

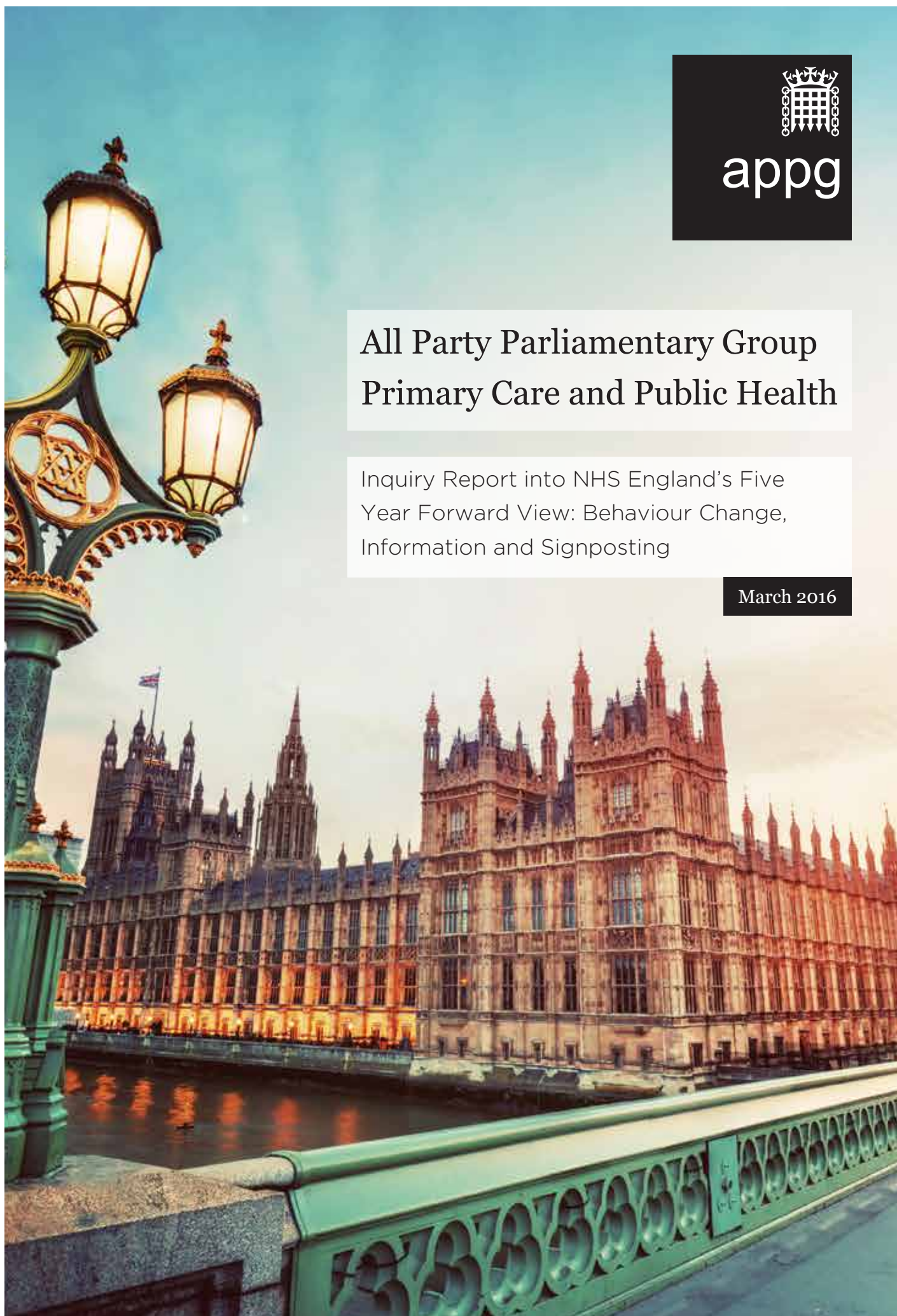


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All Party Parliamentary Group Primary Care and Public Health

Inquiry Report into NHS England's Five
Year Forward View: Behaviour Change,
Information and Signposting

March 2016





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i. About the All-Party Parliamentary Group on Primary Care and Public Health (APPG)

The Group was established in 1998 by Stephen Hesford and Dr Howard Stoate, Members of Parliament until May 2010, and Lord Hunt of Kings Heath.

The function of the Group is to raise the profile of primary care and public health within Parliament; to speak within Parliament on behalf of both users and those working in the NHS; to place primary care and public health high on the Government's agenda and to inform Parliamentary debate.

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Secretarial services are provided by PAGB, the UK trade association representing the manufacturers of over-the-counter medicines, self care medical devices and food supplements.

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ii. Acknowledgements

This is the report of a ten month inquiry into progress on the delivery of the goals set out in NHS England's Five-Year Forward View (FYFV) report on the future of the NHS in England, published in October 2014.

This report focuses specifically on the issues of information, signposting and behaviour change.

We would like to thank those individuals and organisations that have provided written and oral evidence. (See Annex I for a list of contributors).

Copies of written evidence and reports of the two oral evidence sessions have been published on the APPG website at <http://www.pagb.co.uk/appg/inquiry.html>

iii. Summary

We agree with NHS England Chief Executive, Simon Stevens, that the NHS should not simply be a “care and repair” service and, with its emphasis on engagement, prevention and wellbeing, NHS England’s Five-Year Forward View (FYFV) has the potential to move us towards the “social movement” that he describes and to promote positive behaviour change.

However, we are gravely concerned about the lack of progress towards these goals since the report was published in October 2014. In particular, we note that no leadership, policy or coordination strategies have been developed to enable the FYFV’s goals in respect of engagement, prevention and wellbeing to be met, at either national or local level. Such drivers of change urgently need to be put in place and we recommend a Minister and National Director are appointed to create and implement a national strategy for self care, providing leadership and co-ordination to ensure the prevention and wellbeing aims of the FYFV are met within the five year time frame.

People want to be empowered and take responsibility for their own health but require support to help them self care. We recommend the Making Every Contact Count (MECC) initiative is urgently implemented nationwide and in a structured and consistent way. This and a number of other local self care initiatives have demonstrated clear outcomes in terms of reductions in GP and A&E visits with concomitant improvements in health education and empowerment. No opportunity to engage people in looking after their own health should be missed by the NHS.

It is worrying that current public funding systems are actively working against the development of health promotion and self care initiatives. Most NHS funding goes into secondary care, but more spending on primary care and public health could go a long way to easing the burden on secondary care. In particular, there is an urgent need for the NHS Tariff System to switch the basis of its funding away from levels of activity and more towards outcomes and prevention, particularly in A&E.

The cuts in local authorities’ public health budgets, imposed so soon after they have once again taken on these responsibilities, are also of concern.

The information available to people about where to seek medical help is a significant issue. Too often it is inconsistent, complex and confusing, and this is driving them to GPs and A&E for conditions which could be treated at home or with the advice of a pharmacist.

People must receive consistent information, expressed clearly and plainly, about what options they have and which services are the most appropriate for them. All health professionals, and NHS 111 call handlers, need to keep up-to-date with services available in their local community, so they can signpost people to the right service.

Finally, poor levels of health literacy are harming the health of many people, especially the vulnerable, and are contributing to the pressures on the NHS. Special efforts need to be made to help and empower these groups, while across the nation, health literacy and health education need to become a lifelong learning process, starting at pre-school, embedded within the national curriculum, and with additional support given at key stages of life, such as new parenthood and at retirement.



1. Introduction

1. NHS services are facing unprecedented and rapidly increasing demand fuelled by a growing and ageing population. Increasing rates of long term conditions and the availability of innovative, effective but costly new medical treatments are adding further pressure to NHS finances, and most experts and commentators agree that major changes are needed in the way the public accesses and uses the NHS if it is to be sustained.
2. NHS England's Five Year Forward View (FYFV) on the future of the health service, published in October 2014, called urgently for the NHS to undergo major change, in particular engaging with patients and the public to a far-greater degree and increasing its focus on prevention and wellbeing.
3. However, more than a year since the FYFV was published, we have heard evidence from senior health officials and others which acknowledge that progress towards the new model of empowerment, engagement and self care, called for in the report, has been disappointing.
4. There is growing support for a shift in the positioning of the NHS, from what is currently a largely "sickness" service more towards a "wellness" model, which supports people to better look after their health and wellbeing, prevent ill-health and facilitate intervention to deliver positive behavioural change. Despite such support, progress here has been patchy and very slow.
5. A significant problem is the current wide variety of access routes into the NHS - all the evidence shows that people are confused about which service is appropriate for their needs. NHS Choices states clearly that A&E is for genuine life-threatening emergencies, and this is how that emergency service has always been positioned. Yet in 2014 A&E departments in England dealt with 3.7 millionⁱ visits for self-treatable conditions such as flu and muscle sprains. Combined with around 52 million visitsⁱⁱ to GPs each year for self-treatable conditions, this inappropriate use of primary and secondary services has cost the NHS more than £10 billion over the last five yearsⁱⁱⁱ.



6. New research shows three-quarters^{iv} of people directed to A&E by the NHS 111 helpline do not actually need to be there. Moreover, the helpline advises only one per cent of callers to consult a pharmacist, yet a quarter of people sent to A&E could have treated their problem successfully with self care and/or over-the-counter (OTC) remedies.
7. All of this indicates an inconsistency in the perception and use of the NHS A&E services which confuses people and, combined with long waits for GP appointments, puts unnecessary pressure on the system, leading the Nuffield Trust and the Health Foundation to warn in November 2015 that the service is now at risk of “a catastrophic collapse.”
8. Another serious problem is the worryingly low levels of health literacy in England. According to the Royal College of General Practitioners (RCGP), health information is too complex for more than 60% of working age adults to understand. Yet without good health literacy, people are unable to process and understand basic information and make appropriate health decisions, including about self-treatable conditions that a generation or so ago would be treated at home as a matter of course. As a consequence, people have become disempowered when it comes to looking after their health and accessing health services appropriately.
9. Solutions to dealing with the ever-growing demands on the NHS have previously been sought through increasing funding, recruitment and developing new access points into the system. However, with the current financial settlement for the NHS requiring £22bn of efficiency savings by 2020, the APPG believes more needs to be done to encourage self care and appropriate use of NHS services, freeing-up valuable resources to deliver either against the savings target or to re-allocate elsewhere within the NHS. This inquiry sought to investigate and identify the measures needed to affect behavioural change and to ensure people have access to the right information, support and signposting to appropriate services, including a specific focus on the role of self care in reducing pressure on the NHS and empowering people to make the right decisions.

2. Behaviour change, information and signposting

NHS England's Five-Year Forward View

10. All our witnesses, and those groups submitting written evidence, welcomed the renewed focus on prevention and self care contained within the FYFV. However, there was general frustration at the lack of progress that has been made towards empowering people to take greater responsibility for their own health and wellness made since the FYFV was published in October 2014.
11. The willingness is already there; a recent survey by the National Association for Patient Participation (N.A.P.P.) found that the vast majority of people consider themselves to be the principal provider of their own health and care. Nevertheless, the NHS is still widely regarded both as an “illness” service and one in which people are “done to.”
12. We heard examples of valuable opportunities being missed to empower many groups to self-manage their health and wellbeing. These include: older people, particularly those with multiple long-term conditions (LTCs); the UK's 5.4 million people with asthma, among whom two-thirds of deaths from asthma attacks are preventable; and people with Parkinson's, only 15% of whom say they feel supported after they receive their diagnosis according to a YouGov survey conducted in 2014.
13. Witnesses pointed to a lack of co-ordinated leadership from the top. For example, while welcoming the creation of a Behavioural Insights Team at the heart of government, Age UK commented: “it seems that, as the National Institute for Health and Care Excellence (NICE) noted a few years ago: ‘there is no strategic approach to behaviour change across government, the NHS or other sectors, and many different models, methods and theories are being used in an unco-ordinated way’.”



National Leadership

14. Experts also urged national leadership and joined-up, co-ordinated activity to achieve the FYFV's goals. The Proprietary Association of Great Britain (PAGB) called for a National Strategy for self care of self-treatable conditions, with a Minister and National Director responsible for ensuring implementation, providing national leadership and co-ordinating self care policy across government departments and throughout the NHS and public health.
15. The Royal College of Nursing argued that all health and social care staff should be responsible for helping accelerate positive behavioural change towards prevention and self care, and for supporting people to better understand how they can help themselves and make use of all available services, from prescribing through to public health services offered by pharmacists. Pharmacist, Mike Beaman explained that this would reduce the general practice workload and pressures on A&E while simultaneously improving patient care.
16. Pointing to the FYFV's call for the reinvigoration of primary care and management of more patients outside hospital, in the community and in a more holistic way, the Optical Confederation noted in its evidence that the crucial elements here - sight, hearing, balance, teeth, medicines management, flu vaccination, weight, continence and mobility - "can all be delivered effectively in primary care. This needs leadership from the professions to work in a more joined-up way around individuals and their support systems at local level."

RECOMMENDATION 1:

The Department of Health, NHS England and Public Health England should develop a national strategy for self care.

RECOMMENDATION 2:

The Department of Health and NHS England should appoint a Minister and national director, to take responsibility for the development, co-ordination and implementation of self care policy.



Making Every Contact Count

17. The Making Every Contact Count (MECC) initiative was developed by NHS Yorkshire and Humber in 2010, although the original concept was first highlighted in the 2004 Choosing Health White Paper which stated that “every member of the NHS staff has the potential to increase their role in raising people’s awareness of the benefits of healthy living as part of their wider NHS responsibility to patients to improve health, not just provide healthcare for the sick.” The MECC, which aims to maximise the opportunities for health professionals to engage people in conversations about how they can make healthy choices, has been adopted by some local authorities across England. Progress with this initiative has been very disappointing; pockets of good MECC practice exist, but it has not been taken up nationally, and it is not routinely implemented. During our second oral evidence session in December 2015, Prof Kevin Fenton from Public Health England (PHE) acknowledged the failure to implement this “good initiative” in a structured and consistent way, but told us: “PHE has work around this and in the New Year we will release tools to help improve its implementation.”
18. Much more positively, we also heard of many innovative local programmes which are supporting and encouraging people to self care, including:
- the Living Well Programme in Penwith, Cornwall, which helps people move from a dependency model to becoming community volunteers and champions working to improve health. Positive results of the programme include a 30% reduction in hospital emergency admissions;
 - Leicestershire County Council’s Local Area Co-ordinators, who act as a point of contact for vulnerable people before they reach the point where they need health and social care and other services. It is estimated that the wider social return on just four such Co-ordinators could be £15 for every £1 invested;
 - Lincolnshire Health and Care, is a major programme of transformation and integration aimed at delivering care closer to home, changing the mindset of practitioners, emphasising self care and developing social capital. “We can accelerate behavioural change by having self care as a major focus, not just an apologetic add-on [and] involving all health and care professionals in supporting self care,” says Lincolnshire Health and Wellbeing Board;
 - South Tyneside’s self care initiative, which aims to make lasting and fundamental changes in culture and behaviour for both staff and residents, is based on a borough-wide conversation with individuals and communities which asks: “How can I help you to help yourself?” instead of: “How can I help you?”

RECOMMENDATION 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.

RECOMMENDATION 4:

Reports of self care pilots and initiatives that are evidence based should be sent to the Self Care Forum to be uploaded onto its “best practice” portal as a way of sharing best practice.

System Incentives

19. It is very worrying that these and many other community efforts to increase levels of self care are being frustrated by perverse incentives within current public funding systems.
20. Most NHS funding now goes into secondary care, not primary care or public health and cuts to the local government public health grant are affecting the support that can be given to people to live healthier lives. Instead, we learned that the funding is being redirected to A&E, where the NHS has to deal with the results of its failure to invest in those preventative services.
21. The NHS Secondary Care Tariff System also needs to switch the basis of its funding away from activity and towards outcomes and prevention. Without such funding reform, it will be difficult to achieve the behavioural changes needed to ensure the NHS remains sustainable.

RECOMMENDATION 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.

RECOMMENDATION 6:

Local authority funding meant for health promotion in the community should be ring-fenced to ensure it is protected.

Information

22. In her evidence to the Group, Dr Virginia Pearson, Director of Public Health in Devon County Council, expressed concern that people do not know where to seek quality health advice. Some people for example do not see the local pharmacy as part of the NHS even though pharmacies are a source of expert healthcare advice available on the high street without the need or wait for an appointment.
23. According to London Councils there is a strong need to make support for prevention and self care as easy as possible to access so that this becomes the default option for people, whether this is advice from the local pharmacy or reliable, local on-line support. It is important that people are not deterred from seeking urgent medical assistance when they need to and that they recognise there is a range of options for dealing with more minor or self-treatable conditions.
24. The Royal College of Emergency Medicine (RCEM) believes that the information available to patients about where to seek medical help is inconsistent, too complex and confusing - not helped by the recently introduced multiple alternatives to A&E. As a result, people tend to resort to inappropriate use of the “trusted face” of the NHS, and especially A&E, which is open 24 hours a day, seven days a week and where people do understand that they will be seen face-to-face by a trained health professional in a timely manner.
25. Surveys by N.A.P.P. show that most patients find leaflets and other information available in GP surgeries and pharmacies useful in helping them to sustain or improve their self care, and that the most important thing is that these materials use clear and plain language.
26. It is important to recognise that at the point they access a service an individual may not consider their choice to be inappropriate, and an “emergency” can mean different things to different people. Pharmacy Voice commented “We need to make people aware of what their options are, and what the most appropriate service is in different situations. The most obvious option may not produce the best outcome. To change behaviour, we need to turn information into what makes sense to people – service options have to be real and meaningful.” Professor Rob Darracott from Pharmacy Voice explained that all healthcare professionals need to be aware of the services available in the community, and provide consistent messages to patients about those which are most appropriate for them, including support for self care. Services must be consistently available nationwide, as current variations are undermining public confidence.
27. The LGA told us that in many areas, local councils, the NHS, the community and voluntary sectors are working together to provide a joined-up “single portal” of information about support services, so that people get the information they need when they need it.

RECOMMENDATION 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.

Consistent signposting

- 28.** We heard that the NHS 111 referral service does not always refer people to the most appropriate services for their needs. Callers are being referred to A&E rather than to their local out-of-hours service, and less than one per cent^v are directed to speak to a pharmacist. It is worrying that NHS 111 staff might not be aware of all the services that can be accessed in community pharmacy. An official review of NHS 111 is planned, and this is to be welcomed.
- 29.** One way to help improve the consistency of advice from NHS services such as NHS 111 is to embed consistent information into patient pathways nationally. For self-treatable conditions, for example, advice on the normal duration of symptoms as well as red flags means that patient advice will be dependable and empowering. This information, which is available on fact sheets produced by the Self Care Forum^{vi}, should also be installed in clinical systems in A&E and EMIS.
- 30.** The Camden and Islington Borough Joint Public Health Team suggested that consistent messages could be facilitated by a requirement in the NHS contract for all NHS providers to develop messaging about their services and how to access them, based on a national framework.
- 31.** Parkinson's UK called for a knowledge bank of information about conditions, symptoms and treatments to be developed and used across the NHS, so that patients receive consistent messages, including where and when they can seek information.
- 32.** The APPG was also told that the current highly-complicated, disconnected system is working against GPs' efforts to halt inappropriate use of antibiotics. One London GP, and Senior Fellow at the Nuffield Trust, Rebecca Rosen, commented: "We wean [patients] off antibiotics, but they then go to casualty and get a prescription, so all the messages mean nothing."
- 33.** The Royal College of Nursing also pointed to a number of initiatives which help people understand which NHS services are the most appropriate for their needs, for example, NHS Fylde and Wyre CCG's "Think Why A&E" posters, and the "It's not always A&E" campaign adopted by a number of boroughs in and around the London area including Wandsworth, Richmond and Barking and Dagenham.
- 34.** The RCGP suggested that the proposed new models of care being tested in vanguard sites across the country could also be prospective conduits for the appropriate signposting of patients. However, North Tyneside Health and Wellbeing Board felt that the emergence of these new care models could in fact make things even more difficult, and called instead for cross-sector NHS branded marketing campaigns, for example placing adverts in the free newspapers delivered to homes.

35. We were also told of many initiatives for patient empowerment, engagement and self care being introduced in general practice. These include offering patients online-consultations which encourage them to consider self care and other services first, including seeking advice from their pharmacist and from NHS 111, only moving on to face-to-face consultations with a GP after these initial avenues have been explored.
36. However, experts including Dr Tim Ballard, vice chair of the RCGP, and Professor Gillian Rowlands, chair of the UK Health Literacy Group, warned of the risk that such developments could disenfranchise certain groups, such as people without health and general literacy skills, resources and family support.

RECOMMENDATION 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.

RECOMMENDATION 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.

RECOMMENDATION 10:

NHS Choices should develop a knowledge bank of information about conditions, symptoms and treatments to be developed and used across the NHS.

Behaviour change

37. Public awareness campaigns, such as NHS England and Public Health England's "Stay Well This Winter" initiative, can be useful in informing people about their health and directing them to the most appropriate healthcare service. This approach, of ensuring one national message is consistently delivered and readily understood, is also the most effective way to increase awareness of self care, according to Pharmacy Voice, PAGB and others. N.A.P.P. emphasised that messages must be consistent across different media and communication tools; otherwise people will turn to the internet, where the information available can be inconsistent and inaccurate.

38. Brent Health and Wellbeing Board said people should be “challenged” when they seek help from a service which is not appropriate for their needs, possibly by levying a financial charge. Others, including Dr Rosen from Nuffield Trust felt a more positive approach, where healthcare professionals explain which service would be more appropriate for the individual’s needs, would be more effective in encouraging people to “think” more about the NHS, and the fact that there is no more trusted brand. “But this must be a sustained message, and it must challenge the still prevalent view that use of the NHS is simply a right,” Dr Rosen told us.
39. Some witnesses also suggested that, to change behaviour and encourage more responsible use of the NHS, people should be told what their treatment is costing, for example, through individual Annual Healthcare Statements, which list the services and treatments a person has received during the previous 12 months. Others, including the LGA, believe that prescribers should refuse to give prescriptions for items that patients can buy for themselves more cheaply, although Pharmacy Voice pointed out the difficulty for pharmacists of making people aware of treatment costs when 92% of prescriptions in England are supplied free of charge.
40. Further evidence suggested that, when people are collecting a prescription, community pharmacy should take the opportunity to talk to them about other health issues, particularly as people are now able to access services, such as the NHS flu vaccine, from their pharmacy as well as from their GP or practice nurse.
41. We also heard that health education messages can be enormously successful if they are consistent and appear in a range of different media, and that they are far more likely to be successful if they are positive. Health marketing and sales services provider Ceuta Healthcare commented: “We know that consumers are more receptive to reading about the benefits of good health than the anguish of suffering.” The British Heart Foundation (BHF) added: “effective messages tend to be positively framed, tailored, specific, from a credible source [and] avoid inducing fear.”

RECOMMENDATION 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.

RECOMMENDATION 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.

Health Literacy

42. According to the Richmond Group of Charities, health literacy is essential to self care and self-management of long term conditions (LTCs). Around 70% of the total health and care spend in England goes on LTCs. Additionally, the number of people living with more than one LTC is projected to increase from 1.9 million in 2008 to 2.9 million by 2018. Therefore, raising levels of health literacy via personalised care and improved information provision will deliver short as well as longer term benefits to individuals, communities, health services and the economy.
43. Levels of health literacy in England are worryingly low, and this is harming the health of many people. The HLG and the Community Health and Learning Foundation (CHLF) reported that people with lower levels of health literacy receive a less efficient mix of health services than people with higher levels, they are more frequent users of emergency services and they make less use of planned and preventative care.
44. People with lower levels of health literacy also find medical information difficult; for example, generic prescribing means they may be dispensed different-coloured pills each time, which can be very confusing. A significant proportion of A&E attendances resulting in admissions are due to such problems with new medications. Pharmacists have a key role here in helping identify these issues and supporting patients in managing their medications.
45. Moreover, while national health campaigns such as Stay Well This Winter have a positive impact on people with high levels of health literacy, care should be taken however to ensure those with low skills are also targeted. King's Fund research from 2012^{vii} found that government campaigns in the early 2000s had little impact on those with low literacy levels. This means that efforts to raise levels of health literacy, particularly amongst disempowered adults, is essential, perhaps through local and national public health campaigns that incorporate targeted social marketing.
46. These efforts need to be system-wide, making far greater use of the skills of dentistry, optometry and pharmacy, whose staff need to be able to proactively support self care. "When people work in settings that are viewed as 'health places' they need to have the right skills and training to promote self care and support health literacy. For example, an individual may not necessarily see a pharmacist when visiting their local pharmacy but this is a key opportunity to share information," Brent Health and Wellbeing Board told us.
47. The Care Quality Commission (CQC)'s statement to the inquiry that: "raising the level of health literacy is currently seen as a peripheral activity in many general practices" is of concern.
48. However, we also heard about a number of inspiring initiatives. For example, following a pioneering survey which found that 49% of the local population has a high likelihood or possibility of limited literacy, the City of Stoke-on-Trent's public health directorate is making health literacy a prime focus of action. This work is based around five key themes, adult literacy, pre-school and early-years health literacy, internet and digital access, ensuring the use of plain English in health information and developing work with health trainers or champions around peer support. Specific activities include a pharmacy outreach project to assess the health literacy needs of 200 people as part of their medicine reviews, and plans to train all pharmacy staff in health literacy awareness and approaches.



RECOMMENDATION 13:

A system-wide approach to improving health literacy should be taken.

RECOMMENDATION 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.

Children's Health Education

49. Children should start learning about how to look after themselves and their health from the earliest possible age, and from their own families. However, many families lack this vital knowledge so are unable to pass it on to their children. It is therefore, essential that health education and literacy is taught in schools, right from the early years foundation stage (the under-fives).
50. This process of learning needs consistency and to be embedded in the National Curriculum as an essential part of Personal, Social and Health Education (PSHE). It must go beyond Sex and Relationships Education (SRE) programmes and should also include information on the NHS, its history and structure, and the right ways to access its services.
51. One example of how this is already being done successfully is the London Healthy Schools Programme. Sponsored by the Mayor of London since 2013, the programme works to develop a whole-school approach to health and wellbeing and increase levels of health literacy throughout London's primary and secondary schools, encouraging them to progress through bronze, silver and gold awards.
52. School health education should be statutory, compulsory and Ofsted-inspected, while new education initiatives are also important at certain key life stages, such as starting university, becoming new parents and at retirement, our inquiry heard.

RECOMMENDATION 15:

Health education needs to be included as a compulsory part of the PSHE curriculum, inspected by Ofsted, from age five to 18.

3. Conclusions

53. The NHS has to do more to support and incentivise healthier behaviour in the population and we are of the opinion that NHS England's Five Year Forward View has the potential to move us from a "sickness" service towards a wellness service.
54. However, implementation is too slow especially if we are to deliver these proposals and begin to affect behaviour change within the five year term. A Minister and National Director must be appointed to provide leadership and coordination of self care policy and ensure the prevention and wellbeing aims of the FYFV are realised within the given time frame.
55. It is also crucial that the information the NHS communicates to people must be clear, consistent and simple to understand. This should also apply when signposting people to the right parts of the NHS. People have become confused and their confidence undermined by inconsistent advice and this will not empower them in their health.
56. We are alarmed at the prevalence of low health literacy in the population as it harms the health of many individuals – especially vulnerable groups – and contributes to the pressures on the NHS. This must be addressed urgently for both disempowered adults and children if we are to see changes in how people look after their health and how they use health services in future.
57. Fifteen recommendations follow based on evidence received as part of this special inquiry.



4. Summary of Recommendations

RECOMMENDATION 1:

The Department of Health, NHS England and Public Health England should develop a national strategy for self care.

RECOMMENDATION 2:

The Department of Health and NHS England should appoint a Minister and national director, to take responsibility for the development, co-ordination and implementation of self care policy.

RECOMMENDATION 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.

RECOMMENDATION 4:

Reports of self care pilots and initiatives that are evidence based should be sent to the Self Care Forum to be uploaded onto its “best practice” portal as a way of sharing best practice.

RECOMMENDATION 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.

RECOMMENDATION 6:

Local authority funding meant for health promotion in the community should be ring-fenced to ensure it is protected.

RECOMMENDATION 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.

RECOMMENDATION 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.

RECOMMENDATION 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.

RECOMMENDATION 10:

NHS Choices should develop a knowledge bank of information about conditions, symptoms and treatments to be developed and used across the NHS.

RECOMMENDATION 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.

RECOMMENDATION 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.

RECOMMENDATION 13:

A system-wide approach to improving health literacy should be taken.

RECOMMENDATION 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.

RECOMMENDATION 15:

Health education needs to be included as a compulsory part of the PSHE curriculum, inspected by Ofsted, from age five to 18.

Annex I

The questions the APPG sought to answer in this Inquiry were as follows.

In the context of NHS England's Five Year Forward View and its delivery to date:

- How can we accelerate positive behavioural change towards prevention and self care in the population and who should be responsible for this?
- How can we ensure there is consistency of message across the NHS with people clear about where and when to seek health advice?
- How can we raise levels of health literacy in the population to enable people to make positive health choices for their physical health and wellbeing?



Annex II

Oral and written evidence was supplied by the following organisations and individuals:

Age UK

Asthma UK

Bath and North East Somerset Director of Public Health

Mike Beaman, Pharmacy Consultant

Brent Health and Wellbeing Board

British Heart Foundation

Camden and Islington Borough Councils' Joint Public Health Team, staff members

Care Quality Commission

Ceuta Healthcare

Community Health and Learning Foundation

Devon County Council Director of Public Health

Haringey Council and Clinical Commissioning Group

John Knapp, Social Enterprise Complementary Therapy Company

Leicester County Council

Lincolnshire Health and Wellbeing Board

Local Government Association

London Councils

National Association for Patient Participation

NHS England

North Tyneside Health and Wellbeing Board and Cabinet Member for Public Health

The Nuffield Trust

Optical Confederation and Local Optical Committee Support Unit

Parkinson's UK

Patient Information Forum

Pharmacy Voice

Proprietary Association of Great Britain

Public Health England

Public Health Warwickshire

Queen's Nursing Institute

Richmond Group of Charities

Royal College of Emergency Medicine

Royal College of General Practitioners

Royal College of Nursing

Stoke-on-Trent City Council

UK Health Literacy Group

University of Nottingham



- i IMS Health Study of self-treatable conditions presenting in A&E units 2014. Data source: HES data. Health Episode Statistics. Re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
- ii IMS Health. Minor ailment workload in general practice. 2007
- iii IMS Health, minor ailment workload in general practice 2007. Extrapolated.
- iv November 2015. BMJ Open article: <http://files.ctctcdn.com/9bc520cb001/5b108aa5-66c7-46c8-84fc-e7435187db05.pdf>
- v <http://www.pharmaceutical-journal.com/your-rps/why-doesnt-nhs-111-refer-patients-to-pharmacists/20068378.article>
- vi Self Care Forum Fact Sheets: <http://www.selfcareforum.org/fact-sheets/>
- vii Buck D, Frosini F. Clustering of unhealthy behaviours over time. Implications for policy and practice. London: King's Fund, Aug 2012



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