



ALL PARTY PARLIAMENTARY GROUP

Primary Care and Public Health

Oral Evidence Session Note

Inquiry into: The 5 Year Forward View

Behavioural Change, Information and Signposting

Monday 30 November 2015, 2.00 – 4pm

Committee Room 20, House of Commons, London SW1A

| Witnesses | | |
|----------------------|------------------------------------|--------------------------------------------------|
| Name | Org | Job Title |
| Dr Tim Ballard | RCGP | Vice-Chair |
| Dr Robina Shah | Patient Partnership Group, RCGP | Chair (new in post) |
| Dr Rebecca Rosen | Nuffield Trust | Senior Fellow |
| Cllr Krupesh Hirani | Brent Council | Lead Member for Adults, Health and Well-being |
| Prof Gillian Rowland | UK Health Literacy Group | Joint Policy Lead |

| APPG Members | |
|---------------------|----------|
| Sir Kevin Barron MP | Co-Chair |
| Bob Blackman MP | Co-Chair |
| Virendra Sharma MP | Co-Chair |

The NHS needs empowered patients - but others must not get left behind, MPs told

In order to remain sustainable, the NHS has to undergo major changes, engaging with patients and the public to a far greater degree and increasing its focus on prevention and wellbeing, according to NHS England's groundbreaking Five-Year Forward View (FYFV) report on the future of the health service, published in October 2014.

Every day, it seems, there is fresh new evidence of the scale of problems being created by unprecedented and growing demand on NHS services. On November 2, the annual QualityWatch statement produced by health policy think tank the Nuffield Trust and the Health Foundation warned that the NHS is at risk of "a catastrophic collapse." And on November 27, the National Audit Office (NAO) reported that if patients cannot access their GP, they are more likely to suffer poorer health outcomes or to use other, more expensive, NHS services such as A&E.

So a move towards the new model of empowerment, engagement and self-care envisaged in the FYFV is vital. But how far and how fast we are getting there?

This is the subject of a new enquiry now underway by the All-Party Parliamentary Group (APPG) on Primary Care and Public Health. At their first evidence session, on November 30, the APPG members asked a panel of experts: are the changes called for by the FYFV happening? Or is the NHS still very much a "sickness service"?

The experts responded that change is beginning to happen, but they also emphasised that those people most in need of help must not get left behind.

GP Rebecca Rosen described some initiatives for patient empowerment, engagement and self-care which are now being introduced in her practice in Greenwich, London, and which she said are reflective of trends nationwide. These include patients being offered web consultations which encourage them to consider self-help and other services first, including seeking advice from their pharmacist and from the NHS 111 helpline, and only moving on to consultation with a GP after these initial avenues have been explored.

Also, people with established conditions are offered a Year of Care personalised care planning, in which they work in partnership with healthcare professionals, said Dr Rosen, who is Senior Fellow in Health Policy at the Nuffield Trust. "And GP trainees are now being trained very differently from the way I was, with an emphasis on discussion with patients rather than direction," she added.

Professor Gillian Rowlands, who chairs the Healthcare Literacy Group, said she welcomed these initiatives, but also warned of the risk that they could lead to healthcare inequalities widening still further. People without skills, resources and family support can get left behind, cautioned Prof Rowlands, who is senior research fellow in the Department of Primary Care and Public Health Services at Kings College London.

We need to be working with community groups to prevent this from happening, and the NHS has to be confident with technology, advised Councillor Krupesh Hirani, Labour

lead member for adults, health and wellbeing at Brent Council in North West London. “We are beginning to scratch the surface of making the changes that are needed,” he said.

Working with communities

One example of how Brent Council is working with its local communities is how it worked to help local people understand the UK government ban, introduced in June 2014, on the use of khat - a plant whose leaves and stem tips have long been chewed for their stimulant effect by people in many countries. Khat was widely used among Brent’s Somali community, and the council’s health officials worked with a local charity, the Somali Advice and Forum of Information (SAAFI), to inform this community that khat was now a controlled Class C drug, and to warn people that they could face criminal prosecution if they continued to use it.

Brent is also providing help for people addicted to khat, but not through the council’s drug and alcohol services; instead, Somali workers are providing effective support and help to khat addicts in their own community. “This is about upskilling members of the community,” said Cllr Hirani.

Dr Tim Ballard, vice chair of the Royal College of General Practitioners (RCGP), agreed with the other experts that developments are going in the right direction but that they must not disenfranchise certain groups. He also stressed the need to adopt an empowering patient-centred perspective rather than a paternalistic approach which simply takes responsibility away from the patient, and welcomed initiatives such as that now in use at the Sycamore House general practice in Birmingham, whose web consultation service asks patients to “type what your problem is here.” It then asks them if they would like to read about how to deal with the problem, and if this is not sufficient, it then points to other ways to find out the relevant information.

APPG co-chair Sir Kevin, Labour MP for Rother Valley, referred the experts to a new report which claims that three-quarters of patients who are sent by the NHS 111 helpline to A&E do not in fact need to be there. Moreover, a quarter of patients sent to A&E do not need to see a doctor at all and could have treated their problem successfully with over-the-counter (OTC) remedies, added the study, which was conducted by researchers at Cambridge University.

So, Sir Kevin asked the panel: what information do people need to be able to make the right decision where to seek help?

This process of education has to start much earlier in patients’ lives, the experts agreed.

Pharmacists: a key role but underused

We have to develop and build skills to manage demand and stop people being redirected to the wrong service, and we must use pharmacists’ skills, said Prof Rowlands. People with low levels of health and general literacy and of numeracy find medical information

difficult; for example, generic drug prescribing means they may be dispensed different-coloured pills each time, and this can be very confusing. Pharmacists are key to helping identify these issues and supporting patients in managing their medications, she said, and pointed out that a significant proportion of A&E attendances resulting in admissions are due to problems with new medications.

Dr Ballard agreed that pharmacists' skills are currently underused, but he also warned that patients who consult pharmacists may not always receive the most cost-effective treatment, especially the poor; for example, the evidence is extremely weak for cough medicines sold through pharmacies. There are other financial disincentives to consulting a pharmacist; eg, if a patient is entitled to free prescriptions, why would they buy treatments such as emergency contraception from a pharmacy when they can go to a GP or A&E and get them for free?

A&E or urgent care?

The problem lies with commissioning, said Cllr Hirani. Hospitals in his part of North East London have been making huge changes to their A&E services, including introducing urgent care centres, which are open 24/7. But services are not joined up, and triage is essential to ensure that people that people who need urgent care can get to the centre straightaway instead of being sent to A&E.

Callers to NHS 111 are being referred to A&E rather than their local out-of-hours (OOH) services, and this it is inappropriate. There is a big education gap here - people need to be able to find out where their local OOH services are rather than spending hours in A&E, said Cllr Hirani.

NHS 111 has the potential to do much more, but at present it is “disjointed,” Dr Ballard agreed.

Dr Rosen also said that her practice offers individual Annual Healthcare Statements, showing patients which services they have received during the past 12 months. Experts believe that wider rolling-out of this initiative has the potential to save the NHS hundreds of millions of pounds every year, by encouraging users to change their behaviour and take greater personal responsibility. The Statements include a visual representation of patients' medications, said Dr Rosen - “they can go on holiday with a picture of their pills!”

How should patients be made aware that they are seeking help from a service which is not the most appropriate for their problem? In written evidence presented to the inquiry, Brent Health and Wellbeing Board had stated that, if this is the case, it “needs to be challenged.”

Challenge or “think”?

“Individuals should be provided with information on what to do in a similar situation in the future,” the Board proposed.

But Dr Rosen was uneasy about “challenging” people when they are unwell. Instead, she suggested making greater use of the fact that “there is no more trusted brand than the NHS.” Rather than simply providing leaflets and advertising relating to particular health issues for just few months of the year, the Service could supply people with a badge bearing the NHS logo and the word “think;” this would encourage them to think about the NHS, about what they can do to help their own health, and other issues.

But this must be a sustained message, and it must challenge the still-prevalent view that use of the NHS is simply a right, she said.

Dr Ballard agreed, but again emphasised the need to work with individual capabilities. “People don’t deliberately make bad choices, and we have to see things through their eyes,” he said. “We may not consider a case to be urgent, but for them it may well be.”

We also need to be looking at providing them with access tools similar to those of technology giant Apple, which are “very intuitive, easy access – making it easy to make the right decision the first time.”

But why do people present at A&E rather than consulting their GP?

“As GPs we know clearly what is outside our competency, but A&E will take on anything,” Dr Ballard responded.

APPG co-chair Bob Blackman, Conservative MP for Harrow East, asked the panel to comment on a report published in October by the NHS Alliance. This claimed that “perhaps 27%” of GP appointments could be avoided if there was more coordinated working between GPs and hospitals, wider use of other primary care staff, better use of technology to streamline administrative burdens and other system changes.

The GP/patient journey

Dr Ballard reminded the MPs that while 50% of people who present at their general practice might not actually need to be there, it is only when you talk to them that you discover which 50% this might actually be.

Mr Blackman asked him: “in a 15-minute appointment, can you really get to the bottom of a complicated set of problems?”

“You can prioritise, but a GP appointment is a journey, not like a hospital appointment, where you look at things in isolation. But we do need more time,” responded Dr Ballard.

And Sir Kevin asked the GPs: if a patient comes in to see you because they have a rash on their leg, but they are grossly overweight, what would you talk about?

Prof Rowlands replied that this question highlights the privilege of GPs, that they are able to build good, long-term, “longitudinal” relationships with their patients. This enables them to take the time to “pick up and dig down” on all of a patient’s issues, and it is incredibly valuable, she said.

Tackling the “no-shows”

Discussions then turned to how to stop people from failing to keep their appointments. Dr Ballard replied that his practice has seen a dramatic improvement since it started sending patients reminder texts the day before their appointment. This is one problem that technology can solve, he said, but also reminded MPs that funding in this area is under threat.

Dr Rosen agreed that this is a massive problem - in her practice, no-shows account for 15% of appointments. She and her colleagues are now trying to deal make improvements by holding a walk-in clinic in the mornings, primarily for single issues, and creating longer appointments in the afternoons. People whose long-term conditions are being managed by Year of Care partnerships are also offered longer appointments, she added.

But, she pointed out, people may be unable to cancel a hospital appointment if they cannot get through to the telephone booking system, and that while the computer for patients’ use in her practice’s waiting room has an “I need admin support” button, not everyone is able to understand this. “Many people find access very, very difficult,” she said.

Mr Blackman related his own experience of having been referred by his GP to the local hospital’s urgent care centre - only to be directed, on arrival, to wait in A&E. “This was a waste of my GP’s time and it sends the wrong message,” he said.

This disconnect also works against attempts by GPs to stop people receiving antibiotics inappropriately, added Dr Rosen. “We wean them off antibiotics, but they then go to casualty and get a prescription, so all the messages mean nothing.”

She called for a whole-system approach, and for “joined-up simplification” with clear routes for referral. Currently, the NHS is a “very, very complicated system,” she said.

Attitudinal issues between general practice and hospital specialists are also an obstacle, Dr Ballard noted. “We need to work together in a more integrated way, with a shared agenda, shared data – and we need to talk more,” he said.

The experts agreed on the need for greater emphasis on prevention and self-care, more education and building community skills, while Dr Rosen also suggested that people could be offered “prevention appointments.”

The wider prevention agenda

The prevention agenda goes way beyond health care, into many issues such as the causes of excess winter mortality among the elderly and the problems created by over-sugared processed foods and drinks, said Dr Ballard. General practice operates in the central position on prevention but it needs complementing on both sides – and the government and media both have “skin in the game here,” he said.

The voluntary and faith sectors also have a huge role to play in prevention, added Cllr Hirani. However, he also pointed out that because the benefits of prevention initiatives generally don't become visible for at least 10 years, prevention is not rewarded in the way services are commissioned. “But ongoing care prevents people from going to hospital,” he said.

Dr Ballard agreed. In the current financial climate, this lack of visible benefits is working against “upstream” commissioning for prevention in areas such as fuel poverty, he said.

“There is a lack of appetite to commission things not to happen,” he told the MPs, but added that a report commissioned by the RCGP from financial consulting firm Deloitte had concluded, in November 2014, that across-the-board commissioning does produce savings.

The money needs to go where it is really needed, for example in commissioning certain routine care from OOH services, said Dr Ballard.

Local authorities and public health

Mr Blackman asked the experts if local authorities are reducing their spending on public health, and if this will present problems further into the future.

Cllr Hirani explained the two models used to transfer public health commissioning responsibilities to local authorities; ie, the “lift and shift” model, which supports contracts already in place, and the “integrated” model, which takes public health issues into account in dealing with all local authority activities.

Existing council services can be used to improve public health by, for example, providing free swimming lessons at sports and leisure centres, he said, and expressed confidence in the future.

“We inherited an underspend from NHS Brent and we are using that for capital projects for long-term preventative measures. We also expect efficiencies,” Cllr Hirani told the panel.

Reductions in the public health grant are affecting the support that can be given to people to live healthier lives and give up bad habits. Instead, the money is going to A&E, where the NHS has to deal with the results of their failure to do so, the MPs heard.

Influence of the media

The panel were also asked: is media reporting a driver of the increase in general practice attendances?

The experts agreed that it is. The charity Cancer Research UK says that the benefits of media coverage far outweigh any damage, but the panel members felt that the effects can be both good and bad.

“It is good in terms of driving people to get early cancer diagnoses, but it also creates expectations,” said Dr Rosen, who noted that researchers at Manchester University reported recently that media headlines represent the biggest cause of stress for GPs.

We need advance notice that a new treatment has been launched, and not just hear about it that morning on Radio 4’s Today programme, along with our patients, added Dr Ballard.

The APPG also explored what progress is being made by other initiatives such as Healthy Lives, Healthy People, the November 2010 White Paper in which the government set out its strategy for public health in England. How much has been achieved so far of the strategy’s plan to create a “wellness” service, through the establishment of Public Health England, and to strengthen national and local leadership?

There has been progress in pockets; for example, the key messages and resources for diabetes prevention are now out in communities, responded Cllr Hirani. One initiative in Brent is its Diabetes Champions, who work through community centres, faith groups and other local resources to help people who are hard to reach for GPs and councils but who may be at risk.

Cllr Hirani acknowledged that introducing such an initiative for rarer conditions would be more difficult, but he emphasised again the importance of public health being “part of the prism” in councils’ decision-making, taking the public health agenda into every area.

“We have to recognise that the NHS is only a very small part of health,” said Prof Rowlands. “People make their own decisions on what to eat, for example, and if they have the knowledge and skills they will mostly choose health. The NHS is an illness service, but health is much more than this,” she said.

Dr Ballard stressed the importance of rebuilding resilience within communities – so much of this has been stripped out, he said – and all the experts called for more health education and greater health literacy.

“We need a whole-life-course approach, probably from preschool, with coherent messages and the building of skills – including the ability to adapt to new health information as it changes,” said Prof Rowlands.

“Health is a very good hook for learning skills. By increasing health literacy you increase other literacies – financial, computer, etc, etc – these are all transferable skills that will support you through life, for example, helping you to get a job,” she said.

“This is about global living skills, not just about health but how to manage a bank account, for example - it’s part of having a great life. And we also need to develop services that are intuitively accessible to everyone and common across the system, in the same way retailers use branding,” advised Dr Ballard.

Schools are now generally doing a very good job at communicating certain health information to their students, including sexual health, but this is not the case in other vital topics, such as obesity, the inquiry heard.

Tackling obesity “needs joined-up policies”

Brent has a huge problem with childhood obesity, said Cllr Hirani, and the council’s response now includes getting local dentists on board to tackle associated problems such as tooth decay.

“If parents sign up for a school place for their child, they have give the name of their GP. We’re now looking to require them to give details of their dentist as well,” he said. However, he added, the great potential for councils to coordinate health messages has been dealt a blow by the academisation of the school system, which has resulted in the loss of councils’ previous links.

Dr Rosen added that, again, this is about NHS branding – about people receiving ongoing health messages from all sources. “And it’s not resource-intensive,” she said.

The experts were also asked how successful national health campaigns, such as Stay Well This Winter, have proved.

Prof Rowlands responded that a study by the King’s Fund into the public health campaigns of the early 2000s had concluded that, while overall they did have an impact, there was a differential effect; people with the highest skills benefited most from the campaigns, while for those with the lowest skills, they had no effect.

“We need multiple modalities – and the lower the skills of the groups we are trying to engage with, the more flexible we have to be. This way of working is more expensive but it works much better than just leaflet drops,” she said.

Messaging is only part of the solution, and the policies must join up, added Cllr Hirani. In October, Brent launched a “slash sugar” campaign, urging residents to cut down on their sugar intake, and while this is having an impact, at the same time supermarkets are still able to offer “buy one get one free” on sugary drinks.

Questions to Public Health England

Finally, the experts were told that APPG inquiry's next session would be taking evidence from a panel including Professor Kevin Fenton, Public Health England's national director for health and wellbeing. The MPs asked them: what questions would you like us to put to Prof Fenton?

Cllr Hirani responded: how can Public Health England promote and support public health policies to other government departments and support local efforts?

“We need a joined-up policy approach and for Public Health England to be pulling levers in more departments,” he said. “For example, Brent Council wants to ban fast-food outlets from opening up near to schools, but there are government-level hurdles and barriers to our achieving this.”

Prof Rowlands said she would ask Prof Fenton to ensure that Public Health England acts on the recommendations of Fair Society, Health Lives, Professor Michael Marmot's review of health inequalities in England post-2010, which calls for a range of measures to be introduced to help reduce health inequalities, including improving health literacy.

Dr Ballard agreed - all government policies should be “Marmot-compliant,” he said, and also pointed to the need for integrated commissioning.

Dr Rosen emphasised the need to devise different tiers of support for people's different levels of capability. For example, there should be internet tools for the most capable, and these should be followed at the next level by free phone numbers.

Another valuable tool is social prescribing, through which primary care services can link people with social, emotional or practical problems to local non-medical sources of support. “We're already doing this with our public health department, targeting the people who need it,” she told the MPs.

end



ALL PARTY PARLIAMENTARY GROUP

Primary Care and Public Health

Oral Evidence Session Note

Inquiry into: The 5 Year Forward View

Behavioural Change, Information and Signposting

Monday 14 December 2015, 3.00 – 5pm

Committee Room 18, House of Commons, London SW1A

| Name | Org | Job Title |
|-----------------------|------------------------------------------------|----------------------------------------------|
| Prof Kevin Fenton | PHE | Director of Health and Wellbeing |
| Prof Rob Darracott | Pharmacy Voice | Chief Executive |
| Paul Devlin | National Association for Patient Participation | Chief Executive |
| Dr Patricia Wilkie | National Association for Patient Participation | President |
| Cllr Richard Kemp CBE | Local Government Association | Deputy Chair - Community Wellbeing Portfolio |

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| Virendra Sharma MP | Co-Chair |
| Baroness Masham | Secretary |

Future of the NHS – experts urge MPs for “a Big National Conversation”

Healthcare leaders in England have warned that, without radical and unprecedented change, the future sustainability of the NHS is under threat.

In particular, the Service needs to be engaging with patients and the public to a far greater degree, and increasing its focus on prevention and wellbeing, NHS England has urged, in its groundbreaking Five-Year Forward View (FYFV) report on the future of the health service.

The FYFV was published in October 2014. However, a little over one year on, senior health officials are acknowledging that progress towards the new model of empowerment, engagement and self-care called for in the report has been disappointing.

“We must be honest - we’re not moving fast enough or at scale,” Prof Kevin Fenton, director of health and wellbeing at Public Health England, has told a parliamentary inquiry into progress towards the FYFV’s goals.

“For my constituents, there is no feeling of having become involved in their own health care - unless they have become patients,” Liverpool City Councillor Richard Kemp also told the inquiry, held by the All-Party Parliamentary Group (APPG) on Primary Care and Public Health.

But with unprecedented and growing demand on NHS services, fuelled by an aging population and the availability of innovative, effective but costly new medical treatments, major changes in the way the public use the Service are essential. In early November, researchers at the Nuffield Trust and the Health Foundation warned that the Service is now at risk of “a catastrophic collapse.”

Addressing the APPG inquiry, leading patient advocates expressed their exasperation that this situation has been allowed to develop.

“Not enough is being done - we’ve known for a long time of the challenges of demographic changes and medical innovation. And it is impossible to provide the same service today with these challenges and with decreasing pots of money,” said Dr Patricia Wilkie, president of the National Association for Patient Participation (NAPP), the umbrella group for Patient Participation Groups (PPGs) in general practice in the UK.

“We need an honest debate with the public – and this would take the self-care approach to a national level,” she told the MPs.

Cllr Kemp agreed that “one big conversation about health” is urgently needed. “We can no longer cope,” he warned the APPG members.

Public funding systems “must be reformed”

The experts also pointed out that current public funding systems will make it difficult to achieve the behavioural changes needed to ensure the health service remains sustainable. There are now perverse financial incentives working against efforts to increase levels of self-care, and the payment system needs to be changed to focus on outcomes, they said.

“Most NHS funding currently goes into secondary care, not primary care or public health where more preventative work could be done,” said Dr Wilkie.

“The public health budget has been slashed, the social housing budget has been slashed – we’ve had half a billion taken off our public health budget and that will cause £7.2 billion worth of problems to the NHS further down the line,” added Cllr Kemp, who is deputy chair of the community wellbeing portfolio at the Local Government Association (LGA) and the Association’s Liberal Democrat spokesperson on social care.

In September 2015, in its submission to the Government Spending Review, the LGA had called for £2 billion to be provided in each year of the Spending Review period for service transformation across social care and health, including support for self-care and signposting as core components of transformed services.

The Association’s submission also recommended reform of the NHS and local government funding systems, so that savings made in the acute sector as a result of investing in prevention can be identified and released for re-investment. NHS Tariff System funding is currently on the basis of activity rather than achievement of a healthy outcome or preventing ill-health, it pointed out.

Changing the spending will take 15 years, but we need to be taking “very hard action” on the prevention agenda now, Cllr Kemp told the MPs.

Prof Rob Darracott, chief executive of community pharmacy trade group Pharmacy Voice, agreed that more has to be done to better engage people in their health and wellbeing. “Our conversations with the public need to be different, and at a different level,” he said.

But he is seeing some changes, he said; for example, there is growing support for more patient-centred conversations within pharmacies, for how new health professionals are being prepared for this changing world and for new initiatives such as the development of Health Champions. While the role of these volunteers initially was to help improve health and wellbeing in communities and workplaces, Health Champions are now working in new and wider settings, including GP practices and acute hospitals.

Nevertheless, progress is slow and limited, Prof Darracott told the MPs.

The NHS remains predominantly a service in which people are “done to - we are not involved at all levels,” said Dr Wilkie; however, a recent survey by NAPP has found that the vast majority of people consider themselves to be the principal provider of their own health and care.

“Involving the patient is a key part of the solution. This puts further pressures on GPs’ time, but it means that patients can take better decisions,” NAPP chief executive Paul Devlin told the MPs.

Public demand clear info, plus access to professional advice

APPG co-chair Sir Kevin Barron asked the experts what should be done to make sure patients access the health services which are most appropriate for their needs. Recent research from the Centre for Health Services Research in Cambridge

has shown that 75% of referrals to A&E made by the NHS 111 helpline are not in fact emergencies, and we also know that 3.7 million A&E visits and 52 million GP consultations each year are for self-treatable conditions, said Sir Kevin, who is Labour MP for Rother Valley.

“We need to be providing people with consistent signposting to the best and most appropriate service for their needs. But how do we achieve this?” he asked.

When NAPP’s recent survey asked people what they wanted from signposting info, 95% responded: “give us plain English” - clarity is their absolute prerequisite, said Paul Devlin. However, three-quarters of responders also said that this clarity should be alongside - not instead of - access to an informed person, either face-to-face or by telephone.

Messages have to be consistent across different media and communication tools. Otherwise, people will turn to the Internet, and the information they get there can be inconsistent and inaccurate, NAPP warns.

An example of successful public health education is the Act FAST (Face Arms Speech Telephone) stroke awareness campaign, which provides clear and consistent information across a range of media. It also deals with one specific issue, thus helping to avoid the risk of “information overload,” the inquiry heard.

The MPs pointed out that people use A&E because it is open 24/7, including when all other services are closed.

“But people might not get the best care at A&E. We need to tell them that they have other and better choices,” Prof Fenton responded.

“To change behaviour, we need to turn information into what makes sense to people - service options have to be real and meaningful,” added Prof Darracott. “For example, what does ‘inappropriate’ use of A&E services mean? The patient may not think it is inappropriate, but the question is what should they do next time. We need to make them aware of what their options are, what is the most appropriate - and that the most obvious option may not produce the best outcome,” he said.

Building health literacy

Prof Fenton emphasised the importance of building health literacy to empower people to take responsibility for their own health and wellbeing. “The public need tools and information, and we need activated individuals and communities, but we won’t get this if people are not knowledgeable. We need to build health literacy across the board, in schools, through Personal Social and Health Education [PHSE] programmes, etc. This is very, very important, but currently there is no consistency. We need consistency and quality - and to start earlier, to build personal resilience,” Prof Fenton told the inquiry.

The APPG members commented that individual schools are often reluctant to undertake these discussions.

“Schools need good leadership and to engage students, and this engagement must be interactive, not didactic,” Prof Fenton responded.

Should this include teaching school students first aid?

Prof Fenton agreed that it should, but added: “the National Curriculum is already choc-a-bloc. What, as a society, do we believe schools need to do?”

“Politicians need to have this discussion,” commented Sir Kevin.

And Cllr Kemp pointed out that this reluctance to engage is replicated everywhere, not just in schools. “Achieving partnerships in which everyone engages is very difficult - everyone is defending their ‘ology.’ Organisations must work together – but currently I can’t get some of them in the same room as each other,” he told the MPs.

The experts also robustly expressed the need for “more common sense” to increase resilience and restore people’s confidence in their ability to self-treat. Dr Wilkie pointed out that, in the past, cookery books had often included recipes for remedies to treat minor illnesses. Added Cllr Kemp: “At one time, you had to convince your mum that you were dying before she would take you to the doctor. Now, this is everyone’s right – and doctors are gods.”

Should patients be told what their treatment is costing the NHS?

APPG member Virendra Sharma, Labour MP for Ealing Southall, pointed out that, when you are ill, it is human nature to seek help from someone with authority. But, he asked the experts, to try to change people’s behaviour, should doctors tell their patients what their treatment is costing?

Dr Wilkie believes they should. “People don’t know what individual NHS services cost, such as the cost of visiting their GP – and yet they know exactly how much their pet’s treatment has cost at the vet. And they do understand cost ratios – for example Lidl vs Waitrose,” she said.

“Some years ago I had a conversation with Gordon Brown when he was Chancellor of the Exchequer about whether patients should be given lists of how much each part of their treatment has cost. He said this would be far too complicated. But maybe the time for this has now come,” she said.

We have developed a culture of dependency, but at the same time we are always looking for a cheaper option. And self-care - do it yourself - is the cheap option, she pointed out.

Sir Kevin told the inquiry that his constituency in 2014, 76 people had gone to A&E at Rotherham Hospital because of toothache. “They should know how much that interaction cost – and what is the cost of nothing happening in the way of treatment,” he said.

Cllr Kemp believes that doctors should refuse to give prescriptions for items that patients can buy for themselves cheaply. “They should say to them: ‘do you want us to spend £100 on this when you could buy it for £5?’ And dentists as well - they should tell their patients when a special toothpaste that they need will cost the NHS £27 to supply but that they can also buy it directly from Boots for £3.”

But Prof Fenton wondered: “if we tell people what things cost, will this information be valued? They have no point of reference. We need more transparency to help people value the service.”

Incentives are reflective of the system, and they are working well for the system that we now have - but, for the first time, FYFV has put prevention front and forward, he said. “So, we need to ask ourselves, ‘what is the purpose of the NHS in the 21st century? What system are we trying to create?’”

There is also considerable evidence that doctors find it difficult to refuse their patients the treatments that they ask for, such as antibiotics. On December 10, 2015, PHE published, in its Health Matters resource for healthcare professionals, information focused on antimicrobial resistance, including effective methods to avoid unnecessary prescribing of antibiotics, he told the APPG.

PHE is also currently working with Clinical Commissioning Groups (CCGs) and general practices “to increase self-care for self-limiting infections and improve the credibility of, and access to, pharmacy advice to reduce the use of antibiotics and the risk of antimicrobial resistance.”

“So we need different conversations,” Prof Fenton told the APPG.

Pharmacy – “the convenient route”

Prof Darracott pointed to the difficulty for pharmacists of making patients aware of treatment costs. “Very few patients, maybe 7%-8%, come to us with a prescription that has to be paid for.” So,” he asked: “should we be offering the other 92% something that costs more?!”

For community pharmacy, this is about making contacts and the opportunity to talk about something else, he said. For example, people are now able to get their NHS flu vaccine from their pharmacy as well as their GP or practice nurse. So if they choose to get their vaccine at the pharmacy, this represents a chance for professionals to talk to them about other issues, for example, how antibiotics don’t work for colds.

“For your flu jab, go to the pharmacist – that’s the convenient route. Pharmacists are on every High Street, they are just round the corner, and they need to be our first port of call – as they are in many countries,” said Cllr Kemp.

Dr Wilkie agreed, but added: “we don’t want the public to be dependent on yet another healthcare professional.”

Virendra Sharma then asked the experts to comment on a recent report from the NHS Alliance which estimates that “perhaps 27%” of GP appointments could potentially be avoided by more coordinated working between GPs, pharmacists and hospitals.

There is a huge opportunity being missed for avoiding the need for people to go to hospital, Prof Fenton responded. “We currently have a disease identification and management service, not a health service.”

“We must use our assets properly. At Public Health England, we see the huge value of community pharmacies, Healthy Living Pharmacies – we want to see more of this,” he said, and also pointed to the work of the Pharmacy and Public Health Forum,

which provides leadership for the development, implementation and evaluation of public health practice for pharmacy.

For 2015-16, the Forum's priorities are: - reframing and communicating the story of "future of pharmacy;" - further progress of Healthy Living Pharmacies; and - ensuring system consistency and coordination of community pharmacy-based public health services.

In many local areas, GPs and pharmacies are already getting together to talk about patient management, added Prof Darracott. There is recognition that things have to be done differently, for example through the Pharmacy First service and the minor ailment scheme - although a nationwide minor ailment service, while proposed, was eventually not commissioned for 2015.

"Currently, things are all a bit disconnected," he said; for example, in some areas the NHS 111 helpline is not able to point people to pharmacies.

"We need better implementation, we need to be getting data back and to be building in the patient experience. We must show that we can deliver the service and the right outcome," said Prof Darracott.

Harnessing the power of PPGs

On April 1 2015, all general practices in England were required to set up a PPG during the year ahead. Recent estimates suggest that around 1,250 PPGs are now affiliated to NAPP, and APPG member Baroness Sue Masham of Ilton asked the organisation's representatives: how engaged are PPGs, and how effective are they?

"PPGs are embedded in the community, but they are not a homogeneous group. Each PPG member is also part of another group - perhaps a choir, a walking group, the Women's Institute, for example - and they are linked with other disease organisations, whether single-disease or national patient groups," Dr Wilkie told her.

PPGs undertake initiatives such as healthy eating programmes, for which they may also develop their own cookery books, smoking cessation classes, etc etc. Some are also working on tackling alcohol abuse, and while this effort may represent just the tip of the iceberg in terms of dealing with this massive national problem, "it is one approach - and it is cheap," she said.

Dr Wilkie added that the involvement of PPGs had been essential for take-up of the flu vaccination programme in rural communities; "GPs weren't advertising the programme," she told the panel.

Some PPGs are very well supported by their GP practices and communities, and have good involvement with community pharmacy, while others struggle to have an impact, added Paul Devlin.

"Partnership working requires give and take, and this is about empowerment - not about 'managing, or doing to' us, as patients," he said.

Cllr Kemp pointed out that the PPGs that work best in his area all have in common the fact that their members are all people with long-term conditions (LTCs). "They

know how the system works. But otherwise, there is little engagement in PPGs with the rest of the community,” he said.

So, asked Baroness Masham: how can PPGs expand?

“They have to change – and change where they have their meetings,” Cllr Kemp replied. In his area of Liverpool, the PPG now holds its meetings in a local pub on Wednesday mornings - with no alcohol, but with speakers and other activities, he said.

“If they’re going to get into the community, they need to get out of the GP surgeries,” he said.

Asked by Baroness Masham about community pharmacy’s current levels of involvement with PPGs, Prof Darracott acknowledged: “we haven’t really thought about this. There may be some very small-scale involvement - but this is certainly an opportunity.”

Health and Wellbeing Boards

Sir Kevin then asked the experts what progress is being made with other initiatives, such as the Health and Wellbeing Boards (HWB). These were established by the 2012 Health and Social Care Act as a forum in which key leaders from the health and care system can work together to improve the health and wellbeing of their local populations and reduce health inequalities.

“HWBs are at an early stage, and they are developing at different stages,” Cllr Kemp responded.

However, his experience so far has been that the NHS and councils are two very different cultures, and that “it’s easier to train the council side than the health sector side.” Engagement at the top level is unsurpassed, but this is only at Board level and it is proving very difficult to get people at the lower levels involved, he said.

There is no national organisation for HWBs, but in many regions the Board chairs meet regularly, he told the panel. So, Sir Keith asked: in the absence of any national structure, how do we get best practice?

“We need a consistent set of principles and competencies – and then we need to just get on with it,” Cllr Kemp replied. “I believe in consistent service so long as it is effective. Different areas don’t necessarily need the same things.”

“We need to understand the nature of variation so that everyone can benefit - how to target our efforts where they are most needed,” added Prof Fenton. “We need data to create standards, and to build skillsets and capacity across the system - and PHE needs to become far more nimble at intervening when things are going off-track,” he said.

Baroness Masham asked him: do PHE and local authorities interact regularly?

“At PHE, we have been building strong relations with local government and the NHS,” he replied. “At the local level, PHE centres are on the same footprint as local government offices and this is really effective - they work together, hold joint local events, etc.”

Discussions then returned to the role of community pharmacy, and specifically to comments made at an earlier evidence session in the APPG inquiry at which the MPs had been told that patients who consult pharmacists may not always receive the most cost-effective treatment; the evidence for cough medicines sold through pharmacies is extremely weak, for example.

Responding, Prof Darracott reminded the panel that all medicines sold in the UK are licensed. “And they are effective – but for what purpose? The core condition or for symptomatic relief, for making people feel better? These are different,” he said.

“And people use the products they know, and which they know work for them. There is the power of expectation, yes, but if a product works for them, it works for them. We can be too sniffy about this,” he told the MPs.

Making Every Contact Count

Virendra Sharma also asked the experts what progress has been made with the Making Every Contact Count (MECC) programme since early pilots with the scheme began in 2010. The MECC programme seeks to train healthcare professionals to use every opportunity to have “healthy conversations” with patients and the public, to help them make healthier lifestyle choices and signpost them to the most relevant healthcare services.

Prof Fenton responded that while the programme has been running for three to five years now, implementation nationally is varied. “This is a good initiative that has not been implemented in a structured, consistent approach, but PHE has work around this and in the New Year we will release tools to help improve its implementation,” he said.

In partnership with Health Education England (HEE), NHS England, local authorities and academic organisations, PHE has formed a MECC advisory group to collect and share examples of MECC programmes and evidence from across the health and social care system. This advisory group will deliver products to support the NHS, local authorities and third-sector organisations to implement MECC programmes, provide consistent training for staff delivering MECC, enable effective evaluations of MECC programmes and promote the dissemination of learning and good practice, the agency notes.

“MECC is a great initiative. We are keen to do it in a much more structured way,” Prof Fenton told the MPs.

But a key gap in the MECC programme is patient involvement, said Paul Devlin. “At present, it is all geared at and to the system, to the professionals. What’s missing is the people, the patient at the centre. Again, it’s about ‘things being done to’ them.”

Public health education – effective but “not cheery”

The APPG members also asked how successful public health education initiatives are proving. They were particularly interested in a new development, the BBC television documentary *Doctor in the House*, in which each week, a family with health worries invites a GP into their home to look at every aspect of their lives and, they hope, provide solutions to their concerns.

Prof Fenton pointed out that as the programme was currently running, PHE had no evidence yet of its effectiveness. “But we will have the data and we will share it with you,” he told the MPs.

“All campaigns are based on very strong evidence and they are rigorously evaluated. So we know that campaigns like Be Clear on Cancer do work,” he added.

Since 2013, PHE has run 11 Be Clear on Cancer campaigns at local, national and regional level, in partnership with the Department of Health and NHS England. These campaigns aim to improve early diagnosis of cancer by raising public awareness of signs and symptoms of cancer, and to encourage people to see their GP without delay.

Evaluation of the campaigns has shown extremely positive results; for example the pilot dealing with bladder cancer showed a 32% increase in GP attendance, a 28% increase in two-week wait referrals for suspected urological cancer and a 4.5% increase in detection rates, says PHE.

Public health campaigns can be enormously successful if they are consistent and appear in a variety of media – but, said Cllr Kemp: “they’re not exactly cheery, are they?”

Instead, he suggested: “why not tell people that the alternatives are much nicer?” This approach is being taken in Liverpool’s Fed Up campaign to encourage healthier eating. As part of the campaign, people in more affluent areas of the city pay £10 to receive a slow cooker and recipes for healthier meals, while in poorer areas they get the cooker, recipes and food for free. “It’s better than food banks, and we’re making it fun rather than finger-wagging,” he said.

Prof Darracott welcomed the calendar approach to public health campaigns now being taken by health agencies, away from the previous “September 29 phone call to pharmacists about the stop smoking campaign running in October.”

Publication of the campaign calendar 15 months ahead gets pharmacists involved much earlier, even with the multiple agencies that are now taking part. “They are engaging together, and healthcare professionals are engaged and involved much earlier,” he said.

Recommendations?

Finally, the APPG members asked the experts what recommendations they would like to see included in their final report.

Dr Wilkie called for a requirement to involve patients and the public in all stages of decisions made about them.

Cllr Kemp asked for the MPs’ help with the “big national conversation” on the future of healthcare - and for more support “to ensure that each health care professional understands integration, and not just their own ‘ology’.”

Said Prof Fenton: “we need to move FYFV faster, cascading it down so that everyone knows their role. “FYFV is a very political document, and in thinking about how to live differently, public and patient participation is critical,” responded Prof Daracott.

He added that “the game in town now” now is the 50 “vanguard” sites selected in 2015 for the FYFV’s new care models programme.

Vanguard sites have now been established for: integrated primary and acute care systems; enhanced health in care homes; multispecialty community providers; urgent and emergency care; and acute care collaborations. Says NHS England: “each vanguard site will take a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.”

Prof Darracott also urged the MPs to consider how to encourage everyone to be part of the solution – not just the mainstream organisations “who already get it.” For example, there is no requirement to have a pharmacist on HWBs boards – “but they turn up, they get involved. Good people won’t take ‘no’ for an answer,” he said.

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