Self care is crucial for NHS survival, experts warn

With a fast-growing population of elderly people and concerns over the future of the NHS, the UK is now facing two of its biggest-ever challenges, and its success in dealing with them will depend largely on people taking far greater responsibility for their own health and care, say experts.

The massive problems resulting from people living much longer but not always healthy lives are already confronting Japan and other Asian nations, and will soon have to be faced in the UK, Tim Kelsey, national director for patients and information at NHS England, has warned.

Better self care is essential if longer lives are also to be as healthy, active and enjoyable as possible, he told the Self Care Forum’s Annual Self Care Conference in London on 11 November 2015.

Against the background of these massive challenges, healthcare provision across the country is still uneven, and in three major areas things are actually getting worse, according to NHS England. The agency’s NHS Five-Year Forward View (FYFV), published in October 2014, has found for example significant and widening variations in the provision of preventative measures - such as action against smoking and obesity – and warns that, without more investment, this can only get worse.

Key to improving quality

The FYFV also finds that patients’ experiences of the quality of care available to them vary considerably depending on where they live. This is “totally unacceptable,” Mr Kelsey told the Self Care Conference but, he added: “self care has a very key role to redress this.”

The third gap revealed in NHS England’s report relates to the sustainability of the NHS. By 2020-21, the funding gap between the NHS’ budget and its rising costs is expected to reach £30 billion, and while the government has pledged to supply £8 billion, that leaves the Service to find the lion’s share of £22 billion.

Many experts have expressed concern at the size of the financial challenge facing the NHS. However, Mr Kelsey told the Conference: “I think we stand a decent chance of achieving it.”

He called for a wide range of strategies to accomplish this, including the use of self care as potentially “a fundamental driver of improvements to care and reduction of health problems in hospitals.” However, the evidence necessary to show what effect better self care could have on the NHS is lacking.

“We need to define what is the minimum level to be achieved by self care for NHS savings, and we need to be promoting the economic as well as clinical benefits of self care,” he said.

Mr Kelsey leads NHS England’s technology and information agenda, which seeks to transform customer service in health and social care through initiatives such as supporting doctors and nurses to help people use health apps, and even prescribe them. This agenda is now “full front and central,” he said, but its success will depend on improvements in a number of areas. For example, we need to get much better at communicating the benefits of self care - “and we will get the evidence for this,” he pledged - and at supporting people to help them understand the concept of shared decision-making, which many find confusing.
Also, and crucially, we have to work much harder to help doctors recognise the clinical benefits of self care and how it empowers people, said Mr Kelsey. He noted that many clinicians remain uneasy that self care could harm patients by “getting in the way” of the treatment they are receiving from healthcare professionals.

Real empowerment will come from technology

But real patient empowerment will come from technology; smartphones and other mobile devices will increasingly provide people with unprecedented control over their own health care, say experts including US cardiologist Dr Eric Topol. In his book The Patient Will See You Now, published in December 2014 and widely hailed as the medical book of 2015, Dr Topol writes: “we are about to see a medical revolution with little mobile devices.” And he goes on to ask: “is there any other walk of life [other than healthcare] when services are purchased but the purchaser doesn’t take ownership?”

Technological advances which just a few years ago would have seemed pure science fiction are now very close to reality. Currently, seven teams of scientists worldwide are racing to develop a device that will enable people to self-diagnose 16 health conditions and capture five real-time health vital signs, with no input from any healthcare professional or facility. The teams are competing in a $10 million global competition run by innovation engine XPRIZE to develop the device, to be known as the Qualcomm Tricorder, which will revolutionise digital healthcare and transform the healthcare industry, says XPRIZE.

This is the way forward - going to your GP or A&E to receive a diagnosis is hugely disruptive to people’s lives, says GP Dr Pete Smith, co-chair of the Self Care Forum board.

New app for students

And delegates were given the first news of an exciting new development set to debut in the UK very soon. A new mobile app, developed by Self Care Forum board member Dr Knut Schroeder, is to be launched in January, specifically targeted to the health needs of students. These young people present particular issues for the NHS, for example accounting for around 30,000 alcohol-related hospital admissions each year and one in five consultations for mental health. Of course, online health information is readily available to them, but this is often confusing, limited and not always relevant to students and their needs.

The new iPhone app, which has been developed by Dr Schroeder and his team with the University of Bristol Students’ Health Service, will cater specifically for people aged 16-24 – although anyone will be able to access it. Working faster than Google, it will offer users access to health information anywhere, anytime and privately, enabling them to understand and assess symptoms, know when to get help and when to self care, Dr Schroeder told delegates. For further information, visit: expertselfcare.com
Practical applications of self care

The content of this year’s annual Self Care Conference – the 17th – was remarkably different from those of previous years. In the past they have tended to focus strongly on making the case for self care – eg, outlining the benefits of empowerment, highlighting the cost of self-treatable conditions, managing long-term conditions, wellness and prevention, however more recently there has been an acknowledgement of these benefits at all levels, both for individuals and for the NHS.

So the emphasis on this year’s Conference was strongly about “how to do it” - the practical applications of self care.

“Local NHS organisations are now at the point where they want to know how to embed self care into their systems, and how to deliver it,” said conference organiser Libby Whittaker, public affairs executive at the Proprietary Association of Great Britain (PAGB). So this year, the meeting offered what one speaker described as “the perfect mix” - professionals seeking practical advice and support, and experts providing it. As a result, there was unprecedented demand for places at the Conference, and maximum attendance figures were reached early on.

In another major development, Dr Pete Smith told the meeting that the Self Care Forum is shortly to become the Self Care Foundation, a not-for-profit charitable incorporated organisation. The Foundation will be the home of self care, he said, and encouraged delegates to express interest in becoming members.

Dr Smith traced the development of self care to its current position as a central role of health policy in England. Its importance was first flagged up in the 2000’s NHS Plan for investment and reform, which identified self care as “one of the key building blocks for a patient-centred health service.”

Then in 2005, the Department of Health published its self care strategy, which pointed to the potential for self care to improve health outcomes and increase patient satisfaction. The strategy also noted that, while minor illness and injuries account for around 75% of A&E attendances, around 15% of these have the potential to be taken care of by people themselves.

Almost two-thirds of GP consultations result in a prescription being written which could have been treated by over-the-counter medicines provided by pharmacists, or no medicines at all.

“40% of GP time is spent dealing with patients with minor self-treatable illness; when provided support for self care, people can take care of these ailments themselves,” the government document stated.

More recently, research by PAGB has shown the significant burden self-treatable conditions continue to place on the NHS, accounting for 18% of GP visits in 2010 and 19% of A&E attendances in 2014.

In 2002, Sir Derek Wanless’ groundbreaking review of the long-term trends affecting the NHS had emphasised the need to develop, by 2022, a climate in which the public are “fully engaged” with their health. Increased self care could reduce the numbers of visits to GPs by over 40% and outpatient visits by 17% and, based on these findings, the Department of Health has estimated that for every £100 spent on encouraging self care, around £150 worth of benefits can be delivered in return, he noted.

Some developments envisaged in Sir Derek’s “fully engaged” scenario have since become reality, said Dr Smith, and by October 2014 the FYFV was pointing out that many people “wish to be more informed and involved with their own care, challenging the traditional divide between patients and professionals, and offering opportunities for better health through increased prevention and supported self care.”

“The arguments for self care have been won - you know they have when people start claiming that they thought of them first,” he told the Conference.