

A long-term vision for self care: interim white paper



As the NHS enters its eighth decade and the Government announces a new multi-year funding settlement, PAGB is calling for a national strategy for self care to ensure a sustainable future for our health and care system. The way individuals interact with and access the healthcare system must be modernised, putting a culture of self care at the heart and empowering people to live well.

The NHS is at a tipping point: ‘winter crisis’ has become the norm¹; there are continued financial challenges as the NHS tries to close an estimated £20bn funding gap²; and pressures on services are being further exacerbated by a perfect storm of rising demand and workforce shortages.³ There have been repeated calls for increased investment in the NHS and social care system which have long gone unanswered.⁴ However, in the run up to the NHS’s 70th birthday, the Government has announced a financial settlement for the NHS amounting to an average of 3.4% annual increase in real terms funding for the NHS England budget over the next five years.

This funding is conditional on NHS England continuing its efficiency agenda, finding an average of 1.1% in cash-releasing efficiencies in each of the next five years.⁵ The NHS is therefore developing a new long-term vision to deliver these efficiencies, whilst supporting greater integration and prevention in health and care.

The value of self care, in terms of saving both time and money for the NHS, is widely-recognised by healthcare professionals and the public alike. 92% of UK adults think it is important to take more responsibility for their own health to ease the burden on the NHS.⁶

Despite this, progress towards making self care a strategic priority has been slow. It is critical that the new long-term vision for the NHS addresses the increasing pressure on services and reduces wasteful practices. This can only be achieved by shifting the entire system towards a greater focus on preventative and holistic self care.

This interim white paper has been produced to help inform discussions on the NHS’s long-term plan, and recommends policies that will unlock the potential of self care. It sets out:

- Self care in 2018: progress to date on encouraging greater self care, and the missed opportunities to embed awareness and a culture of self care
- The scale of the opportunity: the financial savings that could be achieved should the opportunities to self care be maximised
- A new long-term vision for self care: a strategic approach to ensuring people are empowered to self care with six tangible policy recommendations

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We need to ensure accountability in the NHS for every pound that is spent, but there is another element, which is looking at how we can all take more responsibility for our health so that the pressures on the NHS are reduced

Theresa May, March 2018⁷

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Self care in 2018: missed opportunities?

Self care can be defined as a continuum (see figure 1), ranging from promoting everyday wellbeing and taking care of self-treatable conditions, to the management of long-term conditions and recovery after major trauma. This paper focuses on the ‘self-treatable conditions’ end of the continuum.

There is a wealth of confusing and inconsistent information for the public on what services are available, and when and how they should be accessed, driving people to their local A&E or GP when they could have self-treated. There is low public awareness of the role and expertise of pharmacists⁸, and poor health literacy, leaving people struggling to make the appropriate health and self care decisions.⁹

NHS England’s *Five Year Forward View*¹⁰ laid out ambitious plans for a ‘radical upgrade in prevention and public health’, promising that patients would ‘gain far greater control of their own care’ and that the barriers of how care is provided and by who would be broken down. 2017’s *Next Steps for the Five Year Forward View*¹¹ laid out how the NHS would work closely with the voluntary sector and primary care to design a common approach to self care, and acknowledged the role of self care as a cornerstone of prevention.

There has been notable progress as a result:

- A number of Sustainability and Transformation Partnerships make specific commitments to improving wellbeing and self care¹², and Greater Manchester is exploring its own self care strategy¹³
- Public Health England (PHE) has extended its *Stay Well This Winter* campaign to raise awareness of pharmacists beyond the winter period¹⁴
- NHS England and NHS Clinical Commissioners have published guidance on conditions for which over-the-counter items should not routinely be prescribed to address unnecessary variation in prescribing practice in primary care and reduce cost pressures¹⁵

Whilst welcome, these developments in isolation are not enough. Indeed, such a piecemeal approach may risk people falling between gaps in service provision, without the appropriate support to self care.

Self care is not the responsibility of the individual only, but also of healthcare professionals throughout the NHS, to ensure that: firstly, people have the right information to access the most appropriate care for their condition; and secondly, the burden on services can be minimised.

A joined-up national strategy is therefore needed to deliver fully the population-wide behaviour change to embed a culture of self care and put the NHS on a long-term sustainable footing.

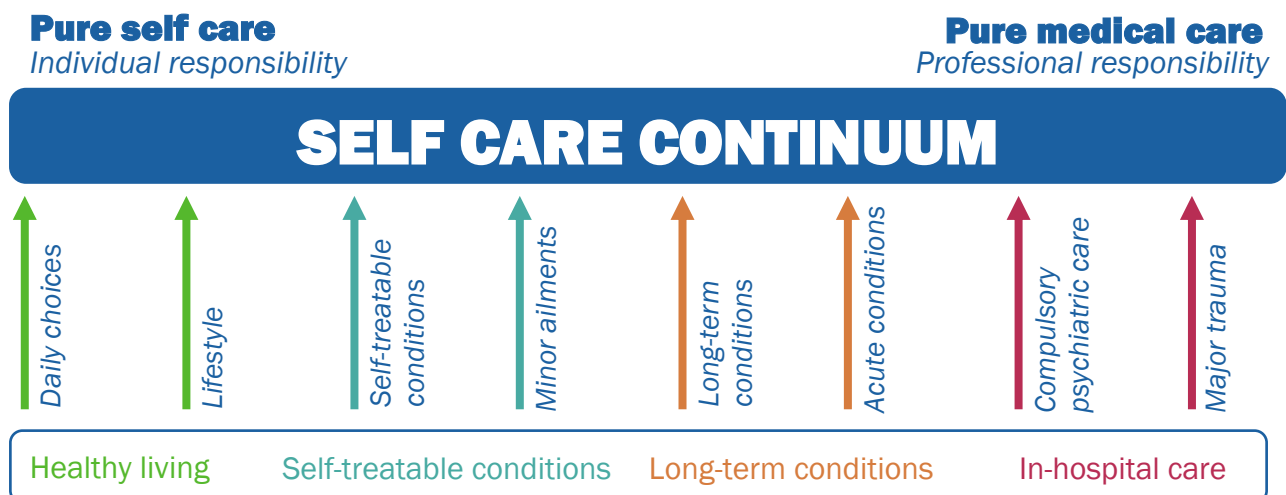
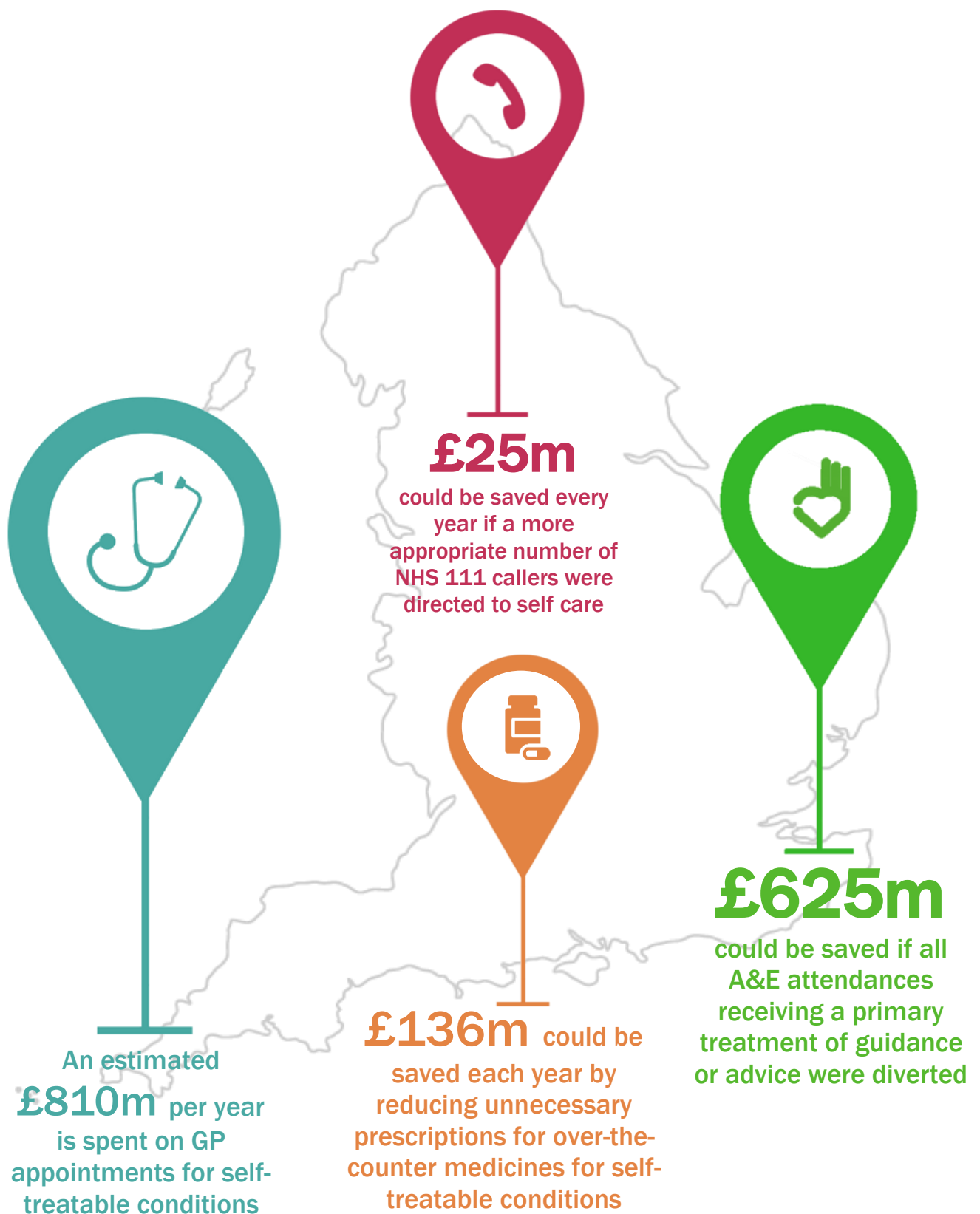


Figure 1: Self Care Forum, *The Self Care Continuum*

The scale of the opportunity

Estimates of the opportunity costs of failing to empower people to self care stretch up to £2.3bn¹⁶. Looking at the costs of interactions with the health service (A&E attendances, GP appointments and prescriptions for over-the-counter medicines) that could reasonably be dealt with elsewhere, it is estimated that in total over **£1.5bn** could be saved each year and reinvested into the NHS if more people were empowered to take care of their own health and self-treat.



A new long term vision for self care

As the Government develops a new long-term vision for the NHS, now, more than ever, is the time to produce a national strategy for self care. This strategy must achieve three objectives:

1. Enhance access to self care
2. Improve health literacy
3. Realise the potential of pharmacists

These three objectives cannot be met by NHS England in isolation; rather, coordinated action led by the Department of Health and Social Care – with important contributions from Health Education England and PHE as well as NHS England – is required.

The steps that can be taken in pursuit of each of these objectives are set out in further detail below. Amongst them are a number of tangible policies which we recommend are included as part of a national strategy to maximise the opportunity of self care.

Recommendations:

1. Introduce ‘recommendation’ prescriptions for GPs to issue to patients
2. Roll out the NHS 111 pilot schemes to improve signposting to self care
3. Include self care, and methods of supporting people to self care, as a key requirement in the professional training curricula for GPs and other healthcare professionals
4. Continue to invest in and expand NHS England and PHE’s joint *Stay Well Pharmacy* campaign to maximise health literacy
5. Enable community pharmacists to refer to other healthcare professionals, fast-tracked if necessary
6. Give community pharmacists ‘write’ access to patient medical records so any medication or advice offered can be recorded consistently



Steps to enhance access to self care

At its core, self care is fundamentally about ensuring that people can access the care, advice and treatments required to take care of their own health and wellbeing when experiencing self-treatable conditions. Yet recent policy developments, such as the new guidance on *Conditions for which over the counter items should not routinely be prescribed in primary care*¹⁷ and the *Stay Well Pharmacy* campaign in March 2018, could be perceived as deterring people from accessing healthcare support and advice. It is therefore vital that these policy initiatives are accompanied by moves to ensure people are still able to access effective over-the-counter medicines and products to self care for their self-treatable conditions.

Where other countries have introduced such measures to address wasteful prescribing practices, they have also pursued policies to address the possibility of resultant care gaps, and direct people to access self care (Box 1).

Recommendation 1: Introduce recommendation prescriptions for GPs

In Germany, the introduction of the Grüne Rezept has been very effective (Box 1). The German Medicine Manufacturing Association (BAH) found that 91% of patients receiving a Grüne Rezept purchased the recommended medicines from a pharmacy. Contrary to criticism that such schemes might lead to greater reliance on GP appointments, BAH found that patients remembered their doctor's recommendation, and on experiencing repeat symptoms, went directly to pharmacists without visiting their GP first.¹⁸

A similar approach should be adopted in the UK. GPs should be provided with recommendation prescriptions on which they can recommend an over-the-counter treatment when individuals attend their surgery with a self-treatable condition. This would be a positive way for GPs to support the individual in accessing the right treatment, particularly now restrictions have been introduced and GPs are not able to prescribe certain medicines.



Box 1: Grüne Rezept

In 2004, Germany introduced reforms¹⁹ which meant that statutory health insurance companies could no longer reimburse the costs of certain medicines and products using the standard pink prescription forms. Since then, the Grüne Rezept has been used for doctors to recommend over-the-counter products and serves as a reminder for patients.²⁰ In certain situations, it is also used to 'prescribe' behaviour change, such as healthy eating or increased exercise.

Recommendation 2: Roll out the NHS 111 pilot schemes to improve signposting to self care

NHS England has been exploring ways to improve NHS 111, including triaging patients by using online algorithms to divert pressure away from the phone service and reduce the overall pressure on urgent care.²¹ Early tentative results from this scheme suggest the number of patients referred to primary care by the NHS 111 online pilots could be nearly 20% lower than via the telephone service.²²

In addition, the recent pilot 'Digital Minor Illness Referral – Community Pharmacy Referral Service'²³ which has been running since December 2017 in Cumbria and the North East, allows NHS 111 call operators to refer appropriate non-emergency patients directly to community pharmacies. This pilot appears to have been positive: it has resulted in 5,101 referrals being made to pharmacies rather than to GPs or A&E in the first four months of the scheme, with 80% of patients reporting to be 'very satisfied' with the service.²⁴ In the first month of the scheme alone, roughly 60% of patients referred to pharmacy attended, with 39% receiving advice and the supply of an OTC medicine.²⁵

The Community Pharmacy Referral Service pilot scheme has now been extended for another six months until September 2018²⁶, allowing the 388 pharmacies involved to further test and develop the approach to digitally integrating community pharmacy into the NHS's approach to managing minor illness.

The Community Pharmacy Referral Service is also being replicated in three other pilot areas, London, Devon and the East Midlands.²⁶ These pilots are due to be launched by early autumn and will adopt the same model as Cumbria and the North East, with a few local adaptations. An evaluation has been promised to inform the next steps for the scheme.

This is encouraging progress. As a priority, NHS England must commit to evaluating these pilots fully and effectively, allowing sufficient time for progress to be made. Following the evaluation, they should be rolled out if they are deemed successful, to spread best practice, direct more people to community pharmacy and reduce avoidable pressure on other services.



This innovative scheme is using improved technology and new models of care to help pharmacists and their teams to relieve the pressure on the urgent and emergency care system.



Bruce Warner, Deputy Chief Pharmaceutical Officer, NHS England²⁶



Steps to improve health literacy

In order to maximise the opportunity to self care, both the public and healthcare professionals should be equipped with the knowledge and skills to self care. At present, health literacy is concerningly low

- Nearly half of UK adults (47.7%) need help to self care for self-treatable conditions²⁹
- Between 43% and 61% of English working-age adults routinely do not understand health information³⁰

These figures are not only concerning, but may perpetuate and widen health inequalities. Those people from more disadvantaged socioeconomic groups have been identified as having levels of health literacy which are disproportionately low or inadequate.³¹

Recommendation 3: Include self care, and methods of supporting people to self care, as a key requirement in the professional training curriculums for GPs and other healthcare professionals



Box 2: North Manchester Enabling Self Care Training Course

Over 200 health and social care practitioners (including active case managers, social care practitioners, GPs, administrators and practice managers) have completed self care training in North Manchester since 2013.³²

Of the 106 participants trained by March 2014, 93% reported an increase in confidence in enabling self care as a result of the training.

It is the responsibility of every healthcare professional to promote self care, and increase health literacy. They should therefore be trained both in enabling self care, and in identifying patients with characteristics that put them at risk of having low health literacy.

A survey undertaken by the RCGP showed that there is still more that healthcare professionals can do to enable their patients to self care³³; just 42% of practices surveyed currently supported their patients to self care. However, 67% of GPs surveyed thought that supporting more patients to self care would help to reduce their workload. This provides a clear impetus for change.

There are currently limited requirements to demonstrate an awareness or knowledge of self care in either the GMC's *Outcomes for Graduates*³⁴ framework or the NMC's *Standards for Pre-Registration Nursing Education*³⁵. Training is not mandatory for healthcare professionals, despite schemes (Box 2), showing promising results.

Recommendation 4: Expand and embed the Stay Well Pharmacy campaign

PHE and NHS England's *Stay Well This Winter* campaign, which runs annually to reduce preventable emergency admissions to hospital during winter, prompted over 3 million people to seek advice and treatment from pharmacies in its first 3 years.³⁶ In February 2018, PHE launched a *Stay Well Pharmacy* campaign, to raise the profile of community pharmacists and pharmacy technicians as clinical practitioners to help increase public understanding.³⁷ The campaign ran until the end of March 2018, and further activity is planned. This is a welcome step towards raising the profile of community pharmacists as highly trained NHS health professionals able to offer clinical advice and effective treatments.

However, developing these campaigns from short-term bursts of activity to facilitate longer-term behaviour change is crucial, and needs consistent and continued effort in information and messaging. PHE and NHS England should therefore expand and embed the *Stay Well Pharmacy* campaign year-round.

Steps to realise the potential of community pharmacy

There are over 11,000 community pharmacies in England, many of which have extended evening and weekend opening hours. Over 99% of those living in the areas of highest deprivation are within a 20-minute walk of a community pharmacy³⁸, making community pharmacy an accessible resource for people with health concerns within these areas. As stated in *Next Steps on the NHS Five Year Forward View*³⁹, NHS England wants to enable pharmacists to take a greater clinical role within local health systems, helping to reduce the pressure on general practice. They have been working with community pharmacies to increase the range of patient services they provide and to promote the clinical expertise of pharmacists. Recent developments, explored in this paper, have made promising steps towards directing more people to community pharmacy.

Now, more must be done to maximise people's interaction with their community pharmacy and integrate the role of the community pharmacist into the primary care pathway in a meaningful way. Community pharmacists must be empowered to provide the most appropriate care to patients seeking their advice and treatment, in order to maximise the opportunity presented by schemes intended to divert more patients to pharmacy.

Recommendation 5: Enable community pharmacists to refer to other healthcare professionals, fast-tracked if appropriate

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

This creates a formal pathway for community pharmacists to escalate cases which are not appropriate for pharmacy care, and provides patients with the reassurance they need that appropriate care would and could be provided via this route. Examples of such pharmacy-referral schemes are set out in Box 3.



Box 3: National and international examples of pharmacy-referral schemes

The South West London Cancer Network ran a pilot programme giving community pharmacists direct referral to chest X-rays for customers with suspected lung cancer. The 12-week pilot found that the vast majority (55/60) of pharmacist direct referrals were deemed appropriate and although no lung cancer was detected, 30% of patients attending their clinic appointment were found to have undiagnosed COPD.⁴⁰

Internationally, netCare is a Swiss pilot programme where community pharmacists provide primary triage. There were over 4,000 cases during the initial pilot, of which the pharmacist handled 76% alone. A telemedicine consultation was needed in 17% of cases and only 7% required a transfer to hospital or general practice. 84% of patients seen only by pharmacists reported significant or complete remission of symptoms as well as good tolerability of any medication.⁴¹

Recommendation 6: Give community pharmacy 'write' access to patient medical records so any medication or advice offered can be recorded consistently

Empowering community pharmacists to refer to other healthcare professionals is a good first step towards enabling the pharmacy-first model of care NHS England is keen to promote. Continuity of care is also important, and enabling pharmacists to have access and input to patient medical records would allow for joined-up care throughout the system.

Recently medical history and immunisations have been included on the summary care record and although access varies throughout England, most pharmacies can now access a patient's care record. However, pharmacists cannot record the advice or medication they give people. In this regard, England is lagging behind.

In Singapore, pharmacists have access to a patient's full record, and can write to it; whilst in Austria, the Elektronische Gesundheitsakte pulls a wide range of information from different sources (Box 4).

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.



Box 4: International examples of pharmacists writing to patient records

Since 2011, Singapore's National Electronic Health Record (NEHR)⁴² has been used in both public and private healthcare institutions with the aim of achieving a 'one patient, one health record' vision.

The secure system collects summary patient health records across different healthcare providers, including pharmacists who have full read/write access. The Patient Medication List further supports pharmacists in medication reconciliation for patients who may visit multiple care providers. Anonymised data from the NEHR are used for research and health insights. Patients can also access part of their health record through a secure mobile app, HealthHub.⁴³

Development of Austria's Elektronische Gesundheitsakte (ELGA) began in 2006. It collates information from a range of sources (including an electronic prescription service that allows pharmacists to check that treatments are being followed correctly), automatically identifies medicines that are likely to interact and includes medical reports and tools for sharing X-rays and test results with doctors.⁴⁴

Patients can access the information through their mobile phone or by using their eCard, which they can hand over to health professionals to enable them to access information too. Patients can give healthcare facilities unlimited access to their record, or choose to hide specific information.⁴⁵

Conclusion: Harnessing the self care agenda

The Government's commitment to increased NHS funding is warmly welcomed, and should mean that the NHS can start to make longer-term plans for services and staffing.

However, there are underlying and difficult tensions which need to be reconciled in order to avoid repeating past mistakes and ensure any new funding for the NHS is distributed most effectively. The NHS still needs to make significant efficiency savings. More money alone cannot solve the pressure on A&E and GP services and bring down waiting times, or plug the rising shortages of both doctors and nurses.

This is a funding settlement that needs to ensure every penny is well spent. As the NHS develops a new long-term plan, to complement the financial settlement, over the next few months, it must ensure that the new vision places self care at its heart.

Self care, if supported by a robust strategic plan, has the ability to address the pressure on services, reduce wasteful practices and shift the health system towards a greater focus on preventative care: three pillars of the future of the NHS. It must, therefore, be prioritised in any long-term vision through a comprehensive national strategy for self care.

Self care strategy

1. Enhance access to self care

- Introduce recommendation prescriptions for GPs
- Roll out the NHS 111 pilot schemes to improve signposting to self care

2. Improve health literacy

- Include self care, and methods of supporting people to self care, as a key requirement in the professional training curriculums for GPs and other healthcare professionals
- Expand and embed the *Stay Well Pharmacy* campaign

3. Realise the potential of pharmacists

- Enable community pharmacists to refer to other healthcare professionals, fast-tracked if appropriate
- Give community pharmacy 'write' access to patient medical records so any medication or advice offered can be recorded consistently



About PAGB

PAGB (Proprietary Association of Great Britain) is the UK trade association which represents the manufacturers of branded over-the counter medicines, self care medical devices and food supplements.

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