

# SIXTEENTH ANNUAL SELF CARE CONFERENCE REPORT

Self care must be a General Election issue, experts urge party leaders





# Self care must be a General Election issue, experts urge party leaders

Self care is now a public health issue, but politicians are failing to take it sufficiently seriously, experts have warned. If public health outcomes are to improve, the NHS is to reduce its costs and the Service's future sustainability be assured, all political parties must focus on encouraging people to take more responsibility for their own health when putting together their policies and manifestos ahead of the May 2015 general election, speakers told this year's Self Care Conference, held in London and organised by the Self Care Forum.



*Mid morning panel members*

Increased personal responsibility for health produces better outcomes and reduces demands on the NHS, among other benefits, but people are still not sufficiently confident to self-treat. To make real improvements we need new relationships – between party leaders, government departments, public services – and, most importantly, between healthcare professionals and patients, they said.

In his ground-breaking 2002 report to the Treasury on securing the future health of the nation, former banker Sir Derek Wanless had warned of the massive implications for the NHS if people did not become much more engaged in looking after their own health and that of their families.

Unless the country took prevention seriously, we will be faced with a sharply rising burden of avoidable illness, said Sir Derek, who 12 years ago was anticipating the NHS crisis which is now hitting the headlines on a daily basis.

## Can self care save the NHS?

“Self care is now constantly coming to the surface regarding what needs to be done. We need to be all working together to make self care happen, and we need to be lifting things up a few gears – maybe self care can help the NHS survive,” Dr Ian Banks, president of the European Men's Health Forum, told the Self care Conference. “We need activists, consensus and a call to action,” he urged.

Commitment from political leaders is vital – and they have to be held to account, the conference heard. Ahead of recent elections to the European Parliament, the European Patients Forum had challenged potential MEPs to include measures to promote self care in their manifestos, and warned them that they would be monitoring their promises.

This direct approach had “an incredible effect,” Dr Banks told the meeting.

What is the view of the two main political parties?

“Self care is vitally important, it is critical for the NHS and its longevity,” Health Minister Earl Howe told the Forum conference.

“The Department of Health is absolutely committed to putting patients at the centre of their healthcare. Self care is not a new agenda, but it is as important as ever to get this right and build on what has already been achieved,” the Minister stated.



*Earl Howe*

But, he added: “we need a great shift in attitudes, so that patients become equal partners with healthcare professionals in their own health. And it is most important for doctors to make this shift. This will lead to better outcomes, improved use of resources and fewer unnecessary consultations.”

Recent government reports have emphasised the need for massive change. NHS England's recently-published Five-Year Forward View (FYFV) warns that “the future health of millions of children, the sustainability of the NHS and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.”

Sir Derek Wanless' warnings in 2002 have not been heeded – “and the NHS is on the hook for the consequences,” says the FYFV. “The NHS will therefore now back hard-hitting national action on obesity, smoking, alcohol and other major health risks.

We will help develop and support new workplace incentives to promote employee health and cut sickness-related unemployment. And we will advocate for stronger public health-related powers for local government and elected mayors,” the report pledges.

NHS England medical director Sir Bruce Keogh's 2013 review of acute care also emphasised the need for more and better care information for patients.

## Long-term conditions: “we are not supported,” say patients

People have the appetite to do more for themselves if they are properly supported, but many people with long-term conditions (LTCs) say they have never received any support or encouragement to self care for their conditions or deal with minor ailments, said Lord Howe.

And a recent survey found that 76% of people with LTCs say they would be more confident about looking after themselves if they had more professional help, while 66% said they would feel more confident if they were supported by people who have the same condition.

Once people go to a doctor they tend to keep going, and they have to be encouraged to self care in order to gain confidence – they need information and collaborative conversations, said Lord Howe.

“But we must also support the NHS workforce. Medical education and clinical training must be in place to empower healthcare professionals. The National Institute for Health and Care Excellence (NICE) standard shows that best practice leads to patient-centred care,” he added.

Recent initiatives include a set of resources launched by the health and care charity coalition National Voices on the best ways to engage people and make person-centred care happen. And the Royal College of General Practitioners (RCGP) has developed a free on-line learning model for doctors to support self care.



*Lord Hunt*

“Self care is not an agenda driven solely by cost pressures. Patients want it, so it is the right thing to do. I hope and believe we can be optimistic,” the Minister told the meeting.

And the financial case is now compelling. The National Audit Office (NAO) has recently warned that financial stress in NHS trusts and foundation trusts is growing, and that this is “not sustainable.”

While NHS efficiency gains have traditionally been running at an average of 0.8% a year they are now around 1.5%-1.8%, but we need 3% a year. And that requires system change, former Labour Health Minister Lord Hunt of Kings Heath told the meeting.

“The 2012 Health and Social Care Act has been disruptive. There is a feeling of a loss of leadership, of the previous cohesion which had allowed some self care schemes to be developed and funded,” he said.

He recommended a re-reading of the Wanless report, and pointed particularly to Sir Derek’s statement that: “self care is one of the best examples of how partnership between the individual and the NHS could work.” But there has to be a programme of engagement, he said.

NHE England's FYFV calls for more support for people to self-manage, including group-based education, better information and access to it. “These words are fine, but we need a national plan – a plan of action underpinned by policies and cross-government working. The whole of government has a role to play, including locally,” said Lord Hunt.

And he acknowledged that the call by delegates at the Self care Conference for a high-profile public health campaign “is hard to argue with.”



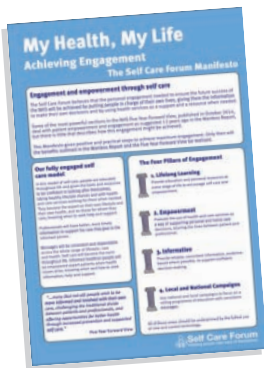
*Prof Ian Banks*

At a roundtable discussion by the All Party Parliamentary Group on Primary Care and Public Health in 2012, leading economist Anita Charlesworth had warned that Sir Derek Wanless’ vision of a 2% switch of GP activity to pharmacies “looks very unfinished today,” and two years later Lord Hunt told the 2014 meeting that community pharmacy leaders are still reporting some inhibitors to greater self care. The sector needs greater encouragement – although other professionals such as dentists have been able to pick up a wider agenda – and GPs need to buy into this, he said.

Will self care feature in the Labour Party's election manifesto? Replied Lord Hunt: “We want to have a very strong public health message, and self care must be in there.”

## Self Care Forum's Four Pillars of Engagement

## Healthcare professionals: “we are guests in people's lives”



The Self Care Forum has published its own manifesto – *My Health, My Life* (left). This states that “the personal engagement need to ensure the future success of the NHS will be achieved by putting people in charge of their own lives, giving them the information to make their

own decisions and by using health services as a support and a resource when needed.”

Some of the most powerful sections in NHS England's FYFV deal with patient empowerment and engagement but, says the SCF manifesto, the document contains “little that describes how this engagement might be achieved.”

The Forum proposes its own model, of Four Pillars of Engagement. These are:

- Lifelong learning: providing education and personal resources at every stage of life to encourage self care and empowerment;
- Empowerment: promoting the use of health and care services as a way of supporting personal and home care decisions, blurring the lines between patient and professional;
- Information: providing reliable, consistent information, evidence-based where possible, to support confident decision-making; and
- Local and national campaigns: focusing on a rolling programme of education, with consistent programmes.

Conference attendees were urged to put their own ideas forward for inclusion in the SCF Manifesto. “This is not the Forum's property, and it is not set in stone – it will be modified, and it must belong to everyone and change as we go along,” said Dr Selwyn Hodge, a Forum board member and past chair of the Royal Society for Public Health.

Another manifesto, the 2015 Challenge Manifesto, has been drawn up by 21 organisations including medical royal colleges, charities and the NHS Confederation, whose chief executive, Rob Webster, outlined its central themes to the Self care Conference. The Manifesto tells healthcare professionals that:

“We are a guest in people's lives”

“We should see people as assets, not issues”

“Our outcomes should be theirs” and

“We should organise around them and not around our professional egos.”

Among the 15 “simple asks” of political leaders included in the 2015 Challenge Manifesto are that they should:

- Support people to stay as well as possible for as long as possible: all political parties must set out in their manifestos how they would support local efforts to reduce preventable illness and improve wellbeing;
- Reshape care around the needs, aspirations and capabilities of people today;
- Develop and support the workforce to meet future needs; and
- Have adequate funding: government and national bodies must commit to making faster progress towards new payment mechanisms that support integrated, personalised care and reward good outcomes.

“We need to harness the 'renewable energy' represented by patients and communities,” said Mr Webster. “Self care is about taking assets and making the most of them.”

## Need for longer-term planning

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But how much progress can be made when governments are in place for such short periods of time? When current Health Secretary Jeremy Hunt was appointed in September 2012, he announced that he would focus on four priorities – quality of care, caring for people with dementia, people with LTCs and mortality rates from the major diseases. But, said GP Simon Poole, Mr Hunt will be Minister for just two and a half years, and these issues require much longer-term planning – over five, 10 or even 20 years.



*Julia Murphy, Raj Patel and Emma Cassells*

Emma Cassells, Patient First Project Manager at Bromley by Bow Health Partnership, also emphasised the problems of working with funding that is purely short-term.

Is there an appetite in government for cross-party planning?

“There is more that unites us than divides us,” and there is a limit to what a government can do in two years, Lord Howe acknowledged. But, he added: “in that time, there is much we can do to decide what to do.”

He also pointed out that the health and care system is now working longer-term; for example, planning for this winter's health needs – including vaccinations and providing information to the public on which services to use if they become ill – began “much, much earlier than ever before.”

And the theme of this year's annual Self care Week, running November 17-23, is not only Self Care for Life but also Be Healthy for Winter. It builds on last year's Week (whose theme was Self Care For Life: Take Control) and deals not only with current weather-related illnesses but also the importance of everyday good habits – from washing hands and eating healthily to looking after ourselves when we are unwell or living with LTCs.

Lord Hunt agreed that longer-term planning is necessary. “But ministers do not seem to have the levers they used to have,” he added.

## New challenges for occupational health

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One recent government initiative is creating new health problems, the politicians were told.

“You have raised the retirement age but you have made no provision for a support structure for people with LTCs,” Ian Banks told Lord Howe.

The Minister responded that the Health at Work Network is signing up pledges from employers to “actively support our workforce to lead healthier lives.” The Network, which is part of the Department of Health's Public Health Responsibility Deal and chaired by Dame Carol Black, expert advisor on health and wellbeing at work at the Department, is doing vital work and producing results, he said.

Working longer is good for people so long as it is healthy working, but not all of it is, added Lord Hunt. Currently, the occupational health (OH) work being done by the biggest employers – the NHS and local government – “is not that brilliant,” he said, and asked: “so should the process of much stronger OH engagement with employers start with them, and especially local government? Probably, although there is currently a lack of healthcare professionals working in this area, and we need to encourage more to come in.”



*Catherine MacAdam, Steve Boorman and Dr Simon Poole*

“OH is still outside the NHS – we are missing out on a powerful opportunity,” said Dr Steve Boorman, an OH consultant who published a review of workforce health and wellbeing in January 2013. This revealed that many NHS staff did not understand about the importance of looking after their own health – and warned of the knock-on effect which this can have on their work. But there are pockets of excellence – Rolls Royce, Royal Mail, BT are all good employers in terms of OH, Dr Boorman told the conference.

Following his review, a new Health and Work Service for employers, staff and GPs will be rolled-out in England and Wales from late 2014 to end-May 2015, and will include an advice line that will be open to everyone.

Many others have a role to play in improving OH. For example, community pharmacists are the healthcare professionals which patients access more than any others, and they can provide signposts, telling people about the services which are available, said National Pharmacy Association board director Raj Patel, while independent nurse prescriber Julia Murphy pointed out that nurses are able to refer people back to work.

## Stigma and fear

But the OH agenda is creating anxieties for both employees and employers. “Don't bring your problems to work” is still the workplace culture, said patient tutor Natascha Maciejewski, while British Medical Association (BMA) patient liaison group chair Catherine Macadam pointed out: “if you get referred to OH, there is a fear that your job is under threat. People must understand that this is not about picking up the pieces when things go wrong.

“And what about OH for the self-employed?” asked Martin Tod, chief executive of the Men's Health Forum.

Moreover, companies are concerned that when they introduce changes such as healthier-eating menus in their staff canteens, they could be brought in front of a tribunal for having previously supplied less healthy fast-food options. They need to know that they cannot be prosecuted for this, optometrist Gordon Ilett emphasised.

The conference heard of a number of inspiring OH initiatives, such as a nurse in the North West who was so concerned about the unhealthy eating habits of many of the 2,500 ambulance staff in her area that she set up a vegetable box scheme for them and advice on how to cook more healthily, by using slow cookers for example.

Such initiatives need to be written up and audited, but this can be difficult when many of them are run single-handedly by professionals in their own time.



And too many people still say “it’s not our job,” said Steve Boorman.

## Incentives and responsibility

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Is offering financial incentives to healthcare professionals the answer?

“GPs respond very well to financial incentives, but they must be closely aligned with the evidence base – this reinforces professionalism,” said Dr John Chisholm, chair of the Men’s Health Forum. But he and many others are very uneasy about the new Dementia Identification Scheme, under which GPs are paid £55 for every new case of dementia which they record.

“This encourages perverse behaviour and rewards those GPs who are doing the least – and it is not in line with the evidence,” Dr Chisholm warned. But he added that he would not be against incentive payments to promote self care if these induced the “right sort of behaviour” in GPs.

Should pharmacies be paid incentives not to give medicines to patients if they don’t need them?

Gopa Mitra, director of health policy and public affairs at the Proprietary Association of Great Britain (PAGB), pointed out that the over-the-counter (OTC) medicines supplied through pharmacies help to relieve the symptoms of self-limiting conditions which people find bothersome. There is a big evidence base for these treatments, they are licensed by the Medicines and Healthcare products Regulatory Agency (MHRA) – and without the symptom relief that they provide, patients would likely end up at their general practice, asking for a “cure.”

The PAGB has been self-regulating advertising for non-prescription medicines since 1919, ensuring that it is “legal, decent, honest and truthful,” she said. ‘We will make sure that good information and products are available, and inform people when it is safe to self care or when they should see their GP.’”

Pharmacists will help people make the right choices, Ms Mitra added.

The Royal College of Nursing’s Amanda Cheesley called for more nurse prescribers, and emphasised the importance of having proper conversations with patients, for example about when antibiotics should and should not be used. “We have to be honest with patients – this builds trust,” she said.



*Gopa Mitra and Dr Jim Lawrie*

Positive messages – and no nagging – are absolutely crucial, said GP Pete Smith. “Remember, nobody ever thinks they are suffering from a ‘minor’ illness, and if I can’t do anything more for a patient, I tell them: ‘well done’,” he said.

RCGP chair Maureen Baker agreed. People can leave their GP surgery very disappointed if the message they receive is “nothing can be done,” rather than “I did everything right,” she pointed out, and emphasised the power of high-quality information. “I use and recommend NHS Choices a lot,” she said, and also welcomed the NHS “kitemarks” for trusted smartphone apps which will be introduced next year to help patients access services and take more control of their health and wellbeing.



*Dr Maureen Baker and Amanda Cheesley*

So what is preventing progress toward people looking after themselves better? Again, the conference heard that a national campaign and political will are necessary. “The scale of the prevention challenge demands a national movement to meet it,” says the Richmond Group of Charities, a coalition of 10 leading health and social care organizations in the voluntary sector.

“All political parties should commit to making prevention of ill-health a top priority. All party leaders should provide personal leadership to the prevention effect and lead the development of a plan to reduce preventable illness and mortality by 25% over the next decade,” adds the Group, in a recent report.

And in November, a paper produced by The King's Fund healthcare think tank and National Voices called for “a new compact between citizens and services to empower citizens as patients, carers, clinicians, managers and community workers to be active and equal partners.”

So how will this be taken forward? Who will lead?

The conference called for leadership to be provided by a coalition of experts. “There is very little that is more powerful than a coalition of eminent organisations demanding more from politicians.

The coalition should write a public letter to all politicians saying that we need a more robust approach to public health,” suggested Simon Poole.

And this expert coalition must have patient leaders and charities at its centre. “Charities have been doing self-management for a long time, through services such as help lines. Involve us, and we will give you our full support,” said Dr Nick Read of The IBS Network. And patient representation must include not only the young and the old but the 20-40-year-olds – “the invisible patients who fall through the net,” urged Natascha Maciejewski.

We must engage anyone involved in affecting the individual in whose lives we are a guest,” said Gopa Mitra, while Selwyn Hodge emphasised the need for all members of the coalition to work jointly and “get their act together. There are so many different slants to what different organisations mean by self care,” he pointed out.

## Empowerment, responsibility and motivation

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But what is stopping people from taking action when they know what they need to do to improve their health is losing weight or giving up smoking? A lack confidence and motivation, said Catherine Macadam. She asked: “what is it that people want to achieve in their lives and how will improving their health help them do this? We need conversations with them to build up their expertise and confidence.”

“Healthcare professionals are there to support but as equals – we're there to learn as well. And if we make the investment in longer conversations with our patients, the return on that investment is that they don't come back,” she said.

The NHS Constitution sets out the individual's responsibility for their own health, and we need to be encouraging everyone to become an expert patient at all stages of their life, said Pete Smith.

Should this include taking more financial responsibility?

One GP in the audience suggested that the introduction of indicative invoicing or co-payments for patients will be necessary to make “the empowered patient” a reality. But the politicians were cautious.

It is true that people aren't sufficiently aware of what their treatment is costing and they should know this, but not if it leads to charging, said Lord Hunt.

Lord Howe agreed, and noted research which shows that if people are told exactly what their care costs, the response of some will be: “I don't want to be a burden on taxpayers.”

But reminding people to keep GP appointments by text is effective, and the most effective texts point out the cost of not keeping their appointment; that message has gained the most traction, said the Minister.

## Making more time for discussion

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“Every patient has a capacity for self care – we need to find it and develop it, but the Quality and Outcomes Framework (QOF) doesn't enable this. The precious 10-minute consultation should be extended to a precious 15 minutes – time is a very big element,” said GP Marion Steiner.

Lord Howe responded that the government is “very aware of the importance of time to GPs, so the GP contract has varied this year to take out over a third of QOF indicators. The BMA is very keen on maintaining QOF, but it needs to keep being refreshed,” he said.

Over time, GP/patient conversations should include measures to enable the burden on GPs to be eased. And there is some onus on GPs to do this – they can refer patients to other professionals in the practice, such as nurses, he said.

Lord Hunt added that GPs are still not signposting individuals strongly enough to sources such as community pharmacy.

And Maureen Baker emphasised the need to move people away from the belief that there is “a pill for every ill. Many conditions do not need treatment, and before the NHS this knowledge was around within families,” she said.

People need to understand when it is appropriate to use public resources, she said. “We taxpayers pay for the NHS, and we will get much more from it if we know what we can manage ourselves. This is a societal problem, not just about healthcare professionals.”



*Dr William Bird*

The RCGP already includes a self care dimension in its curriculum, it encourages a partnership approach with patients, and its exams focus strongly on communication, she added.

Chronic stress is the cause of so many problems which present at general practice – from cancer, depression, diabetes, cardiovascular problems to dementia – but many people with these conditions are far more worried about their other problems, such as debt, than they are about their health, said William Bird, a GP who specialises in innovative ways of integrating physical activity into health and wellbeing.

What people want is to be with other people, to feel safe and to have a purpose. But the reality for many people living in deprivation is exactly the opposite – their lives are marked by isolation, danger and rejection. So they cannot take responsibility and they cannot think about the future.

They have to see improving their physical activity as the gateway to a better life – as a means to an end, said Dr Bird. But we won't help them achieve this by referring them to leisure centres – people who live on estates tend not to go out from them. Instead, we need to be using local parks, streets and schools for exercise programmes. A highly-successful initiative developed by Dr Bird's company, Intelligent Health, is Beat the Street, a community-wide physical activity game which encourages local people to walk or cycle as much as possible over a given period. Players can register their movements via electronic units placed around the area, and win prizes as they go.

## Cross-service and creative working

Tackling the causes of poor health requires a cross-sector approach, of the healthcare professions working with other public services such as the police and the fire services, as well as voluntary groups and the charity sector. Jean Arrowsmith, a healthcare professional working with the West Midlands Fire Service, said: “we are looking at the causes of causes, not the narrow view of health. We need to look at people's rotten lives and we need real prevention.”

And silo thinking and working has to break down. Gordon Ilett pointed out that many injuries at work are caused by poor vision but doctors are not being educated in eye care, and the expertise of optometrists is not being used widely enough, while practice manager Sheinaz Stansfield emphasised the need for GPs to move away from “the single-disease mindset.”

Nick Read put forward another innovative concept, that of the “digestive health practitioner” – not a medical professional but an informed patient trained to deliver first-line care in irritable bowel syndrome.

## Education – a life-long process

Healthcare education needs to be life-long process, and if it is to have status it must become part of the schools' National Curriculum, said Selwyn Hodge. He and other speakers were highly critical of the fact that self care is not a mandatory element of personal, social and health education (PHSE) in schools and of the poor quality of much of this education where it is currently being provided. But it must be taught and taught well – health education leads to health literacy, which is much more than just about people telling you what you should and shouldn't be doing, he said.



*Dr Pete Smith*

Pete Smith agreed. The teaching of self care in schools can be very powerful; children take what they learn back to the families and educate them.

The National Curriculum is government-controlled and a big problem is that the Department of Health and the Department for Education do not speak to each other, so we need to be lobbying politicians, said Selwyn Hodge.



*Earl Howe addresses the conference*

School healthcare education is based around campaigns, such as protection from the sun, the importance of healthy eating, regular exercise and not smoking. But children are not taught about the health system and how it works. They don't know what a general practice is, or what pharmacists and other healthcare professionals do, he said.

A teacher in the audience agreed. The problem is political, and we need to be lobbying politicians to get health education on the National Curriculum, she said. "Teachers will do it if they feel the need, but the key is getting the political agenda right, getting the space in the Curriculum."

"Most men of 18 don't know how to make an appointment with a doctor – Mum's always done it," Ian Banks pointed out.

In the past, when health promotion was part of the Curriculum, it included initiatives such as the setting-up of mock GP practices in schools, and these were very well received, said Patricia Parker of West Cheshire CCG. Jean Arrowsmith called for their return. "We are delivering advice, but students want reality," she said. "Bring everyone – surgeons, police, the fire service into schools to talk to them about the consequences of their actions," she urged.

School nursing is a key resource to build health literacy, added David Parker Radford of the Queen's Nursing Institute (QNI), which has a toolkit for this, while Raj Patel said he still spends a lot of time visiting schools. "In my patch, they all know what a pharmacy can do," he said.

And Simon Poole stressed the importance of educating about health, not illness. Simply emphasising the "nasty germs" when teaching the importance of correct handwashing creates anxiety in children, he warned.

## New tools

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There has been a surge in the range of health information and the way it is being shared, especially digitally. These include NHS Choices – with its library of health apps, the NHS Symptom Checker, Moodscope – which aims to help treat depression by enabling users to accurately measure, track and share their moods every day, and Hearts and Minds – which calculates a person's 10-year risk of having a heart attack or stroke, and helps them make improvements. And there is MyNHS, a comparison website which allows health and social care organisations to see how their services compare with those of others.

We need consistent messages and we need more apps, supported by the NHS and with no advertising, said Pete Smith. Some on-line assessment tools, such as those which help people assess their risks of developing dementia, are controversial, but they help people to make choices, and he asked: how can they do that without information?

There is a lot more than can be done, added Lord Howe. Recent research shows that more than half of people do not know about health technologies, and 43% say they prefer to go to their GP. Patients need the knowledge and the confidence to manage their conditions, but 20%-40% do not currently have the skills, he said.



*Rob Webster*

He also pointed to the growing international agenda for the use of patient activation measures (PAM), which evaluate the knowledge, skills and confidence essential for managing one's own health and healthcare. The higher the individual's PAM levels, the more engaged they are, and this leads to lower use of health services and crucially, better outcomes – and those with the lowest motivation levels have the most to gain.

NHS England, the Health Foundation and the King's Fund are currently engaged in a two-year programme to measure PAM, involving five clinical commissioning groups (CCGs) and the Renal Registry.

## Progress since Wanless

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In his 2002 Review, Sir Derek Wanless set out a vision for the future of a massive increase in health spending, from around £68 billion in 2002/3 to as much as £184 billion in 2022/3. These new funding increases would be used in the first decade to enable the UK to catch up with the best healthcare offered in other developed countries, and in the second decade to ensure that it could maintain these highest of standards.

To achieve this, the Wanless team outlined the following three possible scenarios towards people taking greater responsibility for their own health – solid progress, slow uptake and fully-engaged. Of these, the fully-engaged scenario was the most optimistic. It is based around: people becoming more engaged in relation to their health; life expectancy rising considerably; health status improving; people having confidence in the primary care system and using it more appropriately; and a responsive health service, with high rates of technology uptake and more efficient use of resources.

The fully-engaged scenario is also the least expensive, providing estimated savings to the NHS of up to £30 billion in resource needs by 2022. But so far, this vision has not been met, the conference heard. There have been some achievements, notably in reductions in smoking prevalence, where the targets may well be met and surpassed by 2022, but a patient-centred service has not developed, nor has there been any reduction in GPs consultation rates, and we can only make inroads here if people are fully empowered, said Pete Smith.

However, neither has Sir Derek's most pessimistic scenario – that of “slow uptake” – been realised. This foresaw: no change in the level of public engagement; life expectancy rising only slowly and the health status of the population remaining constant or deteriorating; and a “relatively unresponsive” health service, with low rates of technology uptake and low productivity.

What is being met now is his second scenario, that of “solid progress,” Dr Smith told the conference. This envisages people becoming more engaged in relation to their health, life expectancy rising considerably, health status improving and people having confidence in the primary care system and using it more appropriately. It includes a responsive health service, with high rates of technology uptake and more efficient use of resources.

As well as the great gains made in smoking, there have been falls in numbers of teenage pregnancies, drinking and drug-taking since 2002, and this shows that public health works, said Dr Smith; small, consistent and positive messages make the difference and they are getting through. So they need to be applied in much wider areas, and particularly in tackling obesity, which is a now worse problem than in 2002 and the biggest public health challenge today.

Rolling out one of these very simple public health messages – simply telling people to Eat Breakfast – could help prevent obesity and also improve alertness in the young, GP Jim Lawrie suggested.



*Red and green cards*

The conference ended with commitments by delegates to join the “coalition of experts” which will demand a more robust approach to public health from political leaders, and calls for them to contribute ideas to the Self care Forum Manifesto, which will continue developing.

And while it was also felt that a comprehensive cross-party strategy on self care is needed, but is unlikely so close to the General Election, Rob Webster urged delegates not to wait for national government to implement policies to encourage self care. He asked: “isn't that what commissioning is for?”

## Outputs from the Conference

- The development of a new contract between citizens and services for greater public empowerment is needed.
- Self care was seen as a public health issue with delegates agreeing that self care must be a priority for the new government. Politicians will be sent strong letters as a follow up from the conference.
- Conference delegates are invited to send their own ideas about how to educate and support people to better look after their own health and their families health.
- The Self Care Forum's new manifesto, My Health, My Life was launched, and delegates were told that although the manifesto has now been published, “it is not the Forum's property, and it is not set in stone – it will be modified, and it must belong to everyone and change as we go along.” So, please send us your “bite sized chunks” of ideas to include.

**If you would like to contribute ideas and suggestions please email [libby.whittaker@selfcareforum.org](mailto:libby.whittaker@selfcareforum.org)**

The logo for PAGB, consisting of the letters 'PAGB' in white, bold, sans-serif font, set against a blue background that is a rounded rectangle with a diagonal cut-off on the right side.

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