TOP TIPS FOR PRACTICES IN SUPPORTING SELF-CARE

Promoting self-care is a long-term project for a practice. This list may appear daunting, but we suggest each practice takes one or two to concentrate on first.

1. **Recognise that the self-care is one of the few effective strategies for demand management in general practice**

   Only when all team members see the team leaders, clinical and non-clinical, valuing and actioning self-care will they recognise the need to take it up too. Self-care initiatives could be part of regular meetings, incorporated into staff training and discussed at practice away-day. It is, though, important for the practice leaders to ‘walk the talk’, showing it in their everyday professional lives.

2. **Agree the advice all clinicians, health care assistants and receptionists will give when asked about common self-limiting illnesses (chickenpox, flu, verrucae, headlice, vaginal itch etc) including support for self-care**

   Getting consistency is not always easy. A practice may start with the induction of a new practice nurse or registrar, using that as a lever to get all doctors and nurses discussing the advice they will agree to give in future. Such agreements need to be written down in brief note form and be available electronically to all staff.

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 the practice**

   This can be very challenging if the practice’s relationships with local pharmacies and community teams are not good. However, safe high-quality care depends on good relationships and communication with these other professionals so building good links should be a medium term priority. When good relationships exist, they can be consulted and involved in agreeing the advice to give in the management of common self-limiting illnesses.
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**

Many practices have already done this. If patients perceive inconsistencies in prescribing of antibiotics, they will play prescribers off against each other. A consistent and fair policy is understood by patients and raises their confidence in the competency of the practice.

5. **Review the practice’s policy on psychologically active drugs and ‘talking therapies’ to ensure consistency, best practice and fairness**

Just as consistency and fairness, based on evidence, is important for antibiotics, it applies equally to other medication such as psychotropics, and to other interventions such as ‘talking therapies’.

6. **Use reviews of long-term conditions to inform and educate the 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)**

   It is often observed that the average person with diabetes spends 6 hours a year face-to-face with a health professional. It is the decisions that they make in the other 8,754 hours that will determine the quality and length of their lives. Only by helping them to make good choices, and by supporting them in making those decisions, can we really improve their outcomes. This may require advising the patient on the aims of the consultation and how to prepare, allowing time to establish the patients’ own preferences and goals, and involving other key health care workers such as nurse specialist or a social care contact.

7. **Involve your patient participation group and other service users to design, plan, and get feedback on your initiatives in self care**

   Our PPGs are a great resource for advice, reality checks and support in improving services. When discussing self-care initiatives with your PPG, be sure to address the needs of diverse groups in your practice.
8. Use your website, phone messaging, emails, displays in waiting room/entrance area/consulting rooms etc. to offer high quality self-care information in your practice

All practices offer their patients information but few use their information channels to support their patients to self-care. If there was one self-care message for every sign giving imperative instructions (‘All patients must register at the desk on arrival’ etc) then they may perceive us as facilitators of health. You can also guide your patients to online resources such as NHS Choices, Patient UK, or Healthtalk Online, as well as books, leaflets and other materials.

9. Consider using self management courses such as 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 Breath Easy Club, Allergy UK, Asthma UK, Eczema Society etc

Your practice is not alone. There are organisations out there willing and able to help you. Often schemes that are specific to the condition of the patient, if they exist, are more helpful than the generic ones such as the EPP.

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

We all know from our personal experience that there are times when we are deaf to messages and times when we are receptive. If we introduce advice on self-care at the appropriate time in ways that are seen as supportive, then change in behaviour is much more likely to occur. We need to point out that better self-care can involve saving time and worry, enhance the feeling of being in control, is safe and can improve outcomes.
11. Integrate information and advice on self care for self-limited or long-term conditions into health promotion consultations

We see patients all the time for health checks, screening and long-term condition management. These are all opportunities to include self-care messages.

12. All doctors and nurses should be made aware of the principles of the RCGP’s e-learning module on the self-care aware consultation in which all the previous nine tips are implemented within the consultation.

The Holy Grail is the self-care aware consultation in which patients are asked if they have used self-care before consulting and are praised for doing so; are encouraged, when appropriate, to consider self-care options next time; are offered information and support on self-management of their condition and when to seek advice, and this is taken. The self-care aware doctor or nurse is a patient-centred, positive communicator and educator who is highly valued by patients.

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