



## **CROSS PARTY GROUP OF MPs AND PEERS CALLS FOR NATIONAL STRATEGY FOR SELF CARE TO REDUCE PRESSURES ON NHS**

### ***Rise of inappropriate use of scarce A&E and GP services fuelled by 'alarming' health data on the internet and inconsistent sign-posting of NHS services***

A cross party group of MPs and peers has called for a National Strategy for Self Care, led by a Minister, to combat the rise in the number of people using scarce and expensive A&E and GP resources to for self-treatable conditions like muscle strain and the common cold.

In its report published today, the All Party Parliamentary Group on Primary Care and Public Health agreed that a National Strategy for Self Care has a vital role to play in driving more appropriate use of NHS resources. Such a strategy was foreshadowed in NHS England's Five Year Forward View in 2014. However, reflecting the evidence gathered by the APPG's inquiry, the NHS had so far failed to respond to the obvious opportunities to better manage rising demand against diminishing resource that a National Strategy for Self Care would deliver.

Bob Blackman MP, co-chair of the Group, said: "We all know A&E services should be reserved for life threatening emergencies, yet 3.7 million people a year are using A&E for issues that people could treat themselves at home or with advice from a pharmacist. Combined with around 52 million visits to GPs each year for self-treatable conditions, this inappropriate use of services has cost the NHS more than £10 billion over the last five years.

"Equally, we all know that the health information on the internet is often either alarming or conflicting. This has made it much more challenging for people to differentiate a self-treatable condition from more serious symptoms, and the rise in demand for GP and A&E services is being partly fuelled by this."

The report's detailed recommendations include:

- action by the NHS to counter confusion over health signs and symptoms with clear information for consumers about the normal duration of symptoms and appropriate referrals for self-treatable conditions. This information, including red-flags, should be embedded into the algorithms for NHS 111 and on clinical systems such as EMIS, in order that people receive consistent information from the NHS.

- the development of a system-wide approach to improving health literacy, with health education messages focusing on the health benefits rather than the misery of poor health. As part of this, NHS Choices should develop a knowledge bank of information about conditions, symptoms and treatments to be developed and used across the NHS.
- a switch in the NHS funding model away from reward being based solely on ‘care and repair’ activities to a funding system based on incentives and rewards for driving positive health outcomes and improved prevention. Both of which would specifically reduce inappropriate demand for NHS services in the longer term.
- the introduction of health education as a compulsory part of the PHSE curriculum, inspected by Ofsted, from age five to 18

Bob Blackman MP, added: “We were also concerned at the apparent prevalence of low health literacy in the population. This harms the health of many individuals – especially vulnerable groups – and clearly contributes to the pressures on the NHS. This must be addressed urgently if we are to see positive improvements in how people look after their health and how they use health services, both now and in a future where NHS resources are likely to be even more constrained. This is why we are recommending that health education needs to be included now as a compulsory part of the school curriculum.”

Evidence heard by the APPG showed that clear resource as well as individual health benefits would be generated from measures aimed at lifting levels of health literacy, delivering greater consistency in advice on common symptoms of self-treatable conditions and reinforcing sign-posting for people to access NHS services appropriately.

Virendra Sharma MP, co-chair of the Group, concluded: “The APPG found a number of local initiatives to promote health literacy and wellbeing which proved the economic, social and health benefits of a wider, national self care strategy. The Living Well programme in Penrith, Cornwall had delivered a 30% reduction in hospital emergency admissions, and it is estimated that Lincolnshire County Council’s Local Area Co-ordinators’ programme, which intervenes before vulnerable people need to engage health and social care services, delivers a social return of £15 for every £1 invested. We would like examples of best practice like this to be shared and adopted across the country.”

ENDS

Notes to editors:

The Inquiry Report into NHS England’s Five Year Forward View: Behaviour Change, Information and Signposting is available online at <http://www.pagb.co.uk/appg/inquiry.html>

Membership of the All-Party Parliamentary Group on Primary Care and Public Health  
Co-chairs:

- Virendra Sharma MP (Ealing Southall, Labour)
- Bob Blackman MP (Harrow East, Conservative)

- Sir Kevin Barron MP (Rother Valley, Labour)

Secretary:

- Baroness Masham of Ilton (Cross-bench)

Members:

- Maria Caulfield MP (Lewes, Conservative)
- Baroness Wall of New Barnet (Labour)
- Lord Rea (Labour)
- Lord Walton of Detchant (Cross-bench)
- Lord Naseby (Conservative)

Secretariat services are provided by PAGB (Proprietary Association of Great Britain).

The report's 15 recommendations in full:

- 1: The Department of Health, NHS England and Public Health England should develop a national strategy for self care.
- 2: The Department of Health and NHS England should appoint a named individual, such as a national director or Minister, to take responsibility for the development, co-ordination and implementation of self care policy.
- 3: Implementation of the Make Every Contact Count initiative should be prioritised at the local level by CCGs and Local Authorities. Training should be provided for staff to equip them to provide consistent self care messages during consultations.
- 4: Reports of self care pilots and initiatives that are evidence based should be sent to the Self Care Forum to be uploaded onto their "case study" portal as a way of sharing best practice.
- 5: Public funding systems must be reformed, to remove mechanisms which discourage the development of wider levels of self care. Incentives and rewards, in A&E in particular, should be based on positive health outcomes and prevention, not on levels of activity, as they are at present.
- 6: Local authority funding meant for activity around health promotion in the community should be ring-fenced to ensure it is protected.
- 7: Local CCGs must ensure that all healthcare professionals have access to up-to-date information about the services available in their local community, so they are able to provide the public with the most appropriate advice.
- 8: Information about the normal duration of symptoms and appropriate referrals, including red-flags, for self-treatable conditions should be embedded into the algorithms for NHS 111, the information on NHS Choices and clinical systems, such as EMIS, in order that people receive consistent information from the NHS.
- 9: NHS England should develop a national framework and make it a requirement for all NHS providers to develop clear messaging about their services and how to access them.
- 10: NHS Choices should develop a knowledge bank of information about conditions, symptoms and treatments to be developed and used across the NHS.
- 11: National public health campaigns, such as Stay Well This Winter and Self Care Week should be continued and expanded. These campaigns need to be joined up at the national, regional and local level to ensure a clear consistent message is communicated. Messages should be targeted in order to reach those in the population with low levels of literacy.
- 12: Health education messages must be consistent and appear across a variety of media. Messages should be positive in tone, focusing on the health benefits rather than the misery of poor health.
- 13: A system-wide approach to improving health literacy should be taken.
- 14: Medical and Allied Health Professions, including dentistry, optometry and pharmacy, should be part of the Make Every Contact Count initiative, and receive appropriate training and resources.
- 15: Health education needs to be included as a compulsory part of the PHSE curriculum, inspected by Ofsted, from age five to 18.

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