

REPORT OF 12TH ANNUAL SELF-CARE CONFERENCE: BEHAVIOURAL CHANGE FOR BETTER HEALTH, BETTER CARE, BETTER SERVICES

EMPOWERING PATIENTS: SELF-CARE IS SHARED CARE, SAYS PAGB/RCGP CONFERENCE

For the good of the nation's health, and the future of the NHS, people need to be able to take care of themselves, and their families, as far as possible.

They must gain – or regain – the confidence and skills necessary to recognise which illnesses and symptoms they can treat themselves and when it is right to seek professional help, and they need to be supported in developing positive, optimistic attitudes towards healthy living.

These strong messages came out of the 12th annual self-care conference organised by the Proprietary Association of Great Britain (PAGB), in London recently. This was the third self-care conference to be held jointly by the PAGB and the Royal College of General Practitioners (RCGP), and this year, for the first time, the Royal College of Nursing (RCN) and National Association of Patient Participation (NAPP), were also involved.

The 2010 conference had called for an end to change the nation's "culture of dependency" on the NHS, and Dr Ian Banks, president of the European Men's Health Forum and member of the Self Care Forum, told this year's meeting that **the debate is now over and the time has come to stimulate action towards greater self-care.**

Look at the reality – morbidity rates in some parts of the country differ by 30 years. Men in Kensington & Chelsea have a life expectancy of 84 years yet in Glasgow they are dying at 54, said Dr Banks, who chaired the conference.

"We have to empower people along the right roads," he said.



Paul Burstow, MP and Dr Ian Banks

Government's "strong support"

Delegates were addressed by the Care Services Minister, Paul Burstow, who told them of the coalition government's strong support for the self-care movement, and went on to provide further shocking evidence of the need to take action now.

"One frightening statistic," he said, is that in some parts of the country, children with asthma are eight times more likely to be admitted to Accident and Emergency (A&E) hospital departments than those without the condition. Many of these children will grow up without any understanding of how to take control of their asthma, and this will have dramatic effects on their lives and opportunities.

Are you a Self-Care Champion?

If you are, why not send us your name, organisation and one or two sentences on why you support self care and we will add you to our Self-Care Champions page, contact Libby.whittaker@selfcareforum.org. Your details will be put on our Self Care Forum website under "champions" (www.selfcareforum.org).

Every trip to A&E “is a failure”

There are too many examples of opportunities for prevention and early intervention being missed, he said. “We need to see every trip to A&E as a failure rather than a defining purpose.”

Moreover, treating the 15.4 million people in the UK living with long-term conditions – and who often have two or three or more such illnesses – accounts for 70 pence out of every £ of the national health budget. With the need for the NHS to make efficiency savings of up to £20 billion by 2015, business as usual is no longer an option, the Minister emphasised. **“We have now reached the point of pivot for change in managing long-term conditions and co-morbidities,”** he added.

Social care’s “nasty little secret”

There is “interconnectivity” between health and social care, said Mr Burstow – and here there is more worrying news. Most people believe that social care is free, like the NHS, but in fact it is a means-tested system, and this creates the potential for catastrophic costs for many families, he warned.

“We must wake people up to social care’s nasty little secret, which is that it is not free,” he urged delegates.

The self-care movement now needs to grow, and we have to switch the focus away from what people can’t do to what they can do, and help them to take more control of and responsibility for their health and well-being, said the Minister. But he acknowledged this won’t be easy – it will require “a massive cultural shift,” not only within the general public but also among doctors, some of whom are “hesitant” to hand over more control to their patients.

In May this year, Mr Burstow ratified the Self-Care Forum, a group of distinguished health care professionals, NHS leaders and patient advocates who have pledged to be champions of self-care, with the goal of furthering its reach and embedding it into everyday life. At the Forum’s inaugural meeting in May, the Minister tasked the group with promoting and supporting the annual Self Care Week and with submitting evidence to the Department of Education with the aim of getting self-care included in the National Curriculum.

The “health footprint”

Further high-level support at the conference for the goals of the Forum came from Mike Farrar, chief executive of the NHS Confederation, who told delegates that **“self-care is phenomenally important to how the NHS faces the future.”**

“I am a great advocate for unlocking the potential of ourselves,” he said, addressing the conference via a video presentation, and suggested that we need a different way of considering how we look after ourselves, through our “health footprint” – the means we use to manage chronic diseases, and tackle potentially unhealthy behaviours around smoking and alcohol, for example.

This approach saves money, gets you better outcomes and a better deal from the NHS, said Mr Farrar, who promised to look at the outcomes of the conference and build these into the NHS Confederation’s future work.

“We are the voice of the industry, and self-care will be central to that voice,” he pledged.



Mr Mike Farrar, NHS Confed

Engaging public support

So, the self-care movement has total support from leaders of government and the NHS. But is this just a “top-down” initiative? What can we do to turn it into something that people actually want?

This has to be a “bottom up” movement – there is enormous evidence that this is the approach that works, emphasised NAPP’s president, Dr Patricia Wilkie. She pointed to The National Childbirth Trust and the Terrence Higgins Trust as two examples of movements that grew



from the grass roots and were successful at changing public policy.

And is health information working at the moment?

“We’re not there yet,” said Ian Banks. “Mostly we have generic messages that don’t reach anyone, so we need to make sure health messages are targeted.” And rather than “wagging your finger and telling people not to smoke



Denise Hampson, Hampson Solutions

80 a day,” a much more effective approach is to explain to them the implications of their healthy (and unhealthy) lifestyle choices and help them turn this information into knowledge. **“There still is a gap between giving information and people acting on it,”** he noted.

So, what effect will statements such as “10,000 people every year die of coronary heart disease” have on people? Will this shock them into changing their lifestyles?

Numbers don’t work – feelings do

The problem is that numbers don’t actually mean much to people. Our ideas of risk are very distorted, and what is important to us is how we feel, health behaviour economist Denise Hampson told the conference.

There are various methods we can use to try to motivate people into taking action – and these include fear, which she described as “an NHS staple.” However, the offer of “rewards,” whether financial or social, is a massively positive alternative.

“We are hard-wired to want the here and now. We want our reward to be short-term or immediate, and to be certain,” she said.

So getting people to make the healthy choice must be as easy as possible – preferably it should be the “default” option – but don’t tell them it is easy, otherwise they will think that they don’t have to make much effort, she advised.

We need to focus on value and to make services as desirable as possible, keeping them simple to access and use, Ms Hampson told delegates.

Getting the patient perspective

And how can we give people the confidence to self-care? What should be the key messages for patients, how do we convey them and how do they interpret them? We need to find out what pushes people’s buttons, said Stephanie Varah, chief executive of National Association of Patient Participation (NAPP), which has recently conducted research seeking to capture the patient’s perspective.

These studies have revealed that people see that the traditional sources of health advice, such as family and other traditional support networks, are no longer there. They also understand that the NHS, faced with enormous economic and social challenges, cannot continue as it is. However, the research also shows that current messages about self-care are not getting through because people believe that they are “all about money,” Ms Varah told the meeting.

We need people to understand that the self-care message is not about telling you not to access your GP, why it is important to look after yourself and how to help the NHS help you, she said.



Creating confidence, relieving anxiety, rebuilding skills

Experts at the meeting all agreed that the aim is certainly not to tell people: “don’t go to your GP.” But, Dr Wilkie added: “people need to have the confidence to know when they should consult their doctor. It’s about access to information – this can be by phone or email – and about not making them feel trivialised.”

It is also about shared decision-making, said Professor Nigel Sparrow, chairman of the RCGP’s professional development board. He asked: **“when people leave a GP consultation, are they feeling more confident about looking after themselves? We need to be reassuring people that they are doing the right thing and relieving their anxiety.”**

Patient advocate Carol Basham agreed. The key starting point is a relationship with a GP who tells their patients, when they describe how they are treating illness: “you’re doing really well with this – carry on with what you’re doing,” she said.



Carol Basham, BMA's PLG

But why have so many people lost these skills? Lynn Young, primary health care advisor at the RCN, wondered. “Have we overprovided? Overmedicalised? Rendered people utterly dependent on professionals? And as a result, are people less resilient and more anxious? When you are anxious, you are less intelligent,” she said.

“With 40% of young people destined to get diabetes and huge numbers of young women headed for liver disease, a total transformation of health care is essential. **We need to inspire people to live differently, and the only good reform is the one that promotes self-care and looking after yourself,**” she urged.

Changing information into choices

People who have chronic and long-term conditions do need advice, but they know more than health care professionals do about their own condition – we can advise them but they may make different choices, Mike Pringle, professor of general practice at the University of Nottingham, pointed out.

“Information works OK if people ask a question, but we need education to change information into choices,” he said Prof Pringle.



Prof Mike Pringle, University of Nottingham

And he urged primary care teams to ensure that everyone on the team is giving out the same messages to patients. Mixed messages create confusion and not only decreases confidence in the teams but also increases demand on them.

“Recognise that self-care is one of the few effective strategies for demand management in general practice. Engender a culture of support for self-care, working as a team, and being consistent in the advice given in support of self-care. Work to the patient’s agenda, pushing it a bit and helping to construct it,” Prof Pringle advised. “The person is everything and care is a partnership – we must be co-producers of health,” he stressed.

And “seize the moment – engage people when they are ready for behavioural change,” added Dr John Chisholm, a vice president of the BMA and director of Concordia Health.



How can people distinguish between a minor ailment and something potentially more serious?

“Minor ailment” is shorthand – widely used by doctors, pharmacists, nurses and the healthcare industry – for a condition that has been confirmed as a minor, self-limiting condition and as not the symptom of something more serious, said Gopa Mitra, director of health policy and public affairs at the PAGB.



Gopa Mitra, PAGB

“This is often a retrospective diagnosis but basically it is something you can treat yourself,” added Prof Sparrow. “But it is very much dependent on the individual – what may be minor for one person won’t be for another,” he cautioned, while Dr Ben Riley, medical director for e-learning at the RCGP, also advised: “it may not be what it seems – don’t make assumptions.”

“Self-care is about shared care, not no care – it is about patients using the NHS responsibly and giving them the ability to decide how to use it in the right way. If you are concerned about something you should see your doctor,” added Dr Dean Marshall, a member of the Council of the British Medical Association (BMA).



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



Dr Dean Marshall + Dr Beth McCarron-Nash, GPC

Help for GPs

Shared care is the way of the future, and this not only means that patients must have the right skills – GPs also need to change their behaviour, said Dr Beth McCarron-Nash, a UK General Practice Committee (GPC) negotiator at the BMA. Doctors have to gain the skills to be able to “let go a little bit,” she said.

The conference coincided with the launch of a new RCGP e-learning course which aims to equip primary care practitioners to do just that, giving them the necessary knowledge and skills to encourage and empower their patients to self-care.

“We’ve aimed to instil confidence in GPs and build self-care into the consultation,” the project’s lead authors, Dr Clare Etherington and Dr Fiona Baskett, told the conference.

The course was developed by the College in partnership with the PAGB and funded by NHS North West Strategic Health Authority (SHA), whose assistant director of quality assurance and self-care, Susan Summers, told delegates that the SHA had decided to get involved because of “the potential to hit massive numbers of health care professionals.”

“Education of GPs is critical if we’re going to have behavioural change – this is about a movement,” she said.



Who else needs to be involved?

“The pharmacist is your health and well-being adviser in the community,” said Michael Holden, chief executive of the National Pharmacy Association (NPA). The profession’s annual Ask Your Pharmacist week, held every November, is actually a year-round campaign, and dispensing “is not just about a packet of pills – it’s about a package of care,” he said.

Mr Holden also reminded delegates: “a minor ailment isn’t minor if you’ve got it.”

The Healthy Living Pharmacy

Early detection also represents a major opportunity for pharmacists and is part of self-care – “without treading on GPs’ diagnostic toes,” he said. Increasingly, pharmacists are conducting health checks, both in-house and through outreach, and helping patients take their medicines as prescribed – this is now part of the pharmacy contract. Around all these activities are opportunities to help support customers in making positive health choices, and participation in the Healthy Living Pharmacy initiative allows a pharmacy to display a quality mark that indicates to customers it has these skills, he said.

A particularly positive outcome of this initiative is that it is enabling pharmacists to engage men – a notoriously hard-to-reach group – to talk about their health care issues. **“We may not sell spanners and spark plugs, but we do get the men in,”** commented Mr Holden.



Mike Holden, NPA

Nurses – 500,000 healthy promoters

Nursing education also needs to be transformed, with new relationships and partnerships established between “friendly nurses” and the public, said the RCN’s Lynn Young.



Lynn Young, RCN

Reminding delegates of Florence Nightingale’s dictum that “nurses need to be, first and foremost, teachers of health and independence,” Ms Young called for the nation’s 500,000 nurses, midwives and health visitors to become health promoters, equipped with an understanding of the psychology of behavioural change and basic social marketing skills – “because these work.”

“Time spent on self care is time saved further down the line,” she added.

Local authorities’ role

Local authorities can also make a huge difference to the health of their citizens. Jean Arrowsmith, business manager for health at Coventry City Council, described initiatives put in place in her city, which is a large, mixed community characterised by considerable inequalities and deprivation, to tackle its major causes of ill-health – smoking, obesity, physical inactivity and excessive alcohol consumption.

Asked what was essential to the success of these initiatives, Ms Arrowsmith advised: **“you must engage with your community and remember that one size does not fit all. Be innovative, make sure your activities are evidence-based, take them to the people and measure your outcomes.”**



"We take risks all the time but the key is having a focus – ours is on health inequalities, vulnerable people – and men," she said.



Jean Arrowsmith, Coventry County Council

Men – a hard-to-reach group

Coventry's health workers use a range of innovative methods to get the health messages across to men – such as using comedy, offering health checks in pubs, and engaging with them in football clubs and their places of work and job centres.

The workplace is a terrific place to start raising health awareness – you have a captive audience, and people are "remarkably interested," agreed Dr Steve Boorman, medical director for UK Occupational Health Services.

But you have to get the messages right, he emphasised. For example, one business which had provided traditional health promotional materials, 96% of which never left the workplace, found that when it replaced these with a range of "workshop manuals" presenting "DIY self-care" in a fun and interesting way, 98% were picked up by staff and taken home. The manuals worked because they were familiar, they communicated simply, directly and in a humorous way, and they avoided preaching or talking down. And because they were taken home they were able to touch the wider family, said Dr Boorman.

Children are key

"But to reach the whole family, we're missing a trick if we don't use children, and their enthusiasms, as agents of change," suggested Simon Fradd, who is a GP chairman of Concordia Health. "For example, programmes which aim to get children to help their families stop smoking find that they come up with some very creative ideas," he said.

Health education in schools is still patchy, and particularly so for boys, and the aim has to be to get self-care included in the National Curriculum – this is one of the Self Care Forum's most important goals.

"We need to get to children early – we must brainwash them to be health-literate," agreed Lynn Young.

And Jonathan Mason, national clinical director for primary care and community pharmacy at the Department of Health, emphasised the need to shift from a system of health care in which we do things "to" and "for" people to one in which we do things "with" them. **"If we work together, we will deliver,"** he said.



Dr Ian Banks, MHF

The meeting concluded that actions aimed at making people self-care aware have to be about partnership. Dr Banks highlighted the RCGP online course as an excellent tool to facilitate shared care. He urged delegates to go back to their own organisations and spread the self-care message there. "If we do, we will probably see change within five years," he forecast.

For presentations from the Self Care Conference and short vidcasts from the event please go to selfcareforum.org. If you have any queries about the conference or the Self Care Forum please contact libby.whittaker@selfcareforum.org, tel: 020 7421 9318.

 **Self Care Forum**
Helping people take care of themselves



WHO WAS AT THE 12TH ANNUAL SELF CARE CONFERENCE?



Gopa Mitra, Stephanie Varah, Prof Mike Pringle, Dr Patricia Wilkie, Dr Ian Banks, Susan Summers, Dr Steve Boorman, Dr Simon Fradd – **Self Care Forum Board**



Dr John Chisholm, Dr Knut Schroeder, Peter Baker
– **Self Care Forum Board**



Dr Fiona Baskett, Dr Clare Etherington, Sam McNabb, Dr Ishani Patel, Dr Ben Riley, Prof Nigel Sparrow – **RCGP E-Learning Team**



Roger Till, NAPP Trustee, Dr Patricia Wilkie, NAPP President, Stephanie Varah, NAPP CE



Sheila Kelly, PAGB, Mark Lloyd-Davies, Johnson & Johnson, Jonathan Mason, DH



Libby Whittaker, PAGB, Dr Ian Banks, MHF, Gopa Mitra, PAGB



Angela Hawley, DH, Gopa Mitra, PAGB



Dr Ben Riley, RCGP, Susan Summers, NW SHA

