

Self Care: the first step to saving the NHS

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Supporting the followig initiatives:



Self Care: the first step to saving the NHS

With soaring public demand on its services and unprecedented constraints on its finances, the future of England's NHS is in jeopardy, experts warn. The Service is facing massive challenges, and without fundamental change there is a real danger that some of the advances in public health made since the NHS began in 1948, in terms of improvements in life expectancy and infant mortality, could start going backwards, according to GP Dr Beth McCarron-Nash, a member of the British Medical Association (BMA)'s GP committee.

75% of premature deaths in England are due to cancer and diseases of the liver, lung and heart, and while smoking remains the primary cause of preventable illness and premature death, "obesity and alcohol are our new foes," Dr McCarron-Nash told the Self Care Forum's annual conference in London.

So now more than ever, the financial sustainability of the NHS will depend on scarce resources going towards those patients who really need professional help.

But minor ailments are still accounting for one in five GP consultations in England, at a cost of £2 billion per annum, the conference heard.

Putting more money into the NHS is not an option – the Service in England is required to make efficiency savings of £20 billion by 2015, a figure which is set to rise to £50 billion by 2020. And while it made a surplus of £1.2 billion in 2012, it is prohibited from rolling forward any annual surplus into the next financial year.

"So we have to take responsibility for ourselves – we don't have the choice not to," leading health policy analyst Roy Lilley told the Self Care Conference, which was held just before Self Care Week, the Self Care Forum's annual national self care awareness week.

And Self Care Week can be the start of saving the NHS, Dr McCarron-Nash (*following*) told the conference.



We have to start doing things very differently and make people aware of the necessity of using the NHS appropriately, she said. We need a national campaign and strategy – root and branch, bottom up, working with patients as equal partners – and these changes need to begin in primary care.



The first step is for each general practice to become a Self Care Aware Practice, and the Self Care Forum has created a guide to help them do so. It has also developed a six-point Call to Action to help general practice save the NHS.

This year's Self Care Week is encouraging people to "Self Care For Life – take control." The Self Care Forum has created a variety of tools to help organisations support this goal, including a range of factsheets covering 13 common medical conditions for practitioners (GPs) to give to their patients. These provide facts about the illness, advice on what people should expect if they have the condition, what they can do to help themselves – both now and when they fall ill with it again – and where to find more information. They also provide "red flags," alerting people to when it is right to seek medical help.

Conditions covered by the fact sheets range from low back pain to acne, constipation, cough and cold and fever in children – and crucially, upper respiratory tract infections (URTIs), which are the focus of another new public information campaign.

This is Treat Yourself Better Without Antibiotics, which has been launched by the Proprietary Association of Great Britain (PAGB) and Pharmacy Voice. It follows worrying new research findings that 45% of people in the UK still believe that antibiotics can treat colds and flu, and also that 48% admit to having visiting their GP with "an expectation" of being prescribed antibiotics for this purpose.

But in fact, antibiotics only work against bacteria – they do not have any effect against symptoms like cold and flu because these are caused by viruses.

Over-use of antibiotics is a serious issue, which can result in previously simply treatable infections becoming serious and in some cases life-threatening, says the campaign, which is supported by a wide range of public health organisations including the Department of Health and Public Health England through European Antibiotic Awareness Day.

The National Institute for Health and Care Excellence (NICE) reports that URTIs are responsible for 60% of antibiotic prescribing in general practice and that annual prescribing costs for acute cough alone exceed £15 million. Continued over-prescribing of antibiotics by GPs could mean a potential major public health problem for ourselves and future generations, so educating people now is vital, it warns.



And the symptoms of URTI infections account for 11.5 million consultations every year, at a cost of £35.2 million, Rob Darracott (*above*), chief executive of Pharmacy Voice, told the Self Care Conference.



NICE has now refreshed the messages of its URTI guidelines in order to support the Treat Yourself Better campaign, and is encouraging people not to go to their GP for winter ailments before the average symptom duration period, Victoria Thomas (*above*), who runs NICE's Patient and Public Involvement Programme, told the Conference.

The guidance also offers GPs the option of issuing "delayed prescriptions" which patients cannot fill for three weeks, she noted.

One of the main reasons why people often give up on self care and seek the advice of a doctor too early – typically after just four to seven days – is because they don't realise how long the symptoms of ailments like coughs and colds can last.

Self Care Forum's fact sheets, Treat Yourself Better, and the NICE guidelines, all state very clearly how long most URTIs will last. For a middle ear infection this will be four days, for sore throat a week, a cold – one and a half weeks, for sinusitis – two and a half weeks, and a cough – three weeks, they say.

They also invite people to come back for another conversation with the pharmacist, rather than visit the GP, during their illness duration.

This information is absolutely critical – there is currently very little public awareness, Victoria Thomas told the conference, and the campaigns have been welcomed by Professor John Watson, the Deputy Chief Medical Office for England.

"I hope we can change the way people think about antibiotics, and we are pressing for it to be much higher up the global political agenda," he says.



Health Minister Lord Howe (*above*), speaking at the Self Care Conference, also welcomed the initiatives.

The link between Self Care Week and Antibiotics Awareness Day will help ensure consumers are getting consistent advice. Avoiding inappropriate use of antibiotics is an important part of the self care agenda – I hope this message can get out there," he said.

Ministers are encouraging people who are most at risk to have flu vaccinations and also, for the first time, for children aged two to three. These young patients will receive the vaccine through a nasal spray – this will offer protection to the people to

whom the children are in close contact, said Lord Howe. This is the first stage of an extension to the flu vaccination programme, which will eventually include older children, he added.

Self care message “still not getting through”

But why are so many people still apparently unaware of the importance of self-caring, both for the good of their own and their family's health, and for safeguarding the NHS?

Back in 2002, in a ground-breaking report, Sir Derek Wanless had made it clear that self care is key to securing the future of the NHS. He outlined a plan to achieve, within 20 years, a “fully-engaged scenario,” centred on health professionals educating patients and the public about their health.

But at the 2012 Self Care Conference, Dr Anita Charlesworth, chief economist at the Nuffield Trust, warned that “we are still a long way off Sir Derek's fully-engaged scenario.”

And more recently, she told MPs that a public debate on the use of the Service is essential. People do not yet have a sense of the overwhelming pressures on our health services – but, she said: “we must use the NHS responsibly, or we will lose it, and we must have this conversation with the public.”

So what is going wrong? Is it the fault of medical professionals? Have they failed to “let go,” and allow people to develop the confidence to practice self care? Has the NHS created a system of dependency?

New research from Doctors.net shows that two-thirds of GPs admit to having prescribed antibiotics to patients with a cough, cold, flu or sore throat, and that 86% of them believe that people who come to see them over the winter months because they have a cold would be better off seeing a pharmacist instead.

“We have robbed people of their ability to self care, whether for minor ailments or long-term

conditions (LTCs),” said Professor Ian Banks (*below*), a member of Council at the BMA and an international expert on men’s health. “We’re now reaping the whirlwind – people are coming to us with conditions that they could self-treat.”



“Many patients are surprised about how long the symptoms normally last – particularly when their previous doctor gave a prescription for antibiotics rather than explaining that they are not necessary,” adds Dr Peter Smith OBE (*below*), vice president of the National Association of Primary Care (NAPC).



Doctors must be consistent with their messages and they need consistency and support not to prescribe, urged Beth McCarron-Nash. “Sometimes this can be very difficult – if a patient doesn’t get an antibiotics prescription in the surgery, they may then go and get one from an out-of-hours service,” she told the Conference, adding: “this is about education.”

Whole System Change

And to achieve change throughout the entire system, all public services need to be working together – not just healthcare professionals, the Conference heard.

The West Midlands Fire Service, which is doing pioneering work in this area, finds that the same unhealthy behaviours which are putting pressure on the NHS are having similar effects on the fire service. “We have started to conduct serious incident reviews, and these show that such behaviours make it more likely that you will die in a fire,” the Service’s spokesman, Steve Vincent, told the Conference.

The West Midlands Fire Service supports Self Care Week and can make a huge impact – “we go into people’s homes,” he said, and called for more collaboration between healthcare and the other public services. We should also be sharing data, he said.

Beth McCarron-Nash welcomed his suggestion. “We all have one aim – to keep people healthy and well and help them look after themselves. We need a big debate about the use of public services and how behaviour affects them.”

And this needs to involve trades unions and other public services such as the postal service and the education system, said delegates. Victoria Thomas added “this is a public health issue and we need to be working at national level, but everything has been regionalised and localised. We need a mechanism to pick this up.”

Employers also have a contribution to make, added Steve Vincent, and he stressed that this has to be a long-term strategy.

HWBs “need wider public-service membership and a self care agenda”

Rob Darracott (*following*) sees a major opportunity here around the make-up of the new Health and Wellbeing Boards (HWBs). Healthcare professionals



don't have all the answers, he said, and asked: so who else do we need on the HWBs? Who are the other services which talk to people on a daily basis?

Existing community organisations should also have a place on HWBs; these often provide vital services and help, particularly in rural areas, said delegates.



"HWBs still haven't quite found their way – but I've made sure self care is on my Board's agenda," said GP David Wrigley (*above*), of the Ash Trees Surgery in Carnforth, which is part of the Lancashire North Clinical Commissioning Group (CCG). Dr Wrigley gave one of a number of presentations at the Conference showing how innovative healthcare professionals are already making a difference and helping their patients become self care aware.

The pilot – the first to be set up with CCG-wide agreement – began last December with four

practices, to help both patients and healthcare professionals to become more self care aware, using the Self Care Forum fact sheets on 13 common conditions. After 18 months, it will examine what effect this has had on GP attendance figures and prescribing of OTCs.

Dr Wrigley's team set up the Lancashire North CCG-wide Self Care Aware Pilot in order to;

- Reduce GP attendance for minor ailments
- Reduce prescribing of over-the-counter (OTC) medicines for minor ailments
- Support clinical engagement in self care and through uptake of the Royal College of General Practitioners (RCGP) e-learning programme, and
- Use patient and public involvement through PPGs and ongoing use of local and national self care campaigns.

What has been learnt so far?

Getting pilot practices on board was not difficult, and rolling-out the training and self care message went well, but keeping practices on the ball is always tricky – they need "regular gentle messages," Dr Wrigley told the Conference.

But, he added: "doctors and nurses in the practices are becoming more self care aware, and we are getting interest from other practices, both within and outside the CCG."

And the key is publicity – the more the better, he said. "Use the local press – they love local information and this is a really good way of increasing awareness." "And this should include radio – use advertising spaces for health messages," he advised.

Moreover, the pilot is running "with virtually no budget," he added, and asked: "can we get the Department of Health or NHS England interested in rolling this out across England?"

Keeping healthy “has to be fun”

PPG self care champion Chris Moon-Willems (*below*) and practice manager Jo Wadey, of the St Lawrence Surgery in Worthing, West Sussex, described the initiatives they have introduced to engage their 13,500 mainly elderly patients in self care. These have included a Health Promotion Day, with a grand opening by the Mayor, advice from street doctors and nurses – and an emphasis on fun.



Activities run by the practice for its patients include a Walking for Health group, a singing group, t'ai chi classes and weekly exercise and pilates classes for people with reduced mobility.

It provides newsletters and noticeboards, has a website and an email group and is on Facebook, but also uses more traditional methods of providing help and information – a range of books on issues such as depression and low self-esteem are available for patients to borrow.

“The appetite is there for education and support – we have great optimism,” they told the conference. But the process will take time, and thinking of innovative ways to get the message across is vital, as is using the right language with patients and the public. “This is about keeping the emphasis on fun and keeping healthy, and not talking about ‘self care’,” Jo Wadey (*following*) emphasised.

Implementing NICE guidance with evidence-based best practice

Dr Pete Smith OBE, of the Churchill Medical Centre in Kingston, Surrey, described how his practice is working to cut demand from its 16,000 patients for antibiotics to treat URTIs. “This is about implementing NICE’s URTI guidelines from 2008, with good evidence-based practice,” he said.

The message is simple: “antibiotics do not work on a URTI, whether it’s viral or bacterial – and 25% of patients who do receive one will get a reaction,” he said. And giving patients tweeted advice – a “tweetment” – stating 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” takes just 138 characters and is quicker to do than prescribing them an antibiotic.

Dr Smith also challenged the “myth” that everyone goes to their GP for the slightest symptom; in fact, he said, 75% of the population will have a symptom of some kind within any two-week period, and only 8% of them will visit their GP. And it is vital to give positive messages to those who do, for example telling them: “you’re doing a really good job – there’s not much I can do for you.” He also advised giving delayed prescriptions – these almost as good as not prescribing at all, as 70% of patients will not go on to fill them, he said.

Dr Smith’s practice began the campaign in October 2012, and by January it had achieved a 15.2% reduction per month in the use of antibiotics, with 67 people each month having avoided the drugs.

This means that 804 people every year will avoid unnecessary antibiotics and 50 out of every 1,000 patients on the practice list will benefit, he said, and urged his primary care colleagues to start their own self care aware schemes.

“With the Self Care Forum’s information sheets, the difficult bit has been done for you – and it’s been proven to work,” he told them.

Social prescribing

The wider determinants of health were discussed by Dr Sam Everington (*below with Dan Hopewell*) of the Bromley by Bow Health Centre in Tower Hamlets. These include skills and qualifications, housing, social capital, parenting, having some control over your job – all these are critical to healthcare, he said.



Social prescribing provides referrals to a wide range of services which can improve the social determinants of health. “At Bromley By Bow, we do holistic healthcare, which deals with all these issues – we are a health centre and an enterprise centre. The building has no sign that it is NHS, no doctors’ names are displayed – the message to people is ‘this is yours’,” he said.

The practice is the ideal place to provide people with these services. Many of their regular long-term points of contact – such as the church, the pub, the corner shop – have largely disappeared, but their contacts with healthcare professionals in general practice remain, added Dan Hopewell, director of strategy at the Bromley by Bow Centre.



So the Centre also runs activities such as teaching people how to cook healthy meals on a limited budget, and English as a Second Language classes which incorporate healthcare as part of the classes’ content.



Other innovations include employing a nurse artist to work with asthmatic children, and running diabetic “fairs” at which patients and their families can learn about healthy living in a fun way.

The Centre is currently running around 100 social prescribing projects. They generate about 200 prescriptions a month and make 1,000–1,300 referrals a year. And the Bromley group have found that 72% of people who are receiving a service through referral would not have done so otherwise, while 42% report that they have then gone on to access other services.

The scheme, which is now rolling out to four neighbouring GP practices, costs £20,000–£25,000 a year to run, or 0.3% of the Centre’s prescribing budget. “If each practice drops one GP consultation a year as a result of the scheme, the whole thing pays for itself,” said Dan Hopewell.

And “we have a footfall to die for in terms of seeing patients. This is definitely going to save on my budget and is delivering health,” added Sam Everington.

The other innovators also discussed how their surgeries are becoming places for people to access help in new ways. A representative of NHS Direct visits Dr Wrigley’s Ash Trees surgery once a week to help direct people to the organisations and help they need, while an advocacy expert visits St Lawrence, also on a weekly basis, to give patients help such as taking them to supermarkets, through the Independent Living Association, added Chris Moon-Willems.

Are patients getting everything they need?

What patients want is “more help to help me help myself,” said Renata Drinkwater of Self-Management UK, an organisation which provides self-management support for people with LTCs. But a recent survey of people who are now in self-management programmes found that most of them have to wait five years from diagnosis before they are offered self-management care.

The picture of support is very patchy, and the message that making investments in care now will create savings in the future doesn’t seem to be getting through to local health commissioners, she said.

But such savings may not emerge for as long as 10 years, and commissioners have annualised budgets – they are required to make in-year savings, Victoria Thomas pointed out. She also stressed the need to think more widely about who we are talking to – the needs of some groups in society are not being addressed at all. For example, the government’s “digital by default” approach does a massive disservice to the many people who do not have access to computers, maybe because they are of an older generation who find the concept difficult, or who have no access to modern technology for socioeconomic reasons. Charities are a vital support here, she said.

A national campaign should not just focus on individual behaviours – it has to be about a

fundamental transformation in the relationship between users and providers, said Dr Paul Galdas of the Department of Health Sciences at the University of York. “Transforming self-management is not about the dispensing of wisdom,” he said.

And men are also missing out; self care campaign information and advice tends to appear in magazines and other publications which are generally aimed at women, he said, and asked: do we need a gender-specific approach?

Ian Banks suggested that campaigns should also supply posters and leaflets to men-friendly venues such as pubs and barbers, for example. And if pharmacies provide services that men can access, they will do so, he added.

Healthy Living Pharmacies also provide vital contact and advice. The Conference heard that 40% of people who have been advised by Healthy Living Pharmacies would otherwise have gone to their GP, and that this pattern is consistent across all socioeconomic and geographic areas.

But what to do about the most disenfranchised people, those who these initiatives will never reach who do not use the NHS when they should? Speakers at the conference called on the government for more help to reach them.

Earl Howe responded that “no day goes by when we don’t discuss these issues at the Department of Health. This is why NHS England is now looking very carefully at resource allocations.” And he reminded the audience that CCGs, local authorities and HWBs now have a statutory duty to tackle health inequalities.

“Commissioning plans have to demonstrate that they have taken account of health inequalities and have plans to tackle them,” said the Minister.

Are calls for more self care just another form of rationing?

The Conference included a lively debate on the question: is self care another form of rationing? “Yes – this is about rationing, and we need more of

it,” Roy Lilley (*below*) declared. Given the massive financial pressures on the NHS, “we have to take responsibility for ourselves – we don’t have the choice not to. We have to put a rationale behind the use of resources. If you can fix yourself – do it,” he said.



But Ian Banks pointed out the importance of using the correct definition of “rationing.” It is not the limitation of scarce resources, as is widely supposed – rationing is in fact the equal distribution of a limited resource. And self care is about the optimal use of resources for the benefit of patients and of the system, he said.

“This is not about rationing – this is about something completely different,” added Dr John Chisholm (*below*), a long-term advocate of self care and director of Concordia Health, which provides NHS primary medical services. “We are talking about a quite profound cultural change between patients and the NHS, and which includes dealing both with episodes of illness and with LTCs.” Done correctly, this will mean more resilient, better-informed and more health-literate patients who have greater confidence, he said, adding: “remember, only 18%-20% of healthcare is actually done within the NHS.”



This is about people having skills, knowledge and confidence – especially those with LTCs, who self-manage their conditions for many thousands of hours for every hour they spend with a nurse, agreed Luke O’Shea (*below*), who is head of patient participation at NHS England.



This is about a completely new way of thinking, and the debate is taking place at a time when we are moving away from the belief that “there is no such thing as society” and towards identifying the social determinants that inform people’s lives and how we believe the world should be shaped, said Rob Darracott.

“Self care is about empowering people much more widely to seek answers for themselves,” he said.

John Chisholm also emphasised the paramount importance of sending positive message to patients. “This is not about finger-wagging, blaming people for wasting time – this is about making better use of the system so that it can be there for when they need it.”

How you frame the debate is very important, agreed Luke O’Shea, and he suggested that an emphasis could be on safety, with self care as a first line of defense against routine medical errors. Top-down communication by politicians has a negative effect, he added.

A national campaign would give context for communication at local level, suggested the PAGB’s director of health policy and public affairs,

Gopa Mitra MBE (*below*). “Treat Yourself Better could be the first to show how this might work,” she said.



This is about so much more than the NHS – it is a much bigger picture, emphasised Amanda Cheesley (*below*) of the Royal College of Nursing (RCN). It is about making sure everyone has the right information, consistent messages, partnership and trust.



We need to be targeting the messages to children, both in school and preschool, and spreading the word through local pubs, libraries and shops, particularly in rural areas, where they already deliver many services and can help to break down barriers.

John Chisholm deplored the lack of progress made through spreading the self care message through schools. A pilot scheme some years ago had proved highly successful in educating 5-16-year-olds about lifestyle issues and the right way to use the NHS, but this success was never built on. Greater numbers of healthcare professionals now “get” self care than was the case 10 years ago, but this is not the case in schools, he said.

“I want to see more emphasis on health education in schools, as part of the National Curriculum,” he said, but doubted if “the political will is there.”

Gopa Mitra asked: should the Department of Health or the Department of Education be involved?

Yes – and the free schools – and Health Education England needs to get this on its agenda, replied Rob Darracott. “The challenge is to turn self care into something you can learn by rote.”



Learn from Jamie Oliver!

Jamie Oliver’s hugely successful healthy school meals campaign is a great example of successfully tailoring the information. It has clear objectives and evidence, has helped with other agendas, such as child poverty, and has been able to build strong support across all parties, said John Chisholm.

“Blanket marketing approaches will fall on deaf ears – we need more sophisticated approaches,” agreed Luke O’Shea. And we also need “a more forensic understanding of professionals’ attitudes.” He pointed out that what is being proposed is countercultural to what has been happening in the NHS over the last 65 years, and asked: “who are the leaders on this among the various healthcare professions? How passionate are they?”

Gopa Mitra responded the Self care Forum research shows that “these conversations are not being had.”

An adult discussion on costs

A fundamental problem is that patients and the public still remain unaware about what NHS treatment actually costs, and by not providing this information the Service may actually be incentivising inappropriate health-seeking behaviour. We need to be having an adult conversation about this, said delegates.

Should this include providing people with an “indicative invoice” after their treatment, to show them how much it has all cost?



Earl Howe was cautious about such an approach. Research into how people react when they receive this kind of information varies. While some resolve to act more responsibly, others overreact, feel guilty and, as a result, fail to seek the help they need, he said.

“Indicative invoicing would promote transparency, but it could also lead to people getting sicker than they need to be and eventually costing the system much more,” he warned.

There is some evidence for raising awareness of costs at the local level, to show patients how healthcare professionals are making choices all day and everyday, said Rob Darracott. “Having this information at a population level – maybe of a town, or a street – that makes people start to think,” he said.

“You need imagination and determination at local level,” he stressed. For example, the current NHS prescription charge exemption arrangements date

back to 1968, and while more than 90% of prescriptions are dispensed free of charge, nobody knows how many people throughout the country are actually exempt, but this is an example of where local action can be highly effective – for example, some Pharmacy First schemes have determined that only people on low incomes should be exempt.

Earl Howe agreed that the exemption scheme is a problem. It has “no logic to it and is full of anomalies – we are looking at this,” he told the Conference.

Bringing the conference to a close, Ian Banks (*above*) emphasized the need for public understanding of the pressures facing the NHS and a nationwide debate on how to ensure its long-term sustainability. “People in England love their NHS but they are losing it – why aren’t they rioting?” he asked.

He applauded the initiatives discussed at the conference which are making real changes at Bromley By Bow, Kingston, Worthing, North Lancashire and with the West Midlands Fire Service. “Achievements are mounting up,” he said, but warned: “a tipping point will come when we have to do something critical.”



Pete Smith agreed. A lot more people are listening now, but the time to stop talking about the vital importance of self care, and to start really taking action, has arrived.

“No more excuses,” he said – “let’s just do it.”

The Self Care Forum's six-point Call to Action to save the NHS calls for:

- Recognition 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;
- Enabling and implementation of 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;
- Adopting 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 – “we must be consistent with our messages,” Dr McCarron-Nash urged;
- Implementing 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. “Self care is mentioned in the Constitution, and commissioners must take action,” she said;
- Supporting Patient Participation Groups (PPGs) to implement the National Association of Patient Participation programmes supporting self care for the practice population; and
- Encouraging healthcare professionals to enable patients to self care by developing national and local incentive schemes.





Vernon House
Sicilian Avenue
London, WC1A 2QS

tel: 020 7242 8331

email: info@pagb.co.uk

twitter: @PAGBselfcare