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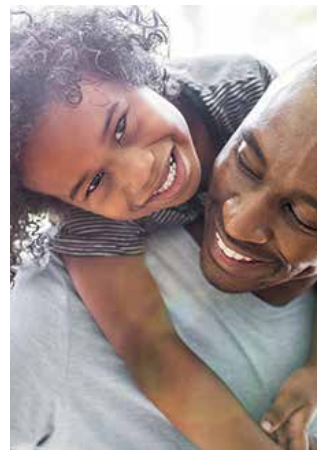
Realising the potential

Developing a blueprint for a self care strategy for England



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Foreword

Over the past two years, representatives from medical royal colleges, professional organisations and trade associations representing clinicians, commissioners, suppliers, pharmacies and manufacturers of self care medicines, medical devices and food supplements have come together to forge a clinical consensus on how best to support self care in England.

This group first worked together in 2019 to develop a Clinical Consensus Statement on Self Care, which set out seven recommendations for supporting the development of policies to encourage and enable self care for self-treatable conditions. We reconvened as a group in response to the pandemic, recognising the significant impact COVID-19 has had on the way people use NHS services. As a result of the changes in the environment, we updated our recommendations to harness the opportunities of innovation across the NHS to empower more people to take ownership of their health and wellbeing.



At the time, we recognised the urgent need for more to be done to support the development of a national self care strategy. Despite the widely recognised benefits of self care, policies to support self care were not being implemented consistently throughout the NHS and national policy has been focused elsewhere to support NHS recovery.

To this end, we set out as a group to develop our own blueprint for a self care strategy, set out in this document.

Our suggested strategy aims to support a wholesale cultural shift, both in the public's perception of health and wellbeing, and healthcare professionals' perceptions of the role they can play to create change.

We hope this proposed strategy is a useful first step to pursuing a holistic, system-wide approach to self care and we look forward to working with the Government and stakeholders set out in this document to facilitate the change now needed to achieve this.

Dr Graham Jackson

Chair, Clinical Consensus Group

Senior Clinical Adviser, NHS Confederation

Chair, NHS Clinical Commissioners

Executive summary

The COVID-19 pandemic has had a significant impact on the ways in which the Government promotes, and the public considers, self care.

The advice to citizens during the peak of the pandemic was to “stay at home, protect the NHS and save lives” – a message of self care. In response, following the first wave of the pandemic, almost one in four people said COVID-19 had changed their attitude towards self care, and seven in ten people who would have not considered self care as their first option before the pandemic, said they were more likely to do so in the future.¹

Looking forward to the health system’s recovery and the Government’s long-term aspirations for the NHS, it will be critical that these new behaviours are integrated into how people interact with the NHS.

The Government should be ambitious in its vision for self care. In ten years’ time:

- **Individuals should understand and be willing to practise self care**, knowing how to take care of themselves and where to go when they are feeling unwell.
- **There should be a cultural shift among healthcare professionals**, towards wellbeing and away from the biomedical model of care, supporting individuals to incorporate self care into their own care continuums by 2030.
- **The system should be designed to support self care**, with pharmacy being much more integrated in the primary care pathway and clear routes to self care across primary and secondary care.
- **Digital technology should be used to its fullest potential** to encourage self care wherever appropriate, empowering individuals to consider options for self care at all points on the care pathway.

To meet these ambitions, the rigid patient pathways, unnecessary prescribing habits and persevering perceptions of hierarchies in the NHS must all be done away with.

A new system needs to be created which fully integrates the promotion of everyday wellbeing, self care for self-treatable conditions and the management of long-term conditions into the wider health system.

To support this change, the Government must look to:

- 1** Address inequalities in health literacy
- 2** Enhance the national curriculum on self care for primary and secondary age children
- 3** Introduce self care modules in healthcare professionals' training curricula and continuing professional development
- 4** Make best use of, and expand, the Community Pharmacist Consultation Service
- 5** Improve access to effective treatments
- 6** Enable community pharmacists to refer people directly to other healthcare professionals
- 7** Ensure better support for Primary Care Networks (PCNs) to deliver self care
- 8** Evaluate the use of technologies that have been developed during the COVID-19 pandemic to promote greater self care
- 9** Accelerate efforts to enable community pharmacists to populate medical records

As outlined in this paper, pockets of best practice already exist across the country. These, along with the existing resources to support self care, should be drawn on to achieve this system-wide change.

Introduction

There is growing consensus among representatives from medical royal colleges, professional organisations and trade associations representing clinicians, pharmacies, commissioners, suppliers and manufacturers of self care medicines, medical devices and food supplements that a self care strategy is needed to provide national leadership on, and to give priority to, self care in local service development.

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.



The benefits of self care are wide-reaching and interlinked:

■ **Self care empowers people**

It allows people to take ownership of their health by recognising the symptoms of self-treatable conditions and how to act on them to stay well when experiencing minor illnesses.

■ **Self care reduces demand on the NHS**

It has an important role in minimising unnecessary GP appointments and A&E attendances for minor illnesses, freeing up healthcare professionals' time to dedicate towards people who are in more need of their help.

■ **Self care reduces health inequalities**

Where there are wider social determinants impacting on an individual's health, there is a greater need to empower them to know how to take care of themselves, as well as how, where and when to access advice.

■ **Self care improves health outcomes**

By equipping people with the knowledge to take greater care of themselves and freeing up healthcare professionals' time, self care can play a significant role in driving improvements in population health.

This paper sets out a suggested self care strategy for England. It includes details on:

- The existing clinical consensus, including what a strategy should cover, why a strategy is needed and how this suggested strategy has been developed
- A ten-year vision for self care
- The key components of a national strategy:
 - Ensuring individuals understand and are willing to practise self care and that there is a cultural shift among healthcare professionals to support this
 - Designing the system to support self care
 - Utilising digital technology to its full potential to support self care

For each of these components, this suggested strategy explores the challenges and existing support, as well as the steps necessary to bring about change and the organisations the Department of Health and Social Care may wish to work with to build upon progress.

This paper also features a number of case studies to bring to life pockets of best practice which already exist, and outlines commitments and measures of success the Government should look to adopt.

Clinical consensus

Despite the widely recognised benefits of self care, there are numerous barriers to maximising the opportunities it presents: rigid patient pathways, unnecessary prescribing habits and persevering perceptions of hierarchies in the NHS all stifle progress.

Nevertheless, there are pockets of best practice taking place across the country, demonstrating that with the right strategy and appropriate system levers in place, these barriers can be overcome.

The COVID-19 pandemic has helped to change attitudes towards self care, particularly among healthcare professionals. In fact, a 2021 survey of frontline healthcare professionals carried out by Imperial College London Self-Care Academic Research Unit found that 95% of respondents felt that self care was important during the pandemic, up from 55% pre-pandemic.²

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The survey also showed that the role of self care in helping to reduce pressure on NHS resources has become a key motivator of support for self care, along with empowerment and prevention of illness.³

Yet, to truly deliver the benefits that self care can bring beyond the pandemic, a wholesale cultural shift is needed. To support this shift, self care needs to be prioritised within the system, with a comprehensive policy taken forward by a dedicated team.

The **Clinical Consensus Statement on Self Care**, first published in February 2020 and then updated in **October 2020** to reflect the impact of COVID-19, sets out seven recommendations for supporting the development of policies that encourage and enable self care for self-treatable conditions. These are:

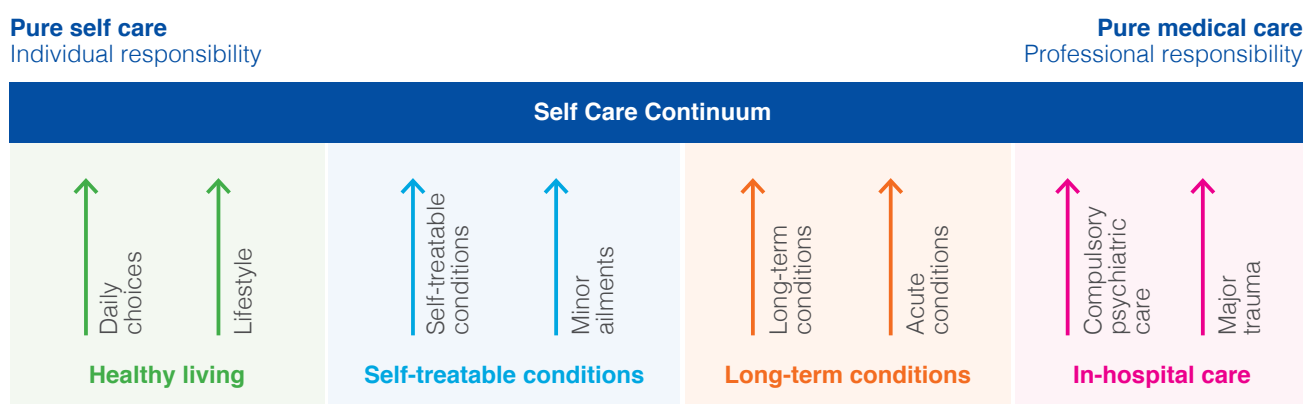
- 1** The Department of Health and Social Care should develop a national self care strategy
- 2** NHS England & Improvement should build on the successful Community Pharmacist Consultation Service and explore additional pathways to access this service, such as the implementation of self care recommendation prescriptions, to support GPs and other healthcare professionals to appropriately refer patients to self care
- 3** Primary Care Networks should consider ways to improve self care in their local populations as part of the development of their network across their local health system
- 4** NHS England & Improvement should enable community pharmacists to refer people directly to other healthcare professionals where self care is not appropriate, enhancing the role of pharmacists as a first port of call for healthcare advice
- 5** NHS England & Improvement should accelerate efforts to enable community pharmacists to populate medical records and give them full integration and interoperability of IT systems as part of local health and care records (LHCR) partnerships, and promote national support for such data sharing agreements
- 6** The Government should promote a system-wide approach to improving health literacy, including working with royal colleges to include self care modules in healthcare professionals' training curricula and Continuing Professional Development; and in the national curriculum for primary and secondary age children, in a way that is sustainable for schools to deliver
- 7** NHSX should evaluate the use of technologies that have been developed during the COVID-19 pandemic and develop them to cover a wider range of minor ailments to promote self care and manage demand on the NHS

This suggested strategy looks to support the Department of Health and Social Care to build on these recommendations, in line with the Department's own ambition of a more integrated and innovative health system.

What the strategy covers

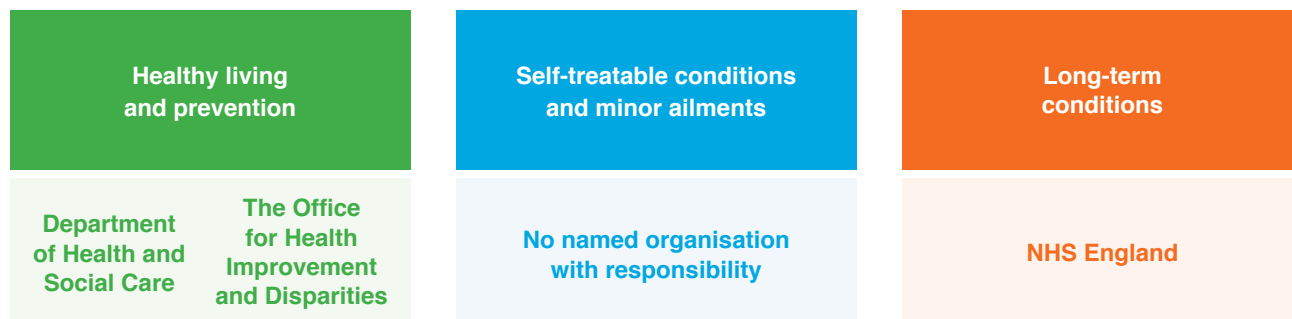
Self care can be described as a continuum (see Figure 1), ranging from the promotion of everyday wellbeing and taking care of self-treatable conditions, to the management of long-term conditions and recovery after trauma.

Figure 1



Responsibility for some aspects of self care is nominally divided among different national bodies (see Figure 2). The Department of Health and Social Care and the Office for Health Improvement and Disparities (previously Public Health England) are responsible for healthy living and prevention, while NHS England is responsible for long-term conditions. At present, there is no named organisation with responsibility for self-treatable conditions / minor ailments.

Figure 2



Given the interconnected nature of these aspects of self care however, the ambitions outlined in this strategy seek to support the entirety of the self care continuum.

Why we need a strategy

The last national strategy for self care, **Self Care – A Real Choice**, was published in 2005. Since then, some progress has been made in helping people to better understand prevention and wellness. The NHS has also successfully supported the self-management of long-term conditions. However, the opportunities to support people to self care for self-treatable conditions have not been fully realised.

The way people access information and care has been transformed by technology and a global pandemic has shown us how rapidly behaviours can shift when required.

Self care has played an important role during the COVID-19 outbreak. People with mild COVID-19 symptoms have been asked to stay at home and self care in the first instance.

Moreover, the outbreak has also changed the behaviour of people who previously would have visited their GP about self-treatable conditions. This increased willingness to self care needs to be embedded into people's everyday lives so the behaviour continues as we recover from the pandemic and people don't just go back to doing what they did before.

Prior to the COVID-19 pandemic, there were an estimated 18 million GP appointments and 3.7 million A&E visits a year for self-treatable conditions. Since the outbreak started, people with self-treatable conditions have not been able to visit a GP in the traditional manner and so have learnt – or at least practised – self care behaviours instead.

A survey carried out for PAGB in June 2020,⁴ during the first national lockdown, indicates that the pandemic has had an impact on people's attitudes to self care. The PAGB survey found that 51% of people who would ordinarily have visited a GP with a self-treatable condition were less likely to after the pandemic and 71% of people who would previously have gone to A&E with a self-treatable condition also were less likely to. 31% said they were more likely to seek advice from a community pharmacist and 69% who said they would not have considered practising self care prior to the pandemic were more likely to.

In 2021, PAGB carried out a second survey to explore how attitudes had changed over the course of the pandemic.⁵ Just over half of respondents (54%) said that, once the worst of the pandemic was over, they would be more likely to choose self care as their first option. Meanwhile, 31% of people still said that they would be more likely to consider consulting a pharmacist as their first option.



Whilst it is encouraging that the pandemic has led to a shift in behaviour; the year-on-year decline in those who said they would be more likely to consider self care as a first option highlights the urgency of embedding these changes now before people return to their pre-pandemic behaviour.

Likewise, the Government has started to make progress on some key areas for supporting self care, namely:

- Improving digital tools and online information about self care
- Enhancing the role of community pharmacies

As the NHS seeks to recover from the most recent wave of the pandemic, there will be a unique opportunity to integrate self care behaviours into the NHS and people's lives. However, if the system allows people to return to pre-pandemic behaviours, this opportunity will be lost and the avoidable demand of treating self-treatable conditions will continue to be felt in primary and urgent care settings throughout the NHS.

How the strategy blueprint was developed

Representatives from medical royal colleges, professional organisations, charities and trade associations representing clinicians, pharmacies, commissioners and manufacturers of self care medicines, medical devices and food supplements have come together with the aim of developing this strategy for the Government to consider.

To do so, they held a number of workshops and discussions, drawing on best practice from across the country.

The group is committed to playing its part, both individually and collectively, to support the development of policies to encourage self care across the care continuum. We hope this suggested strategy is helpful in the Department's work to deliver the benefits of self care for the nation.



A vision for self care

The aim of the self care strategy is to ensure that in ten years' time:

- **Individuals understand and are willing to practise self care**, knowing how to take care of themselves and where to go when they are feeling unwell.
- **There is a cultural shift among healthcare professionals**, towards wellbeing and away from the biomedical model of care, supporting individuals to incorporate self care into their own care continuums by 2030.
- **The system is designed to support self care**, with pharmacy being much more embedded in the primary care pathway and clear routes to self care across primary and secondary care.
- **Digital technology is used to its full potential** to encourage self care wherever appropriate, empowering individuals to consider options for self care at all points on the care pathway.



A close-up photograph of a man with dark hair and a beard, wearing a white t-shirt. He is sneezing into a white tissue held in both hands. His eyes are closed, and his expression is one of discomfort. The background is a plain, light-colored wall.

1

Ensuring individuals understand and are willing to practise self care and that there is a cultural shift among healthcare professionals to support this.

Overview of current challenges

Between 43% and 61% of English working-age adults routinely do not understand health information.⁶ This directly impedes their ability to practise self care across the self care continuum. For example, the Patient Information Forum's 2019/2020 survey on health and digital literacy found 43% of working age adults would struggle to understand instructions to calculate a childhood paracetamol dose.⁷

This low level of health literacy has a direct impact on the NHS. It is estimated that a lack of understanding costs between 3% and 5% of the annual UK health budget,⁸ with £1.5bn alone spent on inappropriate use of NHS services for self-treatable conditions.

What exists already to support the self care continuum

In considering these challenges, it is important to remember that some support already exists to help individuals understand self care.

These resources span the self care continuum, and include:

- **The Health Literacy Toolkit**, developed by Health Education England, in partnership with Public Health England and NHS England, which includes a collection of health literacy tools for practitioners looking for resources and information.
- **The E-learning programme on health literacy**, developed by Health Education England and NHS Education for Scotland, supports healthcare professionals in understanding the role health literacy plays in making sure everyone has enough knowledge, understanding, skills and confidence to use health information, be active partners in their care and navigate the health system.
- **The Health Literacy support hub**, developed by Patient Information Forum, which includes a **one-page infographic** on the importance of health literacy as well as tools that support healthcare professionals to ensure their materials are 'health literacy friendly'.

There are also resources specific to each of the pillars on the self care continuum:

Healthy living and prevention

The Department for Education's **Guidance on physical health and mental wellbeing** for primary and secondary school children includes a number of interventions to help teach children about prevention and wellbeing, including preventing health and wellbeing problems, personal hygiene and basic first aid. It also notes that there should be an emphasis on protecting and supporting health through information on the benefits of sufficient sleep, good nutrition, and strategies for building resilience.⁹ The Department also listed **e-Bug** (a website operated by Public Health England) in its guidance for education and childcare during the COVID-19 pandemic. e-Bug helps teachers and members of the community to teach young people about a range of topics including hygiene, antibiotic resistance, and vaccination.

In addition to the interventions in primary and secondary school, the current **Community Pharmacy Contractual Framework** requires community pharmacy contractors to become a Healthy Living Pharmacy (HLP). HLPs aim to use every interaction in the pharmacy and the community as an opportunity for health promoting interventions. As part of this initiative, community pharmacies are required to have a qualified Health Champion who has undertaken the Royal Society for Public Health Level 2 Award 'Understanding Health Improvement' as well as a workforce member who has undertaken leadership training.

Self care for self-treatable conditions

The Royal College of General Practitioners (RCGP) has developed a number of tools to support GPs and primary care teams in encouraging self care for self-treatable conditions. These include **leaflets** to share with patients on how to self care for common infections, and an e-learning module on '**Self care for minor ailments**'.

The Self Care Forum has also developed an e-learning module, '**Successful self care aware consultations**', produced in partnership with NHS England and Health Education England. The module aims to equip healthcare professionals with the knowledge and skills to conduct self care awareness consultations, supporting people to have the confidence to better look after their own health.

Similarly, the Self Care Forum has a range of **factsheets** for individuals looking for self care advice on common self-treatable ailments. These are designed to support clinicians and patients to discuss issues around self care and how to handle symptoms in the future. For example, most recently the Self Care Forum has produced a **factsheet** with help and advice for adults with long COVID and post-COVID Syndrome on how to maintain and improve their health and wellbeing on the road to recovery.

Long-term conditions

The RCGP has developed a **Person-Centred Care Toolkit** in coordination with NHS England to support GPs and primary care teams to deliver person-centred care for people with long term conditions, helping them to self care as much as possible. People with multiple long-term conditions account for about 50% of all GP appointments but the current 10-minute GP consultation does not always allow enough time to effectively address all health and wellbeing issues. The person-centred care approach gives people more choice and control in their lives by providing an approach that is appropriate to the individual's needs. It involves a conversation shift from asking 'what's the matter with you?' to 'what matters to you?' for people with long-term conditions – helping them self care as much as possible.

Steps to take

In developing the national self care strategy, it will be important to keep these resources in mind, building on existing support to ensure individuals understand and are empowered to practise self care across the self care continuum. However, more must be done – including:

Addressing inequalities in health literacy

The 2020 Patient Information Forum survey on health and digital literacy found only 13% of respondents from 175 cross-sector health organisations had a health literacy strategy in place.¹⁰ This is only a three-percentage point improvement on the 2013 survey.¹¹

For health literacy to be improved, far more needs to be done within – and indeed beyond – health organisations, building on the tools outlined above.

In particular, support needs to be given to people from more disadvantaged socioeconomic groups, which have been identified as having levels of health literacy which are disproportionately low or inadequate.¹² The NHS Long Term Plan has made addressing health inequalities a key priority. With interventions to improve health literacy recognised as one of the few evidence-based approaches for addressing and reducing health inequalities,¹³ there is an important opportunity to incorporate health literacy into ongoing activities across the NHS to reduce health inequalities and improve self care. The pandemic has shown us the importance of health literacy for increasing population health and reducing burdens on our health services. It has likewise given us examples of the way media can help support improved health literacy. We must take forward these lessons and apply them to self care.

Enhancing the national curriculum for primary and secondary age children on self care

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, which will help the population to stay well, self care for self-treatable conditions and manage long-term conditions.

As noted above, the Department for Education's **Guidance on physical health and mental wellbeing** for primary and secondary school children provides a starting point in encouraging self care within the context of prevention and wellbeing.

However, the guidance fails to focus on self care for self-treatable conditions, or on appropriate use of NHS services. Moreover, it does not address the importance of health literacy across the self care continuum.

As schools are left to decide exactly how they teach the recommended content, there is a risk that self care beyond prevention and wellbeing remains an afterthought.

To remedy this matter, there should be rapid improvements to the current curricula within the statutory guidance. This should include self care techniques and signposting to appropriate use of NHS services. Health literacy should be embedded in learning at both primary and secondary school level, and students should be equipped with the knowledge to self care for self-treatable problems, as well as an understanding of the importance of prevention and wellbeing. To help equip students to self care, lessons can be learnt from the Dr. Me model (*see case study 1*) including considering the appetite among other professionals, such as pharmacists, to support these school-based interventions. This would provide greater exposure around the role of pharmacists and how they can help individuals to self care.



CASE STUDY

Dr. Me

Dr. Me is a health promotion programme for primary school aged children. It is run by volunteer medical students who are trained to deliver workshops to teach primary school children how to self care for common self-treatable conditions in order to encourage patient empowerment and education from a young age. The one-hour workshops cover common self-treatable conditions such as vomiting and diarrhea; sore throat and fever; and minor head injuries. During the sessions, children are provided with six scenarios and they are tasked with deciding whether to stay at home, visit the GP or attend the emergency department.

The results of a study into the Dr. Me project suggest it can improve children's knowledge of self care and increase their confidence in managing self-treatable conditions.¹

¹ Fung C.Y, *Dr. Me project: Teaching children self-care for self-limiting illnesses in primary schools*, Future Healthcare Journal, June 2020, Vol.7, No 2: 105-8

Introducing self care modules in healthcare professionals' training curricula and continuing professional development

While helpful resources, such as those noted above, exist for healthcare professionals who seek them out, 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*, the Nursing and Midwifery Council's (NMC) *Standards for Pre-Registration Nursing Education* or the General Pharmaceutical Council's (GPhC) *Standards for the initial education and training of pharmacists*.

A 2018 survey undertaken by the RCGP shows that there is still more that healthcare professionals can do to enable their patients to self care.¹⁴ 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.

Looking forward, it will be important to prioritise self care as a core training requirement for healthcare professionals. Modules on self care should be included in the GMC, NMC and GPhC core curricula and opportunities for continued professional development should be made available.

Who to work with

Ensuring individuals understand and are willing to practise self care will take a cross-functional team working across organisations both within healthcare and beyond. In addition to the organisations involved in creating this document, organisations that the Government should also consult in this process are:

- The Academy of Medical Royal Colleges
- The Department for Education
- Local Health and Wellbeing Boards
- General Medical Council
- General Pharmaceutical Council
- Patient organisations
- The Royal College of General Practitioners



Commitments and measures of success

Possible commitments might include:

- ✓ Health literacy plans in all Integrated Care Systems (ICSs), supported by public facing communications
- ✓ Updated Department for Education guidance
- ✓ Core professional training curriculum
- ✓ A national campaign with integrated resources to educate the public on how to self care

Possible measures of success might include:

- ✓ Wellbeing ONS targets
- ✓ Patient Information Forum survey on health literacy
- ✓ RCGP survey results on practices supporting patients to self care
- ✓ Uptake of training
- ✓ Comparative survey results on the attitudes of HCPs towards self care during and beyond the pandemic
- ✓ A consideration during debates on the Health and Care Bill of the value of self care in reducing burdens on GPs and the opportunities the Bill presents to better integrate self care into the primary care system



2

Designing the system to support self care.

Overview of current challenges

The current healthcare system is not set up in a way that facilitates access to self care. Although people are living longer, they are spending too many years living in poor health, much of which could be prevented.¹⁵ Every year GPs are inundated by appointments for minor illnesses and self-treatable conditions, including:¹⁶

- 5.2 million appointments for blocked noses
- Over 1 million appointments for backache
- 40,000 appointments for dandruff
- 20,000 appointments for travel sickness

For people with long-term conditions, the medical model of illness too often excludes a holistic approach which empowers and encourages them be involved in and drivers of their care.¹⁷

What exists already to support the self care continuum

To address these challenges, initial steps have been taken to consider how best to ensure the system supports self care across the continuum.

Healthy living and prevention

In recent years there have been a number of papers and consultations looking at how best to support healthy living and prevention. In 2018 the Department of Health and Social Care published **Prevention is better than cure: our vision to help you live well for longer**. The document sets out a vision for how the Government intends to meet its target of improving healthy life expectancy by five years by 2035 and reduce the inequality between the richest and poorest areas. Although the plan mentions the need to support people living with long-term conditions, it does not go into detail, nor does it discuss self care for self-treatable conditions.

The following year the Department published the consultation, **Advancing our health: prevention in the 2020s**.

The consultation puts forward a number of proposals to tackle preventable causes of disease including smoking and obesity, noting since 1993 the rates of adult obesity have almost doubled to 29 per cent, and one in three children age 10 to 11 are now overweight or obese.¹⁸

Most recently, the Department's **legislative proposals** for a Health and Care Bill have sought to further integrate public health into the NHS, with Population Health Directors being brought on to Integrated Care System boards.

Self care for self-treatable conditions

Community pharmacists are well placed to drive a holistic approach to self care. They can help to advise people on the most effective over the counter treatments, as well as self care techniques. The **Community Pharmacist Consultation Service** (CPCS) has been an important initial step in ensuring the system is designed to support self care for self-treatable conditions. By building on the learnings of similar schemes in other parts of the UK, such as Pharmacy First in Scotland and the Common Ailments Scheme in Wales, the CPCS encourages people to consider community pharmacy as their first port of call for minor ailments by enabling NHS 111 to refer patients to their community pharmacy. To support digital referral, NHS England and Improvement has produced **learning resources** to help train NHS 111 call advisors and pharmacy teams on how to use the CPCS referral pathway.

Since **1 November 2020**, referrals can also be made by GPs for patients with minor illness via CPCS once a local referral pathway has been agreed. NHS England has estimated that there could be 20 million potential GP referrals to this service.¹⁹ Thus far, since the CPCS was launched in October 2019, an average of 10,500 patients per week have been referred for a consultation with a pharmacist following a call to NHS 111.²⁰

Long-term conditions

To support the system to deliver improved care for long-term conditions, the NHS published its **House of Care** Framework for long-term condition care.

The Framework encourages healthcare professionals to encourage individuals with long-term conditions to self care, recognising their own expertise on how their condition affects their lives. To do so, it notes that people need to know who, when and where to access services of support.



Steps to take

All of the resources noted above support the system in delivering self care. However, a siloed approach which separates responsibility between national institutions – or in the case of self-treatable conditions, offers no national leadership – will always face challenges in ensuring the system is fully able to support self care across the care continuum.

Rather, a national self care strategy should build on the systems and guidance already in place while ensuring a holistic approach to, and responsibility for, self care. This will not only ensure the system is designed in a way to support self care, but it will also help guarantee system changes do not inadvertently disempower people or result in gaps in the care pathway.

The self care strategy should include:

Making best use of the Community Pharmacist Consultation Service

Since its launch in October 2019, there have been over 230,000 referrals for minor ailments made to the CPCS from NHS 111. Within the first two weeks after the launch of the GP referral scheme as part of the programme, there were 516 referrals from GPs to the NHS CPCS.²¹

CASE STUDY

2

Pharmacy First schemes promoting self care

Local Pharmacy First schemes aim to provide a service to users who might have otherwise attended their GP or A&E for the treatment of minor ailments. The scheme has been taken up by a number of CCGs across the country and has proven to be a cost-effective way to manage patients presenting to GPs with minor ailments.¹

In the first eight months of Bradford City CCG's pilot of the scheme, over 900 hours of GP time was released across 27 practices – the majority of which was from patients seeking pharmacists' advice to treat the symptoms of coughs, colds and fever.²

Similarly, in the Isle of Wight, the CCG found that on average 500 people on the island now consult a pharmacist every month instead of booking a GP appointment.²

¹ Dr Rachel Urban, [Bradford City CCG Self Care Service Pharmacy First – 8 Month Evaluation](#), 2014 [Accessed March 2021]

² Isle of Wight NHS Trust, [Successful scheme sees more island residents visit a pharmacy](#), 2019 [Accessed 2021]

As this programme evolves, pharmacy groups should work together with government to explore how they might adapt further to maximise the opportunities to direct people to self care.

Routes for further exploration might include enabling self referral, either directly or via NHS 111, and exploring referral from other healthcare professionals. Additionally, work will need to be done to ensure there is equitable access for all to this service and that pharmacists receive the resources and support needed to encourage self care through these routes.

Central to the success of this programme will be ensuring improved system-wide communication and appropriate access to medical records, so that all healthcare professionals (including GPs) and individuals – if self-referral is enabled - know about, and feel comfortable using, the service.

Improving access to effective treatments

Measures should be introduced to make it easier for people to access effective over the counter medicines. Appropriate reclassification of prescription only medicines (POM) to over-the-counter (OTC) availability can further promote self care behaviour, giving people faster, easier access to medicines, while reinforcing the role of the pharmacist as an expert healthcare professional. As such the Department of Health and Social Care should also work with regulators to consider what condition areas might be appropriate for reclassification.

CASE STUDY

3

DIY Health project and Care Confident

The Bromley-by-Bow Health Partnership (BBBHP) noticed that parents of children under the age of five were frequently attending their local GP for support with managing self-treatable childhood problems.

In response, BBBHP and a range of local health partners set up the DIY Health project which provides group learning sessions for local parents to help them to identify when their child is experiencing a self-treatable condition and how to manage it effectively.

An evaluation of the project showed an increase in knowledge, confidence and skills among parents to manage a wide range of health issues. It also led to a reduction in the number of GP attendances for parents who attended the DIY Health sessions.¹

In addition to the DIY Health project, Tower Hamlets Together have created a booklet and videos (including in languages other than English) to support parents to manage six common illnesses that most children experience.²

¹ Healthy London, [Bromley-by-Bow: DIY Health](#), 2017 [Accessed March 2021]

² Tower Hamlets Together, [Care Confident](#) [Accessed March 2021]

Enabling community pharmacists to refer people directly to other healthcare professionals

Over 99% of those living in areas of the highest deprivation are within a 20-minute walk of a community pharmacy, making pharmacies an accessible resource for people with health concerns living in these areas. The role of community pharmacy has been enhanced as pharmacists and their teams have rightly been recognised as key frontline healthcare professionals in the fight against COVID-19. Looking forward, the self care strategy needs to continue to do more to ensure community pharmacists have the tools and pathways to support self care where appropriate.

It is essential that community pharmacists are able to refer people directly to other healthcare professionals as needed. This is already happening in some areas where community pharmacists are working with secondary healthcare providers on suspected cases of lung cancer. However, the system needs to be designed to enable referral pathways to dentistry, optometry, allied healthcare professionals and secondary care consultants across the country.

To ensure these pathways are a help rather than hinderance for community pharmacists, they must be digitally enabled (see more below).

Ensuring better support for Primary Care Networks (PCNs) to deliver self care

As Integrated Care Systems (ICSs) become statutory organisations, Primary Care Networks (PCNs) will continue to be an important conduit for improving self care in the community. PCNs provide an opportunity for community pharmacy to be fully integrated into local primary care and improve communication across all primary care healthcare providers.

However, PCNs need to be better supported with greater provision to ensure they have the capacity to support self care.

Central to this support should be guidelines for PCNs across the country on how to ensure the system is designed to support self care. To develop these guidelines, Government should work with vanguard PCNs who are already leading on self care. These guidelines might take the form of a self care service specification which sets out clearly-defined standards of care for supporting self care that all PCNs are held to.

To help ensure the delivery of these standards, all PCNs should appoint a self care lead.



Who to work with

Designing the system to support self care will take a cross-functional team working across organisations throughout the healthcare system at a national and local level. In addition to the organisations involved in creating this document, organisations that the Government should also consult in this process are:

- Health Creation Alliance
- Integrated Care Systems
- Medicines and Healthcare products Regulatory Agency
- NHS Alliance
- NHS England
- NHS 111
- Pharmaceutical Services Negotiating Committee (PSNC)
- Primary Care Networks



Commitments and measures of success

Possible commitments might include:

- ✓ Expanding and making best use of the Community Pharmacist Consultation Service, this may include incorporating a 'walk-in' component, supported by self-service kiosks
- ✓ Consideration of appropriate reclassification
- ✓ Pharmacy referral to allied healthcare professionals (and others)
- ✓ Self care service specification for Primary Care Networks

Possible measures of success might include:

- ✓ Data on Community Pharmacy Consultation Service targets
- ✓ Primary Care Networks wellness scores



3

Utilising digital technology to its full potential to support self care.

Overview of current challenges

While self care advice does exist across digital technology and triaging, there are a number of barriers and challenges which make this support less effective than it might otherwise be.

In 2020, PAGB conducted a **digital audit** to identify where self care advice could be found online. The audit found 37 of the 47 websites reviewed directed users to national NHS websites for additional information on self care.

However, once users have reached the NHS.uk website or App, they must then navigate an alphabetised list of conditions and treatments to locate relevant information on self care, rather than having it in a simple and easy-to-find central hub.

Similarly, while online symptom checkers and digital triage systems are already being used across the UK, the algorithms that sit behind these interactive symptom checkers and digital triage systems are often risk-averse, recommending professional care when self care is appropriate.²²

It is also important to note here that not everyone will be able to use digital tools and for those people pharmacies can act as a health hub to advise them on how to self care as well as supporting them to navigate through the system by signposting them to appropriate information.

What exists already to support the self care continuum

Healthy living and prevention

PAGB's digital audit found several apps to support self care for self-treatable conditions and broader health and wellbeing. Of particular note, some GP practices use triaging apps to provide self care advice when supporting patients to access healthcare services in their local area, such as Health Help Now which is available in West Essex.

Similarly, although still risk-averse, the NHS 111 phone service has recently improved its algorithms to increasingly direct people towards self care where it is appropriate.

NHS 111 triaged calls increased by 12.4% in April-October 2020 compared to the same period in 2019 and the proportion of calls where people were not recommended to attend another service or seek advice from a pharmacy increased from 27.9% to 32.6%.²³

CASE STUDY

CATCH app

In Cheshire, the number of children aged 0-4 being taken to A&E in the area was significantly above the national average. Many of these children only required basic advice and information for their parents to self care for them at home. In response, the local council and CCGs in Cheshire developed the CATCH (Common Approach to Children's Health) app to help parents and carers to self care for their children.¹ The app provides health advice, information about local healthcare services and support groups. In a survey of Cheshire East, 47% of app users said they had chosen self care instead of attending A&E since downloading the app and 35% said it made them feel more confident in self-caring for their child.² Meanwhile, during the winter of 2016/17 the number of children discharged from A&E with advice for parents to self care at home reduced by 22% compared to the previous year.²

¹ Damibu, [CATCH App](#) [Accessed 9 March 2021]

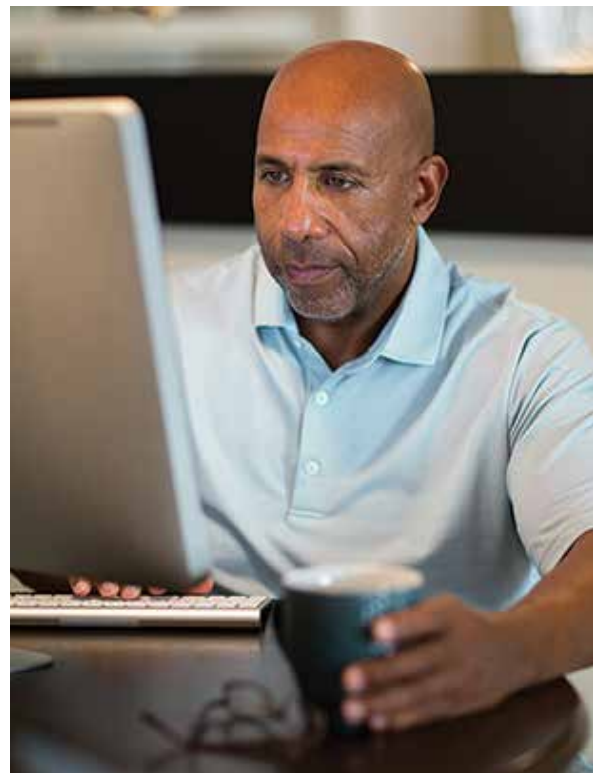
² NHS England, [Integrated health and care in action](#) [Accessed 9 March 2021]

Long-term conditions

The NHS Apps Library includes a number of apps for supporting the management of long-term conditions such as asthma, chronic obstructive pulmonary disease and diabetes. Similarly, the **[NHS Health at Home](#)** website provides advice for monitoring and managing long-term conditions at home.

These resources will soon be moving to condition specific pages on the NHS.uk website, with the aim of having the right apps and products visible in the right places for patients.

As these resources are reorganised, it will be important that digital tools to support self care across the care continuum (rather than solely long-term conditions) are included on relevant pages of the NHS website.



Steps to take

The above resources provide a helpful starting point for integrating self care into digital technology and triaging. However, more can be done to further ensure digital technologies support self care across the care continuum. Moreover, as this is a quickly evolving area of healthcare, policymakers will need to stay attuned to new opportunities as they arise, whilst also ensuring patient choice is embedded into any new ways of working to avoid unintentional digital exclusion for patients accessing self care.

Steps to be taken now should include:

Evaluating the use of technologies that have been developed during the COVID-19 pandemic to promote greater self care

The demand for health information online has been clearly demonstrated during the pandemic. 2,962,751 calls were made to NHS 111 in March 2020, more than double the 1,446,548 calls made in March 2019.^{24, 25}

In the 2021 PAGB survey discussed above, 79% of people said they had used the internet to find out about COVID-19; and 73% said the NHS should make more information about self care available online.

In response to this increased demand, existing support should be built on to further integrate self care into digital technology and triaging. Apps which have been developed to support people to self care for COVID-19 should be expanded to cover a wider range of wellbeing, minor ailments and self-treatable conditions. In line with the Institute for Public Policy Research's report titled, **Prevention in the age of information**, apps available on the NHS should include new features designed to encourage behaviour change to support improved prevention of ill health, as well as improved capacity for schools to deliver better health education.

These apps should be evaluated and included on the NHS website in an easy-to-navigate central hub for self care.

Likewise, the improvements made to the NHS 111 algorithms to encourage greater self care should be expanded to other digital triaging systems used by healthcare providers.

Accelerating efforts to enable community pharmacists to populate medical records

While critical that people are directed to community pharmacists as part of self care where appropriate, it is equally important that when they are, community pharmacists are given the tools and information they need to support people.

CASE STUDY

Digital innovation lessons from the COVID-19 pandemic

Communities have been innovating during COVID-19 to ensure continued access to support.

GPs in Kingston Clinical Commissioning Group (CCG)¹ and Wharfedale, Airedale and Craven GP Alliance² have used YouTube style videos to help encourage self care and reinforce the message that self care is not 'no care' during the pandemic.

Likewise, Buckinghamshire CCG has been supporting vulnerable patients to self care by running and recording interactive healthy lifestyle sessions via Zoom.³

- 1 Self Care Forum, [Self Care Coronavirus Innovations Awards – Highly Commended: Supporting people's self-care through YouTube style videos at scale across a whole borough](#) [Accessed 9 March 2021]
- 2 Self Care Forum, [Self Care Coronavirus Innovation Awards – Shortlisted Entry: WACA Covid19 Self Care project](#) [Accessed 9 March 2021]
- 3 NHS Buckinghamshire Clinical Commissioning Group, [Live Life Well – free online healthy lifestyle workshops to get 2021 off to the right start](#), December 2020 [Accessed October 2021]

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 routinely record the advice or medication they give people despite receiving training on how to effectively deliver consultation services. In this regard, England lags behind other comparable nations, such as Singapore and Austria.²⁶ 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. Support among patients for this capability is evident; in fact a recent PAGB survey found that 55% of respondents agreed or strongly agreed that pharmacists should be able to update people's medical records to include any advice they have given or treatment they have recommended.²⁷

Whilst progress has been made during the pandemic around sharing of local health and care records, further work is needed to create a centralised web-based system to improve interoperability of IT systems that should be deployed as part of Local Health and Care Record partnerships. This will enable a responsive two-way system that allows all professionals involved in a patient's care to know what has happened, when and who was involved. The system must help reduce the burden on community pharmacists rather than increase it.

Who to work with

It will be important to work closely with **NHSX**, **NHS England** and **NHS Digital**, as well as health technology companies, to ensure digital transformation spans the whole of the system. In addition to the organisations involved in creating this document, the Government should also consult the Digital Pharmacy Expert Advisory group in this process.



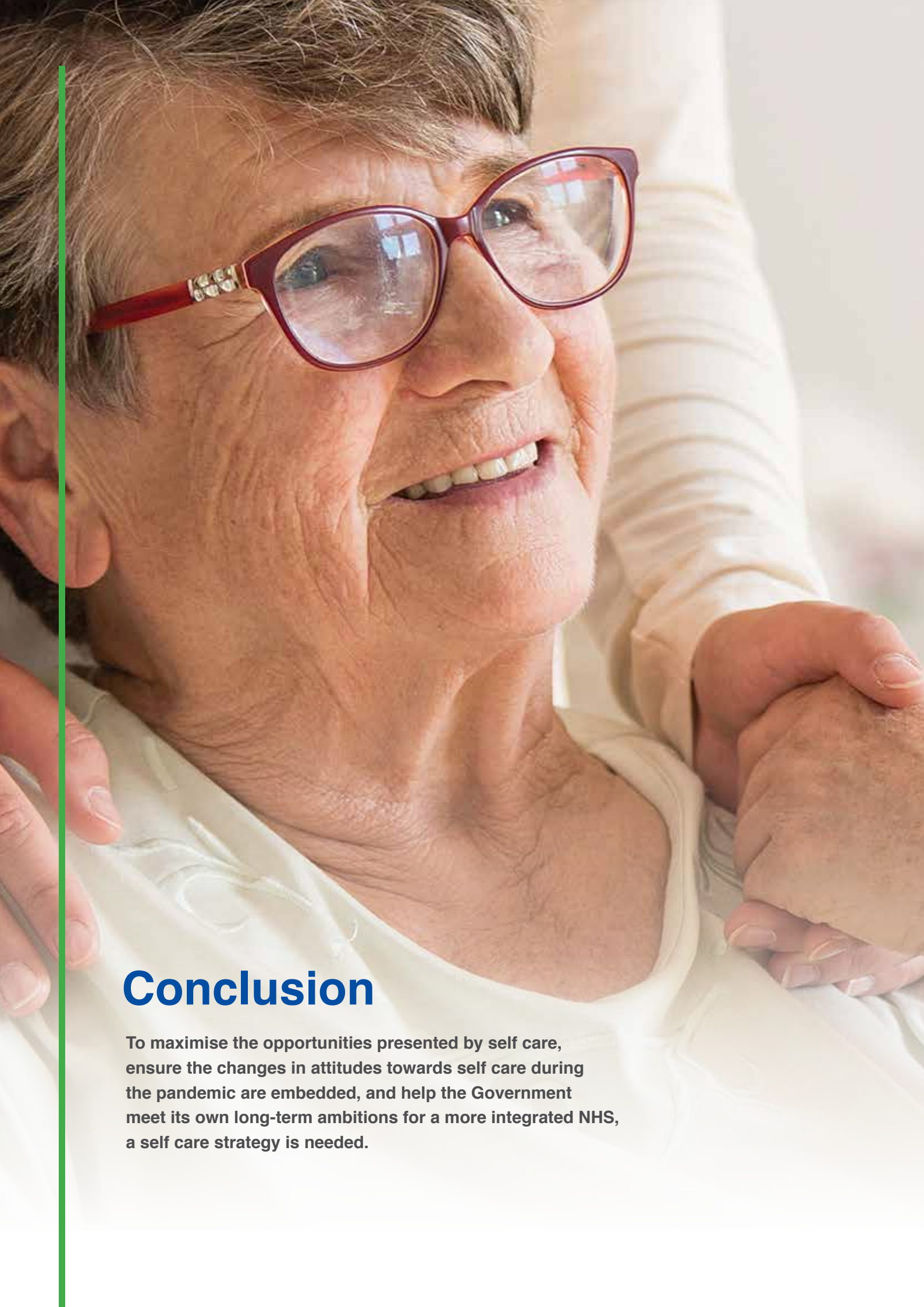
Commitments and measures of success

Possible commitments might include:

- ✓ Developing a digital self care information hub which spans the self care continuum
- ✓ Ensuring community pharmacists are included in Local Health and Care Record partnerships that provide real-time access to records to ensure self care advice given is replicated or considered in settings outside of the pharmacy
- ✓ Assessing innovative triaging systems to ensure appropriate signposting to self care

Possible measures of success might include:

- ✓ Reduced A&E/GP attendance for self-treatable conditions
- ✓ Positive survey data on a change of attitudes among healthcare professionals and the public towards utilising digital self care tools



Conclusion

To maximise the opportunities presented by self care, ensure the changes in attitudes towards self care during the pandemic are embedded, and help the Government meet its own long-term ambitions for a more integrated NHS, a self care strategy is needed.

To support this change, the Government must look to:

- 1 Address inequalities in health literacy**
- 2 Enhance the national curriculum for primary and secondary age children on self care**
- 3 Introduce self care modules in healthcare professionals' training curricula and continuing professional development**
- 4 Make best use of, and expand, the Community Pharmacist Consultation Service**
- 5 Improve access to effective treatments**
- 6 Enable community pharmacists to refer people directly to other healthcare professionals**
- 7 Ensure better support for Primary Care Networks (PCNs) to deliver self care**
- 8 Evaluate the use of technologies that have been developed during the COVID-19 pandemic to promote greater self care**
- 9 Accelerate efforts to enable community pharmacists to populate medical records**

This paper has explored the challenges and existing support for delivering the above steps, highlighted local pockets of best practice to be drawn on and suggested commitments and measures of success for the Government to consider.

Given the multidisciplinary nature of the task ahead, in addition to the organisations involved in creating this document, organisations that the Government should also consult in this process are:

- **General Medical Council**
- **General Pharmaceutical Council**
- **Health Creation Alliance**
- **Integrated Care Systems**
- **Local Health and Wellbeing Boards**
- **Medicines and Healthcare products Regulatory Agency**
- **NHS 111**
- **NHS Alliance**
- **NHS England**
- **NHSX**
- **Nursing and Midwifery Council**
- **Patient organisations**
- **Primary Care Networks**
- **The Royal College of General Practitioners**
- **The Academy of Medical Royal Colleges**
- **The Department for Education**

The organisations that co-badged this document look forward to working with the Government and associated stakeholders to help bring about the change needed.

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