

Health and Social Care Select Committee

Delivering Core NHS and Care Services during the Pandemic and Beyond

Submission from PAGB, the consumer healthcare association 7 May 2020

PAGB, the consumer healthcare association, welcomes the opportunity to provide evidence to this Health and Social Care Select Committee inquiry. We have restricted our comments to the areas where we feel we can most helpfully contribute to the Committee's discussions. We would be pleased to present further evidence to the Committee on the issues outlined in this submission.

PAGB is the UK trade association representing the manufacturers of branded over-the-counter (OTC) medicines, self care medical devices and food supplements, hereinafter referred to as OTC products. These products can be bought from a pharmacy or other retail outlets without a prescription and help people to stay healthy and self care for self-treatable conditions which do not require consultation with a medical professional.

Summary of key points

- i. Prior to the coronavirus outbreak, there were an estimated 18 million GP appointments a year and 3.7 million A&E visits a year for self-treatable conditions, which people could have managed themselves, or for which a pharmacist should have been the first port of call.
- ii. Over the last six weeks, people with self-treatable conditions have not been able to visit a GP in the same way as they could before the coronavirus outbreak and therefore, will have been practicing self care. Equally, people with coronavirus symptoms have been asked to self care, by staying at home and looking after themselves.
- iii. Self care is defined as 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 is not 'no care'. It is an important, but often overlooked, part of the primary care pathway.
- iv. In order to manage the back-log of demand from people that have been unable to access healthcare services over recent weeks, it will be critical to ensure that those people with self-treatable conditions continue to self care and do not seek medical attention where this is not necessary.
- v. Once the worst of the coronavirus crisis is over and healthcare services begin to normalise, there will be a unique opportunity to embed self care behaviour in a sustainable way. However, if the system and healthcare professionals themselves allow people to return to doing what they did before, this opportunity will be lost and the unnecessary demand of self-treatable conditions will continue to be felt throughout the NHS.
- vi. In the immediate recovery period, it will be important for action to be taken to ensure the behavioural shift towards a digital first self care approach is maintained and community pharmacy is fully embedded in the core primary care team and as the 'front door' of the NHS in people's minds (see points 3.6 to 3.10).

1. How to achieve an appropriate balance between coronavirus and ‘ordinary’ health and care demand

- 1.1 Prior to the coronavirus outbreak, there were an estimated 18 million GP appointments a year and 3.7 million A&E visits a year for self-treatable conditions, which people could have managed themselves or for which a pharmacist should have been the first port of call. This ‘ordinary’ health and care demand places unnecessary pressures on GP, A&E and other urgent care services.
- 1.2 PAGB has estimated that if people were empowered with the right information and advice to take care of their own health, £1.5 billion¹ of efficiency savings could be released back into the system. Importantly, given the coronavirus outbreak, the time freed up in not dealing with these self-treatable conditions could be made available to treat individuals with Covid-19 symptoms, as well as other serious or long-term health conditions that need medical attention.
- 1.3 The increased demand for OTC products, such as paracetamol, in recent weeks emphasises the important role of non-prescription medicines in tackling milder cases of Covid-19. Access to products for non-Covid-19 related conditions from pharmacies or other retailers also relieves pressure on GPs and enables people to self care. Ensuring continuity of supply of OTC products is crucial for both coronavirus and ‘ordinary’ health and care demand and should be prioritised in NHS planning.
- 1.4 Supporting people to manage their own health, tackling inequalities and reducing unnecessary pressure on services, and shifting to a more preventative model of care have been important ambitions of the NHS for some time. This direction of travel is articulated in the NHS Long Term Plan. However, progress towards making these ambitions a reality, and embedding a culture of self care in the population, has historically been very slow.
- 1.5 At the end of 2019, PAGB convened a roundtable of healthcare professionals and healthcare professional organisations to discuss these issues under the chairmanship of Sir George Howarth MP. The group identified numerous barriers to maximising the opportunities to self care, including rigid patient pathways, inefficient prescribing habits and persistent perceptions of hierarchies in the NHS. Nevertheless, there are pockets of best practice in evidence across the country, demonstrating that with the right system levers in place, these barriers can be overcome. The resulting clinical consensus statement and recommendations are available from <https://www.pagb.co.uk/policy/consensus-self-care/>.

2. Meeting the wave of pent-up demand for health and care services that have been delayed due to the coronavirus outbreak

- 2.1 Over the last six weeks, people with self-treatable conditions have not been able to visit a GP in the same way as they could before the coronavirus outbreak and therefore, will have been practicing some form of self care. Equally, people with coronavirus symptoms have been asked to self care by staying at home and looking after themselves, rather than attend a healthcare setting. The use of OTC products, such as paracetamol, cough medicines and vitamin D supplements, has been important to support this, demonstrating the need to ensure adequate access to these products.

¹ £1.5 billion calculated from: £810 million a year from GP appointments for self-treatable conditions; £25 million could be saved if NHS 111 callers were appropriately referred to self care; £518 million from A&E attendances for self-treatable conditions; and £200 million could be saved by reducing prescriptions for OTC products for self-treatable conditions: <https://www.pagb.co.uk/policy/self-care-white-paper/>.

- 2.2 Self care is defined as 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 is not 'no care'. It is an important, but often overlooked, part of the primary care pathway. Empowering people to self care when it is appropriate to do so reduces demand on GP and A&E services, enabling those medical professionals to focus their attention on the cases that most need it.
- 2.3 As people have been unable to access healthcare services in recent weeks, there will be a need to manage this back-log of demand. It will be critical to ensure that those people with self-treatable conditions continue to self care and do not automatically seek medical attention as soon as services begin to normalise again.
- 2.4 It is vital, therefore, to embed those self care behaviours that people have learned, or at least practised, during the crisis phase of the pandemic, so people don't return to the GP unnecessarily at the first opportunity.
- 2.5 A number of GP and other healthcare services have moved to offering telephone or video consultations during recent weeks. In addition, there are a number of GP-at-hand services offering online consultations. This is a positive innovation to support effective triage/demand management and enables healthcare professionals to offer consultations with those who are shielding or unable to attend the surgery. However, it is important that this is not allowed to create new demand or provide an alternative route for people with self-treatable conditions to access a GP consultation when they should be practicing self care with support, if required, from a pharmacist.
- 2.6 PAGB has welcomed the approach the Medicines and Healthcare products Regulatory Agency (MHRA) has taken with regards to regulatory flexibilities that enable companies to ensure supplies of essential OTC products are available to support people to self care. Medicines and medical devices have global supply chains and the Government has a significant role to play in resolving trade issues to enable continued supply.

3. How to ensure that positive changes that have taken place in health and social care as a result of the pandemic are not lost as services normalise

- 3.1 As the NHS begins to look at the next phase of its response to Covid-19, and how it needs to adapt its future plans, it is clear that self care policies will be vital to its short- and longer-term sustainability. NHS England should ensure that self care best practice and new innovations are captured and applied at a national level in the short-term in the form of a self care action plan. A national strategy for self care should subsequently be developed to fully embed these measures into the system in a sustainable way for the longer-term.

Digital first approach

- 3.2 The coronavirus outbreak has accelerated the adoption of a digital first approach (via NHS 111 online and NHS.uk), where individuals have been encouraged and supported to take action for themselves.
- 3.3 The NHS has been forced to innovate and accelerate digital transformation to ensure that resources can deliver the best possible care to those who need it most. This shift to a digital first approach to accessing healthcare information and services has also initiated a shift towards self care. There is a huge opportunity to drive forward and embed these innovations into the system as services begin to normalise.

- 3.4 The demand for health information online has been clearly demonstrated during the pandemic. On its busiest day (17 March 2020) the NHS 111 online service had 950,000 users, compared to a daily average prior to the pandemic of approximately 10,000. While the number of people accessing health information online had been increasing prior to the outbreak, the key concern was around ensuring people were accessing reliable information from trusted sources. The increase in use by the NHS 111 online service and NHS.uk is positive in this regard and these sites need to be embedded as trusted sources for people beyond the crisis.
- 3.5 NHS England has recognised the value of online symptom checkers and triaging tools, issuing a rapid response tender for the procurement of digital tools to support online primary care services during the coronavirus outbreak, and the NHS 111 online assessment tool has been configured to directly assess people for coronavirus symptoms. We believe that the use of such online symptom checkers should be normalised to support people in identifying symptoms of self-treatable conditions that do not require the attention of a GP or other medical professional. Tools which provide people with information about self-treatable conditions, the normal duration of symptoms (many people give up on self care too quickly as they do not appreciate, for example, that a cold will last seven to 10 days on average), advice on treating symptoms with OTC products and information on 'red flag' symptoms that do require medical attention would give people more confidence to self care and prevent people visiting the GP 'just in case'.
- 3.6 In the immediate recovery period, the following actions should be taken to ensure the behavioural shift towards a digital first self care approach is maintained:
- 3.6.1 NHS England should include a dedicated self care centre on the NHS app and on the NHS 111 and NHS.uk websites. This will enable people to access trusted information that they can rely on to support self care behaviour. As outlined in 3.7 above, this should include information to help people identify their symptoms, understand the normal duration of symptoms, self care treatment options and red flags which require medical attention.
- 3.6.2 NHS advice on self care should be rolled out to all CCGs and GP practice websites to broaden access and ensure that people are signposted to the right advice, at the right time. GP websites should consistently include clear signposting to central NHS information and self care advice.
- 3.6.3 The new Community Pharmacist Consultation Service should be expanded to take referrals for consultations about self-treatable conditions from NHS 111 online as well as the NHS 111 telephone line (currently only requests for urgent supply of repeat medications can be made online).

Enhancing the role of community pharmacy

- 3.7 The role of community pharmacy, which is ideally placed in communities and on high streets to support self care, has been enhanced as pharmacists and their teams have rightly been seen as frontline healthcare professionals in the fight against Covid-19.
- 3.8 More than 99% of people living in areas of highest deprivation are within a 20-minute walk of a community pharmacy, making pharmacies an easily accessible source of health information and support. Community pharmacies have rightly been recognised as being at the front line of healthcare delivery throughout the coronavirus outbreak, with Government committing an extra £300m to ensuring pharmacists can continue to provide essential services, which also demonstrates the critical role they can play as the crisis phase comes to an end.

- 3.9 In the immediate recovery period, the following actions should be taken to fully embed community pharmacy in the core primary care team and as the 'front door' of the NHS in people's minds:
- 3.9.1 Community pharmacists must be given 'write' access to medical records. Allowing them to write into medical records will ensure treatment advice is recorded consistently, improve the integration of health and care services, maintain health system efficiency and support continuity across NHS services. It will also increase the public's confidence in pharmacists and their role as an expert healthcare professional.
 - 3.9.2 Community pharmacists must be empowered to refer people on to other healthcare professionals when appropriate, fast-tracked if necessary. This will support a shift towards community pharmacy being the 'front door' to the NHS, as people will know that if they visit a pharmacy they will either leave with some advice and/or treatment to manage their symptoms or an appointment to see an appropriate healthcare professional who can help.
 - 3.9.3 National public health campaigns, which have been redirected to immediate health protection advice on hygiene and behaviours to prevent the spread of Covid-19 should be redirected to prioritise self care messaging, signposting reliable online information, encouraging self care and reiterating that pharmacy should be the first port of call for self-treatable conditions.
- 3.10 In the longer term, community pharmacy and self care should be included in digital primary care solutions, with fully joined up IT systems to support pharmacy's role as the 'front door' of the NHS.

4. Conclusion

- 4.1 Once the worst of the coronavirus crisis is over and healthcare services begin to normalise, there will be a unique opportunity to embed self care behaviour into the NHS and people's lives. However if the system and healthcare professionals themselves allow people to return to doing what they did before, this opportunity will be lost and the unnecessary demand of self-treatable conditions will continue to be felt in primary and urgent care settings throughout the NHS.



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For more information about PAGB, please see: <https://www.pagb.co.uk/about-us/>

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