

A Self Care Forum webinar on winter wellness and winter illnesses.

18th October 2023



Helen Donovan

This is a webinar produced by the Self Care Forum to support and improve people's knowledge about self-care. Welcome everybody.

What we're going to talk about today is, first of all, understanding what is meant by self-care and hopefully give you some appreciation of why self-care is important to the wider health and care system, be able to identify some of the symptoms that are associated with common ailments - how long they might normally last, know when and where to seek professional health advice, and finally consider what makes us adopt certain health behaviours.

[Slide 5]

My name is Helen Donovan, joined by my colleagues Ade Williams, who's a pharmacist in Bristol area, Pete Smith who is the president of the Self Care Forum and a GP by background also and Trevor Gore, who's another pharmacist by background.

Just to tell you a little bit about the Self Care Forum. We're a UK wide charity and really a coalition of stakeholders from all sorts of professional, patient and industry groups.

Our aim is to further the reach of self-care and embed it into everybody's personal and professional lives. We do this by having a practical, pragmatic approach. We provide free resources.

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That are all evidence based and we want to raise awareness of self-care and that is our link on this slide at the bottom there.

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The Self Care Forum developed this self-care continuum because what we really want to try and get over is that self-care is a continuous process from those daily choices that we make about what we eat, even whether we brush our teeth twice a day. To how we live and how we think about any illnesses that we've got and how we manage those through to managing long term conditions to how we cope after major trauma and how we can support people to work with that.

It's the actions that individuals take for themselves, and that might be on behalf of or with others to develop, protect and maintain and improve their overall health and well-being or wellness.

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We're very keen to make sure that people don't think that self-care means no care. It absolutely doesn't. This is support from healthcare professionals to help promote self-care, but also support for the wider public in looking after themselves. So we have key areas of work. We're coming up to National Self Care Week which happens always in the middle of November. We produce a whole array of fact sheets which we will be coming to.

We've also supported in terms of self-care aware consultations and some e-learning resources that are available on [E-Learning For Health](#) and we have wide collaborations with national influencers in order to try and get this message across. Continuous awareness raising and targeting the message to frontline healthcare professionals is our core work and we also have our self-care innovation awards. So we will be announcing the winners of this year's awards at the beginning of Self-Care Week, which is just coming up (13 – 19 November) and those are all published on our website.

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So here is what the research is telling us and how this informs the work that we do at the Self Care Forum. I mentioned the self-care continuum before and no my slide hasn't slipped. This is very deliberately put like this because the reality is that most care falls at this end. We're nowhere near having the continuum that we want and indeed some of the evidence suggests that in a year, a person may have 10 hours of professional contact but will have 8750 hours of self-care, so one of the messages might be that if you want to be proud and support the NHS, which of course we all do, you need to love yourself first and how you can look after yourself. So, understanding what we all do, which is when we find what we want to look up something we tend to go to the Internet. Google search results tell us quite a bit about how much people are looking at self-care information.

[Slide 11]

Back in 2017, it was just 331 million clicks for self-care.

In 2020 it was 3,280 million,

In 2022 5,650 million and this year it was 6.2 million Google searches for self-care.

This indicates that people want to find out for themselves.

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And indeed this is research that goes right back to 2011 and looking at what we see in terms of healthcare professionals, whether GP, nurses, other colleagues in primary care to what patients actually experience is only the tip of the iceberg.

People do look at information on the Internet, they talk to friends. But by and large, they ignore things. So how can we better inform people as to what they need to take notice of?

[Slide 13]

We have a range of 24 fact sheets, with two more on the way. They cover a whole range of different subjects.

We've just published one on the menopause. We've got a general one on the power of self-care which is very well used and things like sore throat, common cold, lower back pain etc.

And we know from looking at how many times these are accessed that they are used very, very widely. We have 245.57 thousand backlinks, which is a huge amount. People are using them and finding them valuable.

[Slide 14]

These are the two new fact sheets that my colleagues are going to talk about in a minute. We've got one on winter wellness and one on winter illness. These have also been translated into Urdu alongside 8 other fact sheets. So we've now got 10 fact sheets that have been translated into Urdu. I'm going to pass on to my colleague, Ade.

Ade WILLIAMS, (NHS PHARMACY)

[Slide 15]

Thank you so much, Helen. And thanks everybody for joining us today. I'm going to be talking about, as Helen mentioned, hot off the press is a winter wellness fact sheet. And it is certainly proving to be one of our most popular fact sheets that we have had produced, going on to the next slide, it just gives us an insight into the acronym (Get Ready) which we've used behind the factsheet to really make it relatable and also to help the people that we share with, with, to remember and to be able to use it effectively.

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So we've used, "Get ready" and with the "ready" particularly breaking it down to give us the sense to *remember* to plan ahead, the importance of *energy* and warmth, and

the vital role of *asking* your pharmacy team for support, the essence and the core knowledge around *diet* and nutrition. The essence of how we produce our factsheets, and what we're trying to do is really to communicate in a manner that is relatable and accessible.

We're not trying to lecture people, but we're trying to empower and the one on diet and nutrition, especially this one really brings that to the fore and that emphasis on the fact that "*you matter*" a lot and it's really kind of stressing that it's not just looking at tangible actions and tangible things, but that intrinsic value that involves *you*, the person and your mental and psychological safety are really part of the holistic care that the Self Care Forum always helps to champion.

So looking into this particular factsheet, we start off really by trying to draw all our attention to the fact that the winter will come and for many of us it has landed.

It's around the country this week and it's taking us in some sense by surprise, which is why we always say, remember to plan and it's reminding us that also of the fact that for many of us, apart from the fact that the change in the seasons may take us away from doing some activity and bring maybe bring discomfort but for a significant portion of the population as the weather gets colder it can also mean that some with underlying health conditions can be more vulnerable.

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So we draw emphasis on who that may be, particularly babies and children under five, people who live on a low income. And we also expand on that in the factsheet, when we're talking about fuel poverty as well, there are people with a disability, pregnant women, and people with mental health conditions. Not surprisingly, if you look at the NHS England strategy around health inequality which is the core 20 plus 5, you will find that lots of the same groups of people that we've just mentioned are part of those that are at risk of experiencing health inequality. So these fact sheets apart from a broad message, it also can help to direct us about how we help the people that we know and who need the help the most.

So what are we talking about when we say to *remember* to plan?

Well the first thing is that we need to make sure we get ready with suitable clothes and the best advice is always to layer up for warmth.

The factsheet also gives practical tips, to test and service your heating system to make sure that it's ready. One of the things we suggest you to do is to contact your energy provider. Many of them may offer this service as part of your contract, but it will never be said of the Self Care Forum that we produce factsheets that don't help you access the help that's already available in your gift.

That's like Helen mentioned earlier. We know that majority of self-care is what you, every one of us already does. So as a healthcare professional, it's also about empowering people. So we come into some practical things that may require outside help sorting out.

The medicines cabinet – suggests what you should have in there. Simple things, paracetamol, ibuprofen, a thermometer, and plasters can be very important especially this time of the year, the NHS flu and COVID vaccination campaign is up and running and it invites most of those people that I mentioned at the beginning of the slide to protect vulnerable group from the cold weather.

And the key thing is we know that a proportion of that number of people eligible don't turn up. Not through choice. Some people just forget, and some people don't even know. So again, think of this as part of our own self-care practise when we're planning for winter wellness.

Get your COVID and flu vaccination so that you don't end up picking up one of those viruses, which of has an adverse effect and unpredictable impact on your health but then also means that you need to seek help sometimes and just to emphasise the fact that for these group of people it is important to highlight that it is free.

Also that there is usually a private flu vaccination available via local community pharmacies as well.

[Slide 18]

So we now move on to the next part of the next slide and this now we're talking now about the E bit of the acronym which is the energy and warmth. Now for this one first thing to say 18 degrees is that Golden Number. So if you live in a household where the conversation is about whether it's too warm or too cold and then maybe you just need to get a sticker on there to say that the Self Care Forum endorses the 18 degrees temperature guide for this house and that could just be the compromise to go for.

But what we also do, is suggest ways of getting to the 18 degrees without as you say, emptying the bank. So we say use hot water bottles, electric blankets as well and eat hot food and drinks can help you to stay warm. And we'd say that sometimes they're usually cheaper and more environmentally efficient than turning up the thermostat. And stay as active as possible, getting up and moving around is important for every one of us, especially at this time where we just may want to sit down.

Moving around, getting up and outside boosts our health, our mood and energy levels. If we do go out, again that message of just putting on the layers as well.

Not for getting together a hat and gloves as well over your head and you have the licence of individual expression with your hats and your gloves that go with that as well. Practical tips in the house about keeping warm and blocking cold by using your curtains effectively.

And many energy suppliers will provide you with information on how to use your heating system more effectively. And I feel a lot of pride as a pharmacist to remind everybody that you can ask your pharmacy team for advice not just about your about health and medicines.

But really on a broad range of issues. Why? Because you have highly trained, accessible healthcare professionals and they're there to advise you and your family and your loved ones over the winter months. Pharmacist clinical expertise is now more widely used across the NHS and that means that there are lots of services that you may not even know you can access in your community pharmacy very commonly to remind people, again, vaccination either for COVID or flu, but also there is direct referrals now for common ailments, UTIs, a range of conditions.

Worthwhile speaking to them. When you're looking at clearing out of your medicines cabinet and discussing, what should go in for symptom relief for yourself or your loved ones, speak to the pharmacy team. So please make sure you make the most of that there.

[Slide 19]

The next slide which contains the last two points that we to talk about, the importance of *diet* at this time.

Of course, having had the summer months and where maybe you have dined out and eaten more seasonal meals. It's important in winter to get that balance to help to maintain our health. And to boost our immune systems. So it's not a time to abandon your 5 portions of fruits and veg. You know there it's a time to take more regular hot meals like porridge and soups and stews.

One of the things that we also really try to debunk is the sense that, if it's frozen or if it's a tinned fruit or vegetables it's got little or less value. The key thing is you need to look out that it has no added salt or sugar in it and particularly at the time when we know that the cost of living continues to play a big part on how people access food and how they're able to look after their family.

Many chefs now have information that you can access on free recipes that they share. Some of which I posted online on using readily available low cost items to make awesome meals including tinned fruits and vegetables as well. And we appreciate the use of food banks is widespread and they are for many people, they are a lifeline.

We believe that it's important that healthcare professionals help people move away from any sense of shame or stigma. They provide food and information and support about cooking and also help with energy bill. So just to put those things out there.

We stress the importance of vitamin D as well in the winter months because of a lack on sunshine. It is important for us to make sure that our patients and communities

get enough vitamin D by speaking to their GP, community pharmacy, counsellors as well to get vitamin D supplementation if appropriate for them.

And then finally, in winter months we have less social interaction and we know this can have an impact in terms of how people feel. So we want you to look after your mental well-being, continue to be part of the community, to get out, to have more social interactions, particularly if you know that you have experienced bouts of low mood.

If you're feeling increasingly stressed that rather than simply coping with that on your own, we believe that it's important that we have to de-stigmatise this, but also send our support, so the factsheet gives, explains why this happens. Reminding people that stress, especially because of its impacts on health, can weaken your immune system. But the importance also of just being active, keeping in touch with friends and family and also for every one of us a reminder to reach out to people that we may not be seeing or being in contact with.

[Slide 20]

So thank you for listening to me. The last slide just reminds you that we have apart from this winter wellness factsheet, which is with the Get Ready acronym, we have a whole suite of factsheets out there that we're more than happy to for you to access.

I'll introduce you to Pete Smith who in no doubt will tell you about the wonderful work that we've been doing.

Take care as well.

[Slide 21]

 **Dr Peter Smith**

Good afternoon everybody.

When we started looking at preparing for winter, we originally were just going to talk about winter wellness, but we felt that despite everyone's best efforts, it's very easy

to catch a winter illness percentage wise, we're likely to catch one. So we thought we'd like to give you the full armoury of how to deal with anything that winter can winter can throw at you.

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We know that when people come for information you're not necessarily sure what illness you've got, so what we've done is to collect some of them together so you can decide for yourself from the brief summaries that we've given the condition that you might have because it's not always straightforward because there are overlapping symptoms. You can get cough with colds, COVID, and flu. You can get a temperature with flu, sore throat, COVID even norovirus. So there's no killer question that allows you to distinguish between these conditions.

But we know that it's perfectly possible to give people enough information about illnesses for them to be able to make their own decisions. And of course, change their minds if they feel the initial diagnosis is wrong and they want to change the way they manage something because it's what doctors do all the time. They gather as much information as they can, and based on that information, they make what they call a working diagnosis, and they can change it if new information emerges. And you can do that, patients can do that, the public are perfectly capable of doing it.

And people have been doing this since the year dot. I can guarantee that the first homo sapiens that caught the first cold 200,000 years ago managed it themselves. They didn't go to a GP and they certainly didn't ring 111. So historically, we've always dealt with these things.

And if you look at the percentage in the slide that Helen showed you earlier, or the vast range of different symptoms people can experience, only 8% of people actually end up going to the GP. Most people get the information themselves and manage it themselves - and usually very well. So what we said consistently, let's not infantilize people. Let's give people the information they need and let them make their own decisions as they could do that, but also being aware that there is somebody there for you if you need help or if you're not sure.

We hope you'll download the fact sheets and read them and be informed by them. What I want to do is to just go through a few of the highlights. I'm not going to go through it word for word.

First of all, despite the fact you've seen the term *minor illness* before, we don't like the term. The reality is if you've got a cold or particularly if you've got something like flu or norovirus, you feel ill. It doesn't feel minor to you. So we prefer to use the term common illnesses because it does not feel minor.

For each of the illnesses that we cover, there are 4 main questions.

What symptoms can I get?

How long is it going to last, which is absolutely crucial?

What can I do to help myself?

And when should I seek help?

And obviously, if you're looking after somebody, then this applies to them. So on. On the first page and you'll see there that this is actually the 1st.

On the first page of the fact sheet, you'll see these are symptoms rather than conditions or diagnoses - cold, sore throat and cough.

Starting with a cold. How do you know you've got a cold? You'll have a blocked, a runny nose or sneezing, probably coughing and perhaps a bit of a sore throat and a slight fever. But if you have a high fever it probably isn't a cold or you have other complications. Now these symptoms will make you feel rotten. You may feel it's not minor, but managing it may seem obvious, but it's not always so. It is important to rest. It is important to eat healthily and drink plenty of fluids and take paracetamol or ibuprofen to help with the symptoms.

You should not be exceedingly unwell with the cold and the symptoms will usually last up to 10 days. But if it's going on for three weeks or so, you should be seeking help. You'll have heard in the press recently about *long colds*, but if you're still feeling unwell after about three weeks, you should be asking for an opinion as a cold shouldn't make you terribly unwell. But if you have a high temperature and you have another underlying condition or other reasons why your immune system is weakened

you should seek help sooner. And if you have other symptoms that are not the standard cold ones consider asking for help sooner as well.

For instance, if you're getting chest pain, coughing up blood, if you have difficulty breathing or swelling in the glands in your armpits, or on your neck, and this really suggests it's probably not a cold, and you do need to seek help. So moving on to sore throat. Now you may have a bit of a sore throat with the cold as well, and you can have a sore throat which is purely by itself, which may be a strep throat.

We have another fact sheet that deals with that in more detail, but even a strep throat should only last about a week and generally it's the same sort of sensible advice. Antibiotics generally are not called for most sore throats.

And it's important you drink plenty of water. Sucking lozenges can sometimes help, or ice cubes and lollies or gargling with warm salty water, but obviously these are things you shouldn't get children to do because they may well run into problems if you do.

It's also worth remembering that if you have a sore throat with a cough, it's much less likely to be a strep throat.

Whatever the cause, it can last around seven days, but if you get to 10 to 14 days and you feel unwell, although antibiotics are rarely require you should actually still be seeking help at that stage.

Also, if you have severe problems with swallowing or severe pain, particularly if it comes on quickly and you have a temperature, then you should be asking for advice. Moving on to cough, coughs are very common. One in five people get a cough during winter and it's that time of year.

Children will often get several coughs a year and symptoms can last up to three weeks, and it's important to be aware of that. There's been a tradition that coughs are over in a week. They're not. They can last up to three weeks, and in some cases they can last a lot longer, particularly if you get a post viral cough.

Some people feel better taking medicine from pharmacies. Others find honey is helpful, but that shouldn't be given to babies.

And once again, if you are developing other symptoms, if you're coughing up blood, if you get chest pain, or you're breathless, or you've already had, for instance, weight loss prior to that for several months or you get a hoarse voice which persists or changes in your voice that lasts for longer than about three weeks, you need to be reviewed by a professional. And also, if you get extra lumps and swellings around your neck above your collarbones in particular.

Finally, a little bit of a grey area with coughs. The reason we've said here to seek help if you have a cough lasting more than three weeks, which particularly applies to adults is because the NHS advice applies and it is that after three weeks you need to consider other diagnoses and one of the diagnoses that's on the list is lung cancer. It's unlikely, but the NHS recommends that you seek help from a GP if you've got a cough lasting more than three weeks.

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So now we get on to the more potentially serious diagnosis as opposed to just the symptoms. And we start with flu.

How can you tell the difference between cold and flu? Well, there's an old adage that if you're standing at the edge of a field and there's a 20 pound note in the middle of the field and you feel too unwell to go and pick it up, then it's probably flu. Of course, if you have a cold, you're 20 pounds up on the deal. That used to be 10 pounds when I qualified as a doctor, but because of inflation it is now up to 20 pounds.

I'm sure you'll remember those of you've had flu and it's probably everybody, how unwell you feel. You'll often get a temperature with flu and you get that awful muscle fatigue and headaches and aches and pains and usually a dry chesty cough.

It can. You can develop phlegm as well if you get further infection. Now one of the most important things is Ade mentioned earlier is if you are eligible for a flu jab, go and have it because that's the best way of preventing you from getting it and preventing your loved ones from getting it because you're not going to pass it on to

them.

The basic advice is the same as before. It is about rest. It is about fluids. It is about taking paracetamol, ibuprofen, not just to bring down your temperature, but also to reduce the aches and pains that you can get with flu.

So you can feel awful, but you should be improving after about seven days. So if you're worried and you have flu, or if you're you have a child, particularly if they're under 2, or if you're over 65 or you're pregnant, or you have any long term conditions or you've had chemotherapy recently or on steroids, you should be getting in contact with the GP or 111. And if you have symptoms I mentioned before, if you're coughing up blood, you're getting chest pains or difficulty breathing, you should be getting in contact with the GP or calling 111.

[Slide 24]

Going on to COVID or coronavirus, it's also important to be mindful about COVID. There's still a lot of COVID around, and of course we're not testing it, so it's difficult to know just how common it is at anyone particular point, but the suggestion is the numbers may be going up and we've all had experience. Just remember there's a whole range of symptoms you can get with COVID, and we do refer to them in the fact sheet and remember the issue, you can get that continuous cough and you can lose your sense of smell.

If you're eligible for a coronavirus test treatment or vaccination, do go ahead and get it.

It is very likely that if you're already eligible that the NHS will already have got in contact with you. But if you're not sure, we put a link on the fact sheet itself and you can check whether you're on that list of people that are eligible. If you are, go ahead, contact your practice and get it done.

But if you think you have COVID, you should be staying at home only if you have a high temperature or don't feel well enough to work or carry out your normal

activities, but otherwise it's safe to be up and about and you'll notice that is different to what was said during the pandemic.

And you will remember the advice which still applies within your home, the hands, face and space.

If you're feeling unwell or unable to manage, or if you're worried about a child again, particularly under the age 2 two years, you do need to get in contact with your GP. And if they're closed, ring 111.

Finally we come on to norovirus. This is the only one that's not a respiratory problem.

It's often called the winter vomiting bug, but if you had it, it is ghastly and although it's called the winter vomiting bug, the diarrhoea that you can get can be pretty horrid as well. You can get a slight fever with it and you get headaches, stomach cramps, aching limbs so it can make you feel generally and unwell. And it doesn't feel like a minor illness generally. But although norovirus is not as dangerous for most people it is very, very catching. So if you've got it, you should stay at home and rest.

Then drink plenty of fluids, perhaps more so because you need to replace what you're losing, even if some appears to be coming back again. Now you can take paracetamol if you're having a temperature or aches and pains as well. If you think you're losing a lot of fluids and you're feeling unwell, you might want to speak to your pharmacy about getting medication to help ease your symptoms and to replace the fluids.

But if you get blood in your diarrhoea when your symptoms haven't improved after a few days, or if you have a serious underlying health condition, then you should be getting in contact either with your GP or via 111.

[Slide 25]

There are other Self Care Forum factsheets covering a lot of the conditions people are likely to experience during winter. That includes sore throat, cough, fever in children, common colds, sinusitis and strep A.

These factsheets are there to inform you and empower you and inspire you to actually look after yourself, but also know when it is you should be seeking help now on the fact sheet itself there's another section we haven't put up here which is where to get the extra advice.

And we particularly recommend you look at the NHS website, which is excellent, but if you have this factsheet handy, winter illness fact sheet, you'll be able to deal with most of the common conditions and get a good idea of which of these you might actually have and how to deal with them effectively yourself and for your family and those you care for.

Now, I hope you've found this helpful. I'd like to now hand you over to my very good friend, Trevor Gore, who has some wonderful insights into why we do what we do and why we don't always do what we should do.

[Slide 26]

T **Trev Gore**

[Slide 27]

One of the challenges we face in healthcare is most healthcare treatments and processes are because we're all logical creatures. We'll all do the right thing all of the time, and it's not true. And this book turned me on to it. I put the *new* in inverted commas because this is well over 10 years old now, and the great thing about Daniel Kahneman was he won the Nobel Prize for economics. But he's a psychologist. He's not an economist. And he worked out that people don't behave as we would suggest they would.

[Slide 28]

Helen mentioned earlier that, for every 10 hours somebody spends with a professional healthcare worker, they probably do 8750 hours of self-care. That's similar to in a working week. Well in a week, 168 hours is about 15 minutes a week. So the vast majority of care takes place outside of healthcare and behavioural

economics seeks to look at what people do when we're not with them.
And we're not helping them.

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I've highlighted **the highly predictable ways** people do not do what we think they're going to do, but they're highly predictable in the ways that they veer from common sense.

Words are important. Peter mentioned. We don't like talking about minor ailments because the brain is what Daniel Kahneman discovered the brain is quite lazy and just looks for fast, simple solutions to all its problems and take shortcuts all the time.

When you hear the word *minor*, it means of little import versus common, which means everybody else gets it and you know a great example is: would you fly on a *cheap* airline or would you fly on a *value* airline and the brain immediately makes these connections *cheap* means it's not been put together well. Value means that they're saving money, but they have really different meanings and across healthcare and across behaviour there's over 100 biases of the way the brain shortcuts, things that might not be helpful.

[Slide 30]

So this is referred to as *the action intention gap* we all intend to do the right thing if we know what the right thing is, but we don't often do it.

I'm a Type 2 diabetic and I will eat, say sensibly and then cut down my sugars and do my exercise and all that, and then I'll go to McDonald's and I'm not alone. We all do this. We know what's the right thing. Should I go out for a jog this morning? Oh, it looks a bit chilly. No, I'll sit inside and do something that's comfortable. Or I'll maybe do it later. It's why we have a pensions crisis in the country because the action is. Yes, I'll put money into a pension. But not now. Surely I'll do it later on. And then suddenly you haven't got enough time to do it. So we're very good at putting off the inevitable, and especially so in healthcare. I'll look after that a little later on.

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The best medicine is the individuals informed, empowered and inspired, and that's what we in the Self-Care Forum try to do. Give people the information, but empower them and inspire them to use it. I use an acronym. KUBA and the K stands for knowledge. So do people know what they should do then?

The U is do they understand what they should do? Because knowledge and understanding are very different. And then do they Believe what you've told them is relevant to them. And finally the A stands for do they act?

And for me as a behaviourist, knowledge and understanding are great, it's the foundation of behaviour, but the behaviour and action is actually more important because if you believe....

ask any smoker in the world do you know and understand that smoking is bad for you? They all do.

Do you believe it? And some won't. Some will say well not for me because I'm ultra healthy. They're not doing the action. They're not stopping smoking.

So we need knowledge, understanding behaviour and action so it's empowerment and inspiring people to do the right thing.

[Slide 32]

There's a lot of research done on why people don't change behaviours that aren't working for them, and number one is lazy, not as in slouching off, but as in you haven't given me enough reason to change. I'm not inspired to change. I'm happy with the status quo. I'm happy with what I've got.

The next is confusion. There's just so much information out there and we learnt to many of our cost during COVID that a lot of the information out there is not true.

Thank you Donald Trump, injecting yourself with Dettol is not a good idea. So a lot of confusion. There's a lot of bad information out there.

I was talking to a doctor yesterday and he said 80% of patients now who come to see him have looked up their symptoms on Dr Google and have made a diagnosis, most of which aren't right. But this is how we behave.

And finally, they're scared. Oh, what happens if I detect this and it doesn't work or what happens if my condition gets worse?

[Slide 33]

The confused one is interesting. So there's another area of psychology that looks at choice and how we make choices, and it's called the paradox of choice.

The common belief is that the more choice you give people, the easier it is for them to make a decision. The truth is the reverse. The less choice you give people these is I mean, pitch yourself going into your local supermarket. Look at the toothpaste section. It's a wall of thousands of different products. And I know what you buy. You buy the one you bought last time or the one that's on a special offer because the brain is lazy. It looks at these thousands of products - tartar control, whitening, gum, tongue. Eek, what did I have last time, that seemed to work or that's on offer. I'll do that.

You go into a restaurant and if it's a 15 page wine list, you'll buy the one you had last time. Or the second cheapest.

This is a cracking study that shows that. People would allow 24 choices of jam or six choices of jam. And the one with more choices attracted more shoppers. And I'd expect that.

However, the number that sampled them stayed about the same. Yet the one with the smallest choices of jam had 10 times as many people who actually bought jam than the ones who just looked. And that's because the brain is lazy. You know, all 24 choices. Do I want apricot? Do I want this? That and the other? Or six choices? Yeah. I

want the strawberry. So quite often, and Peter explained it very well on our fact sheets. We give a limited number of choices. There's far more that could have gone on them. But it's just a really short, limited number of choices.

That will help the majority of people that slightly so.

[Slide 34]

Context matters. How you talk to people where you talk to people, and when you talk to people really matters in their healthcare. So I hope most of you there see the letters ABC.

I hope most of you see the numbers 12, 13 and 14 and the final bit : the middle number in this slide was exactly the same. It's a 'B' or 13 depending on what's going on around you. And Healthcare is like that. You're in a doctor's surgery and he/she gives you a lot of information, probably quite quickly, and then asks a question that's incredibly stupid. Do you understand who sits there and says, no, I'm a little bit stupid. I don't understand. Do you understand? Is what's called a closed question and it should rarely be used. The question should be what is your understanding? How would you take this to help people to check, but when people are in healthcare settings and quite often we healthcare professionals are sort of put on a pedestal and they're right and we'll just follow what they say and do what they say. So the context of how we behave in a healthcare setting is very different from how we behave at home. And there's something known as White Coat syndrome. Your blood pressure is higher when it's taken by a doctor than it would be normally. Because the fear of a man in a white coat puts your blood pressure up.

[Slide 35]

These are the traditional methods of motivating people to do something. It's carrot or stick. The problem is neither of them work particularly well. If you give somebody a carrot, the second you stop bribing them or giving them rewards, they stop doing the behaviour you want. And if you're beating them with a stick, the second the beating stop, so does the behaviour you want. And that's why I said, inspired and informed is the way to go.

Because people want to do the behaviour. They're not being forced into doing the behaviour.

[Slide 36]

I mentioned earlier words are important.

But also how we phrase how we put people's options in front of them. So if you told somebody they will gain five years of life quitting smoking or you said you will lose five years of life by smoking, do you think they'd have the same effect or different effects?

[Slide 37]

It's actually called the *loss aversion bias*. As a species, we don't like losing what we've already got and that includes health. It's not about getting fitter. If you ask people what they define as Wellness, it's not being ill. It's not looking for other things, so if you tell people they will lose five years of life by smoking, that's about three times more powerful than telling them to stop smoking because they'll gain because you can't predict or put into your mind what an extra five years of life would look like.

Because it's the future, you have no way of planning the future, you know exactly. You know exactly what five years of life you've already got. Looks like because you've had it. So losing it is more worrisome. It's like losing a £5 note is more worrying to you than finding a £5 note because you didn't have the £5 note anyway, or 20 now it's Peter offering you with flu.

[Slide 38]

Politicians know that the very divisive Brexit campaign didn't talk about "let's get control". It was "let's take back control." That's a loss aversion framing.

You don't want to lose something you've already had, and the brain likes that. The brain. Oh, I don't want to lose things. I've already got.

[Slide 39]

The other thing is how we sell things is important. The use of words, things that sound exactly the same aren't because the brain is lazy and it finds a quick way. So would you buy an 80% fat free yoghurt or a yoghurt with 20% fat?

They're the same thing, but nobody markets a yoghurt that says 20% fat. They all market it as 80% fat free because the brain likes that it fits into. I don't want to eat that. That's good. During COVID there was a marked difference between people who were told to stay at home versus people who were told you'll be safe at home.

And I've worked with a few large pharmacy chains. I've told them don't put "out of stock". Don't put "out of stock" because the brain interprets as saying you're not a very good shopkeeper. You didn't order enough. Whereas if you put "sold out" the brain says, oh, this is quite popular. Lots of people bought it. I probably want some. It's a simple, things that sound like the same thing. Make a huge difference in the way the brain perceives it and one of the greatest marketing companies in the world is Apple, and they started with the iPod said it's 1000 songs in your pocket.

And that tells you exactly what you want to know. It wasn't about its megabytes or its interfaces, or anything else. It's 1000 songs in your pocket.

[Slide 40]

Metaphors is a developing area of science and it's where we tap into the brain liking things it knows and laziness. So we use metaphors to describe medical issues first.

So, you know, haemoglobin is quite difficult to explain its purpose. So it's likened to a school bus that drops off and picks up children, and haemoglobin is dropping off and picking up oxygen.

And your prostate. Men of a certain age, it's, likened to standing on a hose and it restricts the flow.

And Fibre. It's a sponge.

Health literacy is a real problem in healthcare and finding ways to explain what people understand and take on board and can act on is interesting. The depression one I love, because everybody refers to depression as like being in a black hole or a dark hole.

But it explains that the medication is the ladder that gets you out of the black hole and suddenly people can understand, we know people with depression stop taking their medicine quite frequently. But they understand that that's what's going to help you out the black hole.

It's powerful.

[Slide 41]

We all love the NHS and we know it's got challenges, but if people understand what effect their choices have on the NHS, so we talked about cold and flu and a blocked nose. If you treat yourself whether you go to the pharmacy or go to the supermarket and buy decongestant, it'll cost about £3.99. If you go to the GP and he writes you a prescription and you go to the pharmacist that cost the NHS about £35.00. If you go to a walk in centre, it's £43.00. And if you go to A&E, £66.

And just this morning on the on the news.

Only 20 percent of people should be in A&E. They should have been treated in pharmacy or called 111 or other ways of looking out for their health. So letting people understand the effect their choices make is really powerful.

[Slide 42]

Three things I certainly can learn from this picture. It is America, but you'll see the same behaviours in the UK and they're going up an escalator to go to the gym. The behaviour I see in the UK because we don't have escalators outside is people driving around a gym car park five times until they can park near to the door of the gym and the three things I learned from that is one, we are illogical creatures, but the second one is we have a real propensity to segment behaviours in our head. We can compartmentalise. So it's the same as when I go to McDonald's, I do order the Big

Mac, I do order the large fries, but I compartmentalise and order a Diet Coke. So I'm doing my bit. I'm doing all right.

And then the third thing we learn from this is we're, we're pack animals, we see somebody doing a behaviour we're quite likely to follow that behaviour.

I hope you found that interesting.

[Slide 43/44]

HD Helen Donovan

Thank you so much, Trev. It's a fascinating subject and I really do hope that other colleagues found it useful as well. We have got a little bit of time for questions. Just to summarise, what hopefully you will have taken from this is to have a better understanding of what is meant by self-care and also to be able to appreciate why it's important to the wider health and care system. Be able to identify some of the more common ailments and how long they might normally last and know when to seek help, but also where to seek advice so, making sure that we do, as Ade says, use our pharmacists and other services and may be able to consider after listening to Trev what makes us do the things that we do.

So as a final call for us as the Self Care Forum, these are some of our go-to messages, please share our fact sheets, help us in promoting Self Care Week (13 – 19 November). Join our Self Care Week Twitter chat on Monday the 13th at 12 O clock.

We will be announcing our self-care Innovation awards for 2023, but do enter for 2024. And if you want to become one of our champions, please do contact Libby Whittaker. Her e-mail is on the bottom of this slide and follow us on X, Facebook, LinkedIn and if you want to subscribe to our newsletter you can do that from the Self Care Forum website (www.selfcareforum.org). Or email selfcare@selfcareforum.org.