



# **Building clinical consensus: a roundtable to explore the role of healthcare professionals in self care**

Report of a parliamentary roundtable meeting chaired by Sir George Howarth MP  
Tuesday 22 October 2019

## **Introduction**

On Tuesday 22 October 2019, Sir George Howarth MP chaired a roundtable to build consensus on the role of healthcare professionals in self care. The objectives of the roundtable were to:

- Explore the role of healthcare professionals in supporting people to self care for self-treatable conditions
- Contribute to the policy debate on self care, including through recommendations for government action
- Build clinical consensus on the importance of self care and the need for policy action to embed it in the health system

Attendees were drawn from medical royal colleges, professional organisations and trade associations representing clinicians, commissioners, suppliers and manufacturers of self care medicines, medical devices and food supplements. A full list of attendees and observers can be found at Appendix A.

This report summarises the key themes discussed, alongside recommendations for actions that can be taken by the Government to support a behavioural and cultural shift towards self care. The discussion was guided by a set of questions, included in Appendix B, and covered the following areas:

- Building consensus: why is self care important for healthcare professionals?
- Exploring barriers: what is preventing healthcare professionals supporting more people to self care?
- Overcoming these barriers: what are the recommendations for action?

The event was organised by PAGB, the consumer healthcare association, and supported by Incisive Health, a health policy consultancy. If you have any questions about the event or this report, please get in touch with [PAGB@incisivehealth.com](mailto:PAGB@incisivehealth.com).

## **Summary of recommendations**

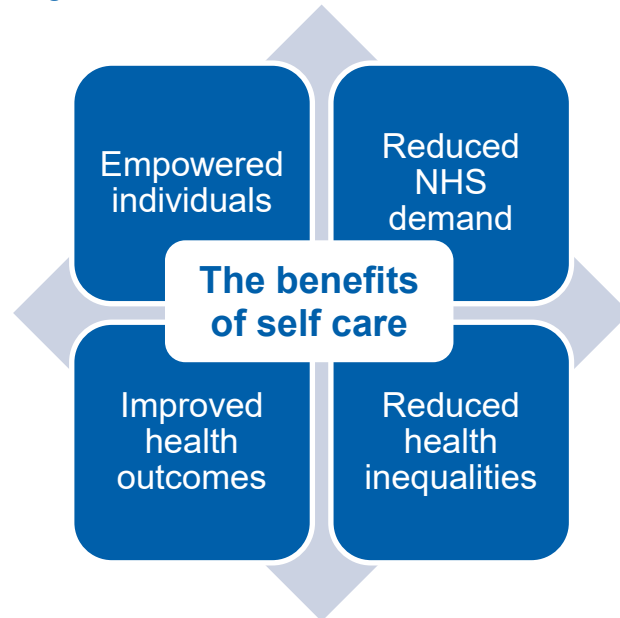
- 1.** The Department of Health and Social Care should develop a national self care strategy
- 2.** NHS England & Improvement should explore the implementation of self care recommendation prescriptions to support clinicians to discuss and refer patients towards self care
- 3.** Primary Care Networks 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
- 5.** NHS England & Improvement should support moves towards community pharmacists being granted read and write access to 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 and royal colleges should include self care modules in healthcare professionals' curricula and the national curriculum, in a way that is sustainable for schools to deliver
- 7.** NHSX should explore technologies that can be used to promote self care and manage demand on the NHS

## Building consensus: why is self care important for healthcare professionals?

*“Self care is the holy grail of sustainable healthcare.” – Roundtable attendee*

Self care comprises the actions that individuals take for themselves, on behalf of and with others in order to develop, protect, maintain and improve their health, wellbeing or wellness. The benefits of self care – set out in Figure 1 – are wide-reaching, interlinked and support healthcare professionals in their day-to-day work.

**Figure 1: The benefits of self care**



### **Self care empowers people**

Promoting and enabling self care allows people to take ownership of their health, recognise the symptoms of self-treatable conditions and how to act on them to stay well when experiencing minor illnesses. Conversely, it can also help people identify those red flag symptoms when they should be consulting a healthcare professional. This empowers individuals to interact with the NHS in the most appropriate and valuable way, whilst supporting their health and wellbeing.

### **Self care reduces demand**

Empowering individuals to make informed decisions helps to manage demand on the healthcare system, minimising unnecessary GP appointments and A&E attendances for minor illnesses. There are 18 million GP appointments each year for self-treatable conditions<sup>1</sup> and 2.1 million A&E attendances that could be avoided by maximising opportunities to self care.<sup>2</sup>

<sup>1</sup> Practice Business (2019), *NHS Campaign aims to drive patients to pharmacists*, available at: <https://practicebusiness.co.uk/nhs-campaign-aims-to-drive-patients-to-pharmacists/>

<sup>2</sup> GP Online (2018), *Patients urged to think 'pharmacist first' to save millions of GP appointments*, available at: <https://www.gponline.com/patients-urged-think-pharmacist-first-save-millions-gp-appointments/article/1456845>

### **Self care reduces health inequalities**

Promoting self care also has the potential to help address some of the health inequalities across the country. Low-income areas are often associated with low health literacy;<sup>3</sup> and 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. Participants noted that there had been success in promoting self care in more deprived areas and committed to sharing examples of best practice.

### **Self care improves health outcomes**

Finally, the accumulated benefit of empowered individuals, moderated demand on the NHS and reduced health inequalities is improved health outcomes. By both equipping people with the knowledge to take greater care of themselves and freeing up healthcare professionals' time to focus on the patients that require their support, self care has a significant role in driving improvements in population health.

Yet, despite these widely recognised benefits, policies to support self care are not being implemented consistently throughout the NHS. A cultural shift is needed to embed self care in the public's perception of health and wellbeing. This can only be brought about through concerted policy initiatives to support behavioural change. Participants noted that the last national strategy for self care was published in 2005,<sup>4</sup> and there is growing consensus of the need for a refreshed strategy to help put the NHS on a sustainable footing for the long term.

***Recommendation 1: The Department of Health and Social Care should develop a national self care strategy***

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<sup>3</sup> Public Health England (2015), *Improving health literacy to reduce inequalities*, available at: <http://www.healthliteracyplace.org.uk/media/1239/hl-and-hi-ucl.pdf>

<sup>4</sup> Department of Health (2015), *Self Care – A Real Choice*, available at: [https://webarchive.nationalarchives.gov.uk/20090217000115/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4100717](https://webarchive.nationalarchives.gov.uk/20090217000115/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4100717)

## Exploring barriers: what is preventing healthcare professionals supporting more people to self care?

*“Let’s try and create health rather than just treat illness.” – Roundtable attendee*

Despite the value of self care being widely recognised, there are multiple barriers embedded in the NHS that prevent the implementation of policies and practice to support self care. Although there has been a clear change towards self care becoming a mainstream consideration, participants identified multiple challenges that have hindered the progress necessary to bring about a behavioural shift towards self care, both in the NHS and across the population.

### Rigid patient pathways

Within the healthcare system, there is an increasing clinical focus on complying with often rigid patient pathways. Whilst these pathways can protect clinicians when making decisions, they can also foster an environment of risk aversion and paternalism amongst medical professionals.

These constraints can prevent self care advice being provided by healthcare professionals, who might instead default to providing a prescription, even when the condition could have been self treated. As a result, the interaction misses an opportunity to educate the patient about self care techniques for when the individual suffers the same symptoms in the future. If self care is not built into these pathways in some form, it is not considered in the patient consultation or follow up.

### Inconsistency of information

There is a significant variation in the advice and information on self care available to both the public and healthcare professionals. This is particularly pervasive on the internet, where around a quarter of people seek initial advice on symptoms – of which a third still go on to visit their GP or A&E.<sup>5</sup> A PAGB survey has found that people *want* to self care and increasingly it is becoming part of common parlance.<sup>6</sup> However, there needs to be a more consistent and authoritative source to signpost people towards self care advice and support, including the tailored advice that community pharmacists can provide alongside other support for people to look after their health and wellbeing.

### Lack of self care education

There is an underlying expectation that healthcare professionals should know instinctively how to provide self care advice to their patients. However, self care is not currently included as a core module in pre-registration medical or nursing curricula. Whilst the new nursing training standard does include a section on prevention, more should be done to train healthcare professionals on *self care* specifically.

By embedding self care into mandatory training curricula, not only will healthcare professionals be given the tools and knowledge to support people, but the expectation of the public on what to receive from their healthcare professional can begin to be changed. This would help cultural change within the workforce over the longer-term, equipping *future* healthcare professionals with self care education.

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<sup>5</sup> PAGB (2016), *Self Care Nation*, available at:

<https://www.pagb.co.uk/content/uploads/2016/11/PAGB-SELF-CARE-NATION-REPORT-NOVEMBER-2016-1.pdf>

<sup>6</sup> PAGB (2016), *Self Care Nation*, available at:

<https://www.pagb.co.uk/content/uploads/2016/11/PAGB-SELF-CARE-NATION-REPORT-NOVEMBER-2016-1.pdf>

However, there remains the challenge on how to disseminate self care training throughout the existing workforce. Post-registration courses on self care do exist, for example through the Self Care Forum and the BMA. However, these are often only undertaken by healthcare professionals who are already aware of the importance of self care – those seeking out further training. Most clinicians don't go on these courses. There is therefore a need for greater systematic sharing of resources with the current clinical workforce, such as PAGB's OTC directory, The Self Care Forum's fact sheets and self care recommendation prescriptions, that encourage recognition of the opportunities to help people self care as well as the tools to enact those conversations.

### Perceived NHS hierarchy

There is a perceived hierarchal structure embedded into the culture of the NHS. People often have their preferred, go-to healthcare professional. PAGB's research has found that, whilst almost half of people would choose *not* to go to their pharmacist for self care advice, a third of people would visit their GP for conditions they could treat at home.<sup>7</sup> This is despite the GP not always being the most appropriate healthcare professional to provide support.

Moreover, there is an expectation from both healthcare professional and patient that their interaction will be transactional: the patient will leave with a prescription. This is the way many people have interacted with the NHS for decades, so changing these perceptions of where they can get advice from will take a concerted effort through education and motivation.

However, there are also opportunities. The traditional role of the pharmacist is changing, with the new community pharmacy contract pushing towards more services and advice. All community pharmacies will now be expected to attain level one healthy living pharmacy status, providing dedicated self care support to customers. Creating opportunities to signpost more people towards the pharmacy would help break down this perceived hierarchy and support a meaningful shift towards a culture of self care. The introduction of practice-based pharmacists or links to community pharmacy within all Primary Care Networks provides an opportunity for consistent messages across primary care.

### The 'time factor'

Finally, there are some concerns amongst healthcare professionals that providing self care advice will take up more of their time – adding more bureaucratic processes to follow and increasing demand on already-stretched services. Contrary to this misperception, if self care advice is properly embedded into healthcare professionals' interactions with patients and the public, it will actually help reduce the time burden on clinicians and help them manage demand more efficiently.<sup>8</sup>

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<sup>7</sup> PAGB (2016), *Self Care Nation*, available at: <https://www.pagb.co.uk/content/uploads/2016/11/PAGB-SELF-CARE-NATION-REPORT-NOVEMBER-2016-1.pdf>

<sup>8</sup> PAGB, RCGP and Self Care Forum (2017), *Saving time, reducing demand*, available at: <https://www.pagb.co.uk/content/uploads/2016/06/Saving-Time-Reducing-Demand-171117.pdf>

## Overcoming these barriers: recommendations for action

*“In giving patients more control, you allow the freedom for individuals to take power over their own health.” – Roundtable attendee*

The barriers outlined, although challenging, can be overcome. Some might require longer-term cultural changes, but there are actions that can be taken now to encourage and accelerate this change. During the meeting, there was consensus that, if people are given the tools and knowledge to self care, they will. The term is already used regularly in lay literature, with an emphasis on wellbeing. New processes should therefore be put in place now to counter the current culture which is holding back opportunities to self care, and act as system drivers. There are multiple themes that can be acted on, as set out in the rest of this chapter.

Overall, there is a need for health care professionals to ensure that self care is not over-‘medicalised’. The move towards a more holistic, empowering approach that facilitates self care behavioural change is already underway and should be built upon across all professional groups.

### Changing prescribing practices

Increasingly, social prescribing is being encouraged as a way to support healthy living in communities and moving away from wholly ‘medicalised’ care where it is not the right course of action. By incorporating self care into this move towards more holistic ‘prescribing’ in the traditional sense, we can shift away from a purely transactional and medicalised relationship between healthcare professionals and patients, whilst ensuring that people feel as though they have received value from their consultation. To do this, self care should be incorporated into traditional care pathways, offering greater flexibility where self care is the appropriate course of action.

The introduction of recommendation prescriptions for primary care prescribers and care navigators which can be accessed and shared electronically with patients, communicating self care advice and directing them to any relevant over-the-counter treatments, can formalise this process. This will help facilitate a culture of self care, promote discussion of self care through motivational interviewing, educate people on how to manage their symptoms the next time they experience them, and encourage healthcare professionals to consider the individual’s holistic needs where a prescription medicine is not appropriate or necessary.

**Recommendation 2:** *NHS England & Improvement should explore the implementation of self care recommendation prescriptions to support clinicians to discuss and refer patients towards self care*

### Maximising the opportunity of Primary Care Networks

The introduction of Primary Care Networks (PCNs) is expected to transform out-of-hospital care across populations of 30-50,000 people. There is a core focus on expanding multi-disciplinary teams (MDTs), aiming to relieve pressure on the over-stretched primary care workforce and offering more holistic care, including through clinical pharmacists, social prescribing link workers, physiotherapists and allied health professionals. This will help ensure that when people present at in primary care, they can be seen appropriate by the right member of staff – which isn’t always the GP or practice nurse.

There is a clear opportunity here to use PCNs to overcome traditional hierarchies in the NHS and foster a culture of self care. Participants noted that where shifts have already happened towards the greater use of MDTs in primary care, this has been successful. However, to date

this has largely been as a result of workforce shortages, rather than a proactive decision to diversify the team. Moreover, it is important that avenues for self care that might sit outside of the PCN for now – for example community pharmacy – are linked in, so that wherever a person presents they can be triaged appropriately.

***Recommendation 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***

### **Changing the role of pharmacists**

Alongside the development of PCNs, the new community pharmacy contract is seeking to transform the role of local pharmacists: shifting away from focusing on dispensing towards providing more customer-facing services, such as the new Community Pharmacy Consultation Service and the requirement for all pharmacies to become level one healthy living pharmacies. This helps to promote the role of pharmacists in self care, positioning them as a first point of face-to-face contact for people suffering from minor illnesses.

Whilst self care is not about transferring dependence from the GP to the pharmacist, pharmacies do have the potential to be the front door to the NHS for many people. They are well-placed to act before people become patients and – where needed – direct them towards escalated support as required. However, to do this, systems should be put in place to empower pharmacists. Participants discussed the potential of pharmacists directly referring people towards other healthcare professionals, acting as a point of triage for individuals seeking advice with their symptoms. To do this, stronger local networks must be established as PCNs are formed.

***Recommendation 4: NHS England & Improvement should enable community pharmacists to refer people directly to other healthcare professionals***

### **Ensuring consistency of advice**

One of the key barriers discussed was the inconsistency of advice on self care, which can result in people unnecessarily presenting at GP surgeries and A&E departments. It would therefore be good practice to ensure signposting for both the public and healthcare professionals to hubs of authoritative information on self care. This could include Self Care Forum leaflets, the PAGB OTC directory, and other online tools, but it could also include access to shared care records.

Improving access to shared care records – both read and write access – across local healthcare systems would capture the advice that is given by different healthcare professionals and help tailor future advice. It could also potentially prevent people with self-treatable conditions presenting to different healthcare professionals until they get the prescription they are after. Instead, the healthcare professional could see that the individual has already been provided with appropriate self care advice, rather than considering their condition from scratch.

Whilst notable progress has been made in some parts of the country on developing networks of shared care records, there are still considerable barriers around information governance and patient protection that must be addressed. Moreover, pharmacists do not currently have write access, inhibiting the ability to record formal self care advice.

***Recommendation 5: NHS England & Improvement should support moves towards community pharmacists being granted read and write access to 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***



### Enhancing systematic education

In order to embed the cultural change needed to create a society that prioritises self care, enhanced education for both the public and for healthcare professionals is needed. The importance of embedding systematic self care education in both healthcare professional curricula and the national school curriculum were therefore viewed as key longer-term solutions. For healthcare professional education, there is agreement on the need to include a core module within undergraduate or pre-registration training. This shouldn't just be restricted to healthcare professionals working in primary care, as there are moments throughout a person's life course where they can benefit from self care advice whilst interacting with the healthcare services – for example during pregnancy.

However, when it comes to education amongst the general public, the potential burden on schools and local government was acknowledged. It is important that education can be tailored to local communities, but these services are experiencing tightly constrained budgets and increasing demand. There are examples of areas where local governments and healthcare systems have supported greater self care education, such as the Fit for Life scheme in Gloucester, which encourages elderly members of the community to exercise. In addition, where healthcare professionals have trained teachers to educate on self care, there has been reported success. Schools currently provide some health messages through non-statutory Personal, Social, Health and Economic (PSHE) education. Ways to introduce mandatory self care education into the curriculum via PSHE sessions in a way that can be achieved sustainably for schools should therefore be explored.

***Recommendation 6:*** *The Government and royal colleges should include self care modules in healthcare professionals' curricula and the national curriculum, in a way that is sustainable for schools to deliver*

### Harnessing technology

In the longer-term, there is confidence that more could be done to harness technological advances to support greater self care. Starting with improved interoperability between different IT systems, which is already being explored, through to unlocking the potential of AI to develop point-of-care testing that can rule out the need for antibiotics. The technology debate is advancing in healthcare, but to date much of it has focused on increasing capacity in primary care and hospitals to take on more patients, rather than exploring ways that demand can be better managed. How digital and technological advances can be harnessed for self care should be explored by NHSX as part of its work programme.

***Recommendation 7:*** *NHSX should explore technologies that can be used to promote self care and manage demand on the NHS*

## Conclusion

There was clear consensus amongst those represented in the roundtable that more action needs to be taken to support people to self care. Whilst a behavioural shift to embed a culture of self care will not happen overnight, there are policies and system drivers that can be implemented now to accelerate progress. There is also agreement that healthcare professionals have an important role to play in supporting this cultural change.

Whilst there are numerous barriers to embedding self care within the NHS, this meeting report has demonstrated that they can be overcome. The roundtable discussion covered a number of recommendations for ways these barriers can be overcome, as follows:

1. The Department of Health and Social Care should develop a national self care strategy
2. NHS England & Improvement should explore the implementation of self care recommendation prescriptions to support clinicians to discuss and refer patients towards 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
5. NHS England & Improvement should support moves towards community pharmacists being granted read and write access to 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 and royal colleges should include self care modules in healthcare professionals' curricula and the national curriculum, in a way that is sustainable for schools to deliver
7. NHSX should explore technologies that can be used to promote self care and manage demand on the NHS

The roundtable participants agreed to take forward this dialogue, working together to encourage the implementation of these recommendations and, ultimately, progress towards a culture of more holistic self care for both healthcare professionals and the public.

**February 2020**

## Appendix A: Attendees

PAGB would like to thank the following participants for their contribution to the roundtable discussion:

### Chair

- Sir George Howarth MP

### Attendees

- Dr Mohan Chandan, practising GP, on behalf of the Royal College of General Practitioners
- Professor Matthew Cripps, National Director of Sustainable Healthcare, NHS England
- Helen Donovan, Professional Lead for Public Health Nursing, Royal College of Nursing and Chair of the Self Care Forum Board
- Simon Dukes, Chief Executive, Pharmaceutical Services Negotiating Committee
- Malcolm Harrison, Chief Executive, Company Chemists Association
- Dr Graham Jackson, Chair, NHS Clinical Commissioners, Senior Clinical Advisor NHS Confederation & practising GP
- Helga Mangion, Policy Manager, National Pharmacy Association
- Jordan Marshall, Policy Manager, Royal College of Physicians
- John Smith, Chief Executive, PAGB
- Dr Pete Smith OBE, President, Self Care Forum

### Observers

- Tim Bennett, Public Affairs and Advocacy Manager, Sanofi
- Maria Boiling, Account Director, Pegasus
- Donna Castle, Senior Director of Public Affairs and Communications, PAGB
- Nikki Kennedy, Communications Manager, PAGB
- Alex Kirk, Account Executive, Incisive Health
- Rosie Mughal, Associate Director, Incisive Health
- Katja Murray, Director, Governmental Affairs – Europe, GSK Consumer Healthcare
- Tom Lyon, Senior Manager Consumer Government Affairs & Policy UK, J&J

## **Appendix B: Discussion questions**

- 1.** What does self care mean to you as a healthcare professional (or the healthcare professionals you represent)? How important is it in helping you (them) to do your job?
- 2.** From your experiences, what is stopping people from self caring for self-treatable conditions?
- 3.** What should the ideal self care pathway look like for people with self-treatable conditions? What do you think the role of the healthcare professional should be in the self care pathway? (e.g. nurses, pharmacists, GPs, other primary care professionals etc)
- 4.** Do you feel that opportunities to support people to self care are maximised?
- 5.** What is preventing healthcare professionals from being able to support people to self care?
- 6.** Are there any current policies or systems in place at a national or local level that act as barriers to self care? What current policies help to support self care?
- 7.** How can healthcare professionals help to educate and 'nudge' public behaviour towards self care?
- 8.** What would empower healthcare professionals to do this as part of their day-to-day work?
- 9.** Do you know of any areas that are 'getting it right'? What are they doing to help people to self care? How can this be implemented in other areas?
- 10.** What emerging opportunities could be harnessed to advance the self care agenda? (e.g. Primary Care Networks, Community Pharmacy Consultation Service)