

Conference hears about the “absolute case” for Self Care

Report from the 19th annual self care conference





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Healthcare experts have long recognised the importance of empowering people to take more responsibility for their health and that of their families, not only for their own benefits but also to support the national economy and the NHS. Now, for the first time, we will be able to prove these benefits, delegates at the 19th Annual Self Care Conference, organised by the Self Care Forum (SCF), were told.

The “absolute case” for self care will be established through the work of the new Self Care Academic Research Unit (SCARU) which has been set up at Imperial College London (ICL). SCARU is a collaboration between ICL’s Department of Primary and Public Health, the SCF and the International Self Care Foundation, and is set to become the leading academic base for self care in England, supplying compelling evidence of its value to healthcare leaders and policymakers.

The decision to establish SCARU was made following a scanning exercise by the ICL School of Public Health which revealed that, despite the global importance of self care, no-one has yet made this “absolute case” for its value.

SCARU will provide a much needed academic base for self care in England, and a validated framework for self care interventions and pilots to be evaluated objectively, because “at the moment, we can’t show they’re working,” SCARU’s acting director, Dr Austen El-Osta told delegates.

“The last piece of the jigsaw”

The launch of SCARU was welcomed by SCF Board co-chair Dr Pete Smith OBE as “the last piece of the jigsaw” in proving the global value of self care across the board.

The SCF partners with many organisations, all of which have their own motivations for encouraging self care, said Dr Smith, who is a GP in Kingston.

To achieve global change, these stakeholders need to be working together to develop a coherent story so that everyone can embrace self care for life, he said, and this process should be greatly assisted by new plans to develop a membership scheme within the SCF. This can bring all stakeholders together, he said urging delegates to use the new scheme “as a self care Tinder.”

Making the absolute case for self care is also about saving the NHS. The challenges faced by the Service are stark, with soaring levels of chronic disease and record demand for A&E treatments, particularly for elderly patients.

So, how do we define “self care”?

“It’s about helping everyone take care of themselves, not just those living with LTCs,” said Dr Smith. “Self care is nothing less than actions to lead to a happier, healthier, more fulfilling life,” he told delegates.

Many exciting new innovations have been developed recently to help people stay well and manage their self-limiting and chronic conditions, delegates heard. Examples include apps such as ESC (Expert Self Care) Student, which provides students with easy, fast and discreet access to reliable health information and advice, and NHS England’s new Active 10 walking tracker, which encourages people to take at least ten minutes’ worth of brisk walking each day.

Healthcare variation “is everywhere”

Throughout the country there are still serious variations in population healthcare, often between areas with similar demographics, and leading figures from NHS England urged Conference delegates to work with them to tackle these issues and make real improvements.

“This is a call to action and a cry for help,” declared Prof Matthew Cripps, national director of NHS RightCare at NHS England. Publication of the Atlas of Variation in Health and Care studies had “destabilised complacency by highlighting huge and unwarranted variation in access, quality, outcome and value across the country – variation is everywhere,” he said. “It also showed why we [the NHS] are on a constant march towards bankruptcy, because of both overuse of services, which leads to waste and patient harm, and also to underuse, which leads to failure to prevent disease, and to inequity.”



“But awareness is the first step to population healthcare improvement – we have to embrace a negative in order to create a positive. We need to have everyone talking about the same stuff, demonstrate viability, isolate the reasons for non-delivery, and deal with them.

He asked: “if we were as good as we could be, what would we look like?”

Many recent successes in dealing with unwarranted variation are detailed in Next Steps on the NHS Five-Year Forward View, the 2020/21 Acceleration Plan, published in March 2017. One example is Blackpool CCG which took action to find out why some people sought help so frequently; it discovered that what they really needed was other, already-available help such as supported self care. This initiative reduced the most-frequent 999 calls by 89%, their A&E attendances by 93% and hospital admissions by 82%, with an overall saving of £2 million.

“Doing the right thing saves money, if you do it properly, but we don’t have all the answers and we need to hear from you,” Prof Cripps urged delegates. “Please make contact with us – we need to get your expertise out there.”

LTCs: multimorbidity “now the norm”

70% of NHS spending goes on treating people with LTCs, and with multimorbidity now the norm, it is the number of LTCs which is driving costs, said Prof Alf Collins, clinical director of NHS England’s Personalised Care Group.

Over 50% of people in England are living with an LTC, and 66% of those aged 65 and over live with two or more such conditions. If a person is living with diabetes alone, the cost to the NHS will be £1,000 a year. If they have diabetes plus three LTCs, the annual cost rises to £6,000, while for diabetes and six or more LTCs, it goes up to £11,000.

But this is not due to primary care, where costs are very low compared to the costs of other services, and don’t go up. “What does rise is the cost of inpatient care, which accounts for half of all costs,” he said.

Four out of 10 people living with LTCs do not have the knowledge, skills or confidence to manage their health and wellbeing, Dr Collins told the conference. "This is a national disgrace," he said, given that "simple solutions such as peer support and social prescribing are available to provide this assistance."

The conference also heard of many inspiring and innovative self care projects that are changing lives throughout the UK, including a public engagement exercise:

Should GPs prescribe OTCs?

Derbyshire has a total of 118 GP practices in four CCGs, and in 2016/17 they spent over £3 million on medicines that are also available to buy over-the-counter (OTC) and are often only required for minor self-limiting conditions.

Amanda Brikmanis, patient engagement and experience manager at North Derbyshire CCG, described a public consultation which has just concluded on plans to end prescribing within the county of treatments for minor conditions and those for which there is no clinical need for treatment.

"Pharmacists and other trained staff within pharmacies are experts in providing advice on minor illnesses, and can tell you whether you should consider self care or if your condition is of a more serious nature and you need to see a nurse or doctor," the consultation document tell the public. Highlighting illnesses such as colds, sore throats and minor coughs, the document explains "people can usually manage these types of conditions themselves with the right advice and support."

Ms Brikmanis (right) told the Conference:

"we used this exercise to introduce the concept of self care, and we made it very clear that there is no planned change to the management of LTCs." Nevertheless, while initial feedback from the consultation shows overall support for the proposals, local people were still worried that they might no longer be able to obtain prescribed treatments for their LTCs, and they were also concerned about the plan's potential effects on vulnerable people.



NHSE looking at “low clinical value”

NHS England is also currently conducting a formal public consultation on proposals to limit prescribing of 3,200 products used to treat minor self-limiting conditions. Many of these are widely available OTC, and often at a significantly lower price than the cost to the NHS, but they currently cost the Service £50-£100 million a year, it says.

The exercise is part of a wider consultation on plans to end the prescribing of what NHS England calls “ineffective, over-priced and low-clinical-value” treatments, including homeopathy and herbal treatments.



Prof Ian Banks (left), conference chairman and Self Care Forum Trustee is concerned that public perception of self care is that it is a way to plug the funding gap in the NHS, and that reducing prescribing of some products might help to re-enforce this message.

He was also concerned about the consultation’s use of the term “low-clinical-value” to describe items available over-the-counter. He quizzed NHS England’s Profs Cripps and Collins (below l-r) asking are we using the right language?

Prof Cripps acknowledged that “low clinical value” is not the optimal term,” and added that he would not consider paracetamol, for example, to be of low clinical value – “paracetamol works for me,” he said. However, “value” is a very important word, and in many cases this is not being added to patients’ lives, he added, and stressed the importance of shared decision-making between the patient and the prescriber, which must include discussions about potential benefits and harms.



“Everything in the conversation must be evidence-based,” added Prof Collins, who also felt that one reason why people still seek a general practice consultation for minor conditions is the continued culture of deference, or “cap-doffing,” by patients towards GPs.

My Health Guide

Lorenzo Gordon, co-founder and director of software development company Madalba, described My Health Guide, a tablet-based app which empowers learning-disabled adults to take control of their health information and to communicate better with health professionals, their carers and family.

“Use of My Health Guide is not prescriptive – people use it in the ways that matter to them,” said Mr Gordon. For example, they can use it as a food diary, or to manage anxiety and depression, to keep track of their diabetes, to communicate regularly between where they sleep and where they spend their day, or to manage change.

My Health Guide was developed by Madalba in collaboration with Humber NHS Foundation Trust, and after trialing in the Humber region for 12 months, the developers found its impact to be “astounding,” he said. 89% of users surveyed said they intended to continue using the app, while 80% said it had added value to their lives. Its use also led to a 30% reduction in service utilisation.

Community pharmacy

Ade Williams, superintendent pharmacist at Bedminster Pharmacy, an award-winning independent Healthy Living pharmacy in Bristol, described some of the campaigns which he runs to help his patients and customers to self care effectively.

These include taking services out to where people are – including the pharmacy’s Pulse in the Pub blood pressure monitoring initiative! – and education campaigns on issues such as men’s health, bowel screening and avoiding sun damage.

Making self care “cool”

Technology is key to successfully making young people see self care as “cool,” emphasised Joanne Logue, a medicines optimisation pharmacist at Walsall CCG, and Beth Emberton, previously with Walsall CCG and now commissioning and redesign lead for planned care and LTCs at Shropshire CCG.



They told delegates how powerful they had found using a range of social media tools to engage with the under-16s on self care. These include innovations such as “mannequin challenge” videos as well as more traditional initiatives including secondary school debates, and all of them have proved to be “a huge huge success,” they said.

Their advice? “Don’t be afraid to think outside the box.”

Ms Emberton and Ms Logue (left) were presented with the 2016 Self Care Week’s Winner’s Award, for an innovative scheme which is already proving its value.

GP Practices can make time for self care campaigns

Helping patients at the other end of the age spectrum is a focus of the Stay Well self care initiative in Worcestershire, run by the three practices within the Pershore and Upton GP Local Cluster.

They have an exceptionally high number of elderly patients, and particularly of those aged over 80 living in the community. “We decided to create a calendar of events for our Year of Self care, utilising existing campaigns, promoting engagement with local groups such as Age UK and beginning a dialogue with patients in our practices around self care,” said Sam Lloyd and Jackie Evans of Pershore Medical Practice.

A highlight of the calendar is a Stay Well leaflet, which includes local content and is co-produced with South Worcestershire CCG. As part of this, all three practices produced a dedicated self care page on their websites which include the Self Care Forum's fact sheets for common conditions. They also had display boards promoting the self care agenda and circulated seasonal newsletters to all patients.

To suggestions that GP practices do not have the time to run self care campaigns, they responded: "we decided to make time for this because it is important."

Ms Lloyd and Ms Evans were presented with one of the 2016 Self Care Week's two Innovation Awards for Pershore and Upton's Stay Well campaign during Self Care Week.

Health Literacy in Stoke-on-Trent

49% of adults in Stoke-on-Trent have inadequate health literacy, and the City Council has made addressing this problem part of its overall public health strategy, said Mike Oliver, a senior health improvement specialist at Stoke-on-Trent City Council.

"We work with organisations to help them become Health Literacy Friendly, which means doing everything they can to ensure that everyone is able to access, understand, appraise and use its information and services relating to making decisions about their health," he said.

Being Health Literacy Friendly is the right thing to do, and provides great benefits for very many people, including the elderly, the homeless and volunteers. It is also good for organisations in terms of economics, effectiveness and reputation – and being recognised by the WHO (World Health Organization) and the NHS for best practice in health care delivery, he told delegates.

Do you really need a GP?

50% of work done by GPs could be carried out by a more cost-effective resource, said David Cowan, care navigation programme manager at West Wakefield Health and Wellbeing GP Federation in South West Yorkshire.

“Care navigation is a person-centred approach that uses signposting and information to help primary care patients and their carers move through the health and social care system as smoothly as possible to ensure that unmet needs are met,” he said.

Using front-line staff such as GP receptionists to help patients find the right local facility for them means that they receive the right care by the right professional, at the right time, said Mr Cowan. He emphasised that this is not about stopping people from seeing a GP – it’s about giving them choice, he said.

The time being saved for general practice is clear. Analysis of the scheme shows for example that when a patient calls to see a GP or nurse practitioner about a minor ailment and is then directed to a more appropriate resource, for every 100 minutes of pharmacist time, 75 minutes of GP time is saved.

Social prescribing

“The city of Leeds’ Health and Wellbeing Strategy for 2016/21 uses the House of Care model, but we needed to look at social prescribing (SP),” said Lucy Jackson, consultant in Public Health and Diane Burke, head of public health, LTCs, for Leeds.

Currently, over 3,000 people are accessing the SP services, mostly in areas with high levels of deprivation, and 70%-90% of people attend the services to which they are referred. Gains for the NHS from the scheme have been mainly in the primary care area, and patients report significant and wide-ranging benefits, including improvements in mental health, health-related quality of life and in the management of specific conditions such as diabetes and hypertension.

The Conference also sought to discover, through a series of structured tabled discussions (right), how each part of the system can help and support people further to embrace self care for life. The conclusions of these discussions are summarised below:



1) WEB AND MOBILE TECHNOLOGY:

Delegates welcomed the current wide use of existing technology to share information that helps people lead healthier lives, and the fact that this is relatively cheap. But, they added, there is still a “digital divide,” and to overcome this we need an improved infrastructure, with faster broadband services in many areas, and more support for people, particularly the elderly, to help them understand technology and what it can do for them.

2) COMMUNITY PHARMACY: Under the NHS Minor Ailments Scheme and Think Pharmacy First schemes, participating pharmacies are able to give patients advice on minor conditions and, if appropriate, free treatments, without having to see a GP. Delegates welcomed these initiatives but also felt that Think Pharmacy First has to present clearer and more consistent messages – people need to understand it covers social care as well as health care, they said. Delegates also called for wider collaboration throughout the system to enable community pharmacy to become “a constant stream of access to the right resource.”

3) CCGS: Need to be using patients more to drive self care – and patients need to be pushing the whole agenda. They also see a lack of support among senior management for self care, and suggested that a lead self care post could be created within CCGs, to ensure that everyone knows what it means, that patients do not always need a prescription, and that all relevant organisations are involved. However, they also pointed out that self care is an agenda of NHS England, not of the CCGs.

4) GPS AND PATIENT PARTICIPATION GROUPS: These need to be proactive and engaging with the whole community. It was felt that in, many cases, membership of PPG need to be more widely representative, including harder-to-reach groups. Although, PPGs are valuable, said delegates: “their members have the luxury of time, and they will work for free.” There needs to be wider utilisation of existing resources, including charities, more working in clusters and a greater focus on communicating with young people, through social media. “Start simple, have a win – and then have another one,” delegates advised.

5) LOCAL AUTHORITIES: These should be collaborating more widely on health and wellbeing, particularly with CCGs, with longer-term projects and an understanding that this is about the whole range of social determinants, not just public health. Delegates saw a need for a National Self Care Strategy, echoing a call made by the All-Party Parliamentary Group (APPG) on Primary Care and Public Health, in its inquiry report into the Five-Year Forward View (FYFV), published in March 2016. The report concluded that there was “a lack of leadership at a national and local level” and a National Self Care Strategy would “provide cohesiveness across the entire NHS network, including NHS England, Public Health England, Health Education England, local NHS organisations, and government departments”.

6) THE WIDER NHS: Needs to be doing much more, through services such as 111, to tackle the continuing inappropriate use of GP and A&E services for minor conditions, delegates felt. An estimated 57 million GP consultations and 3.7 million visits to A&E are made for self-treatable conditions, at a cost to the NHS of around £2.3 billion.

Delegates also emphasised the need to start the self care journey as early possible, for example by having healthcare professionals working in the community with new parents to help them understand and deal with childhood illnesses and Self Care Week could be used as a hook to start these conversations.

7) HEALTH INEQUALITIES: Need to be tackled across-the-board to develop a social model of health, to include determinants such as housing and education, and with long-term, 15-20 year plans. Welcome developments towards achieving this include the collaborative sustainability and transformation partnerships (STPs). Delegates also felt that public expectations continue to be a hindrance towards greater self care, driven by for example an increasingly litigious society and the fact that “consult your GP” is frequently still the first advice people are given.

8) WHAT CAN PEOPLE DO FOR THEMSELVES?: We need to be starting young, and making self care education part of the National Curriculum, said delegates. Also, people are often given information on how to manage their LTC just after they have been diagnosed, but, they wondered, is this too soon?

9) WHAT CAN THE SELF CARE FORUM DO?: Delegates emphasised the importance of language, of thinking about how best to communicate with patients and the public rather than with healthcare professionals. The Forum’s new membership organisation will be very positive, but we must ensure that all groups are well-represented on the SCF Board, they said.

10) CARE AND SUPPORT PLANNING: Wider use needs to be made of this process, which was unfamiliar to many delegates. It is designed to ensure that a person diagnosed with an LTC is an active and equal partner in their care and management.

11) SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS (STPS): Have been established in 44 areas jointly by the NHS and local councils to improve health and care. This is about system change, about saving the NHS, and needs full representation from all stakeholders, delegates stressed. “We can’t tell powerful healthcare organisations what to do, but we can provide leadership and influence – and vitally, evidence and evaluation. The new Self care Academic Research Unit (SCARU) will play an invaluable role here,” they said.

12) SOCIAL MOVEMENTS: Are proving uniquely effective at developing self care awareness at individual, national and local level, and especially among the young. “They cut through overthinking, but we have to be aware that social movements develop organically and that we can’t control them,” said delegates. Nevertheless, using social media to promote simple health messages, such as NHS England’s new Active 10 walking tracker, an app which encourages people to walk briskly for at least 10 minutes a day, can be immensely valuable.

Social prescribing contracts “must be long-term”

“People with LTCs don’t see healthcare professionals very often. They are mainly self caring, doing what’s important to them,” said Prof Chris Drinkwater CBE. He chairs Ways to Wellness, a charitable foundation in Newcastle West which provides local people with certain LTCs with individual link workers to help them identify and work to overcome their barriers to managing their LTCs.

This is about long-term intervention with sustained change, so contracts to provide this kind of social prescribing need to be long-term and outcomes-based, said Prof Drinkwater. “With short-term funding, I have found that when the funding stops, so does the activity, and with a three-year contract, you don’t have time to prove anything. But three years into our seven-year contract with Newcastle West CCG, we are seeing both improvements in outcomes for patients that are way ahead of the norm and savings in secondary care spending,” he said.

Nevertheless, he has found engaging with GPs on social prescribing to be difficult. Eighteen practices were given the scheme – “they didn’t ask for it” – and while there have been some enthusiastic adopters, in other practices maybe only one or two GPs or nurses have bought into the scheme – “and when they’re away, referrals drop off,” he said.

“GPs need to be the hub for community wellbeing, not outposts of the hospital, but that is what they are at present, and this is leading to low morale,” he said.

“We need to stop trying to create a biomedical solution to a biosocial problem,” Prof Drinkwater responded. “There needs to be a challenge to the system, devolution to the local level.”

Self care “is about saving the NHS”



“Self care exists everywhere, we don’t have to create it. But the system thinks this is its responsibility,” said Alyson McGregor (left), director of Altogether Better, an NHS national network which works to change relationships between citizens and services.

“The STP landscape is a fabulous opportunity to make self care matter,” she said. “STPs have recognised the need to create new models and approaches, including self care, and of using and valuing the assets in communities.”

“The system can’t cope, and this is about saving the NHS,” she added.

Through an evidence-based model of collaborative practice, Altogether Better works to make a difference to everyone’s lives – both local people and NHS staff. “Our job in health care is to: see it, value it, nurture and support it; connect with the self care that already happens; and create the conditions for it to thrive.”

Before adopting the Altogether Better model, one GP in Exeter had estimated that 40%-55% of the patients he was seeing every week could be better supported by someone else. 10%-15% of them presented with minor ailments – rather than a GP, they needed a pharmacist or a “wise granny,” he said; while another 10%-15% who presented with depression, anxiety, stress and fatigue needed a job, some friends, a partner – not antidepressants or counseling; 10% presented with obesity and lifestyle-related conditions such as diabetes, hypertension and heart disease; 5% were lonely – the general practice is their only social contact; and 5%-10% were just getting old. For this latter group, there are lots of problems but no cure.

So how do we support people to adapt and change in the face of social, physical and emotional challenges?

“We have to find the connectors, knowledge brokers and inspirers within their community,” said Ms McGregor. “We have to share our stories, pay attention to what works, ask people what matters to them and go where they are, working with them in their places.”

This work is gentle and subversive organisational development which changes general practice, away from the practice “team” or “family” to becoming simply “the way we do things round here,” said Ms McGregor. It improves the lives of people in practices and in local communities and is sustainable, without continual funding. “We work with general practice for up to a year to create a new way and then we pull away,” she said, adding: “our driver is to do the right thing. And this saves money.”

Social movements as a catalyst for change

A recurrent theme of this year's Conference was the unprecedented changes to society being brought about by social movements. But how do you build a social movement?

"Start with your 'why'," advised social media pioneer and change agent Gill Philips. "Listen to everyone, and find out their 'why' – all the answers are in this room," she said. Ms Philips is the creator of Whose Shoes?, an award-winning multi-perspective approach to transforming health and social care services, which seeks to engage people through genuine co-production rather than top-down implementation. No-one has all the answers, but working together and listening is essential to bring about lasting change, she says.

"The most successful social movements have a shared purpose, a solid foundation that reaches out and infiltrates the system," Ms Philips told the audience. Emphasising the importance of storytelling to the development of an effective social movement, she applauded the "eight great stories" of innovation in self care which the Conference had heard earlier. "I want to know more about these stories," she said, and asked the audience: "are you managing to tap into and capture all the great self care stories out there?"

"When planning a social movement, if you don't have resources, just tap into what's already happening – in fact, having resources can be a problem because it means you can easily get bogged down in meetings, etc," she said. "We crowdsource everything, building networks through social media – Twitter is a fantastic way of getting in touch with people who find you interesting."

"Don't try to control social campaigns, just let them happen, and don't over-think things," she advised. "Just do it – then do something else, and keep it fresh."

**Self Care Week
2016 Award Winners:**
Walsall CCG, Mid Essex
CCG, Pershore and
Upton GP Local Cluster





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