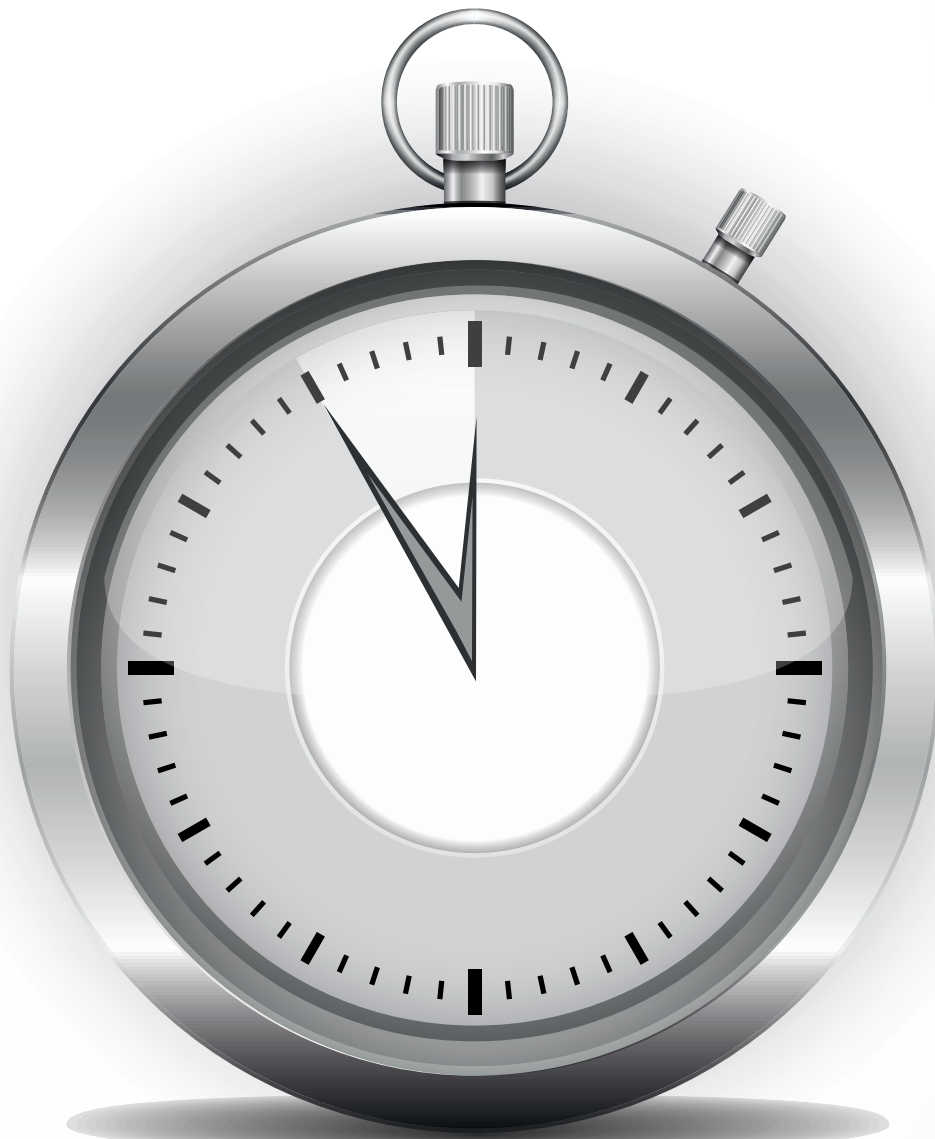


SELF CARE FORUM

SAVE OUR NHS:
TIME FOR ACTION
ON SELF CARE



Foreword – Time for Action

Since the implementation of the NHS in 1948, it has become one of Britain's greatest achievements. At the time of its inception no one could have predicted the changes in medical science that have ensued, resulting in an increased life expectancy. For example, in 1948 a man in England lived an average of 66 years,¹ compared to 2010 where this had risen to 79 years.²

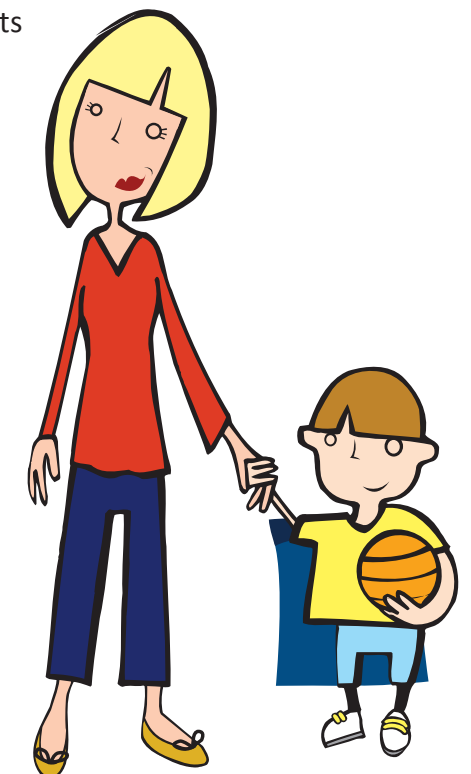
Yet 75% of premature deaths in England are due to four diseases – cancer, liver disease, lung disease and heart disease³ – most of which are preventable, though all exert a significant healthcare burden in their long-term management. The NHS is already creaking under the strain of maintaining Britain's health: in 2008 there were 300 million GP consultations each year in England, rising from around 220 million in 1995.⁴ This is reflected in a similar increase in the number of people attending accident and emergency (A&E) departments in England, up from around 14 million in 1987/8 to 2002/3, to 16.5 million in 2003/4, to 21.7 million by 2012/13 – a 50% increase within the past decade.⁵

The challenge facing the NHS, as a modern means of delivering healthcare, is Darwinian in nature; it must evolve to survive. With an ageing population living longer with long-term conditions, the burden on the NHS will only intensify as greater numbers are affected by ill health.

Saving the NHS requires a fundamental behaviour change from everyone, from healthcare professionals through to patients and the public. Now is the time to act and ensure self care becomes an integral part of the NHS framework – accepted and endorsed by everyone working within it and using its services. Healthcare policy, therefore, has to refocus and the concept of early intervention and prevention has to become a strategic imperative. In England and Wales, for example, the King's Fund has stipulated the provision of active support for self care, followed by a focus on primary and secondary prevention, as the top three priorities for NHS commissioners.⁶ Involving patients and carers more fully in managing their own health and care is one of six underlying objectives in NHS England's call to action for general practice.⁷

Already the NHS Constitution enshrines the patient's responsibility to play a more active role in care and to lead informed decision-making around their health. As such, the home, rather than the surgery, should become the default place for care. Home permits patients the immediacy and convenience of care, in a safe environment that allows them to develop their confidence in self care, whilst being fully aware that their healthcare professional remains available for advice when it is required.

It is this support from the healthcare professional that is critical – patients need to feel they have permission to self care. Among doctors and NHS managers there is a belief that patients require clear and explicit guidance regarding when to self care and when to seek their advice.⁸



"Nurses are leading the way in empowering people to take care of themselves. More and more people are living for many years with long-term conditions. Many can live well by knowing how to manage their own health, and by knowing when they need to ask for help from doctors and nurses. We want to move towards a situation where patients know how to manage common ailments and their conditions and know what help is available when it is needed, so that expert health staff are able to support those in the greatest need"

Dr Peter Carter, Chief Executive and General Secretary, Royal College of Nursing

"The workforce, self care and personalised medicine need to change if health services are to remain sustainable... More of the same simply won't do"

Professor Lord Ara Darzi, former Health Minister

"As GPs we need to give patients the support and confidence they need to self care where appropriate. Supported self care starts with a conversation during every consultation, creating a partnership with patients which builds confidence and a strong foundation to improve their future health"

Dr Beth McCarron-Nash, GP and UK Negotiator, BMA General Practitioners Committee

"Support for self care is embedded in community pharmacy practice. The combination of accessibility, convenience and expertise makes pharmacies an ideal first port of call for advice on many common ailments"

Michael Holden, Chief Executive, National Pharmacy Association

"Ultimately, in order to really make a difference in improving our nation's health, concerted action will be required, with individuals, families, local communities, local councils, the NHS and government all taking responsibility and working together towards a healthier population"

Duncan Selbie, Chief Executive, Public Health England

When appropriate, self care should be encouraged in every consultation, allowing the patient to determine whether they feel confident, or not, to implement care for themselves.

As the Self Care Forum we are committed to developing ways to help healthcare professionals deliver self care at a local level. Helping professionals and patients become self care aware will help save the NHS.

We believe the NHS Mandate should be seen as a blueprint for the integration of self care throughout the NHS. We believe there needs to be a whole systems approach to delivering care and, for this to be successful, opportunities to self care must be included. Self care is not something to be 'added on' once everything else is in place.

This means we all need to play a part which is why there needs to be a concerted effort to implement a supported self care strategy throughout the NHS. Adopting a six-point call to action should ensure change happens.

The real question is can we, in a time of increasing pressure on the system, afford not to implement a cohesive self care strategy, plan of action and commission self care support for success?



Self Care Forum Board

Self Care Forum six-point call to action

- 1** Recognise that supporting self care can create capacity in general practice for longer consultations, enabling better management of patients with co-morbidities, referrals and quality of care.
- 2** Enable and implement the ability for all healthcare professionals to support self care behaviour at every contact, to build people's confidence in caring for themselves and their families at home, acting as an effective strategy for demand management.
- 3** Adopt a self care aware conversation in all consultations, whether on the phone or face-to-face, that encourages and supports patients and the public to consider what they can do to help themselves.
- 4** Implement the NHS Constitution at practice level to underpin support for self care so people can take greater responsibility for their own and their families' health and wellbeing (section 3b of NHS Constitution).
- 5** Support Patient Participation Groups to implement the National Association of Patient Participation programme supporting self care for the practice population.
- 6** Encourage healthcare professionals to enable patients to self care by developing national and local incentive schemes.

The reality of the NHS burden

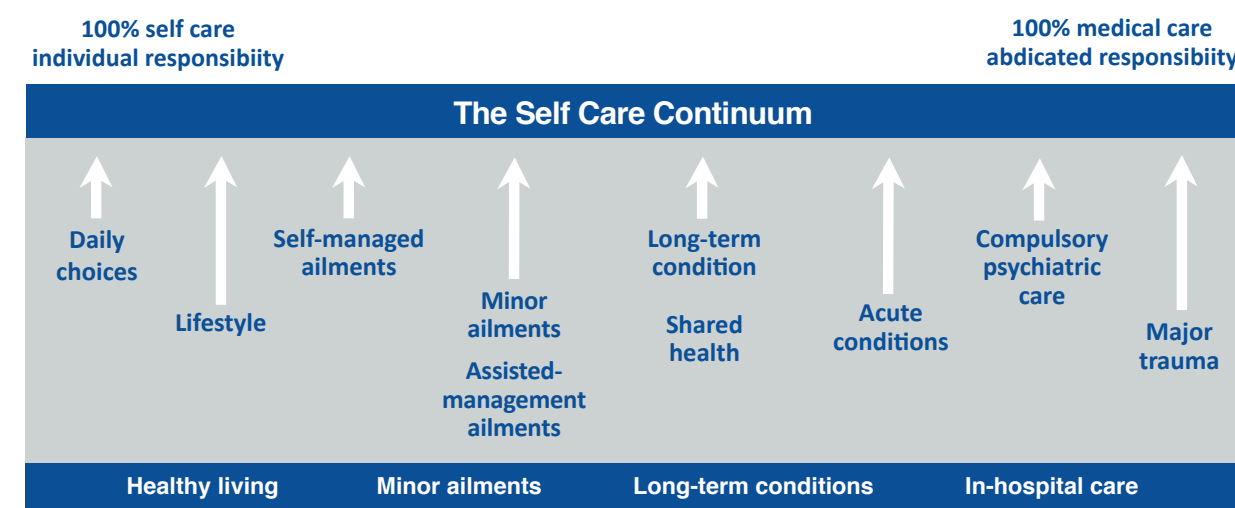
The 20th century challenge was to address the killer diseases mostly caused by poor sanitation, bad housing, poor education and communicable infections, such as tuberculosis. The NHS had to respond to these health threats. In the 21st century we are facing the time-bomb of poor lifestyle choices, the health consequences of which are creating the greatest demand on the finite resources of the NHS.

The burden of an increasingly older society – where the number of people aged 65 years and over in England and Wales living with diabetes is predicted to rise by over 45% by 2030, those with arthritis, coronary heart

disease and stroke doubling, and those with dementia increasing by more than 80%⁹ – will be unsustainable for the current NHS unless there is a fundamental behaviour change from everyone within the NHS and everyone using the NHS. Now is the time to act and ensure self care becomes an integral part of the way everyone views the NHS.

Self care can play a vital role in many stages of health, from the prevention of ill health, to the management of minor ailments through to the care of long-term conditions. At each of these stages there are significant challenges for the NHS.

Figure 1: The Self Care Continuum



Preventative conditions

Given the increasing burden of long-term conditions, taking a preventative approach to risk factors is essential. The three greatest risk factors for disease in the UK are:

- **Smoking** – the primary cause of preventable illness and premature death in the UK, leading to 100,000 deaths per annum.¹⁰ In England, smoking accounted for 5% of all hospital admissions among adults aged 35 years and older in 2010–2011, contributing to an overall cost to the NHS of £2.7–5.2 billion each year.¹⁰
- **Obesity** – increases the risk of developing a number of long-term conditions, such as diabetes,

cardiovascular disease and cancer.¹¹ On average, obesity reduces life expectancy by 3–13 years and in 2007 it was estimated that the annual direct healthcare cost to the NHS in England for diseases due to obesity was £17.4 billion, with indirect costs of £15.8 billion.¹¹ By 2050, it is predicted that this cost will rise to £49.9 billion.¹¹

- **Alcohol** – alcohol misuse led to 1.1 million hospital admissions in the UK in 2010–2011, resulting in 15,000 deaths and a £2.7 billion cost to the NHS.¹² With people drinking 90% more than they did in 1960, they are setting up a time-bomb for future management.

Minor ailments

Minor ailments – such as coughs and colds, headache, eczema and indigestion – take up 20% of a GP’s workload, costing the NHS £2 billion per annum.¹³ The bulk of these costs are due to consultation time, with prescription costs also contributing (90% of patients consulting for a minor ailment received a prescription).¹³ Of these, three-quarters of a GP’s time on minor ailments is spent on just ten conditions (see

Table 1).¹³ The symptoms of upper respiratory tract infections alone account for 11.5 million consultations at a cost to the NHS of £35.2 million.¹³

Many of these minor ailments can be appropriately and successfully treated within the community pharmacy. In some parts of the UK, nationally funded minor ailments schemes are already available through pharmacies.

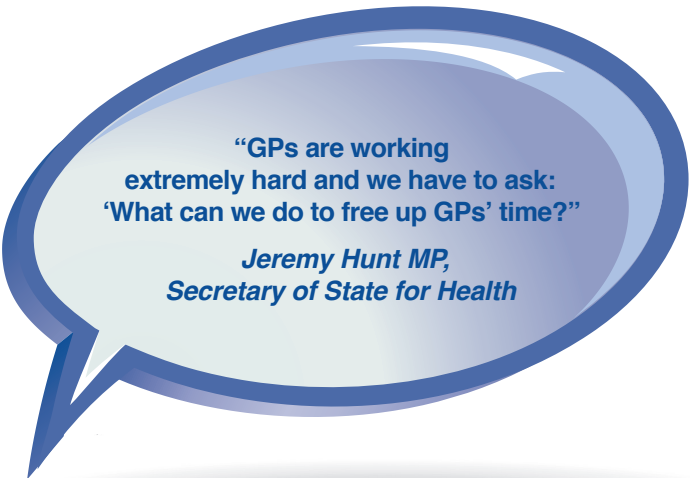


Table 1: Top 10 minor ailments in GP consultations across the UK

| Minor ailment | Total number of consultations (millions) | Average prescription cost | Total cost (millions) |
|---------------------------|--|---------------------------|-----------------------|
| Back pain | 8.4 | £8.23 | £64.0 |
| Heartburn and indigestion | 6.8 | £8.07 | £54.0 |
| Dermatitis | 6.8 | £5.30 | £35.3 |
| Nasal congestion | 5.3 | £3.36 | £17.4 |
| Constipation | 4.3 | £5.31 | £22.2 |
| Migraine | 2.7 | £19.58 | £51.9 |
| Cough | 2.6 | £4.18 | £9.0 |
| Acne | 2.4 | £10.96 | £25.7 |
| Sprains and strains | 2.2 | £6.86 | £12.1 |
| Headache | 1.8 | £8.03 | £11.7 |

Health and work

It is estimated that ill health among the working population costs the UK in excess of £100 billion each year^{14, 15} – the equivalent of running a second NHS¹⁴ – with sickness absence costing the economy £15 billion per annum.¹⁵ This ill health has wider ramifications, resulting in an adverse effect on the next generation both financially, societally and in terms of health outcomes and wellbeing.¹⁴

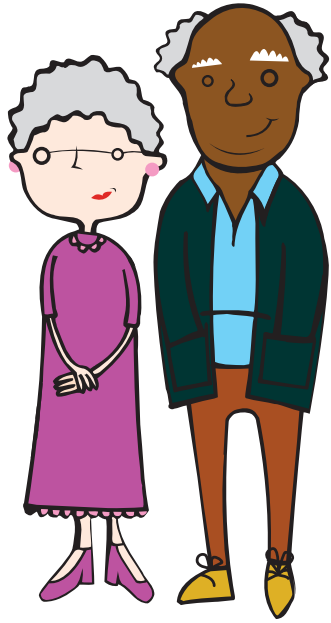
Long-term conditions

The greatest burden the NHS is facing is the impact of managing long-term conditions, which currently accounts for 70% of all the health and social care budget in England.¹⁶ In England, more than 15 million people live with a chronic health problem – such as hypertension, arthritis, depression and dementia – a figure that is predicted to increase over the next 10 years, particularly among people coping with three of these conditions at once.¹⁶ The number of people in England living with multiple long-term conditions is expected to increase by more than 50% from 2008–2018.⁷

In addition, 30–50% of those living with long-term conditions are not taking treatment as recommended.¹⁷ Not only does this impact on patient outcomes, with medicine adherence issues the most common underlying cause of preventable drug-related admissions,¹⁸ it also exerts a financial burden, as avoidable medicines wastage in primary care is cautiously estimated to be in the region of £150 million each year.¹⁹



The benefits of self care



Encouraging individuals to self care directly benefits individuals and their families and creates a society engaged and empowered in their own health. In addition to the advantages listed in the box, research shows there are specific benefits when self care is implemented at various stages of the Self Care Continuum. However, the vast majority of people working in the NHS believe patients must be given clear and direct advice on when and how to self care for this to make a difference in clinical practice.⁸

The ability of an individual to self care is underpinned by other factors, e.g. equality issues among the general population, a lack of understanding of self care and potential reluctance to engage. Therefore, it is important to determine an individual's willingness to develop the confidence in their own ability to self care in the longer term. In the future, an approach that targets some of these challenges is required to provide healthcare professionals with enhanced support to encourage self care in hard-to-reach populations.

Advantages of self care

- **Saves time and money** as time off work or childcare to see a healthcare professional is not required.
- **Creates a feeling of control** and self reliance.
- **Reduces anxiety** due to confidence in self-diagnosis, appropriate self care advice and knowing when to seek professional help.
- **Improves quality of life** and feelings of self-worth.
- **Improves disease outcomes:** people with long-term conditions who are able to recognise when their health issue is worsening and what action to take have fewer risks of serious complications.
- **Frees up healthcare professional time** to see patients who are unable to self care or who need additional support.

"(Health care commissioners) must shift the current emphasis on acute and episodic care towards prevention, self care and integrated and well co-ordinated care to cope with an aging population and increased prevalence of chronic diseases"

The King's Fund, Transforming our healthcare system, Ten priorities for commissioners' publication

Benefits of a preventative approach to health

One of the key tenets of the NHS mandate is to prevent people dying prematurely. Fundamental to this is the need to tackle risk factors:

- **Smoking** – smokers quitting before they are 30 years old can avoid more than 90% of the smoking-attributable risk of lung cancer.²⁰ Stopping smoking at age 30, 40, 50 or 60 years old means a gain of 10, 9, 6, or 3 years life expectancy.²⁰
- **Obesity** – a 10 kg weight reduction can reduce overall deaths by 20%, diabetes-related death by 30% and cancer-related death by 40%, whilst also reducing blood pressure and back pain and improving lung function.¹¹
- **Alcohol** – reducing alcohol intake can impact on the health risks. But it can also

have a direct effect on the NHS, with up to 35% of all A&E attendances and ambulance costs alcohol-related, rising to 70% between midnight and 5am.²¹ As can be seen from Table 2, this presents a significant cost to the NHS.

Department of Health research shows that substantial healthy lifestyle changes need to be made in the UK, with 77% of adults not eating five or more portions of fruit or vegetables daily, 53% not undertaking active physical activity for 150 minutes each week, 23% smoking and 16% being higher risk drinkers.²²



Benefits of self care for minor ailments

Better self care saves GP time, with around an hour per day spent in minor ailments consultations.²³ Part of the issue is that patients abandon self care for minor ailments within 4–7 days, which is often earlier than necessary.²³

All healthcare professionals can provide guidance on symptom duration and appropriate management to help prevent unnecessary consultations and allow patients to care for their condition in a supported manner. This can also serve to break the cycle of consultations as research shows patients adopt a repetitive behaviour approach.²³ Therefore if a prescription is provided for a minor ailment it reinforces to the patient that consulting their GP is the correct behaviour, and they are more likely to repeat it.



Benefits of adopting an occupational health strategy

Ill health among the working-age population exerts a significant financial and societal burden,^{14,15} including the risk of accidents and poor work performance.¹⁴

Self care has a vital part to play in helping workers stay healthy and avoiding time lost from work. Improving awareness and promoting effective self

care are simple measures that good employers can use. A recent report highlighted that improving the health and wellbeing of the total NHS staff in England could result in almost 15,000 extra NHS staff being available each day, saving £555 million each year.²⁴

Patients benefit from improved understanding that work is generally good for them and that a return to work may help their medical recovery. The national occupational health advice line can be used to gain understanding of sources of information. Medical certification processes now rely on a 'fit note' rather than a 'sick note'. Patients will benefit from work and health advice, allowing them to have a constructive dialogue with their GPs and employers in order to continue working safely in the future.



Benefits of self care for long-term conditions

Providing patients with education about long-term conditions and tools to implement self care for themselves can result in a multitude of positive outcomes:

- **Health service visits** can be reduced by up to 80%, across both primary and secondary care.²⁵ Data from a six-month longitudinal study in almost 1,000 people completing an Expert Patients Programme course found benefits were maintained, with GP consultations decreasing by 7%, outpatient appointments by 10% and A&E attendances by 16%.²⁶
- **Improved ability for patients to cope** with their condition.²⁵ This translates into both clinical benefits, e.g. increased glycaemic and hypertension control, fewer asthma attacks, better arthritis pain

management, as well as the psychological benefits of feeling empowered.²⁵

- **Better doctor–patient** relationships.²⁶
- **Cost savings:** on average, each patient completing an Expert Patients Programme reduces their burden on the NHS by £1800 per annum.²⁶

Overall, for every £1 invested in self care for long-term conditions, £3 is saved in reducing avoidable hospital admissions and improving participants' quality of life.²⁷ Adding social value can increase this cost-saving further, with some data showing for every £1 spent £6.50 was created.²⁷

Optimising patient use of medicines for long-term conditions can also help improve health outcomes for those with long-term conditions.¹⁹

The individual cost of each NHS consultation

The average household has to work for almost a week to pay enough tax and National Insurance to cover one trip to A&E



The perception that the NHS is free will persist so long as people remain unaware that the taxes they pay directly fund the service. How can we ask the public to help with the efficient use of the NHS if there is no baseline understanding of what their behaviour costs in time and money? There needs to be a debate and/or communication of some of these costs.

Table 2 : Estimated costs of the NHS by consultation (2010/2011)²⁸ and the number of hours worked by an average household to pay for each consultation in tax (2011/2012)²⁹

| Consultation | Cost (national average) | Number of hours an average household has to work to cover the tax/National Insurance to pay for each consultation* |
|---|-------------------------|--|
| A&E treatments (not admitted) | £112 | 34.1 hours |
| A&E minor injury (not admitted) | £63 | 19.2 hours |
| A&E walk-in service (not admitted) | £41 | 12.5 hours |
| GP consultation per minute of patient contact ^a | £3.70 | 1.1 hour |
| GP consultation (lasting 11.7 minutes) ^a | £43 | 13.1 hours |
| GP telephone consultation (lasting 7.1 minutes) ^b | £26 | 7.9 hours |
| Nurse consultation (GP practice; lasting 11.7 minutes) ^c | £10.34 | 3.2 hours |
| Community pharmacy consultation (lasting 11.7 minutes) | £10.92 | 3.3 hours |
| Community pharmacy consultation for minor ailment ^d | £0.00 | 0 hours |

* Calculated on basis of Office of National Statistics data showing average UK household income for 2012/2011 is £37,456 (after cash benefits), of which the average income tax across all households is 12.4% of earnings with employees' National Insurance contributions a further 4.7% of earnings, i.e. across all households an average of £6404.98 in tax/National Insurance is paid per annum. Based on average working week of 37.5 hours, the average income tax/National Insurance paid per household each hour is calculated as £3.28.²⁹ Note, this does not account for proportion of average tax paid that is allocated to the NHS.

^a Calculation includes qualification cost (equivalent annual cost of training annuitised over the expected working life) and direct care staff costs. ^b Calculation includes qualification cost based on £53/hour rate for face-to-face contact. ^c Calculation includes qualification cost based on £56/hour rate. ^d Excludes cost of over-the-counter treatment purchase.

Determining an accurate, individualised cost for each NHS consultation is difficult; the data in Table 2 provides a broad estimate to the number of hours the average household has to work in order to earn the tax and National Insurance required to fund various NHS visits.

Self care in practice

The Self Care Forum has created some tips to help practices become self care aware

- 1 **Recognise** that self care is one of the few effective strategies for demand management in general practice.
- 2 **Agree the advice** all clinicians, health care assistants and receptionists will give when asked about common self-limiting illnesses, including support for self care.
- 3 **Involve the local pharmacists and community nurses** in giving the same advice and support for self care; and work with the local pharmacists to ensure that their triage of common problems is similar to that in general practice.
- 4 **Involve all doctors and nurses in a review** of the practice's policy on prescribing antibiotics to ensure consistency, best practice and fairness – consider NICE guidance on reducing antibiotic prescribing for upper respiratory tract infections.³⁰
- 5 **Review the practice's policy** on psychologically active drugs and 'talking therapies' to ensure consistency, best practice and fairness.
- 6 **Use reviews of long-term conditions** to inform and educate patients, their carers and their families on the aims of management, choices to make in managing their condition and responses to changes in their condition (including relapses, etc.).
- 7 **Involve the practice's patient participation group** and other service users to design, plan, and get feedback on initiatives in self care.
- 8 **Use the practice website, phone messaging, emails**, displays in waiting room/entrance area/consulting rooms, etc., to offer high quality self care information.
- 9 **Consider using self management courses** such as the Expert Patient Programme to empower some or all of your patients with long-term conditions; use a local scheme with similar intentions; or link with national patient groups, such as the Breathe Easy Club, Allergy UK, Asthma UK, the National Eczema Society, etc.
- 10 **Encourage all clinicians** to learn how to assess a patient's self care status and to identify when they are most receptive to self care information and advice, e.g. on becoming a first-time mother/father, first diagnosis of long-term condition, etc.
- 11 **Integrate information and advice on self care** for self-limited or long-term conditions into health promotion consultations.
- 12 **Make all doctors and nurses aware** of the principles of the RCGP's elearning module on the self care aware consultation.

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Self Care Forum Board

The purpose of the Self Care Forum is to further the reach of self care and embed it into everyday life

Self Care Forum Board members are:

| | |
|-----------------------------------|--|
| Dr Paul Stillman | GP |
| Dr Peter Smith OBE | National Association for Primary Care |
| Sara Richards | Local Nurse on the Slough CCG Governing Body |
| Dr Simon Fradd | Concordia Health |
| Dr Ian Banks | European Patients' Forum |
| Dr Michael Dixon OBE | NHS Alliance |
| Dr Raj Patel | GP |
| Dr Steve Boorman CBE | Occupational Health Physician |
| Professor Nigel Sparrow | GP |
| Susan Summers | NHS England |
| Dr John Chisholm CBE | Men's Health Forum |
| Mark Duman | Patient Information Forum |
| Dr Amir Hannan | GP |
| Dr Knut Schroeder | GP |
| Professor Sue Cross | Nurse Educator |
| Jeremy Taylor | National Voices |
| Professor Mike Pringle CBE | GP |
| Dr Peter Carter OBE | Royal College of Nursing |
| Lynn Young | Retired Nurse |
| Stephanie Varah | National Association for Patient Participation |
| Gopa Mitra MBE | Proprietary Association of Great Britain |
| Dr Gill Jenkins | GP |
| Dr Jim Lawrie | GP |
| Dr Sam Everington OBE | GP |
| Dr Patricia Wilkie | National Association for Patient Participation |
| Dr Jag Dhaliwal | GP, NHS Institute |
| Angela Hawley | Department of Health |
| Sheila Kelly OBE | Proprietary Association of Great Britain |
| Mike Farrar CBE | NHS Confederation |
| Michael Holden | National Pharmacy Association |
| Dr Selwyn Hodge | Royal Society for Public Health |
| Dr Beth McCarron-Nash | GP and UK Negotiator, BMA's General Practitioners Committee |
| Dr Martin McShane | NHS England |



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