Empowering people to self-care: a toolkit for Primary Care Networks

Purpose

As the NHS seeks to recover from the COVID-19 pandemic, pressures on primary care services continue to grow and steps must be taken to build a more sustainable system that is able to respond efficiently and appropriately to people's needs. Ensuring that people understand how to self-care and are empowered to self-care for minor ailments will alleviate significant pressures in primary care and support the aim of building a more sustainable NHS.

Within this context, Primary Care Networks (PCNs) have a key role to play in facilitating self-care on the front-line. As such, this toolkit has been designed by leading healthcare and pharmacy organisations (see appendix) to support PCNs of varying levels of maturity to understand the benefits of self-care, particularly for minor ailments. It highlights the opportunities that self-care offers to deliver upon the key priorities which have been set at a national level for PCNs and outlines supportive guidance. It also shares best practice case studies and signposts to additional external resources which can support PCNs to deliver self-care.

It is important to note that these activities cannot be delivered by PCNs alone and so whilst the toolkit is intended to be used by stakeholders at all levels across the PCN, it also pinpoints areas where PCNs may wish to engage with Place level stakeholders to better integrate self-care within their local area.
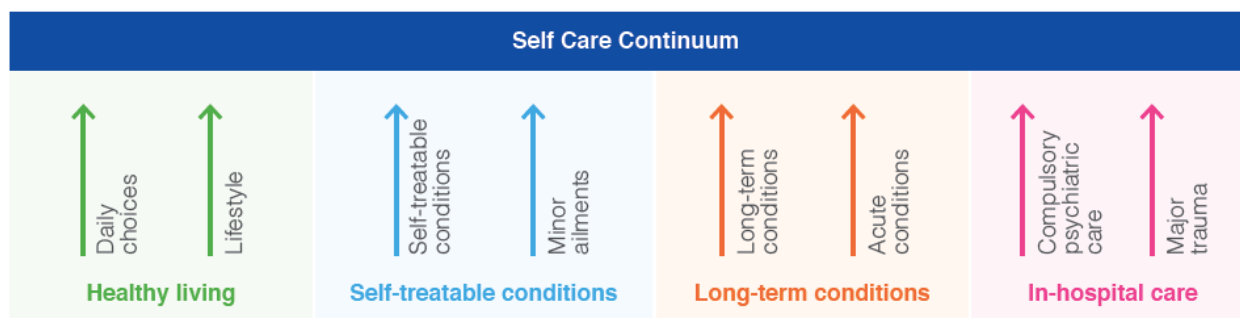
Introduction

What is self-care and why is it important?

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. It can be described as a continuum, 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.

Dominant self-care
Individual responsibility

Dominant clinical care
Professional responsibility

Self Care Continuum

| Daily choices | Lifestyle | Self-treatable conditions | Minor ailments | Long-term conditions | Acute conditions | Compulsory psychiatric care | Major trauma |

Healthy living — **Self-treatable conditions** — **Long-term conditions** — **In-hospital care**

Source: Self Care Forum

- **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 general practice appointments for minor illnesses, ensuring that people receive the right care in the right place.
- **Self-care reduces health inequalities.** Where there are wider social determinants impacting on an individual's health, there is a greater need to empower that individual 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.
- **Self-care encourages partnerships.** It supports healthcare professionals and their consultees to participate in shared-decision making, in turn helping to shift the dial towards a more holistic and patient centred model of care.

A blueprint for a self-care strategy

Since 2019, 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 have worked together to forge a clinical consensus on how best to support self-care in England.

This work culminated in the development of a ***blueprint for a new self-care strategy for England*** which outlines three distinct objectives that a national self-care strategy should seek to deliver:

- Ensure individuals understand and are willing to practise self-care and that there is a cultural shift among healthcare professionals to support this
- Design the system to support self-care
- Utilise digital technology to its fullest potential

The blueprint explores the challenges and existing support within the self-care continuum, highlights local pockets of best practice to be drawn on and suggests commitments and measures of success for policymakers to consider.

> **One of the key recommendations from the blueprint is ensuring better support for PCNs to deliver self-care.[1] The blueprint recognises that central to this support should be the development of guidelines to support PCNs to design a local system that supports self-care.**

How can self-care support PCNs to deliver key priorities and service specifications?

NHS England has set out its ambition for PCNs to be the key driver through which improvements in population health are delivered.[2] For 2021/22 and 2022/23 **NHS England has announced** a focus on:[3]

- Improving prevention and tackling health inequalities in the delivery of primary care
- Supporting better patient outcomes in the community through proactive primary care
- Supporting improved patient access to primary care services
- Delivering better outcomes for patients on medication
- Helping create a more sustainable NHS

It has also announced the introduction of service specifications for cardiovascular disease (CVD) prevention and diagnosis; tackling neighbourhood health inequalities; anticipatory care and personalised care.

The pressures on general practice and NHS services more broadly are well recognised. Prior to the pandemic, it is estimated that there was:

- 18 million GP appointments for self-treatable conditions per year[4]
- 3.7 million A&E appointments for self-treatable conditions per year[5]
- £1.5 billion spent on inappropriate use of NHS services for self-treatable conditions[6]

Introducing self-care policies has the potential to help alleviate these pressures on the system and deliver upon the aforementioned service specification priorities.

PCNs seeking to embed self-care within their local system and realise the benefits for the local population and workforce, should consider:

1. **Making best use of community pharmacists**

   Over 99% of people living in areas of the highest deprivation are within a 20-minute walk of a community pharmacy,[7] 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.

   To reduce the burden on primary care caused by visits to GP practices for minor ailments, it is vital that PCNs raise awareness and make effective use of pharmacy services, such as the Community Pharmacist Consultation Service (CPCS) so that people with minor ailments receive the right care in the right place.
   Since its launch in October 2019, there have been over 340,000 referrals for minor ailments made to the CPCS from NHS 111[8] and nearly 184,000 referrals from GPs to the CPCS.[9] Compared to the number of general practice consultations each year – over 300 million – these referral numbers are low, and its launch was likely stifled by the COVID-19 pandemic. However, the CPCS has more capacity to offer and as systems seek to recover from the pandemic it is critical that it is used to its full potential.

The CPCS encourages people to consider community pharmacy and self-care as their first port of call for minor ailments by enabling NHS 111 advisers and GPs (once a local referral pathway has been agreed) to refer patients to their community pharmacy. Ultimately, the CPCS releases capacity for GPs to consult people with more acute conditions and reduces pressure on these types of services. As the programme evolves, PCNs will be central to ensuring its success and in turn will reap the benefits. By encouraging general practices in their area to sign up to the CPCS, and supporting them to integrate CPCS referrals into their patient pathways once they are signed up, PCNs can help to direct more people to a community pharmacist whenever it is appropriate to do so and release capacity elsewhere in the system. The PCN Investment and Impact Fund also provides an incentive for PCNs to develop plans to implement the CPCS or increase their current referral rate.[10]

> **Case study: pharmacy referral schemes**
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> 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.

It is also essential that community pharmacists can refer people directly to other healthcare professionals as needed to ensure that people receive the right care in the right place at the right time. PCNs should consider opportunities, through place-based partnerships, to agree and facilitate referral pathways from community pharmacy either back to general practice or to dentistry, optometry, allied healthcare professionals and secondary care consultants. Digitally enabling these pathways will help to better integrate them within the local health system and help to encourage feedback mechanisms to continue to improve the service. In remote and rural communities, where there is no community pharmacy, PCNs can work with dispensing practices to encourage patients to self-care.

> Further resources
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> - *The CPCS toolkit for pharmacy staff*: sets out how GPs and community pharmacies will need to work collaboratively within a PCN to provide the GP referral pathway-element of the NHS CPCS
> - **PSNC action plan template for pharmacy teams:** a template to guide community pharmacy contractors through the tasks necessary to implement the GP CPCS
> - **Implementing the General Practice Referral Pathway (NHS CPCS)**: a document setting out frequently asked questions about the NHS CPCS to support organisations in implementing it

2. Adopting interoperable local health and care records

As part of its requirements to support CVD prevention, PCNs have been asked to "ensure processes are in place to support the exchange of information with community pharmacies, including a process for accepting and documenting referrals between pharmacies and GP practices".[11]

> **Case study: shared health and care records**
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> In Dorset, the Clinical Commissioning Group (CCG) has partnered with local health providers and authorities to create the Dorset Care Record (DCR). The DCR is an electronic repository providing a consolidated view of information from health and social care systems across Dorset, including registered pharmacists. One local community pharmacy in North Dorset said that DCR has helped them to improve consultations because they are aware of what treatment has been issued by other healthcare providers beforehand.

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, community pharmacists cannot routinely record the advice or medication they give people despite receiving training on how to effectively deliver consultation services. 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 real-time access to a consistent and comprehensive record of an individual's treatment.

Whilst progress has been made during the pandemic around the 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 can be deployed by PCNs 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.

To support system providers to partake in information sharing, PCNs can engage with their local *Healthwatch* and local authority colleagues at the Place level to facilitate information sharing agreements and overcome any information governance (IG) barriers.

3. **Tackling health inequalities and improve health literacy**

The *Network Contract Directed Enhanced Service* (DES) sets out the core requirements and entitlements for a PCN and aims to support PCNs to deliver the ambition for improved standards of care across England. As part of its requirements, the DES asks PCNs to:

- Appoint a lead for tackling health inequalities[12]
- Develop plans to tackle the unmet needs of selected populations (who are identified as experiencing inequality) which include:[13]
  - Wider system strategies to tackle drivers of inequalities
  - Delivery of relevant interventions or referrals to services that provide these interventions for the selected population

By helping people to understand how to treat minor ailments by empowering and supporting them to do so wherever appropriate this will improve health literacy and in turn support PCNs to deliver better outcomes for health equity.

Low levels of health literacy have a direct impact on the NHS and is estimated to cost between 3% and 5% of the annual UK health budget,[14] with £1.5bn alone spent on inappropriate use of NHS services for self-treatable conditions.[15] In fact, the Patient Information Forum's (PIF) *2019/20 survey on health and digital literacy* found 43% of working age adults would struggle to understand instructions to calculate a childhood paracetamol dose.[16]

The same PIF survey also found that just 13% of respondents from 175 cross-sector health organisations had a health literacy strategy in place.[17] This is only a three-percentage point improvement on PIF's 2013 survey.[18] To improve health literacy among local populations, PCNs can signpost people to educational health information resources to help them to self-care (e.g. NHS.uk or Self Care Forum Factsheets).

> **Case study: promoting self care at the local level**
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> In Cheshire and Merseyside, the local ICS has a dedicated self-care webpage to inform people what self-care is and how and when to self-care. The webpage provides specific advice on how to self-care for some of the most common self-treatable conditions, such as acne, child fever, common cold, headache and sprains. Additionally, it highlights the low cost of commonly purchased over the counter medicines which can be used to self-care.

In addition, PCNs could seek to identify the more disadvantaged socioeconomic groups in their local areas and make self-care education a core part of outreach activity, such as that mandated by the 2021/22 PCN service specification.[13] To effectively identify these populations, PCNs can seek the support and insights of patient groups, their local Healthwatch and local authority colleagues at the Place level.

> Further resources
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> - **Self Care Forum Factsheets** and **NHS.uk**: include information 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
> - **E-learning programme on health literacy** and 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 Health Literacy support hub**: developed by PIF, 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'

4. **Upskilling their workforce on the benefits of self-care and how to facilitate it**

While helpful resources, such as those noted throughout this toolkit, exist for healthcare professionals who seek them out, there are currently limited requirements for healthcare professionals – including GPs, nurses, and pharmacists – to demonstrate an awareness or knowledge of self-care as part of the core pre-registration training modules.

Looking forward, it would be valuable for PCNs to prioritise self-care as a core training requirement for healthcare professionals and identify opportunities to encourage healthcare professionals to undertake continued professional development. Within the existing framework, pharmacy PCN Leads are one of the key stakeholders that can help to promote self-care within the PCN. For example, PCNs could engage with their local authority at the Place level to identify opportunities to work with local schools to educate teachers and pupils on how to self-care for common minor ailments and the importance of doing so.

> Further resources
> - **Guidance for Pharmacy PCN Leads**: developed by Pharmacy Services Negotiating Committee (PSNC) it sets out the role of Pharmacy PCN Leads in integrating community pharmacy within primary care
> - **Successful Self Care Aware Consultations e-learning programme**

5. Appointing a self-care lead to coordinate self-care activity within the PCN

Following the establishment of ICSs as statutory organisations, PCNs are an important conduit for improving self-care in the community. However, PCNs need to be better supported with greater provision to ensure they have the capacity to support self-care and so that self-care is embedded in the system and considered as part of the wider care continuum.

To help prioritise self-care at a local level, PCNs may want to appoint a self-care lead. Whilst pharmacy PCN leads can go some way to promoting self-care among pharmacists, a dedicated self-care lead can oversee and coordinate self-care activity among all healthcare professionals within the PCN to support them to signpost people to self-care and provide self-care advice where appropriate and tailoring this to their understanding of the local population health needs.

PCN self-care leads could also support health coaches to run webinars for patient self-care education, working across the system to ensure a multi-disciplinary approach is taken.

Further tools, resources and information

In addition to the resources embedded throughout this toolkit, there are a number of other free resources which have been developed by trusted and expert sources for PCNs to make use of. These include:

- **NICE guidance**: sets out guidance for community pharmacies in promoting health and wellbeing
- **NICE quality standard**: sets out standards for community pharmacies in promoting health and wellbeing
- **NHS CPCS animation**: outlines information on how the NHS111 CPCS referral route works including the specific role of NHS 111 advisers
- **PAGB digital audit**: identifies where self-care advice can be found online

- **RCGP leaflets**: for clinicians to share with people patients to support them to self care for common infections
- **Community Pharmacy Contractual Framework**: sets out the requirements of community pharmacy contractors to become a Healthy Living Pharmacy
- **National health promotion campaigns:** such as Ask Your Pharmacist Week, Self Care Week and World Antimicrobial Awareness Week provide low-resource opportunities for PCNs to promote self-care among their local populations

This publication and further information about self-care is available at selfcarestrategy.org. Any enquiries regarding this publication should be sent to selfcare@pagb.co.uk.

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