

Creating a sustainable future for the NHS: a roundtable discussion on the need for a National Self Care Strategy

A roundtable meeting chaired by Martin Vickers MP

Wednesday 18 June 2018, 15:00-17:00

Introduction

This is a note of the *Creating a sustainable future for the NHS* roundtable meeting, chaired by Martin Vickers MP. The meeting was arranged by PAGB (Proprietary Association of Great Britain), the Royal College of General Practitioners (RCGP) and the Self Care Forum, to discuss the need for enhanced government action on self care.

The discussion was informed by PAGB's paper, *A long term vision for self care*, which sets out steps the Government could take to embed a culture of self care. The meeting was attended by stakeholders from across the NHS and local government, including commissioners, professional membership organisations and policymakers, as well as representatives from PAGB's member companies. A full list of attendees is included in Appendix 3.

This note sets out a summary of the discussion, covering the following topics:

- **Self care in 2018:** how self care is defined and why it is important
- **Challenges facing self care:** what barriers need to be overcome to encourage self care
- **Embedding a culture of self care:** what role members of the public and the health system should play in promoting self care
- **National action required:** steps the Government could take to embed a culture of self care
- **Next steps:** proposed actions for roundtable attendees to take forward to drive progress

The note reflects a summary of the discussion at the meeting, and the views expressed in the report are those of the individual contributors and may not reflect the views of PAGB, the RCGP or the Self Care Forum. This discussion will inform PAGB's forthcoming white paper on self care, which is being produced separately and will be published later in 2018.

Self care in 2018

Self care can refer to a spectrum of actions (see Appendix 1), ranging from healthy living to management of long-term conditions. During the meeting, there was agreement that the benefits of self care can be yielded across the full spectrum.

The value of self care, in terms of saving both time and money for the NHS, is a widely-recognised principle. PAGB has estimated that over £1.5bn could be saved each year if more people were empowered to take care of their own health, broken down as follows:

- £25m if a more appropriate number of NHS111 callers were directed to self care for self-treatable conditions¹
- £810m per year from GP appointments for self-treatable conditions²
- £136m from reducing unnecessary prescriptions for over-the-counter medicines for self-treatable conditions³
- £625m if all A&E attendances receiving a primary treatment of guidance or advice were diverted⁴

A new long-term funding settlement for the NHS has recently been announced, amounting to an average 3.4% real terms increase in funding in each of the next five years.⁵ This funding is conditional on NHS England continuing its efficiency agenda. As part of this settlement, the Government has now tasked NHS England with developing a new long-term vision for the NHS which must:

- Deliver cash-releasing efficiency savings
- Support greater integration between health and social care
- Invest in prevention and empower individuals to take greater responsibility for their own health

As such, it was agreed, self care can help the NHS achieve these aims, and should be considered at the heart of the new long-term plan, to help to secure a sustainable future for our health and care system.

Challenges facing self care

Despite the value of self care being a widely-recognised principle, progress towards making self care a strategic priority has been slow. Attendees identified multiple challenges that have hindered efforts to raise awareness of the benefits of self care, leaving it viewed as a 'second division' issue, rather than a strategic priority. These included:

Lack of national leadership: recent developments, including the *Stay Well Pharmacy*⁶ campaign and NHS England and NHS Clinical Commissioners' *Conditions for which over-the-counter items should not routinely be prescribed*⁷ guidance, are welcome steps to support more people to self care. However, in isolation these are not enough. Indeed, such a piecemeal approach may risk people falling between the gaps in service provision without appropriate support to self care. Without concerted national leadership to drive more people to self care, there is a limit to what can be achieved.

Low levels of health literacy: between 43% and 61% of English working-age adults routinely do not understand health information.⁸ When coupled with an array of confusing and inconsistent information for the public on what services are available and when and how they should be accessed, people often go to their local A&E or GP when they could have self-treated, due to a lack of understanding.

Lack of clinical engagement: healthcare professionals do not always take advantage of opportunities to empower their patients to take greater control of their own health and care, or signposting them to other healthcare professionals. For example, just 42% of GP practices currently support their patients to self care, despite 67% of GPs believing it would help to reduce their workload.⁹

Embedding a culture of self care

There are significant opportunities to embed a culture of self care across the system, particularly as NHS England looks to put together plans for the long-term sustainability of the health and care system. Key areas discussed during the roundtable meeting were:

- Harnessing the potential of technology
- Empowering and informing individuals
- Equipping healthcare professionals to support more people to self care
- Learning from best practice

Each of these areas is explored in more detail below.

Harnessing the potential of technology

Technology has the potential to transform the self care agenda. There are over 165,000 health apps on the market,¹⁰ ranging from apps that help people to stay well and make healthy choices, through to online triaging and digital consultations. The new Secretary of State for Health and Social Care, Matt Hancock MP, has indicated that technology is one of his three early priorities for the health system.¹¹ This enthusiasm should be harnessed to better signpost people to approved apps and technology that can provide evidence-based and validated advice. This would encourage greater access to self care, whilst ensuring that the support being provided is robust and trustworthy.

Empowering and informing individuals

It is crucial that people are empowered with the knowledge and support required to make sure they feel supported to self care. References to self care within the new health education guidance for schools is therefore a welcome step to acknowledging the role of education in supporting people to take better care of their health.¹² However, health education in schools must become an imperative in order to truly embed a life-long culture of self care.

More can be done to encourage greater engagement with individuals on how they can self care. For example, in Wigan, an informal contract between the Borough and residents has been agreed: the Borough will ensure there are a wide range of facilities and timely access to good quality GP services, and in return, residents will take charge of their own health and wellbeing by keeping active, quitting smoking and going for regular health check ups.¹³

This positive and proactive engagement can ensure people are better informed of the value of self care and their own responsibility to take ownership of their own health. Local conversations about self care need to shift the focus: self care is not about what people need to do when the NHS fails, but rather what we need to do to help it succeed. The need to save money should not be seen as the only motivation for embedding self care, and resources should focus less on where people can and can't access care and more on how they can maximise the value from their contact with the NHS.

Equipping healthcare professionals to support their patients

Encouraging greater health literacy amongst patients and members of the public will only achieve some improvement: healthcare professionals have a central role to play in supporting more people to change. There has been encouraging progress in recent months:

- Self care is likely to be included in both the General Medical Council's *Outcomes for Graduates* framework¹⁴ and the Nursing and Midwifery Council's *Standards for Pre-Registration*¹⁵ training curricula, although the final details are yet to be published
- The recent NHS England and NHS Clinical Commissioners guidance, *Conditions for which over the counter items should not routinely be prescribed in primary care*, also provides an opportunity for GPs to guide people to self care

However, more can be done: self care, and methods of supporting people to self care, should be a key requirement in the professional training curricula for all healthcare professionals. In addition, GPs should be provided with recommendation prescriptions to signpost patients to appropriate over-the-counter medicines and self care techniques. A similar scheme in Germany has been very effective.¹⁶

Moreover, utilising multi-disciplinary working to support self care is crucial. It is well known that GPs are under huge pressure. The wider primary and community care workforce can play a significant role in managing this growing demand. Pharmacists in particular should be empowered to play a greater role

in supporting people to stay well, acting as the first point of call for the health system. The success of the recent NHS111 Referral to Pharmacy pilots have been promising,¹⁷ and there are a number of policies, including enabling pharmacists to refer to other healthcare professionals and have 'write' access to patient records, which would integrate the role of the community pharmacist into the primary care pathway in a meaningful way.

Learning from best practice

In local areas, there has been notable progress where leaders have the enthusiasm and resources to drive change:

- In Tower Hamlets, social prescribing is an embedded part of primary care¹⁸ – helping to tackle wider social issues which are having a significant negative impact on patients' health and supporting the public to take better care of their own health and wellbeing
- In Surrey, the Churchill Medical Centre won a NICE Shared Learning award¹⁹ for their patient information leaflets, highlighting the case for 'evidence-based harm' in prescribing antibiotics for common coughs and colds, and reduced antibiotic prescriptions by 15%

More should be done to share this best practice through Integrated Care Systems (ICSs) and Sustainability and Transformation Partnerships (STPs) as they develop, to help professionals understand what does (and does not) work.

National action required

“As the NHS develops its plan for the long term, more needs to be done to embed a culture of self care. It's time for a national self care strategy to help people stay well and manage the growing demand on our health service.” - Message from Norman Lamb MP, shared at the roundtable meeting

Self care has been seen by the Government as a 'nice to have' not a 'must have', with the piecemeal progress which has been made largely driven by enthusiasm at a local level. It is clear that there is a huge opportunity for progress at a national level by harnessing the potential of self care and providing national leadership to drive progress forward. Where national leadership and guidance has been provided, for example with long-term conditions through NHS England's *Declaration for patient-centred care for long term conditions*²⁰ and its central hub of resources,²¹ a cultural shift has happened.

NHS England should seek to embed a culture of self care within the new long-term plan. Drawing on the discussion at the roundtable meeting, the following actions should be considered:

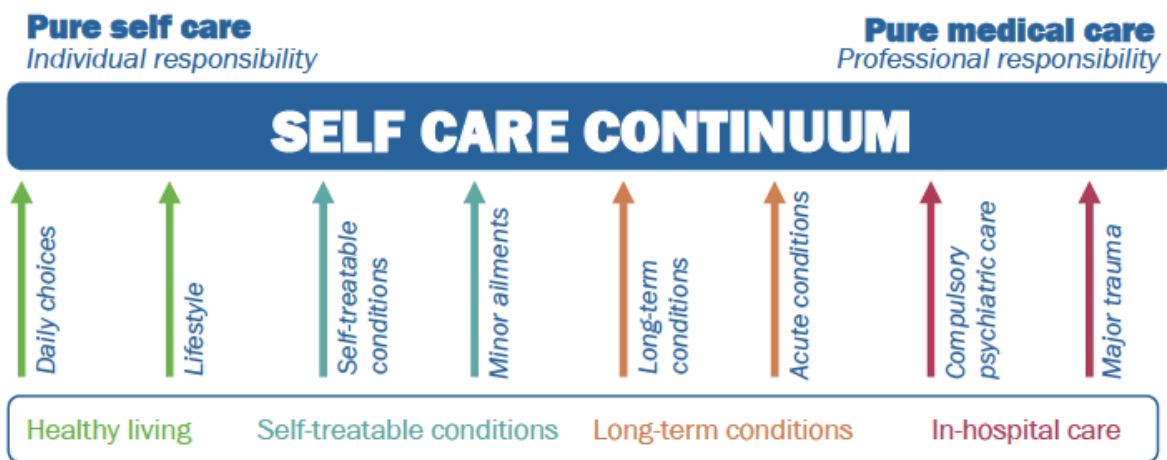
- Targeted campaigns to improve health literacy and empower the public to take greater control of their own health, including compulsory health education in schools
- Ensuring self care and methods of supporting people to self care are included in training curricula for all health and care professionals
- Introducing recommendation prescription for GPs to issue to patients
- Providing national leadership within NHS England to develop a national self care strategy and resource hub of local examples of best practice to support local leaders to make the case for including self care in ICS and STP plans
- Encouraging local areas to devise their own plans for supporting greater self care within their populations, ideally as part of a national strategy.
- Promoting the expertise of pharmacists and considering policies to embed them as the gatekeepers of primary care

- Improving signposting to, and making use of, technology to help to support and embed self care techniques

If you would like any further information on the details set out in this paper, please get in touch via PAGB@incisivehealth.com.

August 2018

Appendix 1: The self care spectrum



Appendix 2: discussion questions

1. Has there been enough progress to date? Where are the most significant gaps in supporting people to self care?
2. What challenges and barriers have to be overcome to facilitate further progress?
3. What examples are attendees aware of where self care is being effectively supported?
4. How can we ensure that people are supported to access self care, whilst managing demand on core services?
5. What role can healthcare professionals play? What tools or resources do they need in order to do this? Who should be responsible for supplying these resources?
6. What steps need to be taken to ensure that, from a young age, people are equipped with the knowledge to self care for self-treatable conditions?
7. What other steps could be taken to improve signposting and increase public understanding?
8. How can we make sure these steps are implemented across the country?
9. What more can be done to promote the expertise of pharmacists as the first port of call for advice on self-treatable conditions?
10. How can pharmacists be better integrated into the care pathway?
11. What parts of the system need to be engaged to drive progress forward?
12. How can we work together to ensure a greater focus on self care in the new long-term NHS plan?

Appendix 3: attendees

Chair

Martin Vickers MP

Attendees

Jo Bullen, Head of Public and Government Affairs, Bayer
Matthew Cripps, National Director of Sustainable Healthcare, NHS England
Helen Donovan, Professional Lead for Public Health, Royal College of Nursing
Sarah Kettridge, Head of Regulatory External Affairs – International, Perrigo
John Lunny, Public Affairs Manager, Royal Pharmaceutical Society
Matthew Mayer, Policy Lead, Workload Management, British Medical Association
Adrian Masters, Director of Strategy, Public Health England
Neil Tester, Deputy Director, Healthwatch England
Katja Murray, Director, Government Affairs – Europe, GSK Consumer Healthcare
David Paynton, National Clinical Lead, Royal College of General Practitioners
Sarah Pickup, Deputy Chief Executive, Local Government Association
Pete Smith, Co-Chair, Self Care Forum
John Smith, Chief Executive, PAGB
Julie Wood, Chief Executive, NHS Clinical Commissioners

Observers

Donna Castle, Director of Public Affairs and Communication, PAGB
Maddy Farnworth, Account Manager, Incisive Health
Zain Hassan, Account Executive, Incisive Health
Libby Whittaker, Public Affairs Executive, PAGB

References

- ¹ PAGB (2018), *Calculated using NHS111 minimum data set*
- ² NHS England (2018), *Stay Well Pharmacy Campaign*, available at: <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/stay-well-campaign>
- ³ NHS England (2018), *Conditions for which over the counter items should not routinely be prescribed in primary care: guidance for CCGs*, available at: <https://www.england.nhs.uk/wp-content/uploads/2018-03/otc-guidance-for-ccgs.pdf>
- ⁴ PAGB (2018), *Calculated using NHS Digital HES/MSitAE data set*
- ⁵ UK Government (2018), *PM Speech on the NHS: 18 June 2018*, available at: <https://www.gov.uk/government/speeches/pm-speech-on-the-nhs-18-june-2018>
- ⁶ NHS England (2018), *Stay Well Pharmacy campaign*, available via: <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/stay-well-campaign/>
- ⁷ NHS England (2018), *Conditions for which over the counter items should not routinely be prescribed in primary care: guidance for CCGs*, available via: <https://www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/>
- ⁸ NHS England (2016), *Does health literacy matter?*, available at: <https://www.england.nhs.uk/blog/jonathan-berry/>
- ⁹ Royal College of General Practitioners (2018), *Spotlight on the 10 High Impact Actions*, available at: <http://www.rcgp.org.uk/policy/general-practice-forward-view/spotlight-on-the-10-high-impact-actions.aspx>
- ¹⁰ Nuffield Trust (2016), *The digital patient: transforming primary care*, available at: https://www.nuffieldtrust.org.uk/files/2017-06/1497259872_nt-the-digital-patient-web-corrected-p46-.pdf
- ¹¹ Health Service Journal (2018), *The Download: Our digitally enthused health secretary*, available at: <https://www.hsj.co.uk/7022992.article>
- ¹² Department for Education (2018), *Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals senior leadership teams,*

teachers, available at: https://consult.education.gov.uk/pshe/relationships-education-rse-health-education/supporting_documents/Final%20DRAFT.%20JULY%202018_Relationships%20Education_RSE_Health%20Educ..%200002.pdf

¹³ Wigan Council (2017), *What is the deal?*, available at: <https://www.wigan.gov.uk/council/the-deal/the-deal.aspx>

¹⁴ General Medical Council (2018), *Outcomes for graduates*, available at: https://www.gmc-uk.org/-/media/documents/dc11326-outcomes-for-graduates-2018_pdf-75040796.pdf

¹⁵ Nursing and Midwifery Council (2018), *Standards for pre-registration nursing programme*, available at: <https://www.nmc.org.uk/standards/standards-for-nurses/standards-for-pre-registration-nursing-programmes/>

¹⁶ PAGB (2018), *Response: General Medical Council: Updating our expectations of newly qualified doctors in the UK: reviewing the outcomes for graduates*, available at: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates>

¹⁷ NHS England (2018), *Why our successful pharmacy minor illness referral scheme pilot is being extended to three new areas*, available at: <https://www.england.nhs.uk/blog/why-our-successful-pharmacy-minor-illness-referral-scheme-pilot-is-being-extended-to-three-new-areas/>

¹⁸ Bromley By Bow Centre (2018), *Social Prescribing Reports*, available at: <https://www.bbbsc.org.uk/services/get-support-for-issues-affecting-your-health/social-prescribing-reports/>

¹⁹ NICE (2014), *2014 Shared Learning Award*, available at: <https://www.nice.org.uk/news/article/project-to-reduce-antibiotic-prescribing-wins-2014-nice-shared-learning-award>

²⁰ NHS England (2015), *Our Declaration: patient centred care for long term conditions*, available at: <https://www.england.nhs.uk/wp-content/uploads/2015/09/ltc-our-declaration.pdf>

²¹ NHS England (2017), *Resources for long term conditions*, available at: <https://www.england.nhs.uk/ourwork/ltc-op-eolc/ltc-eolc/resources-for-long-term-conditions/>