

REPORT OF 14TH ANNUAL SELF CARE CONFERENCE

MISSION IMPOSSIBLE: SELF CARE FOR LIFE – GROWING OLDER HEALTHILY

Self care for life - central to modern medicine, say experts

Self care is central to modern medicine – it is not an optional extra, and doctors need to be telling their patients “your health is your responsibility, and we are there when you need us,” a leading expert has said.

Doctors have to recognise that **“we – the doctor and the patient – are in it together, and equally,”** Professor David Haslam, national clinical adviser to the Care Quality Commission (CGC), told the Self Care Forum’s annual conference in London recently.

All the arguments in favour of self care – that it empowers patients, improves their health and saves the nation valuable NHS resources – have been won, the conference heard. Yet the costs to the NHS of treating minor ailments were £2 billion in 2007, and experts believe they have increased significantly since then.

Gopa Mitra, PAGB’s director of health policy and public affairs, wondered why this is. **Do people lack health literacy? Have they lost the confidence to know when they should, and should not, self care?** Is this about seeking reassurance that they are doing the right thing?

Studies conducted by PAGB with market research firm Taylor Nelson find that most people are prepared to self-treat a condition for between typically four and seven days. After that, they will visit their GP who, in 90% of cases, writes them a prescription – and so the cycle goes on, she told the conference.

Presentations from the conference are available at http://www.selfcareforum.org/?page_id=746, if you have a self care case study to add to the website or for any further queries on the conference or the Self Care Forum please contact

libby.whittaker@pagb.co.uk

tel: 020 7421 9318



Professor David Haslam CBE

Recognising the “red flags”

So the research shows that this is really about people seeking reassurance, said Ms Mitra. She asked: how can we create a “virtuous cycle” of safe self care, in which people understand the symptoms that they should expect, and that these will have a normal duration, but also recognise the “red flag” symptoms which may be more serious and should be investigated?

GP Simon Fradd agreed. “It really doesn’t matter whether people have got a cold or if it’s the flu – it is getting to the ‘red flags’ that matters.”

One exciting new initiative currently under development at the Self care Forum is a range of new fact sheets for patients, aimed at reassuring them and increasing their confidence to self care safely.

Initially covering the 10 most common ailments, the short (two-page) leaflets set out the facts about each condition. They tell patients what they can expect when they have the condition, including how long they normally last, what they can do for themselves to get better and when to seek medical help. The leaflets also include links to useful websites such as NHS choices.

But can't patients get this kind of information already?

The information which is currently available is not designed for self care - it is not easy to access, and it is generally the wrong length and style to enable patients to have a proper conversation with healthcare professionals, said GP Dr Knut Schroeder, a member of the leaflets' development team and honorary senior clinical lecturer at the University of Bristol.

But the new leaflets are designed to help everyone, he said. They can save patients time and money, put them in control, reduce their anxieties and improve their quality of life.

Communicating patients' ideas and concerns

For clinicians, the leaflets can communicate patients' ideas, concerns and expectations, and this will help the process of shared decision-making. They could also **reduce rates of re-consultation - and save money.**

These new tools are now at an advanced draft stage of development, and informal user feedback reports that they are easy to understand, helpful and empowering to patients, said Dr Schroeder, who is media adviser to NHS Choices. He asked delegates to help the development team further, with more feedback, assistance with field testing and advice on design and distribution.



Dr Peter Smith OBE

What we need to know from you is, he said: - what effects do the leaflets have on patient outcomes; - how are they being used; - how are they affecting consultation rates; and - are they saving the NHS money?



Dr David Wrigley

GPs "must take direct action"

Dr Smith welcomed the new self care leaflets, which he said, "will be incredibly important because they are evidence-based." He urged GPs to take "direct action" on self care, and dismissed some GPs' views that providing self care advice in the surgery is too time-consuming and lacks evidence. 'In fact, there is more evidence for self care than for anything else - we just don't do it - and **there are also ways of giving patients very simple messages very quickly,**" he said.

Cough tweets and interval prescriptions

For example, tweeting is a fast and effective way of getting the message across to patients for conditions such as coughs and sore throats, he advised. Dr Smith's "Cough Tweet" tells them that "90% of coughs last up to three weeks and will not be helped by antibiotics unless you are elderly, very ill or have another health condition."

He also gives patients "interval prescriptions," he said. "I tell them: 'here's your prescription if you think you need it but I don't think you will need it. If you feel you're getting worse, do take it'." Patients who receive such interval prescriptions are 17% less likely to re-attend, he told the conference.

Are patients too dependent on the system? Research shows that 50% of people who feel unwell simply do nothing about it, while 25% will take an OTC medicine, 10% discuss the problem with a friend, and the rest will seek professional advice from a range of sources, including their GP, a pharmacist, NHS Direct and complementary medicines practitioners.





Norman Lamb MP

Government support for Self Care Week

If people take more care of themselves they enjoy better health – and this also means lower costs to the NHS, said Norman Lamb, Minister for Care and Support in the coalition government, who spoke to the conference via a video message. He praised the Forum’s efforts to embed self care into all areas of life, and welcomed its annual Self Care Week, which this year ran from November 12-18. Winter is a great time to promote self care, and fits in with other seasonal initiatives such as the European Union’s Antibiotic Awareness Day, the NHS Choose Well Winter Campaign and Ask Your Pharmacist Week.

The coalition government fully supports efforts to put the focus of health care on the individual, not the system, he said. This includes the integration of health and social care services and initiatives such as the government’s 3millionlives programme, which aims to increase the number of people using telecare and telehealth services in the UK from around 1.7 million to at least 3 million within the next five years.

We want to use these technologies to put people in control of their lives, giving them more freedom and choice to live the lives they want, and with fewer hospital visits, said Angela Hawley, policy lead for self care at the Department of Health.

And these services have been shown to reduce numbers of visits to accident and emergency (A&E) departments, emergency admissions and bed days in hospital, significantly reducing costs for the NHS.

Most NHS cuts “still to come”

These cost efficiencies have to be made. While the government’s austerity measures aimed at tackling the national deficit include a far greater level of protection for healthcare than for other services, England’s £120 billion-a-year NHS now faces a real, four-year - and unprecedented - freeze in spending. **The financial years from 2010-11 to 2014-15 will be the tightest-ever in NHS history** - and most of the cuts are still to come, warned Paul Johnson, deputy director and head of the personal sector research programme at the Institute of Fiscal Studies (IFS).

During the 1950s and 1960s, the NHS bill accounted for around 3% of UK national income. It now stands at 9%, and by 2050 it will have increased by several percentage points further due to the impact of our longer-living society. “Raising spending in line with national income will not be enough to support an aging population,” Mr Johnson told the conference.

While all industrialised nations are facing the same problems of how to tackle spiralling health care costs with less money, in the UK we’re doing things a bit faster and cutting a bit deeper than most – but we did start with a bigger deficit, said Mr Johnson.



Angela Hawley

He pointed to the need for better integration between health and social care – the cuts to social care funding are leading to higher hospital spending, he said. This point was also addressed by Dr Fradd, who called for more government effort to get across the message to people that by using the NHS irresponsibly they are damaging it. **“People with self-limiting illnesses are blocking hospital intensive care unit beds – that is appalling,”** he said.





Dr Simon Fradd

Making self care the norm

Education is the key to making self care the norm, said Dr Fradd. **“We must target children with self care messages – they are the most influential group in society.”**

We must also build skills as well as provide information. To date, “we’ve been very wedded to giving information leaflets to people who aren’t able to use them,” he said.

Everyone needs incentives – GPs, teachers, adults and children; parents will be incentivised by their children to give up smoking, for example.

The power of PPGs

People also find great support for making changes to their lives through membership of GP practices’ patient participation groups (PPGs).

Patients are GPs’ best allies, and PPGs can be very influential in changing public attitudes, raising awareness and providing advice. However, not all GP practices have them. How do you persuade those that don’t to start them up?

“Address these practices directly – point out the benefits,” advised Dr Fradd. “Next, go centrally through the new Health and Wellbeing Boards (HWBs) – and remember, if a practice is signing up with a Clinical Commissioning Group (CCG), it has to have a PPG.”

PPGs are an informed group of patients, and GPs recognise their value, said Stephanie Varah, chief executive of the National Association for Patient Participation (NAPP). And they are innovative - many PPG members use GP waiting rooms as an opportunity to talk to patients, advising and educating them, she said.

NAPP is now also leafleting community pharmacies to start PPGs. “There is a lot of interest – this is gaining momentum,” she told the meeting, but added: “we are still a long way from having a PPG in every practice, or having a ‘self care first’ mindset.”

Gul Root, principal pharmaceutical officer at the Department of Health suggested that the pharmacy should be the first place people should go for a diagnosis, and reminded the meeting that **“all 11,000 pharmacists in the country are required to support self care.”**

Messages must be consistent

This is not about shifting dependency from the GP to the pharmacy, said Dr Smith, and he emphasised the need for patients to receive identical messages from across the entire healthcare spectrum – from general practice, pharmacies, nurses, walk-in health centres, etc. “Let’s empower people with consistent messages,” he urged.

For details of the RCGP online course: supporting self-care for minor ailments go to www.elearning.rcgp.org.uk or contact e-learning@rcgp.org.uk



Building an evidence base

One questioner asked where evidence of initiatives that have worked, at large scale, to change GP behaviour, can be found.

Dr Fradd acknowledged that the evidence is currently based around pilots, but added: “everything points to moving up in scale, “while **Gopa Mitra urged delegates to write up their cases studies and publish them on the Self care Forum website.** “That’s how we can gather the little projects and pilots that can become our evidence base,” she said.

Very many small changes are what produce the big changes in the NHS, and the meeting heard many examples of innovation in action.

One came from Dr David Wrigley, a GP in Carnforth, north Yorkshire, who described a new “self care aware” pilot that Lancashire North CCG will be starting in December. This scheme aims to reduce GP consultation numbers and prescribing for minor ailments.

Central to this pilot will be distribution of the Self care Forum’s new leaflets; these will be handed out in four practices from next January, for an 18-month period.

And Fran Husson, patient representative at the Centre for Infection Prevention and Management at Imperial College Healthcare NHS Trust in London, discussed a patient tool, “My Medication Passport,” which has been developed at St Mary’s Hospital. In their Passport, patients list the medicines they are taking, those to which they are allergic, their records of vaccinations, screenings etc.

In this way, patients “are designing their own medical records, and if they have to go into hospital, they are far less anxious,” she said.

Also, independent community pharmacist Linda Bracewell told the conference that reception-class children from the primary school next door to her pharmacy in Baxenden, Lancashire, are brought in to show them how to use a pharmacy, as well as a general practice, as “a trusted resource.”



Gopa Mitra MBE

Working together

“While there is no place yet for pharmacists on CCG boards, we work very closely with all local practices – this has to be a two-way street,” she said.

For example, she pointed to the importance of pharmacy medicines utilisation reviews (MURs). “These pick up what the GP thinks the patient is doing and what they are actually doing – including use of OTC medicines,” she said. Her pharmacy also runs an MUR Plus service for patients with chronic obstructive pulmonary disease (COPD) and asthma, and this is improving outcomes and reducing wastage.

“Self-motivation, self care – it’s about empowering patients to make the changes they need,” said Ms Bracewell. Her pharmacy team take every opportunity to deliver healthy lifestyle messages, but she also emphasised the need for sensitivity and understanding of what motivates people. “Now may not be the right time for them to start making changes, but we can sow the seeds,” she said.

But just how far have people moved away from being able to look after themselves? Why, asked GP and broadcaster Dr Rob Hicks, **“has a generation learned that the first thing you do when you are ill is to run off to the doctor or the hospital?”**



Self Care Forum
Helping people take care of themselves



Stephanie Varah

Is modern medicine to blame for “infantilising” us?

The medical profession does need to shift more towards seeing patients as co-producers of health, but **it is the health system as a whole which has worked against self care**, said Stephanie Varah.

We need patients to have better information and greater understanding, and the medical profession has to recognise and value the experiential knowledge of patients, she said.

Stephanie further pointed out that **we have a long way to go before the majority of the population has a “self care first” mind-set**, in her opinion there is a universal deference to seeking professional advice, that is freely available, rather than making decisions for oneself.

Many speakers highlighted the current scandal of bed-blocking in hospital Intensive Care Units (ITU) by people with self-treatable conditions is a direct but unintended consequence of the last Labour government’s determination to boost access to GP care.

GPs are struggling to meet patients’ demand for their time and access, but modern medicine is not to blame for people’s lack of self-reliance, said Prof Haslam – in fact, our aging population is a real measure of how successful medicine, and the NHS, have been.

“Modern medicine cannot survive the way it is,” added Prof Haslam, who is immediate past-president of both the Royal College of General Practitioners (RCGP) and the British Medical Association (BMA).

Scare-mongering and the need to be needed

Reluctance to self care stems from a range of issues, including medical “scare-mongering” in the popular media, he said. Also, doctors and nurses want to be needed and liked. “We are conservative – we do things this way because that’s how we’ve always done it, and **we train patients to be humble supplicants at the altar of medicine**,” said Prof Haslam.

As an example, he pointed out that some doctors are opposed to allowing patients to access their medical records because, they say, this “will change the doctor/patient relationship for ever.”

Indeed it will, said Prof Haslam.



Conference delegates

He agreed that the message to the public needs to be clear and consistent but emphasised that it can’t be “keep away from your doctor.” Rather, it needs to be “there are better things to do.”

Dr Hicks was highly critical of media advice messages which tell people: “see your doctor.” Rather, they should advise: “seek appropriate advice” – but not “seek medical advice,” because in the public mind, “medical” immediately defaults to “doctor,” he cautioned.

Delegates also noted that, in its Choose Well campaign, the NHS advises people that “your high street pharmacy can give you expert advice without an appointment.”





Dr Beth McCarron-Nash

Breaking down the barriers

The government's NHS reforms have been highly controversial, but even those speakers at the conference who have opposed them expressed the hope that the new CCGs will be able to break down the many barriers that currently exist in the system – between primary and secondary care, between doctors and NHS managers and between GPs and consultants, for example.

And **now is the time to break down the barriers between doctors and patients** - these are built on traditional assumptions, said Gopa Mitra. For example, when patients consult them, doctors make the assumption – wrongly - that: “they’ve done all they can for themselves, so now it’s my turn.” And patients don’t want to tell their doctors what they have done so far, if anything, for fear of professional disapproval.

“So there is lots of baggage on either side, which is never shared - and the minute the prescription is written, the patient feels justified,” she said.

Frances Blunden of the NHS Confederation also stressed the importance of self care in secondary care as well as primary care. Initiatives here include Renal PatientView, which provides online information about renal patients’ diagnosis, treatment and their latest test results, which they can share with anyone they want and view from anywhere in the world.

Or the Met Office’s Healthy Outlook service, which monitors environmental conditions and messages COPD patients to warn them when their health is likely to be affected, giving them the opportunity to take action to stay well. In some areas, this service has reduced emergency hospital admissions by 50%.

So how close are we to realising the self care vision?

Every year we inch that little bit closer. We don’t need any more policies, we need implementation - and across the board, GP Beth McCarron-Nash, deputy chair of the education training and workforce subcommittee of the BMA General Practitioners’ Committee (GPC), told the conference.

Dr McCarron-Nash set a number of challenges to GPs. First, she told them: “**ask your patients and staff to do a medicine cabinet makeover**. Start with the basics – ask if they have the medicines that everyone should have.”

“And **have a self care conversation every time you see them**,” she added.

She also **advised GPs to take the RCGP’s on-line Self care for Minor Ailments course**, which will equip them with the knowledge and skills to conduct a “self care aware” consultation for patients with self-limiting conditions, and to work with their PPGs on supporting self care.

And in 2013, she went on, **your GP practice should become a Self care Aware practice – a beacon of excellence**. Be “self care aware” in your consultations, provide your patients with self care prescriptions, use the Self Care Forum’s new fact sheets and make use of your PPG to support self care.

Also next year, you should **examine your own evidence**, she advised. You need to know how far you have cut the numbers of your minor illness consultations, and your re-consultations, and reduced exacerbations of long-term conditions which result in A&E attendances. And what cost-efficiencies have you made?

Looking further ahead, Dr McCarron-Nash told GPs that, by 2015, all their conversations with patients should include discussions about what they are doing, and have done, for themselves. Ask them: “what help do you need to do this?”

A change of attitude is needed all round, and you need to lobby your HWB and CCG – they have to see the “self care first” agenda as their challenge as well, she advised.



Who was at the 14th Annual Self Care Conference?



Stephanie Varah, Linda Bracewell, Angela Hawley, Prof David Haslam CBE, Dr David Wrigley, Dr Rob Hicks



Paul Johnson, Dr Rob Hicks



Dr John Chisholm CBE, Sara Richards, Dr Knut Schroeder



Libby Whittaker, Marianne MacDonald, Joanna Leonard



Collette McCreedy, Sheila Kelly OBE



Susan Summers, Gopa Mitra MBE, Dr Beth McCarron-Nash

