

17th Annual Self Care Conference

Self care is crucial for NHS survival, experts warn

With a fast-growing population of elderly people and concerns over the future of the NHS, the UK is now facing two of its biggest-ever challenges, and its success in dealing with them will depend largely on people taking far greater responsibility for their own health and care, say experts.

The massive problems resulting from people living much longer but not always healthy lives are already confronting Japan and other Asian nations, and will soon have to be faced in the UK, Tim Kelsey, national director for patients and information at NHS England, has warned.

Better self care is essential if longer lives are also to be as healthy, active and enjoyable as possible, he told the Self Care Forum's Annual Self Care Conference in London on 11 November 2015.

Against the background of these massive challenges, healthcare provision across the country is still uneven, and in three major areas things are actually getting worse, according to NHS England. The agency's NHS Five-Year Forward View (FYFV), published in October 2014, has found for example significant and widening variations in the provision of preventative measures - such as action against smoking and obesity - and warns that, without more investment, this can only get worse.

Key to improving quality

The FYFV also finds that patients' experiences of the quality of care available to them vary considerably depending on where they live. This is "totally unacceptable," Mr Kelsey told the Self Care Conference but, he added: "self care has a very key role to redress this."

The third gap revealed in NHS England's report relates to the sustainability of the NHS. By 2020-21, the funding gap between the NHS' budget and its rising costs is expected to reach £30 billion, and while the government has pledged to supply £8 billion, that leaves the Service to find the lion's share of £22 billion.

Many experts have expressed concern at the size of the financial challenge facing the NHS. However, Mr Kelsey told the Conference: "I think we stand a decent chance of achieving it."



Tim Kelsey (NHS England)

He called for a wide range of strategies to accomplish this, including the use of self care as potentially "a fundamental driver of improvements to care and reduction of health problems in hospitals." However, the evidence necessary to show what effect better self care could have on the NHS is lacking.

"We need to define what is the minimum level to be achieved by self care for NHS savings, and we need to be promoting the economic as well as clinical benefits of self care," he said.

Mr Kelsey leads NHS England's technology and information agenda, which seeks to transform customer service in health and social care through initiatives such as supporting doctors and nurses to help people use health apps, and even prescribe them. This agenda is now "full front and central," he said, but its success will depend on improvements in a number of areas. For example, we need to get much better at communicating the benefits of self care - "and we will get the evidence for this," he pledged - and at supporting people to help them understand the concept of shared decision-making, which many find confusing.

Also, and crucially, we have to work much harder to help doctors recognise the clinical benefits of self care and how it empowers people, said Mr Kelsey. He noted that many clinicians remain uneasy that self care could harm patients by “getting in the way” of the treatment they are receiving from healthcare professionals.

Real empowerment will come from technology

But real patient empowerment will come from technology; smartphones and other mobile devices will increasingly provide people with unprecedented control over their own health care, say experts including US cardiologist Dr Eric Topol. In his book *The Patient Will See You Now*, published in December 2014 and widely hailed as the medical book of 2015, Dr Topol writes: “we are about to see a medical revolution with little mobile devices.” And he goes on to ask: “is there any other walk of life [other than healthcare] when services are purchased but the purchaser doesn’t take ownership?”

Technological advances which just a few years ago would have seemed pure science fiction are now very close to reality. Currently, seven teams of scientists worldwide are racing to develop a device that will enable people to self-diagnose 16 health conditions and capture five real-time health vital signs, with no input from any healthcare professional or facility. The teams are competing in a \$10 million global competition run by innovation engine XPRIZE to develop the device, to be known as the Qualcomm Tricorder, which will revolutionise digital healthcare and transform the healthcare industry, says XPRIZE.

This is the way forward - going to your GP or A&E to receive a diagnosis is hugely disruptive to people’s lives, says GP Dr Pete Smith, co-chair of the Self Care Forum board.

New app for students

And delegates were given the first news of an exciting new development set to debut in the UK very soon. A new mobile app, developed by Self Care Forum board member Dr Knut Schroeder, is to be launched in January, specifically targeted to the health needs of students. These young people present particular issues for the NHS, for example accounting for around 30,000 alcohol-related hospital admissions each year and one in five consultations for mental health. Of course, online health information is readily available to them, but this is often confusing, limited and not always relevant to students and their needs.

The new iPhone app, which has been developed by Dr Schroeder and his team with the University of Bristol Students’ Health Service, will cater specifically for people aged 16-24 – although anyone will be able to access it. Working faster than Google, it will offer users access to health information anywhere, anytime and privately, enabling them to understand and assess symptoms, know when

to get help and when to self care, Dr Schroeder told delegates. For further information, visit: expertselfcare.com



Dr Knut Schroeder (Self Care Forum)

Practical applications of self care

The content of this year’s annual Self Care Conference – the 17th – was remarkably different from those of previous years. In the past they have tended to focus strongly on making the case for self care – eg, outlining the benefits of empowerment, highlighting the cost of self-treatable conditions, managing long-term conditions, wellness and prevention, however more recently there has been an acknowledgement of these benefits at all levels, both for individuals and for the NHS.

So the emphasis on this year’s Conference was strongly about “how to do it” - the practical applications of self care.

“Local NHS organisations are now at the point where they want to know how to embed self care into their systems, and how to deliver it,” said conference organiser Libby Whittaker, public affairs executive at the Proprietary Association of Great Britain (PAGB). So this year, the meeting offered what one speaker described as “the perfect mix” - professionals seeking practical advice and support, and experts providing it. As a result, there was unprecedented demand for places at the Conference, and maximum attendance figures were reached early on.

In another major development, Dr Pete Smith told the meeting that the Self Care Forum is shortly to become the Self Care Foundation, a not-for-profit charitable incorporated organisation. The Foundation will be the home of self care, he said, and encouraged delegates to express interest in becoming members.

Dr Smith traced the development of self care to its current position as a central role of health policy in England. Its importance was first flagged up in the 2000’s NHS Plan for investment and reform, which identified self care as “one of the key building blocks for a patient-centred health service.”

Then in 2005, the Department of Health published its self care strategy, which pointed to the potential for self care to improve

Getting serious about prevention

Speakers at the Annual Self Care Conference emphasised the need for the NHS to “get serious” about prevention, and to make far greater use of healthcare professionals’ skills in this area. Wendy Nicholson, lead nurse for children, young people and families at Public Health England, called for greater recognition of the self care role of public health nurses – community midwives, health visitors, district nurses, school nurses and especially general practice nurses. These professionals are well-placed to find out what people and communities actually need, and we need to raise their profiles and use them more effectively, she said.

“All Our Health” is a new toolkit being launched by the Department of Health and NHS England to help maximise the contribution of healthcare professionals to Prevent, Protect and Promote - prevent avoidable disease, protect health and promote wellbeing. We want to empower people and communities, but to do this we must also empower the workforce, supporting them with evidence and measured impacts, said Ms Nicholson.



Ms Wendy Nicholson (Public Health England)

She also emphasised the need to break the cycle of dependency on “the mothership” of primary care and switch the public mindset away from the belief that the only “successful” medical consultation is one that concludes with a prescription.

Children and the young as self care champions

We can learn a lot from children and young people about how to communicate, and we need to be working with schools and utilising social media, said Ms Nicholson. She pointed to successful schemes with Brownies and Cubs, who can now receive digital badges for their self care knowledge; these enable them to educate their friends and families about a range of topics such as healthy eating and oral health, as well as other important issues including bullying.

Emma Freda, a delegate from HealthWatch England’s Bedford Borough told the Conference that the branch has 15 Youth



Dr Pete Smith (Self Care Forum)

health outcomes and increase patient satisfaction. The strategy also noted that, while minor illness and injuries account for around 75% of A&E attendances, around 15% of these have the potential to be taken care of by people themselves.

Almost two-thirds of GP consultations result in a prescription being written which could have been treated by over-the-counter medicines provided by pharmacists, or no medicines at all.

“40% of GP time is spent dealing with patients with minor self-treatable illness; when provided support for self care, people can take care of these ailments themselves,” the government document stated.

More recently, research by PAGB has shown the significant burden self-treatable conditions continue to place on the NHS, accounting for 18% of GP visits in 2010 and 19% of A&E attendances in 2014.

In 2002, Sir Derek Wanless’ groundbreaking review of the long-term trends affecting the NHS had emphasised the need to develop, by 2022, a climate in which the public are “fully engaged” with their health. Increased self care could reduce the numbers of visits to GPs by over 40% and outpatient visits by 17% and, based on these findings, the Department of Health has estimated that for every £100 spent on encouraging self care, around £150 worth of benefits can be delivered in return, he noted.

Some developments envisaged in Sir Derek’s “fully engaged” scenario have since become reality, said Dr Smith, and by October 2014 the FYFV was pointing out that many people “wish to be more informed and involved with their own care, challenging the traditional divide between patients and professionals, and offering opportunities for better health through increased prevention and supported self care.”

“The arguments for self care have been won - you know they have when people start claiming that they thought of them first,” he told the Conference.

Ambassadors aged 16-19 years and is recruiting more, to talk about health issues to school children in years 3, 4 and 5 who live in deprived areas of the borough.

The first pilot for Bedford Borough's scheme is Eye Heroes. Run with Moorfields Eye Hospital, this project aims to raise awareness about avoidable blindness by empowering children and young people to help adults in their communities understand eye health issues and the importance of regular eye checks. It is winning national acclaim and is soon to be rolled out nationwide, and Emma said the branch is now also looking at other such initiatives. "We know that young children benefit from slightly older ones talking to them," she added.

Health literacy "must be taught in schools"

Today's schoolchildren are now required to develop competencies in a wide range of literacies – financial, computer, scientific, document and quantitative as well as English - but health literacy is not regarded in the same light, nor is it a compulsory part of the school curriculum. But proficiency in health literacy has now become essential to maintaining health and wellness, said education and public health expert Dr Selwyn Hodge.



Dr Selwyn Hodge (Self Care Forum)

With the growth of the NHS, people's ability to look after themselves has declined rapidly, and we have become increasingly dependent on healthcare professionals, particularly GPs. People now visit them for the most minor problems, blocking the system and costing the NHS millions of pounds every year, noted Dr Hodge, who co-chairs the Self Care Forum.

"More worryingly, when people can't get to see their GP they go to A&E – which increasingly, for some communities, has now become their first point of contact anyway," he added.

Dr Hodge called for formal health education to be introduced into all schools in England, from nursery to sixth form – and stressed that this should not just consist of seasonal or basic messages –

eg, "cover up in the sun" and "don't smoke" - being delivered by "unwilling and untrained teachers in tutorial time." Instead, this has to be a properly planned curriculum, taught by teachers trained in the subject - and inspected by OFSTED, as this is the only way to ensure quality, he said.



Dr Phil Hammond (GP, broadcaster, author)

Dr Phil Hammond, the broadcaster, writer, comedian and campaigner, also called for resilience to be taught from school age upwards, to help people deal with anxiety over their health issues. When people become ill, he said, they use his eight-point advice plan, known as CLANGERS, which he has devised to help people live as healthily as possible by:

- C** connecting with people. Don't live in isolation, he advises, and also points out that people prefer to connect with healthcare professionals than getting information off the Internet.
- L** learning new things and continually challenge yourself. And learn about your condition, he said, but stressed that this can only happen in a safe environment.
- A** becoming active.
- N** noticing the world around you – and noticing the balance between negative and positive thinking.
- G** giving something back – smile, volunteer, have something to care for – get a dog!
- E** eating well, including taking notice of portion size.
- R** relaxing, take time out to chill, meditate.
- S** sleeping – six to eight hours good-quality sleep a night is essential.

Healthcare begins with self care, and self care begins with self-love and self-compassion, Dr Hammond told delegates.



The People's Panel

The People's Panel

In a new feature at this year's Conference, delegates heard from a People's Panel of consumers and patients about how they use health services and their feelings about them. The panel members were asked: when you are unwell, what is it that makes you consult a healthcare professional, and what makes you decide which particular professional to approach?

All responded that they would only visit their GP if they suddenly had a problem that they had not experienced before. Several had tried online self-diagnosis – and wouldn't do so again. "I don't look online now – you can scare yourself witless, and going the self-diagnosis route can be very dangerous," said Diane, a mother of two young children. However, she added: "when children are small and they can't tell you what's wrong and it's unusual, then yes, I would consult my GP."

Diane has a keen interest in self care, but said that she had only become aware of the self care section of the NHS Choices website as a result of attending the Self Care Conference. This resource should be patients' and consumers' first point of call, she agreed, but emphasised that she had not previously known about it.

Worryingly, none of the panel members were aware of this resource or of other national self care initiatives, such as the Stay Well This Winter Campaign, and they called for these to be much more widely publicised.

"I have full faith in the NHS – it delivers when it really matters. Self care is a wonderful concept but how it is promoted is a real concern," said retired probation officer Amrik.

Student Ellie, who has recurring medical issues and is living at home, said that if she experiences anything unusual: "I ask my mum. But it's not the same for students living away from home," she added.

All the panel members were concerned about what they saw as the potential for wasting healthcare professionals' valuable time. Joe, a recent graduate from Brighton, said he visited his GP after experiencing a headache that had gone on for several weeks. "I told my doctor that I needed to know how long I should wait before seeking help. The doctor said this was the right decision, But, I told the GP, 'I don't know whether I should be here. The symptoms aren't stopping me from doing anything,'" Joe told the Conference.

In general, he added: "I wouldn't go to the GP unless I had broken a bone or feared I wouldn't make it through the night."

The panel members all agreed that a long-lasting cold would not be a reason for consulting their GP. "I would drink more water, take rosehip syrup, eat fruit, sit and lie down more, and listen to my body," said Brenda, a retired home care officer from Sussex. However, she added: "but then, I'm not having to go to work or look after children."

What about using other services?

Panel member Seb, who has ulcerative colitis, is a self-taught patient expert and is familiar with what are usual symptoms for him. "But on two occasions I have had to go to A&E because care was not available quickly enough. There was a three-month waiting list for NHS gastrointestinal services, so NHS Direct told me to go to A&E," he said.

He added: "self care kicks in when you've been diagnosed. With my condition, I have more access to healthcare professionals."

Generally, the panel said that they were not aware of other service options – and Mike, a retired quality manager, pointed out that the message from the government is that your GP is your first point of contact.



Alistair Murray, clinical lead at the Green Light Pharmacies in London, reminded delegates that self care is part of the pharmacy contract – “if you want to dispense NHS prescriptions you have to do it,” he said – and emphasised the importance of getting to know your patients and customers.



Would panel members consult a pharmacist?

Rachel, a single mother of a child who has special needs, said: “if you have children, pharmacists tend to tell you to go to your GP.” With the concern that all panel members showed for using healthcare professionals properly, she added: “so, we’ve wasted two people’s time.”

Added mother-of-two Diane: “and you come out with a bag of pills. Too often, my GP offers me antibiotics for my children, which we don’t take.”

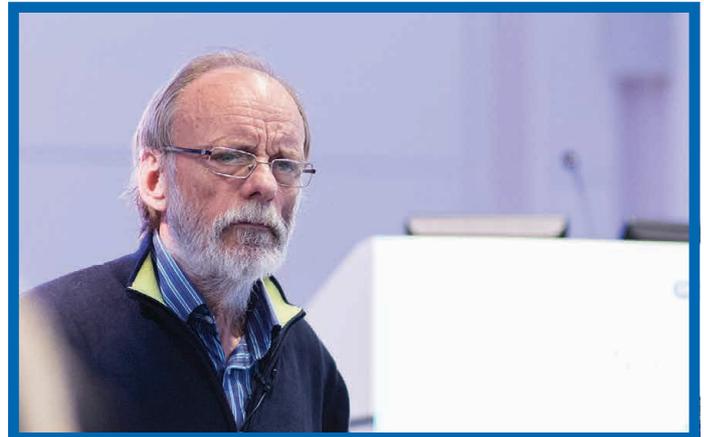
And asked if she kept antibiotics at home “just in case,” Rachel replied: “yes, but that’s because I am always given too many.”

This remains a serious concern. This year’s Conference was held just ahead of the national annual Self Care Week and before European Antibiotic Awareness Day (November 18) and Antibiotic Awareness Week (16-22 November); this year and for the first time, the latter is a worldwide event. Antibiotic resistance remains one of the greatest threats to health; recent research shows that patients are still being prescribed antibiotics for coughs and colds, said Dr Diane Ashiru-Oredope, Self Care Forum Board member and pharmacist lead for antimicrobial resistance at Public Health England.

Antibiotic Guardians

Delegates were urged to join the Antibiotic Guardian pledge campaign (antibioticguardian.com) set up by Public Health England. This calls on everyone in the UK, both the public and the healthcare community, to become “antibiotic guardians” by making one simple pledge about how they will make better use of these vital medicines.

Conference speakers expressed concern that consumers and patients generally don’t realise how highly-trained pharmacists are. Pharmacists have 5-7 years of education and training in pharmacology, while GPs get just an initial six months and then practical experience, said Conference chair Professor Ian Banks, who is president of the European Men’s Health Forum and a member of the Self Care Forum board.



Prof Ian Banks (Conference Chairman)

“Make every contact count”

“When they bring in a prescription, you have a hostage situation – so sit down next to them and have a chat,” he advised. Ask them: ‘how are you feeling?’ It’s about having conversations and building rapport, and making every contact count.”

Challenged by a questioner about whether or not pharmacists should be supplying patients with cough mixtures for which there is little evidence of effectiveness, Mr Murray responded: “if they come in for a cough mixture that means they haven’t been to the GP for an antibiotic - that’s a win already. And we give them advice, reassurance and awareness – this all helps build resilience.”

“We should be picking up the people who wouldn’t go to a GP anyway,” he added.

He also emphasised the importance of knowing what other help is available locally and utilising it. For example, Green Light works with the social prescribing programme run by the Bromley by Bow Health Centre, and offers patients’ services such as help to stop smoking “when they are ready” and confidential support to substance abusers.

The professional help and advice offered by community pharmacy is available straight away, without the need for an appointment, usually anonymously and locally-focused, he said. It should offer services such as vaccinations for flu, pneumonia, travel,



Alistair Murray (Green Light Pharmacies)



Tina Butler & Enid Feather (Bradford District and Craven)

hepatitis B – and keep the costs of these low. “After all, we’ve already paid for the lights to be on,” he said.

“We need to make services more uniform, to think more about confidentiality – and we need access to patient records,” Mr Murray added.

Nevertheless, the People’s Panel saw a need for improvement. “Pharmacists have not won the confidence of people or created the right environment for consultation – they get their medication and off they go,” retired probation officer Amrik told delegates. “When I was prescribed some new medication, I had to ask my pharmacist for information on it. Pharmacists have to win public support.”

And these concerns are not confined to the UK. In the Netherlands, the first evidence-based study is now underway looking at how men use community pharmacies – and why they don’t, said Dutch pharmacy leader Maayke Fluitman.

Public Engagement is crucial for Self Care

The Annual Self Care Conference heard from a number of experts working with local councils on innovative self care and prevention programmes. Tina Butler, heads up such an initiative for Bradford Council, and described how this is working to create a sustainable health and care economy that supports people to be healthy, well and independent within the Bradford District and Craven region.

This calls for a systematic region-wide approach to self care and prevention, with a commitment from all partners to put self care and prevention at the forefront of policy and practice, said Ms Butler. She stated: “in five years’ time, I don’t want to hear the word ‘self care,’ because by then it will be embedded in the system - into every commissioning pathway and service. It is the centre of our being.”

Public engagement is absolutely crucial for self care and prevention, added Enid Feather, clinical lead for self care and prevention at Airedale, Wharfedale and Craven CCG. “For 2015, we changed our Pharmacy First campaign from the previous year to emphasise the benefits of self care,” she said.

However, interviews conducted by Ms Feather at a local bus stop revealed that many residents still regard the promotion and encouragement of self care as simply a way to save money for the council, make it harder for people to access healthcare services – and make life easier for healthcare staff.

The bus stop interviews also show that people feel they have a right to statutory services. They told Ms Feather that they have paid into the current system so they should get that back and, they asked her: “what’s in it for me?” Some healthcare staff share these views, she said.

So changing the culture will take time, and requires partnership working across a range of organisations and agencies – although this is “incredibly hard,” Ms Feather warned. Among the many obstacles to “keeping everyone on the same page” and developing a whole-system approach are partner organisations’ differing priorities and financial positions, plus the medical model vs the social model.

“But keeping communications open is key, and remember, it takes time,” she told the Conference.



Matthew Clift (Bracknell)

How to do it: Self Care Week in Bracknell Forest

Delegates heard about the achievements of one council's Self Care Week. Ahead of the event in Bracknell Forest, Berkshire, local residents receive plenty of advance publicity about the Week and its activities. Tweets and digital media information start a month ahead, a press release appears in traditional media the week before and posters appear around more than 200 locations – with branded posters appearing on websites since July, said Matthew Clift, project manager for prevention and self care at Bracknell Forest Council and Bracknell and Ascot CCG.

In these promotional activities, how you brand self care is very important, said Mr Clift. "Use NHS and local council logos – they are a trusted source," he advised.

Self Care Week activities take place in over 200 locations in Bracknell Forest – not only in GP surgeries, council offices, shopping and leisure centres, but also, most importantly, within local businesses - including pubs – and with mobile outreach.

Volunteers play a central role in the Week, and this year for the first time, their roles included offering self care prescriptions to residents. These give people the opportunity to talk and learn about a wide range of self care issues including smoking cessation, befriending sessions, how to access free leisure sessions, help in preventing falls, etc, and provide them with tangible, take-away information.

Also during the Week, free taster sessions were made available for activities such as buggy walks, coffee afternoons, quizzes and exercises to help people avoid falling, pilates, ranger walks, tai-chi, yoga, zumba, boot camp, run coaching, etc etc.

Residents were also able to benefit from meeting "street doctors" - GPs offering health checks and giving general self care advice outside of their surgeries. "This is great for people who can't get GP appointments, or are reluctant to," said Mr Clift.

And health assistants, dieticians and diabetes nurses worked with schools and children's centres during the Week, providing help and advice on healthy eating, while less-able people in sheltered housing, residential homes and nursing homes were offered the chance to learn "seat exercises" to help them remain as fit and supple as possible.

This year's Week also emphasised engagement with young people. Events included a Self Care Week poster competition for primary schools and children's centres, plus volunteers from the local college of further education and students of health and social care and child care working with HealthMakers (volunteers trained in self-management to improve their quality of life and that of other people) and patient groups.

Bracknell Forest's Self Care Week has been a huge success – and, said Conference chairman Professor Ian Banks, is "a perfect example of how to do it."

Barriers to successful self care programmes

Towards the end of the Conference, delegates were asked to think about what they had learnt during the day, and to develop, in groups, statements on what is needed to implement self care locally, and what are the barriers to doing so.

This exercise revealed a major barrier to be the perceived lack of national commitment to self care, and of local agreement on what the priorities should be.

"All the messages which people receive from the government are about their named GP, 24-hour access – the publicity is all about GPs so people don't realise that they have other options," said one group.

Do we really understand what people actually mean by "normal" when talking about their health, and when and how should we intervene? asked another. "As medical people we are naturally risk-averse, but we can't have self care with caveats – do we advise people against doing things?"

Others were concerned that increasing pro-active behaviour by medical professionals might have a negative impact on existing self-help groups. "Would we be stepping on their toes, or threatening their funding?" they asked. They also pointed to the concerns that some people have that if they start to self care, "the system will leave them alone."

The difficult funding situation at many CCGs is adversely affecting how much of a priority status they can award to self care, and the requirement for an evidence base is limiting. "Self care initiatives may not produce any tangible effect for 20 years or more. This requires a leap of faith," warned one group.



So what should we be doing?

For the delegates, the most important points are to:

- recognise good self care – know what works and what doesn't. Everyone in all organisations needs to recognise this.
- know your own community – work together and set up community mapping to find hard-to-reach groups and give them information;
- start small, make every contact count and ensure that initiatives are people-centred;
- establish health champions in GP practices to offer holistic care, which also covers issues such as housing, and think about providing micro-grants - £50 or so for buggy walk projects, for example.
- use language that is suitable for the person you are talking to. Make things easy to read and avoid ambiguity. And think about how people are affected by terminology – does “looking after yourself” sound better and more positive than “self care”?
- enable CCGs to concentrate on self care and prevention - rather than penalising them for doing so - and to work with partners such as the voluntary sector. In one existing partnership, a voluntary-sector group is responsible for providing evidence for the project - and a delegate involved in the project emphasised: “the evidence is not always based on numbers. Soft evidence can be very powerful, so listen.”

According to one group, a major hindrance is the process requirements to conduct monitoring, evaluations, needs assessment, etc. So what to do? “Just go out there and do stuff!”

Groups were also asked to consider: how can we improve health literacy and ensure self care messages are matched to individuals?

One group responded - who is “we”? These efforts must be system-wide, they said. And evidence from the People's Panel shows that patients who successfully self-manage can change the behaviour of their families and others close to them.

Other suggestions from the groups included:

- try to improve current standards, with good-quality, up-to-date information, and follow the patient through.
- produce mobile apps for all patient groups, along the lines of Dr Schroeder's upcoming product for students.
- messages must be appropriate for all – think about people with mental health problems, for example - and people should be able to share them with their GPs.
- could/should we produce YouTube videos on self care?
- print self care messages onto toilet paper - everyone buys it! Start a campaign and get Alan Sugar onto it!
- start early, and keep the message consistent.
- get the information out everywhere - into hairdressers (including mobile hairdressers who visit housebound clients), cafes, bus and taxi queues, dentists' ceiling posters, etc, and with consistent messaging. This is not about “self care” - it is about your life.
- filter information so it is appropriate – don't bombard people – and make use of information which is already provided by others.
- tailor information to the “health ignorance” gap of the individual. Help people to navigate the system – and don't change the systems too often.

Added Dr Pete Smith: “use the Self care Forum's resources for Self Care Week – and join the new Self Care Foundation!”

Patient empowerment is at the heart of self care, and self care is at the heart of patient empowerment, Dr Smith told the Conference.

For more information email selfcare@selfcareforum.org