for the ultimate goal of long-term behavioural change.
- Change can be achieved without any additional self care funding.

### Change learnings from the project

Changes achieved by JUSC in one year



## What are the key findings?

### CHD:

- Over half the intervention group were aware of local self care programmes, and 40% were aware of "something to do with heart disease", compared to 1% of the control group.
- Lifestyle change in the intervention group was significantly higher than in the control group across four key risk factors: reduction of saturated fat in the diet, increased physical exercise, reduction of alcohol intake and smoking cessation.
- 21% of the intervention group had thought about changing the way they used health services generally, compared to only 1% in the control group.
- The intervention group appeared to change their healthcare-seeking attitudes at a general level, as well as taking action on specific modifiable risk factors, following JUSC.

<sup>1</sup> Prochaska JO & DiClementi CC (1983) Stages and processes of self-change in smoking: toward an integrative model of change. Journal of Consulting & Clinical Psychology; 51(3): 390-395. See p9 for further explanation

# Executive summary

## Asthma:

- At follow-up, participants' confidence to openly discuss and ask their GP questions about asthma had improved significantly compared to the control group.
- Intervention participants also reported an increased appreciation of other ways to manage their asthma, and had become less worried about the side effects of medication.



## Minor ailments:

- Both the intervention and the control groups demonstrated very positive attitudes towards consulting a pharmacist. With the exception of younger mothers, respondents in both groups reported they were more likely to do so in the future. Most respondents also believed they could manage most children's minor illnesses with advice from a pharmacist.
- Those in the intervention group felt the Pharmacy First programme had developed a sense of how to more effectively use the pharmacist, and acted as a confidence driver.
- At follow-up, mothers in the intervention group were more likely to self treat than to consult a health professional for a number of childhood minor ailments (earache, cough, mild rash, nappy rash, insect bites/stings, teething).

## Healthcare professionals:

Most healthcare professionals were comfortable informing patients about their self care options in CHD prevention, asthma management and children's minor ailments. Self care promotion was thought to be most effective in relation to the management of minor illness, however, and it was generally accepted that this approach could be developed further in all three areas.

- Many healthcare professionals believe their consultations already include self care, but participants' comments at JUSC training sessions suggested this was not consistent or systematic.
- Most commonly mentioned barriers were financial, staffing and time constraints. However, policy 'short-termism' and poor communication were also cited.

## Organisational development:

All PCT managers interviewed, across a range of disciplines, agreed:

- Support for self care is a legitimate activity for the organisation.
- JUSC has raised the profile of self care within the PCT, which considers the Pharmacy First scheme and Local Enhanced Service for GPs as particularly positive.
- Several managers consider there is a strong link between JUSC and the PCT's strategy on long term conditions. However, the fact that self care was not closely aligned with the public health and primary care directorates was a barrier to the full implementation of 'joined up' self care.



# Recommendations

**Each PCT needs to develop a robust self care support strategy.** PCTs need to set a clear direction if they are to develop local self care support strategies, monitor their implementation and provide advice and encouragement on the use of contractual and other levers. The Wanless vision of the fully engaged scenario and the accompanying cost benefit will not be realised if PCTs do not develop such a strategy. The strategy needs to be inclusive and coherent across every part of the system so self care becomes an additional arm of existing health approaches, and not just a separate strategy. Importantly, JUSC has demonstrated that an integrated self care approach is cost-neutral and can be funded by previously identified healthcare initiatives. As such, it can help PCTs face the challenges of managing growing health demands within existing budget restrictions. The strategy should be regularly reviewed and updated in light of the PCT's self care achievements and challenges.

**PCTs need to identify specific health areas for targeting within a coordinated programme.** Self care promotion in the three modules used in JUSC provides the principles for PCTs to use in disease prevention, care of people with long term conditions and the engagement of a particular target group. This can be easily extended to other patient populations, who are priority areas for the PCT, and will maximise the opportunity for strategic coherence and impact. For example: disease prevention can consider skin cancer and obesity; long term condition management, osteoarthritis and diabetes; and the engagement of a particular target group, teenagers and sexual health, men and the prostate, or pain management in the elderly. Joining up activities can generate the most health gains within a community.

**Senior members of the PCT management team must own the components of the self care strategy.** Senior managers (ideally, those heading relevant PCT directorates including Primary Care and Public Health, and including the chief executive and finance director) should share information, ideas and resources on the specific agenda of supporting self care. This will ensure it is not marginalised or confined to only one area of activity (such as the long term conditions agenda). By taking a coherent approach there will be opportunities to build on existing programmes and targets, while avoiding the need for additional financing.

**There must be sustained resource planning and budgeting.** JUSC has demonstrated that attitudinal changes towards self care can be achieved in a short time – one year. The next phase of behavioural change will require longer-term investment for the full potential of an integrated approach to health management to become apparent. As a result, self care support must be on-going and form a consistent element in healthcare initiatives. It is recommended that at least one manager within each PCT should have full time responsibility for self care support with co-operation from all relevant PCT directorates. It should be possible to allocate a proportion of existing budgets to support self care, leading to its enhancement in the local community.

**There must be a recognition that the NHS cannot support self care on its own.** Individuals generally spend only a small amount of time interacting with the NHS. Therefore, the NHS needs to engage in effective strategic partnerships, especially with other local community, voluntary and private agencies. Strategies to move patient dependency towards greater self sufficiency need to be multi-faceted as the target audience is dispersed and heterogeneous. The only way forward is to work across all public sector agencies, in partnership with the private sector and civil society organisations, in order to build self care as a life-long habit and culture.

**There is a clear need for leadership on joining up self care at national and Strategic Health Authority level.** Without this, the full potential benefits for change will not be realised, even in another 20 years. The speed at which the NHS as an organisation can change to support self care and move it into the mainstream depends as much on Department of Health (DH) and Strategic Health Authority direction as on GP practices. Consequently, the DH needs to provide strong central leadership through its policies, the integration of self care with other NHS priorities and toolkits for self care support.

# The Report Background

## What is Joining Up Self Care in the NHS?

Self care, where the individual makes decisions for, and takes control of their own health has been the way to manage illness for centuries. However, the introduction of the NHS over 50 years ago has resulted in the UK population moving away from self care towards a reliance on the NHS, particularly doctors, to 'cure' their problems. Self care as a culture can be relaunched as a dynamic, empowering approach to health.

With rising consumerism comes a desire for choice and ease of access, which implies a natural resurgence for self care. For this to be truly effective, people must gain confidence in their own ability to act independently and adopt self care behaviour as an essential and integral part of the way they look after their own and their families' health.

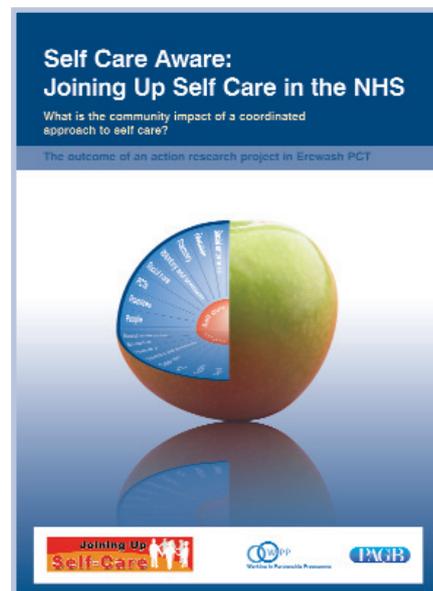
**'Joining Up Self Care (JUSC) is a strategy to improve the interface between primary care and the community...'**

**'...It is a long-term strategy requiring cultural, attitudinal and behavioural change.'**

This change is not solely prompted by consumer interest and demand for better knowledge of their health management. The NHS Plan, a ten-year blueprint published in 2000, defined self care as an appropriate setting for the delivery of care, alongside hospital, intermediate care and primary care. As a result, self care is being established as an integral part of care in the NHS, with the resultant policies necessary for the first time.

However, for the NHS Plan to work, care providers in all settings need to take account of individuals' actions. The NHS must acknowledge that people make their own decision about how they manage disease before, and during their care within the NHS.

Joining Up Self Care (JUSC) is a strategy to improve the interface between primary care and the community. This will ensure that service demand is efficiently managed and actively supports the individual's ability to combine self care, when possible, with primary care, when needed. It is a long-term strategy requiring cultural, attitudinal and behavioural change.



**Self care as a culture can be relaunched as a dynamic, empowering approach to health**

**Actively support the individual's ability to combine self care, where possible, with primary care, when needed**



# The Report

## Background

### Why is self care important?

The Wanless Report<sup>1</sup> modeled three different future scenarios for the health service:

- **Solid progress** where people become more engaged in relation to their health, and life expectancy rises considerably.
- **Slow uptake** where there is no change in the level of public engagement, and there is some increase in life expectancy.
- **Fully engaged** where levels of public engagement in relation to their health are high, increases in life expectancy go beyond current forecasts, and health status improves dramatically.

Critically, the *slow uptake* scenario has resource implications for the health service, as it requires £30 billion more in funding than the *fully engaged* scenario.

The degree to which self care will become more important over the next 20 years will depend on the degree to which the public engages with healthcare, Wanless acknowledges. Self care is, therefore, closely linked to other factors, including: rising levels of knowledge, such as improved public health, and increased health seeking behaviour.

Wanless further notes that for every £100 spent on encouraging self care, around £150 worth of benefits can be delivered in return.

### What are the barriers to self care?

The UK has some way to go in providing the support needed to allow people to make effective self care decisions. In a submission to the Joint Inquiry of the All Party Groups on Primary Care and Public Health and Social Care<sup>2</sup> on the January 2006 White Paper,<sup>3</sup> the Picker Institute cited research showing that British patients are less likely to say they have received opportunistic advice from doctors on disease prevention and lifestyle modification than patients in the five other countries surveyed. In addition, they were less likely to have been given help with self care than patients in four other countries.

The Institute argues that recognising the role that patients can play in their own care, and seeking to strengthen that role, is “fundamental to securing a more patient-centred approach to healthcare delivery, the central aim of the NHS Plan for England”.

**For every £100 spent on encouraging self care, around £150 worth of benefits can be delivered in return**

**The first step... coordinating existing activities relating to self care, linking these to better communication and training for healthcare professionals while promoting such activities more assertively**



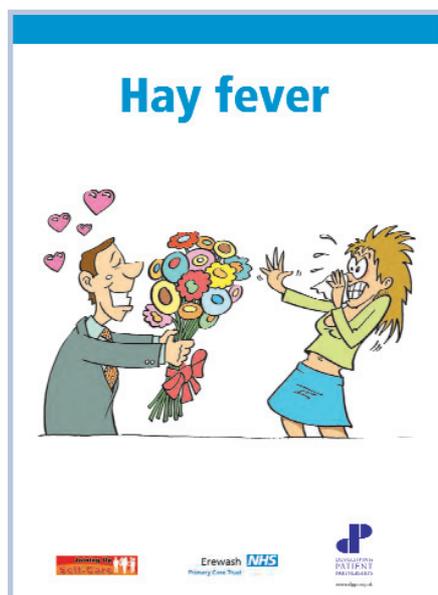
## What is JUSC?

Securing maximum effectiveness from a self care strategy depends on joining up existing resources, mechanisms and programmes. As such, the Wanless 'fully engaged' scenario relies as much on cultural and behavioural changes within the NHS as on increased funding.

A Steering Group set up by the Proprietary Association of Great Britain (PAGB)<sup>4</sup>, recognised this gap between policy intent and the practice of implementing self care support as a strategy within NHS organisations, in particular Primary Care Trusts (PCTs). As a result, it developed Joining Up Self Care in the NHS as an exemplar study.

JUSC holds that the survival of the NHS - meeting increasing demand with finite resources - will require a cultural change on the part of the public, policy makers, politicians and others working in the health service. While other PCTs have introduced schemes supporting self care from a single component or condition perspective, JUSC went further - pulling several health strands together for cumulative effect and benefit.

JUSC aims to help Strategic Health Authorities, Primary Care Trusts and general practices meet the aims of the 2006 White Paper,<sup>5</sup> through:



- Self care for maintenance of good health and lifestyle and prevention of ill health.
- Self care of minor ailments.
- Self care of acute illness.
- Self care of long term conditions.
- Self care support including patient education and information, self care skills training, peer support networks and a care plan approach.
- Engagement and training of professionals to support self care.

**The survival of the NHS requires a cultural change...to address the challenge of meeting increasing demand with finite resources**

## What learnings are needed?

The key learnings from JUSC relate to the early stages of the change process identified by Prochaska & DiClementi (precontemplation, contemplation, preparation, action and maintenance).<sup>6</sup> These learnings are important for practical application, in particular, that activities aimed at motivating and encouraging specific personal plans (in the contemplation stage), and assisting with developing those plans and setting gradual goals (in the preparation stage) may help the transition from attitudinal change to behavioural change for both patients and health professionals.

<sup>1</sup> Wanless D. (2002) Securing our Future Health: Taking a Long-Term View; Final Report. HMSO: London

<sup>2</sup> Picker Institute evidence to the Joint Inquiry into the White Paper Our Health, Our Care, Our Say by the All Party Parliamentary Groups on Primary Care and Public Health and Social Care; June 2006 (unpublished)

<sup>3</sup> Department of Health (2006). Our Health, Our Care, Our Say – a new direction for community services; TSO: London

<sup>4</sup> PAGB, the national trade association representing manufacturers of over-the-counter (OTC) medicines and food supplements

<sup>5</sup> Department of Health (2006) *Op cit*.

<sup>6</sup> Prochaska JO & DiClementi CC (1983) *Op cit*.

# The Report

## The Study

### Study objectives:

#### Principal objective:

- To evaluate a health education and promotion programme in Erewash PCT, South Derbyshire, aimed at improving people's self care skills, habits and behaviour, within a one-year time frame.

#### Secondary objective:

- To evaluate the impact of the programme on the PCT's and health professionals' attitudes towards self care.

The Joining Up Self Care project in Erewash centred on three disease-related modules:

#### 1. Prevention of coronary heart disease in people aged over 30 years

**Aim:** to increase awareness of coronary heart disease (CHD) risk factors through community-focused interventions and increase the personal uptake of actions to reduce at least one modifiable risk factor.

#### 2. Long term condition self care by adults with asthma

**Aim:** to build on Expert Patient Programme (EPP) activity in the PCT through use of an asthma education programme targeted at improving patient confidence and outcomes through self management.

#### 3. Care of minor ailments by mothers with young families

**Aim:** to enhance the ability of mothers to take care of their children's minor ailments by promoting and adding value to existing minor ailments initiatives. This focused on support for mothers of children aged between three months to 12 years, and included seasonal activity to promote and add value to existing minor ailments initiatives (notably Pharmacy First, an NHS scheme in which the community pharmacy is offered as an alternative to a GP appointment for specified ailments).

### Recruitment:

Patients were recruited for the intervention groups as follows:

- Prevention of CHD module:** via invitation contained in a CHD information pack distributed by community pharmacies, the PCT and local employers.
- Asthma module:** via community-based promotion of the Staying Well with Asthma EPP-based programme, and GP invitation, via nine practices, to adults diagnosed with active asthma.
- Minor ailments module:** via GP invitation to a sample of mothers whose children were registered for the Pharmacy First scheme at one of five GP practices in Ilkeston or one of four practices in Long Eaton.

Patients were recruited for the control groups as follows:

- Prevention of CHD control (at follow-up only):** via a market research company (2Europe) undertaking in-home interviews with a sample of the general population aged over 30 years who had not participated in the CHD self care initiative, plus a booster sample of mothers aged between 20-29 years.
- Asthma control:** via GP invitation letter at baseline to adults with active asthma who were willing to participate in this evaluation but who did not wish to attend Staying Well with Asthma programme sessions (either the EPP-based course or the half day sessions).
- Minor ailments control:** via GP invitation letter at baseline to a sample of mothers whose children were not registered for the Pharmacy First scheme. These were all sampled from three practices in the Long Eaton area where Pharmacy First was not promoted until October, 2005.



## The consumer interventions:

The PCT promoted self care through a continuous public relations campaign, which secured editorial coverage in local media, and self care leaflets, such as those produced by Developing Patient Partnerships (DPP).

In addition, it undertook specific, module-related initiatives:

### CHD

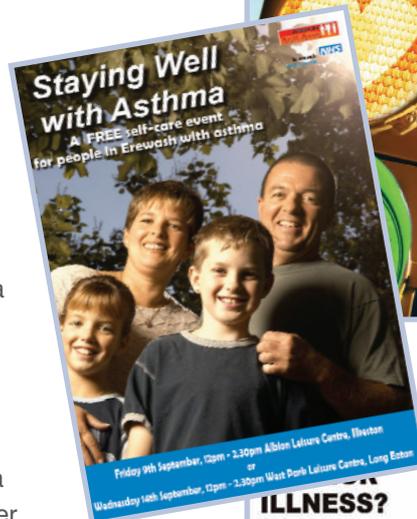
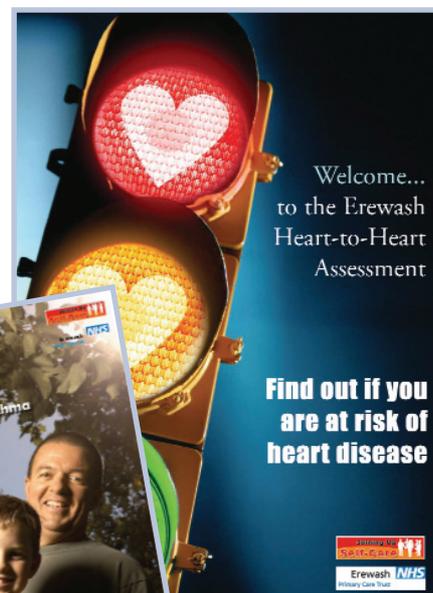
- A CHD risk self assessment tool was used to encourage people to telephone for a free lifestyle advice pack targeted at their level of risk.
- However, this two-stage intervention allowed users to drop out at the self assessment point.
- Local newspapers also ran two free prize draws, and, in a new initiative for the PCT, local employers distributed survey questionnaires to all employees.

### Asthma

- Recruitment to the Expert Patient Programme, including a half-day asthma 'taster' education session to reach a wider audience within the community. This allowed for recruitment beyond the general practice.

### Minor ailments

- Seasonal promotional campaigns to support the pharmacy minor ailments scheme, 'Pharmacy First'.
- Scheme roll out was phased by district, first in Ilkeston and then in Long Eaton.
- Scheme registration was extended from GP surgeries to include registration in pharmacies.



## The healthcare professional interventions:

The PCT made a concerted effort to engage with healthcare professionals, including offering bespoke JUSC self care skills training. This is believed to be the first such training initiative in the country, and culminated in a new GP Local Enhanced Service (LES) promoting self care in Erewash PCT.

# The Report

# The Study

## 'Joining Up Self Care' Activities in Erewash PCT: Summary

	2005												2006			
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April
JUSC PR & Communications activity																
<b>CHD</b>																
'Heart to Heart' Valentine's Day launch																
CHD risk awareness promotion																
Local employer mailings & free prize draw																
Stop smoking mailings																
<b>Asthma</b>																
'Staying well with Asthma' promotion																
Half day courses x2																
EPP courses x3																
Course reunion																
<b>Minor Ailments</b>																
'Pharmacy First' promotion in Ilkeston area																
'Pharmacy First' promotion in Long Eaton area																
Hay fever campaign																
Summer ailments campaign																
'Back to school' campaign																
Winter ailments campaign																
<b>Health Professionals</b>																
PCT individual meetings with GPs & pharmacists																
Self care aware briefings for GPs																
Self care briefing for pharmacists																
GP Local Enhanced Service																

### Evaluation method:

- Postal questionnaires (for all modules), focus groups and GP record audits (for the minor ailments module), plus structured interviews with health professionals and PCT managers.
- Control groups at baseline and follow-up for the asthma and minor ailments modules, and at follow-up only (via a community-wide survey) for the CHD module.
- Matching of intervention group respondents in the asthma and minor ailments modules with controls, based on selected socio-demographic characteristics.
- Comparison of attitudes and behaviours at baseline (February-December 2005) versus follow-up (February-May 2006).

The evaluation was undertaken by PMSI, an independent research and data insight consultancy.





## Evaluation sample:

### Postal Survey Response Rates

	Baseline		Follow-Up	
	Questionnaires Issued n	Response n (%)	Questionnaires Issued n (d)	Response n (%)
CHD Intervention	1,395	270 (19%)	245	178 (73%)
Asthma Intervention	1,771 (a)	83 (5%) (b)	83	76 (92%)
Asthma Control		213 (12%)	158	112 (71%)
Minor Ailments Intervention	556	121 (22%) (c)	121	92 (76%)
Minor Ailments Control	779	215 (28%) (c)	190	149 (78%)

(a) Asthma intervention and control groups were not pre-selected  
 (b) Respondents who attended an intervention session  
 (c) Respondent mothers, excluding duplicate responses for multiple children  
 (d) Follow-up questionnaires were only issued to baseline respondents who provided address details

## Further patient/public research at follow-up:

- 500 in-home interviews with a CHD control group, plus 40 with mothers aged between 20-29 years (to inform the Minor Ailments module).
- GP and pharmacy record audits for 83 intervention participants and matched controls in the Minor Ailments module.
- Four focus groups with mothers in the target group for Pharmacy First.

## Telephone interviews with health professionals & PCT management:

- 64 health professionals at baseline, 51 at follow-up (GPs, pharmacists, health visitors and district/practice/school nurses) plus four practice managers.
- Nine Erewash PCT directors and managers at follow-up.

# The Report

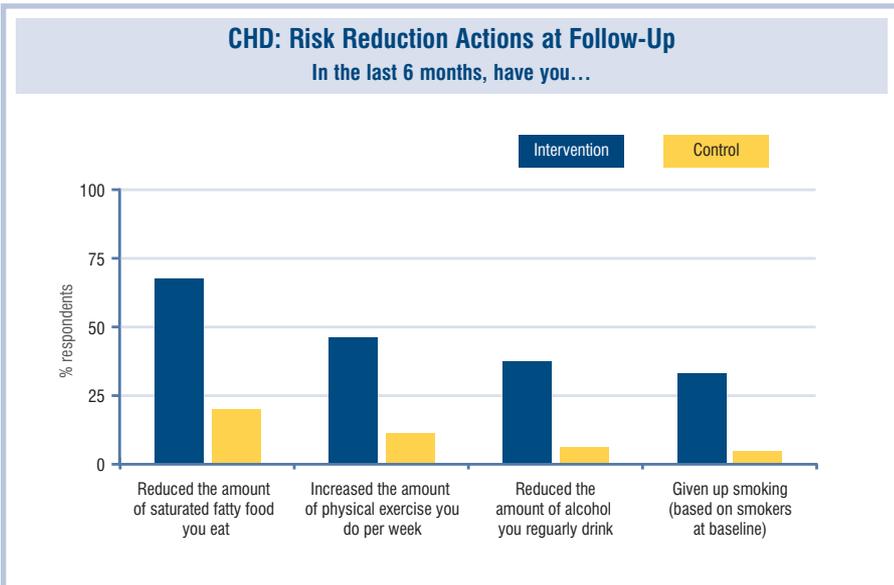
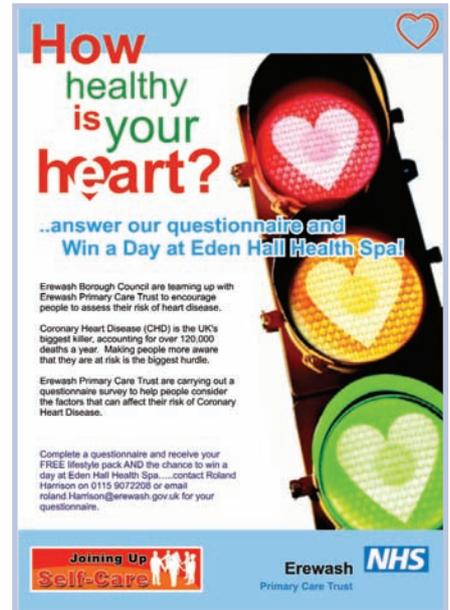
# Key findings: Coronary heart disease

At follow-up, the intervention group (those who received CHD lifestyle advice) demonstrated significantly higher awareness of JUSC than the control group. This was true across both genders and all age groups (mean age of the intervention group was 51, compared to 46 in the control group).

**Over half the intervention group were aware of local self care programmes, and 40% were aware of “something to do with heart disease” compared to 1% of the control group (p < 0.001 for both comparisons).**

More than three quarters of the intervention group had thought about their lifestyle in relation to their own and/or a partner’s, family member’s or friend’s heart health in the previous six months (p < 0.001 compared to the control group).

**Lifestyle change in the intervention group was significantly higher than in the control group across four key risk factors: reduction of saturated fat in the diet, increased physical exercise, reduction of alcohol intake and smoking cessation (p < 0.001 for all comparisons).**



At follow-up, a higher proportion of the intervention group had visited their GP in the previous six months in relation to their heart health, compared to the control group (p < 0.001). Some 65% of the intervention group had had their blood pressure tested and 26% had had their cholesterol tested (p < 0.001 for both compared to the control group). These proportions were in line with those at baseline and are likely to reflect the higher prevalence of long term conditions in, and the slightly higher mean age of the intervention group.

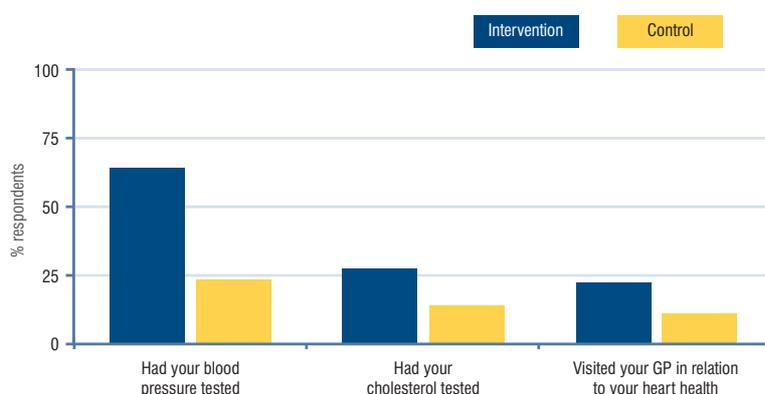
**Lifestyle change in the intervention group was significantly higher than in the control group across four key risk factors: reduction of saturated fat in the diet, increased physical exercise, reduction of alcohol intake and smoking cessation**



As this study considered only a short-term follow-up, it is to be expected that there would be an increase in the number of patients consulting their doctor regarding CHD. This is not surprising since the aim was to drive awareness of the risk factors for CHD. A longer-term follow up over several years could put this into perspective: as positive health changes are maintained, the proportion of the population developing or failing to manage their CHD should reduce, with a subsequent positive impact on GP and PCT resources.

Nevertheless, 21% of the intervention group had thought about changing the way they used health services generally, compared to only 1% in the control group ( $p < 0.001$ ). This suggests that even if the intervention group were self selected and, consequently, were more 'CHD aware' at baseline, they still appeared to change their healthcare-seeking attitudes at a general level, as well as taking specific action on modifiable risk factors following the JUSC programme.

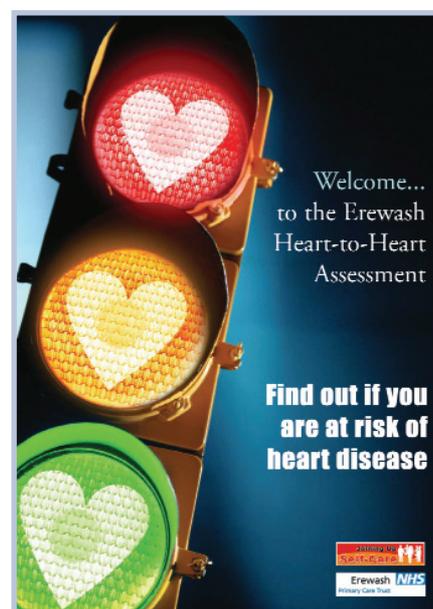
**CHD: Use of Primary Care and Diagnostic Services at Follow-Up**  
In the last 6 months, have you...



Less than 2% of either the intervention or control group had sought advice from a pharmacist or called NHS Direct about their heart health, or had bought a heart medicine (such as a statin) without prescription, at baseline or follow-up.

In the control group, 11% were aware of product advertising or general health promotion relating to heart health, mostly concerned with healthy eating. Nine percent had bought cholesterol-reducing foods in the previous six months. However, it proved difficult to achieve wide community involvement in CHD risk-reduction.

**“Junk foods store up fatty tissue... blocks up your arteries”**



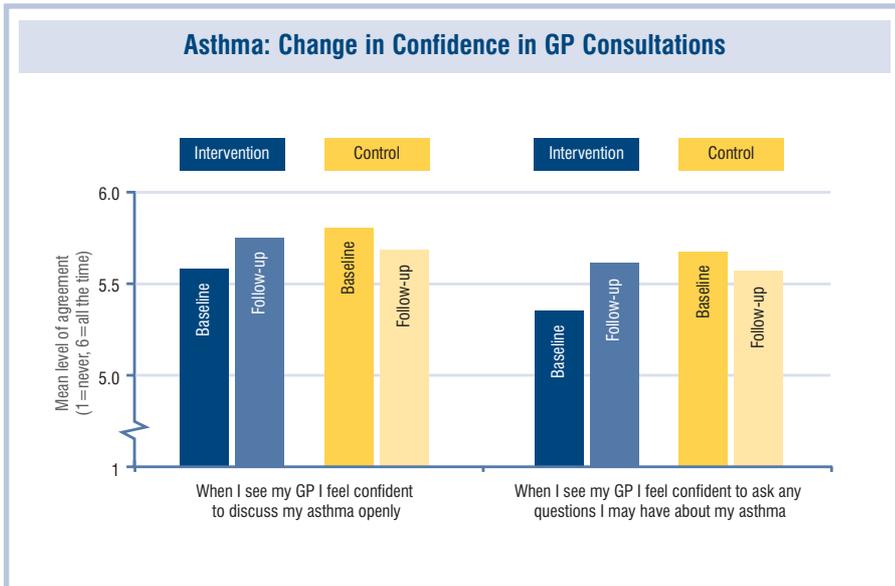
# The Report

# Key findings: Asthma

The 83 people who participated in the asthma element of JUSC included 30 who attended the seven-week Expert Patient Programme (EPP), which included an asthma-specific session. The remainder had attended a single half day ‘taster’ educational session on asthma. The mean age was 58, with matched controls.

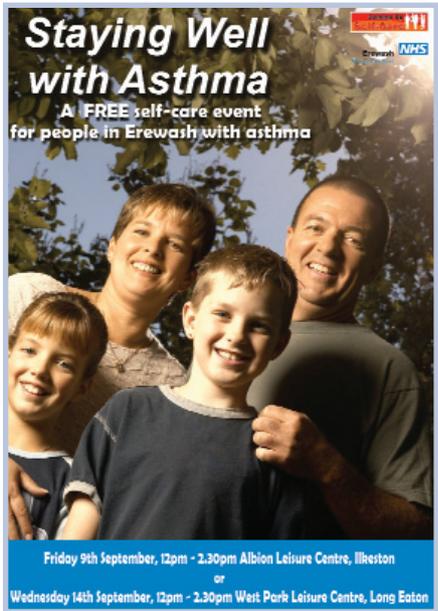
Across the whole intervention group, participants’ asthma was slightly less well controlled at baseline than that of control group respondents. The most common reason for intervention respondents to see a health or social care professional at baseline was a chest infection. At follow-up, there was a slight but statistically non-significant increase in GP consultations in this group, which may reflect the finding that more participants felt something had changed with their asthma compared to the control group.

*At follow-up, participants’ confidence to discuss asthma openly, and ask their GP questions about asthma had improved markedly compared to the control group (p=0.013 and p=0.053, respectively).*



*Participants in the intervention group also reported an increased appreciation of other ways of managing their asthma and had become less worried about the side effects of medicines, compared to the control group (p=0.023 and p=0.013, respectively).*

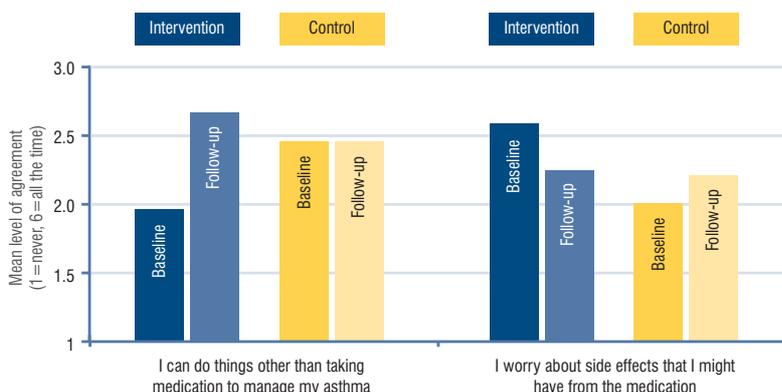
“I learnt new things such as breathing exercises, which I found did improve my symptoms”



“We have learnt different things from each other”



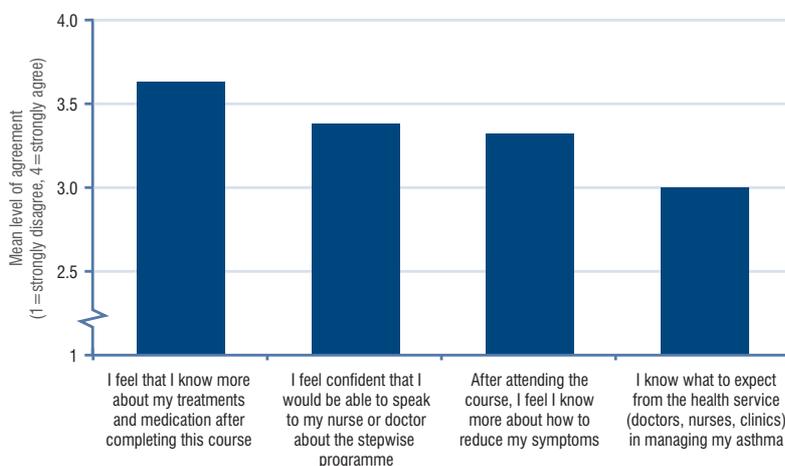
### Asthma: Change in Attitude to Medication



**“This was the best thing I could have done to help me cope with my asthma”**

Participants were extremely positive about their experience of the EPP course, and the specific things learnt.

### Asthma: Participants' Response to EPP Course



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

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](mailto:suzanne.gaskin@erewash-pct.nhs.uk)

**Participants' confidence to openly discuss and ask their GP questions about asthma had improved markedly compared to the control group**

PCTs need to make a significant effort to recruit patients to EPP courses in areas without well established community networks. JUSC offers important learnings about recruitment methods.

Due to the short time gap between baseline and follow-up, and the limited size of the study sample, it is only possible to suggest that the JUSC asthma module could have a positive impact on participants' confidence to effectively manage their condition.

# The Report

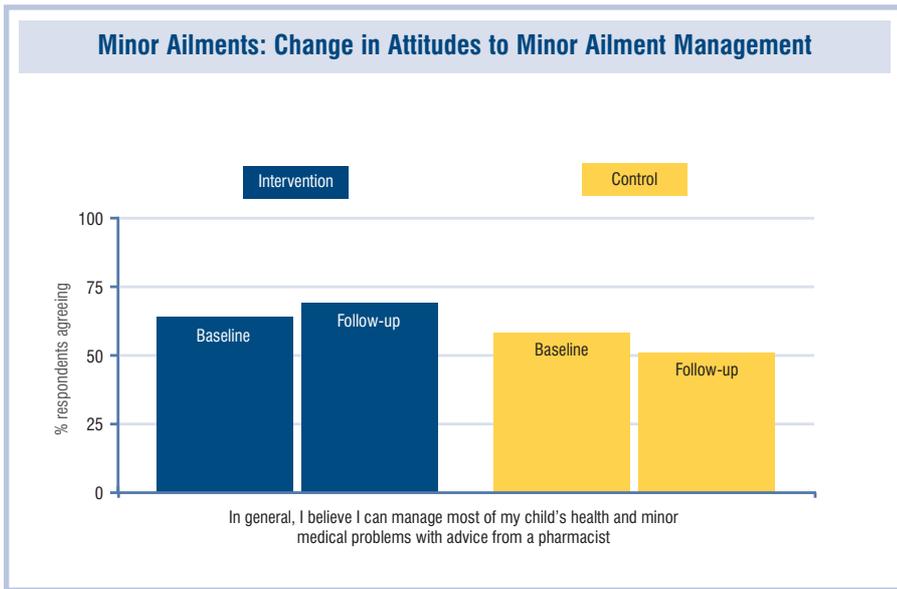
# Key findings: Minor ailments

Awareness of local efforts to promote self care was higher among mothers aged between 20-29 years (4%) than among the general PCT population. Among those who recalled any self care support programme, “something to do with children’s minor ailments” was cited by 38% of mothers.

Most registrations under the Pharmacy First programme had occurred before the start of JUSC. Over the period April 2005–March 2006, 1,384 pharmacy consultations were held under the programme, of which 63% were for children aged under 16, the most common condition being head lice. Approximately one in five eligible families registered with Pharmacy First.

**Both the intervention and the control group felt very positive about consulting a pharmacist for a child’s minor ailment;** and, except for younger mothers, respondents in both groups reported they were more likely to do so in the future. Most respondents believed they could take care of most children’s minor ailments with advice from a pharmacist.

“You don’t have to make an appointment – you can go at your own convenience”



“If you’ve had that advice once you feel a bit more confident”

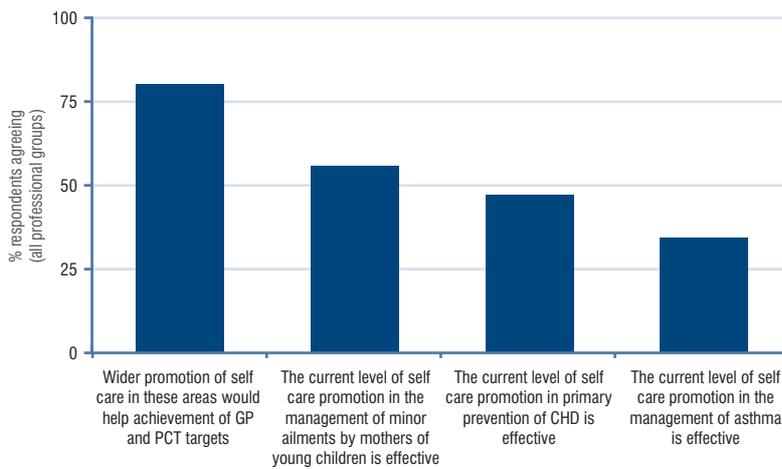


# The Report

# Key findings: Healthcare professionals

Most healthcare professionals feel comfortable informing patients about their self care options in CHD prevention, care of asthma and children’s minor ailments. Self care support was thought to be most effective in relation to care of minor ailments, but there was potential to do more in all three areas.

**Healthcare Professionals: Attitudes to Self Care Support at Follow-Up**



All professional groups were very aware of the Pharmacy First minor ailments scheme and the Fresh Start stop smoking programme at baseline, and this increased further at follow-up. GPs were also very aware of the EPP, although at follow-up 80% of the ‘aware’ group only rarely considered it for people with long term conditions.

Eleven of the 12 GPs and 10 of the 14 pharmacists interviewed at follow-up were aware of the general practice Local Enhanced Service for practice-based self care support, which was introduced in the latter stages of JUSC to increase practices’ engagement with self care.

There were high levels of agreement with the following statements (>4 on a five point scale, at follow-up) from GPs:

- *“People should rely less on GPs and more on their own common sense regarding minor illness health problems”*
- *“The key to reducing minor illness consultations is to increase patients’ confidence in their own ability to handle minor illness health problems”*

**DO YOU HAVE A MINOR ILLNESS?**  
Do you need to feel better fast?

**Pharmacy First**

Instead of visiting your GP Surgery, you can now visit your community pharmacy for:

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

If you normally get FREE NHS prescriptions and you are given medicines from the pharmacist, they will also be FREE under Pharmacy First

PLEASE ASK AT YOUR DOCTOR’S SURGERY OR LOCAL PHARMACY TO REGISTER WITH PHARMACY FIRST

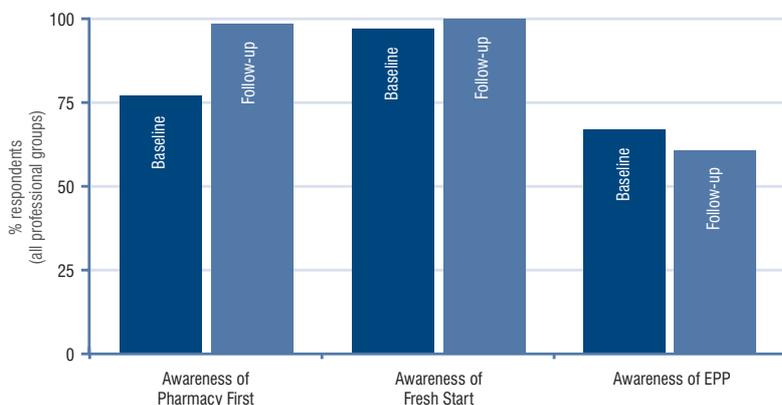
Part of the Fresh Start NHS Pharmacy First

www.pharmacyfirst.nhs.uk

**“Delivery methods to get information to patients need to be looked at”**



### Healthcare Professionals: Prompted Awareness of Self Care Support Programmes



- *“The pharmacist’s main role in minor illness management should be guiding patients to an appropriate course of action with referral to the GP if necessary”*
- *“I would like to recommend to patients that they seek advice from a pharmacist about minor illness health problems”*

However, there were perceived to be some barriers within the health service locally to developing self care support. **Most commonly, these were financial, staffing and time constraints. Policy ‘short-termism’ and poor communication were also cited.**

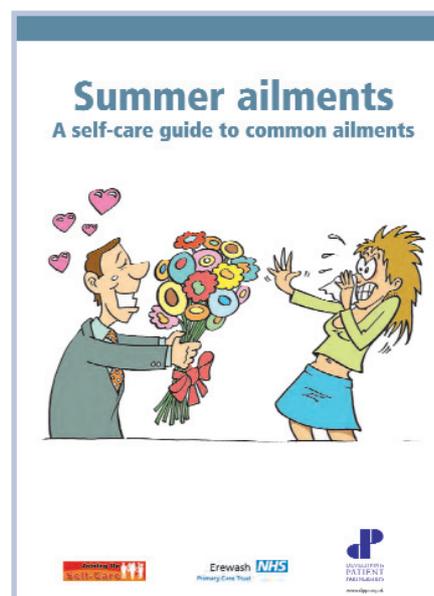
Many healthcare professionals believe their consultations already include self care advice, but JUSC participants’ comments suggest this was not consistent or systematic.

The new GP and pharmacy contracts have resulted in a focus on activities that are remunerated. The pharmacy contract, in particular, has further and as yet unexplored potential to support and promote self care, even though self care is an essential service and, therefore, a contractual obligation.

The Pharmacy First minor ailments scheme is an additional way of engaging community pharmacies in supporting self care through Local Enhanced Service (LES). PCTs can build integrated support for self care using these mechanisms, for example, by establishing a primary care LES for self care involving both pharmacists and GPs.

**“Staff need to be more aware of the benefits of empowering people and not be frightened of that”**

**Healthcare professionals believed there was potential to develop more self care support in all three intervention areas**



# The Report

# Key findings: Organisational development

All PCT managers interviewed, representing a range of disciplines, agreed that support for self care is a legitimate activity for the organisation.

They also felt that involvement in JUSC raised the profile of self care within the PCT, and considered both the Pharmacy First and Local Enhanced Service (LES) schemes as particularly positive.

Several managers mentioned the strong link between JUSC and the PCT's strategy on long term conditions. However, ***the fact that self care was not closely aligned with the public health and primary care directorates was a barrier to full implementation of the concept of 'joined-up' self care.***

From a resource perspective, it is difficult to define the precise costs involved for a PCT in supporting self care; the integrated approach involves not only cross-functional working but also management time associated with other health promotion and health education activities. However, with three core areas (as in JUSC), a broad estimate of manpower and cost would be:

1. Dedicated manpower, such as a self care manager with some administration support: £20k-30k per annum.
2. Other management manpower, an estimated 12 days per annum of chief executive officer time with additional director support: £5k-15k per annum, although this is likely to be an opportunity cost rather than additional expenditure for the PCT.
3. Enhanced services for health professionals, a GP Local Enhanced Service at £21,000 per annum and an enhanced service for the pharmacy minor ailment scheme, "Pharmacy First" at £10,000 (this was between April 2005 – March 2006).
4. Promotional and organisational costs: £20k-30k per annum.

These costs could be allocated from existing programmes and not require additional funding.

However, to be effective a self care support programme needs champions at all levels within the organisation - from the chief executive to other senior managers.

**There was consensus among Erewash PCT managers that JUSC will have a lasting effect on Erewash PCT, and that the programme should be recommended to other PCTs**

**“Many health professionals see self care as a good idea, but just another thing they've got to do”**

**“The minor ailments scheme moved on a pace as a result of JUSC”**



# Study funding

Funding was secured from the NHS Working in Partnership Programme (WiPP) and members of the WiPP team joined the Steering Group.

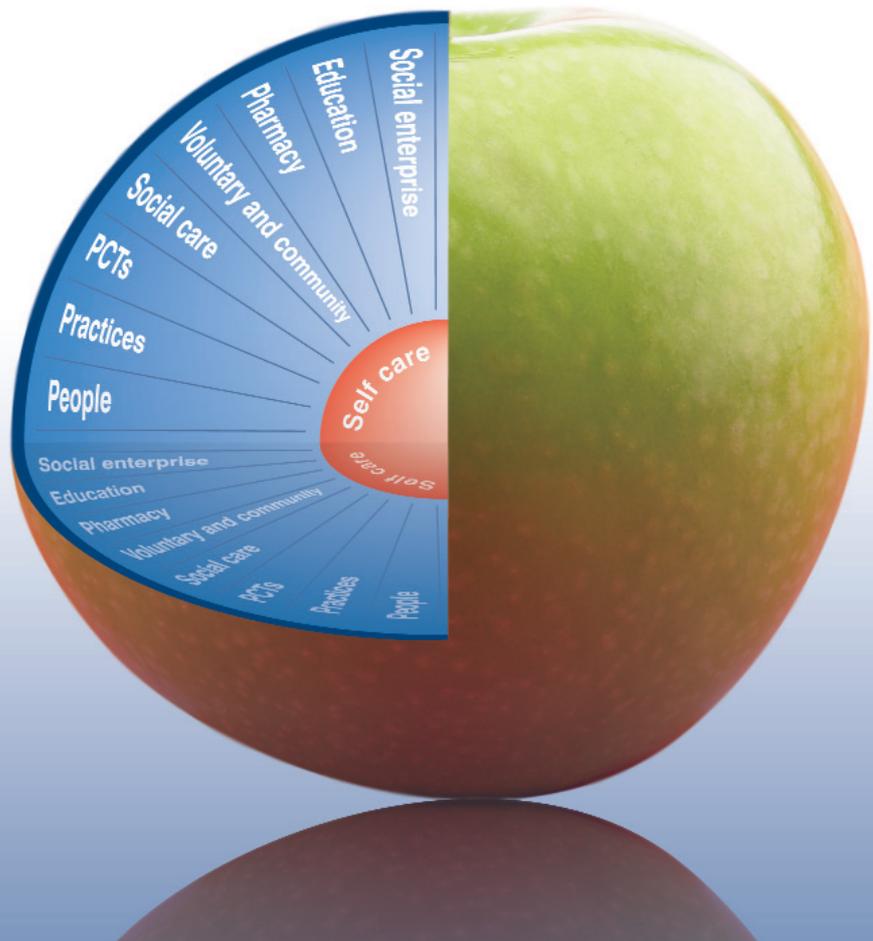
Broadly, the aims of WiPP are to enable PCTs and general practices to:

- Identify and analyse high-demand interventions in order to inform the development and delivery of effective services to manage those demands.
- Implement new ways of working, including new skill mixes that have safely and effectively demonstrated, with patients' support, a reduction in demand for services and/or more effective use of clinicians' time.
- Develop the public's capacity to self care and to manage minor illnesses.
- Develop and deliver effective, integrated self care services that will offer the public appropriate support, largely provided by the community and voluntary sectors, and reduce reliance on mainstream NHS services.
- Simplify and improve the processes relating to the employment, training, development and retention of general practice managers, general practice nurses and health care assistants.
- Implement initiatives aimed at reducing bureaucracy.

[www.wipp.nhs.uk](http://www.wipp.nhs.uk)

Joining Up Self Care has a particular focus on two of these aims:

- **Developing the public's capacity to self care and manage minor illnesses.**
- **Developing and delivering effective, integrated self care services.**



# Contents on CD-ROM

The attached CD-ROM contains the full JUSC evaluation report and its accompanying annexes.

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This project was carried out in 2005 – 2006 when the PCT was known as Erewash PCT. Following reconfiguration on 1st October 2006, Erewash PCT no longer exists and is part of Derbyshire County PCT.

# Self Care Aware: Joining Up Self Care in the NHS

What is the community impact of a coordinated approach to self care?

The outcome of an action research project in Erewash PCT



## JUSC Steering Group Membership

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