



# A Self Care White Paper: supporting the delivery of the NHS Long Term Plan

March 2019



Then. Now. Tomorrow.

As the Government and NHS England work to implement the ambitions of the NHS Long Term Plan, PAGB is calling for a national self care strategy. Coordinated national leadership and action to promote self care is vital to achieving the behaviour change required to support a meaningful shift towards prevention and ensure the NHS's future sustainability.

Supporting people to manage their own health, tackling health inequalities and reducing pressure on services are important ambitions of the NHS Long Term Plan. These ambitions, coupled with increased NHS funding over the next five years, should mean that the NHS can start to tackle some of the underlying pressures it faces.

The NHS Long Term Plan signals a welcome shift towards a more preventative model of care, helping people to stay healthy in order to moderate demand on the NHS. This aim can only be achieved, however, by also empowering people to live well and take responsibility for their health, moving the system towards a greater focus on empowering people to self care.

A robust strategic plan for self care must therefore be developed as part of the NHS Long Term Plan implementation framework, to support a meaningful shift towards prevention and empowering people to self care. Backed up by strategic national leadership, self care has the potential to deliver significant cost savings for the NHS and reduce demand on services. It is estimated that in total, over £1.5bn could be saved each year and reinvested into the NHS if more people had the appropriate tools and awareness to take care of their own health.

**PAGB is committed to working with the Government and NHS England to support the development of a national self care strategy.**

This White Paper sets out seven key recommendations which should be included in a national self care strategy, to support the delivery of the NHS Long Term Plan:

**01**

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Utilise digital solutions to support and increase self care

**02**

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Introduce recommendation prescriptions for GPs

**03**

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Include self care, and methods of supporting people to self care, as a key requirement in professional training curricula for all healthcare professionals

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Ensure self care techniques and signposting to appropriate use of NHS services are included as core components of the health education curricula in England

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Introduce a year-round pharmacy awareness campaign

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Enable community pharmacists to refer to other healthcare professionals, fast-tracked if appropriate

**07**

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Give community pharmacists 'write' access to patient medical records so any medication or advice offered can be recorded consistently

# Introduction

The NHS is the UK's most treasured national institution. After nearly a decade of spending restraint<sup>1</sup>, a new multi-year funding settlement<sup>2</sup> should provide the capacity required to tackle some of the pressures it faces.

The NHS Long Term Plan<sup>3</sup> has set out how the Government and NHS England intend to future-proof the NHS over the next ten years.

Supporting people to manage their own health, tackling health inequalities and reducing pressure on services are important ambitions of the NHS Long Term Plan. These ambitions, coupled with increased NHS funding over the next five years, should mean that the NHS can start to tackle some of the underlying pressures it faces.

However, ambition alone is not enough. As the NHS moves from plan to action, a comprehensive national strategy to promote and embed self care must be developed. The NHS Long Term Plan signals a change in the NHS towards a more preventative model of care, helping people to stay healthy in order to moderate demand on the NHS. This aim can only be achieved, however, by also empowering people to live well and take responsibility for their health, shifting the system towards a greater focus on self care. Coordinated national action is required to deliver this change.

“The longstanding aim [of the NHS] has been to prevent as much illness as possible. Then illness which cannot be prevented should where possible be treated in community and primary care. If care is required at hospital, its goal is treatment without having to stay in as an inpatient wherever possible.”

The NHS Long Term Plan (pg. 11)

To help achieve this aim and support the implementation of the NHS Long Term Plan, PAGB has developed this self care white paper.

## It sets out:

- **Self care and the NHS:** progress to date and opportunities to embed a culture of self care
- **Self care in numbers:** why opportunities to self care should be maximised
- **A national self care strategy:** achievable policy action that can be taken now to promote self care and support the delivery of the NHS Long Term Plan

# Self care and the NHS Long Term Plan: making the most of the opportunity

Self care comprises the actions that individuals take for themselves, on behalf of and with others, to develop, protect, maintain and improve their health, wellbeing or wellness.

Self care can be described as a continuum (see Figure 1), ranging from promoting everyday wellbeing and taking care of self-treatable conditions to the management of long-term conditions and recovery after trauma. Whilst this paper focuses on 'self-treatable conditions', embedding a culture of self care can deliver benefits across the continuum.

The scale of doing so should not, however, be underestimated. At present, there is too much confusing and inconsistent information for the public on what services are available, and when and how they should be accessed – but limited information made readily available to people to encourage them to self care. This drives people towards their local A&E or GP when they could have self-treated. There is, for example, low public awareness of the role and expertise of pharmacists as the first port of call for minor ailments<sup>4</sup>. Health literacy remains low, widening health inequalities and leaving people struggling to make appropriate health and self care decisions<sup>5</sup>.

The NHS Long Term Plan makes some encouraging promises:

- **A renewed focus on, and investment in primary care**, including the development of integrated multidisciplinary teams, rightly recognising the vital role of pharmacists
- **Greater support for people to manage their own health**, including investment in prevention programmes, self-management tools for long-term conditions and renewed efforts to tackle health inequalities
- **Digitally-enabled care**, providing convenient ways for patients to access advice and care

PAGB welcomes the renewed focus on prevention and helping people to stay healthy outlined in the NHS Long Term Plan, as well as the ambition to ensure people access the right care at the right time. However, these ambitions on their own represent a missed opportunity. The NHS Long Term Plan does not go far enough. NHS England must ensure self care is a central and integrated part of its plans.

The Government and NHS England must develop a national self care strategy, backed up by national leadership to embed a culture of self care, shift the NHS towards a focus on prevention, and ensure the ambitions of the NHS Long Term Plan are achieved.

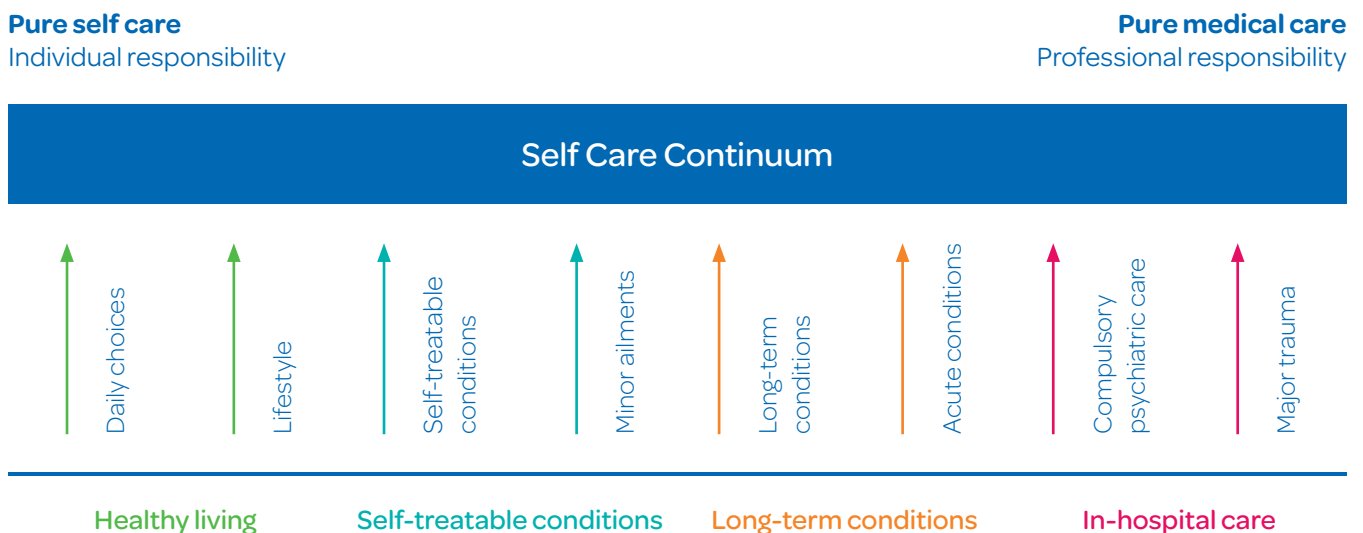


Figure 1: Self Care Forum, *The Self Care Continuum*

# Self care in numbers

Demand and pressure on NHS services have reached unprecedented levels<sup>6</sup>, and a significant proportion of this comes from people going to their GP for self-treatable conditions.

There are an estimated 18 million GP appointments every year for self-treatable conditions<sup>7</sup>, including:

**5.2 million**

GP visits every year for blocked noses<sup>8</sup>

**40,000**

appointments per year for dandruff<sup>8</sup>

**over 1 million**

GP appointments each year for backache<sup>9</sup>

**20,000**

GP appointments annually for travel sickness<sup>8</sup>

Looking at the costs of interactions with the health service (i.e. A&E attendances, GP appointments and prescriptions for over-the-counter medicines) that could reasonably be dealt with elsewhere, it is estimated that in total over £1.5bn could be saved each year and reinvested into the NHS if more people had the appropriate tools and awareness to take care of their own health.

The potential exists to realise these savings: indeed, 92% of UK adults think it is important to take more responsibility for their own health to help ease the burden on the NHS<sup>14</sup>. However, PAGB has identified a disconnect between attitude and behaviour. Although the majority of people we surveyed agreed that GP and A&E services should only be used when essential, in the 12 months prior to the survey over one third (34%) had visited a GP about self-treatable conditions, and almost half of those surveyed wouldn't visit their local pharmacist in the first instance for advice about a self-treatable condition<sup>14</sup>.

## Saving from self care

The costs of interactions with the health service that could reasonably be dealt with elsewhere



**£25m**

could have been saved in 2017/18 if a more appropriate number of NHS 111 callers were directed to self care<sup>10</sup>



**£200m**

could be saved each year by reducing unnecessary prescriptions for over-the-counter medicines for self-treatable conditions<sup>12</sup>



**£810m**

An estimated £810m per year is spent on GP appointments for self-treatable conditions<sup>11</sup>



**£518m**

could have been saved in 2017/18 if all A&E attendances receiving a primary treatment of 'guidance or advice' were diverted<sup>13</sup>

# A national self care strategy: achievable policy action

The publication of the NHS Long Term Plan is the first step, but the challenge lies in implementation.

Producing a national self care strategy would provide the national leadership required to support the implementation of the NHS Long Term Plan, achieving three key objectives:

## 01

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Supporting people to manage their own health by enhancing access to self care

## 02

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Tackling health inequalities by improving health literacy

## 03

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Reducing pressure on services by realising the potential of community pharmacy

Each of these objectives is explicitly linked to ambitions set out in the NHS Long Term Plan, as we explain in more detail below. Each objective is supported by policies which could be realistically implemented now as part of a national self care strategy.

PAGB is committed to working with the Government and NHS England to support the development of a national self care strategy, including the development of indicators and outcome measures, to ensure such a strategy is implemented effectively to support the aims of the NHS Long Term Plan.

# Supporting people to manage their own health by enhancing access to self care

At its core, self care is fundamentally about ensuring that people can access the care, advice and treatment required to manage their own health and wellbeing outside of GP surgeries and hospitals.

Futureproofing the NHS means that it will need to be increasingly proactive in the services it provides, prioritising upstream actions to promote everyday health and wellbeing, in order to support people to stay healthy and avoid complications of illness. Enhancing access to self care can help achieve this aim.

PAGB welcomes the enhanced role of NHS111 set out in the NHS Long Term Plan, as called for in our *Long-term vision for self care: interim white paper*<sup>15</sup>. Enabling NHS 111 to directly book into GP practices and refer on to community pharmacies is a welcome step, and will help reduce avoidable pressure on secondary care services. New support for people to manage their own health, including through social prescribing and structured education and self-management tools is also promising. These steps will help encourage people to change their everyday behaviour when interacting with the NHS, learning from experience.

Recommendation 1:



Utilise digital solutions to support and increase self care

The NHS Long Term Plan clearly sets out a future NHS where digital access to services is widespread, to improve care for patients and increase efficiency. This begins with the NHS App, which will provide advice, check symptoms and connect people with healthcare professionals<sup>16</sup>.

As the NHS increasingly moves towards a 'digital front door', digital solutions to support and increase self care should be explored. There are a wealth of self care resources (for example, Box 1) which must be incorporated into the NHS App. This is an important first step to improve signposting to self care and support people to manage their own health, ensuring that GP services are not overburdened by referrals from digital platforms. PAGB welcomes the opportunity to work alongside NHS England to ensure that digital solutions are utilised effectively, to support and increase self care.

## Digital self care resources

The Student Health App<sup>17</sup> is a free and targeted mobile health information app which provides reliable health and wellbeing information for university and sixth form students. It aims to empower them to take better care of their health. The App provides information and advice on more than 150 topics from first aid and mental health to staying safe at university, supporting students to make informed decisions about their health<sup>18</sup>.

The Self Care Forum has developed online factsheets, for use by NHS professionals, covering common ailments. They aim to help clinicians and patients discuss issues around self care within the practice consultation as well as how to handle the symptoms in the future. The factsheets cover topics such as eczema, constipation, coughs, sprains and strains and headaches<sup>19</sup>.



## Recommendation 2:

### → Introduce recommendation prescriptions for GPs

The NHS Long Term Plan also sets out how reducing the prescribing of items which are readily available over-the-counter is estimated to help the NHS save up to £200m<sup>20</sup>. This is a welcome move and will mean some people are directed away from the GP to the pharmacist. However, it is important that this wider collective action is balanced with the recognition that the NHS needs to support behaviour change by putting in place formal processes to direct more people to self care, before/without being refused a prescription following the publication of the *Guidance on conditions for which over the counter items should not routinely be prescribed in primary care*<sup>21</sup>.

In Germany, where they have introduced measures to change prescribing practices, they have also pursued policies to address the possibility of resultant care gaps and to direct people to access self care.

The introduction of the 'Grüne Rezept' (Green Prescription – Box 2) has been very effective. The German Medicine Manufacturing Association (BAH) found that 91% of patients receiving a Grüne Rezept purchased the recommended medicines from a pharmacy. Contrary to criticism that such schemes might lead to greater reliance on GP appointments, BAH found that patients remembered their doctor's recommendation and, on experiencing repeat symptoms, went directly to pharmacists without visiting their GP first<sup>22</sup>.

A similar approach should be adopted in the UK. GPs should be provided with recommendation prescriptions on which they can recommend an over-the-counter treatment when individuals attend their surgery with a self-treatable condition. This would be a positive way for GPs to support individuals in accessing the right care, particularly now restrictions have been introduced and GPs have been asked not to routinely prescribe certain medicines. Recommendation prescriptions can also play a role in social prescribing, acting as a physical reminder of the activity prescribed, or as a note of a referral to a link worker connecting people to wider community support.

## Grüne Rezept

In 2004, Germany introduced reforms which meant that statutory health insurance companies could no longer reimburse the costs of certain medicines and products using the standard pink prescription forms<sup>23</sup>. Since then, the Grüne Rezept has been used by doctors to recommend over the counter products and serves as a reminder for patients<sup>24</sup>. In certain situations, it is also used to 'prescribe' behaviour change, such as healthy eating or increased exercise.



Local examples of such 'recommendation prescriptions' already exist in the NHS<sup>25,26</sup>. For example, the 'Treat Your Infections' non-prescription pads, developed to support Public Health England's *Keep Antibiotics Working* campaign, resulted in 97% of patients reporting they found the pads helpful<sup>27</sup>. Introducing a standardised national approach to recommendation prescriptions would embed this activity within routine practice, empower patients and reduce pressure on GP services in the longer-term.

### Recommendation 3:

#### → Include self care, and methods of supporting people to self care as a key requirement in professional training curricula for all healthcare professionals

Healthcare professionals play an important role in empowering patients to make appropriate health and self care decisions. It is therefore crucial that they are equipped with the skills and competences to apply self care principles to their own health management and confidently promote them to others.

A 2018 survey undertaken by the Royal College of General Practitioners shows that there is still more that healthcare professionals can do to enable their patients to self care<sup>28</sup>. Just 42% of practices surveyed supported their patients to self care, despite 67% of GPs believing that supporting more patients to self care would help reduce their workload.

There are currently limited requirements to demonstrate an awareness or knowledge of self care in either the General Medical Council's (GMC) *Outcomes for Graduates* framework or the Nursing and Midwifery Council's (NMC) *Standards for Pre-Registration Nursing Education*. Training is not mandatory for healthcare professionals, despite local schemes (Box 3) showing promising results.

Working with the GMC and NMC to strengthen requirements for training in self care would deliver the triple win of boosting NHS staff wellbeing, empowering citizens to self care and improving health literacy. PAGB would welcome the opportunity to discuss this in the context of the development of the NHS workforce implementation plan in 2019.

#### Greater Manchester Self Care training

Over 200 health and social care practitioners (including active case manager, social care practitioners, GPs, administrators and practice managers) have completed self care training in North Manchester since 2013<sup>29</sup>. Of the 106 participants trained by March 2014, 93% reported increased confidence in enabling self care as a result of the training.

Since the completion of this training course, Manchester has implemented a city-wide self care strategy, identifying that self care is essential to supporting the sustainability of the local healthcare system<sup>30</sup>.

The self care training pilot has extended into a *Person, Partner Place* training programme, which allows staff from community, primary care, social care, housing, health and the voluntary sector to learn how to facilitate asset-based care and have self care conversations. More than 300 people have taken part in the programme, with an initial evaluation concluding that it had resulting in a "significant shift in learning, awareness and skills development", with 80% of participants reporting they had applied their learning into practice and 78% reporting they had "good" or "high level" of skills to help empower patients to self care as a result<sup>31</sup>.



# Tackling health inequalities by improving health literacy

The NHS was founded to provide universal access to healthcare. The NHS Long Term Plan rightly focuses on reducing health inequalities, which are estimated to account for over £5.5bn in healthcare costs to the NHS in England each year<sup>32</sup>. However, its focus is largely on outcomes rather than longer-term prevention by addressing health inequalities from a public engagement perspective.

Between 43% and 61% of English working-age adults routinely do not understand health information<sup>33</sup>. People from more disadvantaged socioeconomic groups have been identified as having levels of health literacy which are disproportionately low or inadequate<sup>34</sup>. It is therefore disappointing that there is no mention of health literacy in the NHS Long Term Plan, and action to address this should therefore be prioritised to support its implementation.

## Recommendation 4:



**Ensure self care techniques and signposting to appropriate use of NHS services are included as core components of the health education curricula in England**

In our 2016 survey of public self care attitudes and behaviours, 71% thought there should be better education around self-treatable conditions and relevant services to encourage more people to self care<sup>35</sup>. School-based interventions to increase health literacy and boost understanding of self care are a crucial starting point to embedding a lifelong culture of self care, helping the population to stay well.

At the moment, primary and secondary schools have access to Personal, Social and Health Education (PSHE) curricula which includes modules on Health and Wellbeing, focussing on a broad range of subjects including living a balanced lifestyle<sup>36</sup>.

The Government has followed through with plans to make PSHE a compulsory requirement for all state-educated pupils<sup>37</sup>. This is a welcome step. However, their definition of health education fails to focus on self care and self-treatable conditions, or on appropriate use of NHS services. The recommended primary and secondary curricula barely extend beyond vague references to health and wellbeing and fails to recognise the huge importance of health literacy. Schools will be left to decide exactly how they teach the recommended content, so there is a risk that self care and health literacy will remain an afterthought. This is a huge missed opportunity to embed a life-long culture of self care.

At the very least, there should be rapid improvements on the suggested curricula content within the statutory guidance. This should include self care techniques and signposting to appropriate use of NHS services, in order to ensure health literacy is embedded in learning at both primary and secondary school-level.

## Recommendation 5:



### Introduce a year-round pharmacy awareness campaign

Improved health literacy can also be achieved through public awareness campaigns. Self Care Week, run by the Self Care Forum, is an annual national awareness week that focuses on embedding support for self care across communities, families and generations. The Self Care Forum publishes a range of resources to support self care and raise awareness of the role of pharmacists<sup>38</sup>.

For a number of years, under various titles, NHS England and Public Health England have delivered campaign activity focused on reducing pressure on NHS services, especially urgent care services, during the winter months.

*Stay Well This Winter* prompted over 3 million people to seek advice and treatment from pharmacies in its first three years<sup>39</sup>. In 2018, the *Stay Well Pharmacy* campaign was launched to raise the profile of community pharmacists and pharmacy technicians as clinical practitioners to help boost public understanding<sup>40</sup>. These campaigns were welcomed by PAGB, as they clearly highlight the important role of pharmacists as highly-trained NHS health professionals able to offer clinical advice and effective treatment.

However, these NHS England campaigns are currently short-term bursts of activity, largely focused on the winter months to reduce demand pressures. Moreover, since 2018, *Stay Well This Winter* has expanded to include directing people to NHS 111 and extended GP opening hours under the *Help Us Help You* campaign. Whilst these are widening options available to manage patient demand at periods of high pressure, the multiple messages dilute the former dominant and clear pharmacy awareness messaging. This demand management approach doesn't address underlying misconceptions about the role pharmacists play – throughout the year – in providing qualified advice and services.

We therefore recommend a year-round public awareness campaign is introduced to increase understanding and visibility of pharmacists' expertise and role in the care pathway. This would facilitate longer-term behaviour change, ultimately relieving avoidable pressure on services and educating the public on how pharmacists can help them stay well as the first point of call for qualified NHS advice. PAGB has developed resources and guides to support previous NHS England/Public Health England campaigns, and can work alongside these bodies to develop and embed such a campaign on a sustained, year-round basis.

# Reducing pressure on services by realising the potential of community pharmacy

There are over 11,000 community pharmacies in England, many of which have extended evening and weekend opening hours. Over 99% of those living in areas of highest deprivation are within a 20-minute walk of a community pharmacy<sup>41</sup>, making pharmacies an accessible resource for people with health concerns living in these areas.

“Pharmacists have an essential role to play in delivering the Long Term Plan.”  
The NHS Long Term Plan (pg. 82)

PAGB welcomes the commitments to expand the role of pharmacists set out in the NHS Long Term Plan, as part of the wider commitment to investing in and improving primary and community care. It is particularly encouraging to see that the first tranche of funding for the new primary care networks will be used to substantially expand the number of clinical pharmacists and to develop expanded, integrated neighbourhood teams.

However, the NHS should go further by putting in place small but significant policy changes to enhance the role of pharmacists. A new pharmacy contract must be explored, which removes the sole focus on pharmacies dispensing prescriptions and includes self care services as part of their core activities. Such a contract would provide an important opportunity to address some of the barriers facing the ability of pharmacists to integrate meaningfully into the primary care pathway, thus ensuring their potential can be realised.

In addition, pharmacists should be enrolled in the digital care pathway. The NHS Long Term Plan sets out ambitions to accelerate the roll-out of digitally-enhanced services, from GP consultations through to outpatient appointments. However, community pharmacy is notably left behind, whilst being asked to play a growing clinical role. Policy changes are needed to embed pharmacy within the digital agenda, and thereby take much-needed steps towards the future of self care – one where predictive prevention and AI advice can support people to self care.

## Recommendation 6:



### Enable community pharmacists to refer to other healthcare professionals, fast-tracked if appropriate

Included in the NHS Long Term Plan is the welcome commitment that, from 2019, NHS 111 will start direct booking into GP practices and referring to community pharmacies, as well as a commitment to the development of pharmacy connection schemes, allowing GPs to refer to pharmacies<sup>42</sup>. This is an important first step, but should be extended so that pharmacists also have the ability to refer to other healthcare professionals.

Introducing such pharmacy referral schemes across the NHS in England would encourage people to visit a pharmacy first, should they require healthcare advice, and strengthen the role pharmacists can play in the care pathway. People attending a pharmacy would leave either with self care advice or a referral/ appointment with another healthcare professional, fast-tracked if necessary.

This would create a formal pathway for community pharmacists to escalate cases which are not appropriate for pharmacy care and provide patients with the reassurance they need that appropriate care would and could be provided via this route. Such pathways already exist in some local areas, as well as internationally (Box 4). Referrals from pharmacies to GPs could be easily integrated into the pharmacy connection schemes that are being developed by NHS England, providing an effective two-way referral interface between GPs and pharmacists.

## UK and international examples of pharmacy referral schemes

The South West London Cancer Network ran a pilot programme giving community pharmacists direct referral to chest X-rays for patients with suspected lung cancer. The 12-week pilot found that the vast majority (55/60) of direct referrals made by pharmacists were appropriate and although no lung cancer was detected, 30% of patients attending their clinical appointment were found to have undiagnosed COPD<sup>43</sup>.

Internationally, netCare is a pilot programme in Switzerland where community pharmacists provide primary triage. There were over 4,000 cases seen during the initial pilot, of which the pharmacist handled 76% on their own. A telemedicine consultation was needed in 17% of cases and only 7% required a transfer to hospital or general practice. 84% of patients seen only by pharmacists reported significant or complete remission of symptoms, as well as good tolerability of any medication offered<sup>44</sup>.



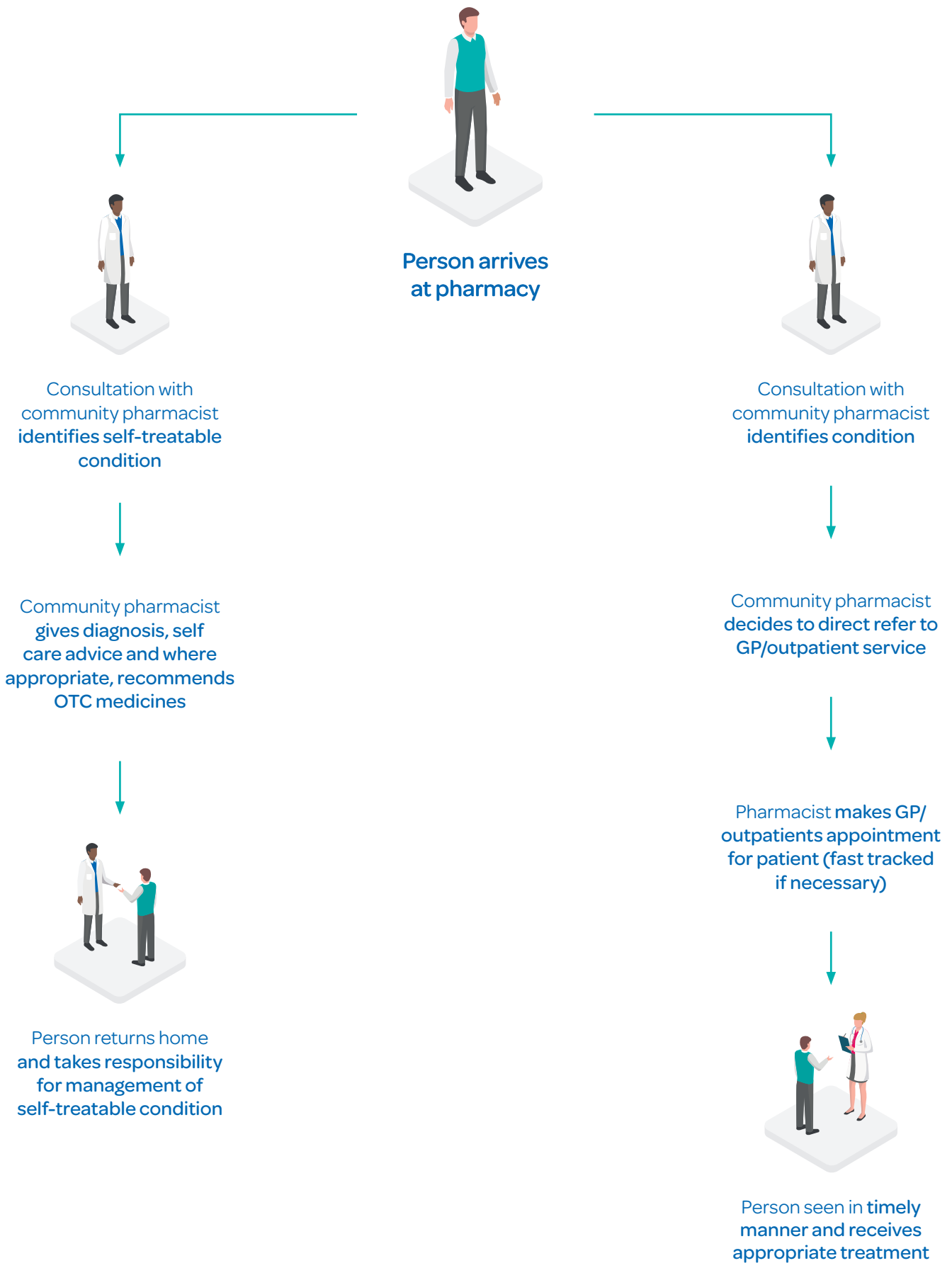


Figure 2: Potential pathway for pharmacy referral

## Recommendation 7:

→ **Give community pharmacists 'write' access to patient medical records so any medication or advice offered can be recorded consistently**

Part of the drive towards digital transformation by the NHS is to ensure that healthcare professionals can access and interact with patient records and care plans wherever they are, to deliver truly joined-up patient centred care. As NHS England explores how best to ensure equitable read/write access for clinicians to patient records, they must also prioritise enabling pharmacists to have the ability to access and input into patient records.

Recent medical history and immunisation records are already included on the summary care record, and although access varies throughout England, most pharmacies can now access this. However, pharmacists cannot record the advice or medication they give people. In this regard, England lags behind other comparable nations (Box 5).

If, as the NHS Long Term Plan states, pharmacists in primary care networks are to undertake medicines reviews, ensure patients are getting the best from their treatment, reduce waste and promote self care, this must change. Enabling pharmacists to write to patients' records would mean that advice and treatment given in other health settings (including by GPs and in hospital) can take general health, underlying conditions and medicines use into account, providing a consistent and comprehensive record of an individual's treatment. And if patients are to truly own their personal health record, it should be available to them and their pharmacist in their local community pharmacy.

### International examples of pharmacists writing to patient records

Singapore's National Electronic Health Record (NEHR) has been used since 2011 in both public and private healthcare institutions with the aim of achieving a 'one patient, one health record' vision.

The secure system collects summary patient health records across different healthcare providers, including pharmacists – who have full read/write access. The Patient Medication List further supports pharmacists in medication reconciliation for patients who may visit multiple care providers. Anonymised data from the NEHR are used for research and health insights. Patients can also access part of their health record through a secure mobile app<sup>46</sup>.

In Austria, development of the Elektronische Gesundheitsakte (ELGA) began in 2006. It collates information from a range of sources, including an electronic prescription service that allows pharmacists to check that treatments are being followed correctly. The ELGA automatically identifies medicines which are likely to interact with each other and includes medical reports and tools for sharing X-rays and test results with doctors<sup>47</sup>.

Patients can access the information from the ELGA through their mobile phone and by using their eCard, which they can hand over to health professionals to enable them to access the information. Patients can give healthcare professionals unlimited access to their record or choose to hide specific information<sup>48</sup>.





# Conclusion: Harnessing the self care agenda to deliver the NHS Long Term Plan

The Government's ten-year vision for the NHS, and commitment to increased NHS funding over the next five years, is warmly welcomed and should mean that the NHS can start to transform services to ensure they are fit for purpose for the long term.

However, there are still underlying and difficult tensions which need to be reconciled to avoid repeating past mistakes. The NHS is still required to make significant efficiency savings. More money alone cannot solve the pressure on A&E and GP services, bring down waiting times or plug the rising shortages of both doctors and nurses. Cultural and behavioural change is needed to empower people to interact responsibly with the NHS, so they can make informed decisions on when to access which services.

The NHS is now tasked with implementing its ten-year vision. Supporting people to manage their own health, tackling health inequalities and reducing pressure on services are key ambitions. In order for these ambitions to be achieved, national action is required to embed a culture of self care at the heart of the NHS. Self care has the potential to address pressure on services, reduce wasteful practices and shift the health system towards a greater focus on prevention.

A robust strategic plan for self care must therefore be developed as part of the NHS Long Term Plan implementation framework.

The seven recommendations set out in this White Paper should be included in a national self care strategy, to support the delivery of the NHS Long Term Plan:

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PAGB, the consumer healthcare association, represents the manufacturers of branded over-the-counter medicines, self care medical devices and food supplements.

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