

Part 1

Making self care happen

Supporting self care

Ruth Chambers

This chapter sets out the context, and what supporting self care means. It considers where we are now, how we have got here and where we want to go with self care.

To make self care work, both the public and professionals need knowledge and information (of facts and of where to find information), skills and motivation. The English public appears to be very interested in wanting to do self care, but a recent survey has shown that many lack the motivation, information and knowledge to adopt a healthy lifestyle and practise self care.¹ Box 1.1 captures the importance of the role of health professionals in primary care in encouraging and supporting patients' self care. The same survey concluded that:

If professionals are to play an active role in self care, more work needs to be done with them to develop their role in supporting self care. Education and training are key, as change may require a culture shift from professionals being the principal providers of care and patients as passive recipients, towards more emphasis on preventative care, healthy lifestyle and patient involvement in their own care of minor, acute and long term conditions – with professionals providing a supportive, advisory, educational and skills training role.¹

Support groups were found to have a role in providing advice, education and support – and self care support networks are part of the vision for the future.

Box 1.1: Key findings about the public's attitudes to self care

- More than half of those who have seen a care professional in the last six months say they have *not* often been encouraged to do self care, and one-third say they have *never* been encouraged by the professionals.
- Over three-quarters of the public agree that with guidance and support from an NHS professional they would be far more confident about taking care of their own health and wellbeing.
- Two-thirds of the public say they would be more confident in doing self care if they had support from people with similar health concerns or conditions.
- Awareness of patient organisations and voluntary agencies was low (68% of respondents were not aware of one).
- Few people say they have used NHS Direct in the last six months; however, they want to use the services more in the future.
- Family, friends and colleagues were the preferred source for self care information and support, after general practitioners (GPs) and nurses.¹

The future for the NHS and support for self care

Emphasising self care by patients is a key strand in NHS delivery plans at all levels – strategically in the community services White Paper and locally in primary care trust (PCT) and practice development plans for all independent contractor practices.² Supporting self care for patients is part of the vision for development in the NHS through commissioning where responsibility is taken by a partnership operating between PCTs, general practice and local government, as a cost effective development that fits with patients' choice.³

The NHS must become 'as much a service to support health as to treat illness', where patients are empowered to take a more active self care role in maintaining or improving their health.⁴ Table 1.1 describes some of the key messages in successive national policies about establishing self care in an integral way across the NHS and other government agencies.

There is a great deal of self care by members of the public occurring already, and lots of interest by the public in learning and reading what they can do for themselves (*see* Box 1.2).

Box 1.2: Key statistics describing activity around self care in England

- Over-the-counter medicine sales total £2 billion per year.
- Two-thirds of internet users have researched health issues online.
- Sales of consumer health magazines have grown at around 20% per year in the last decade.
- Around 1 million people are providing over 50 hours per week of unpaid care.⁵

What self care means – to the practice team

In future, local people should be:

knowledgeable about the health and health care choices available to them . . .
They should understand the links between lifestyle and health, and how to get support for changing their lifestyles when they need it.⁴

If people go to a pharmacy and discuss their symptoms, then the pharmacist and counter staff should be able to recommend that they self care, if appropriate, rather than consulting their GP. If they ring in or consult at the practice for a trivial reason, or return for a second opinion, then every member of the general practice team should give consistent health messages and advice as appropriate, all the time encouraging and supporting self care. Patients or people in the community can practise self care in their daily lives, provided they are able to trust and believe in the principles of self care and have the support or resources to be able to do so.

Figure 1.1 describes a real primary care team discussing how they define self care in their own words. It has been estimated that self-treatable disorders account for nearly 40% of GP time⁵ – so there should be lots of opportunity for those working in primary care to encourage and support self care.⁵

Table 1.1: Examples of recent policy documents and reports following progress on self care (derived from www.pagb.co.uk and Department of Health (DH) sources)

<i>Release date</i>	<i>Document</i>	<i>Extracts or key messages in document</i>
1996	<i>Towards a DH/NHS Strategy to Support Self Care</i> ⁶	'Do-it-yourself has been one of the major post-war consumer phenomena in the UK – many of us decorate our houses or maintain our cars with only occasional assistance from professionals. There are signs that a comparable revolution in health and wellbeing or "self care" may lie ahead. . . . The case for supporting self care is strong. There is substantial evidence to show that self care support leads to improvement in health outcomes and reduction in use of care services.'
2000	<i>The NHS Plan. A plan for investment, a plan for reform</i> ⁷	'Most healthcare starts with people looking after themselves and their families in the home.' 'Professional training to include much more emphasis on self care, particularly for chronic conditions.' 'A wider range of over-the-counter medicines to be made available.'
2001	<i>Securing our Future Health: taking a long-term view</i> ⁸	'Individuals will be responsible for more of their healthcare, either managing minor illnesses without the support of health care professionals or working with health care professionals taking a more active role in their own treatment.'
2001	<i>The Expert Patient. A new approach to chronic disease management for the 21st century</i> ^{2,9}	Expert Patients Programmes develop the confidence and motivation of people with a chronic illness, in using their own skills and knowledge to take effective control over their lives.
2003	<i>Building on the Best. Choice, responsiveness and equity</i> ¹⁰	'Improving access to medicines . . . expanding the range of medicines which pharmacies can supply over-the-counter without a prescription . . . wherever it is safe to do so, make it simpler for patients to get treatments over-the-counter for conditions which until now have been regarded as strictly the preserve of the prescriber.'
2004	<i>NHS Improvement Plan – putting people at the heart of public services</i> ¹¹	'Expand the range of medicines the pharmacist can provide without a prescription. Promote minor ailment schemes where pharmacies can help patients manage conditions such as coughs, colds, hay fever, stomach upsets without a GP.'

Table 1.1: *Continued*

<i>Release date</i>	<i>Document</i>	<i>Extracts or key messages in document</i>
2004	<i>Delivering Choosing Health: making healthier choices easier</i> ¹²	‘For each of us, one of the most important things in life is our own and our family’s health . . . this concern, and the responsibility that we each take for our own health, should be the basis for improving the health of everyone across the nation . . . [the White Paper] aims to inform and encourage people as individuals, and to help shape the commercial and cultural environment we live in so that it is easier to choose a healthy lifestyle.’
2004	<i>Better Information, Better Choices, Better Health – putting information at the centre of health</i> ¹³	<p>There are two key types of information people need:</p> <ul style="list-style-type: none"> • ‘general information available to all – about lifestyle options, care providers, diagnoses, conditions, self care and treatment options, standards of care etc • personal information – specifically on an individual’s own condition, care options and possible outcomes.’ <p>We need to improve the relationship between patient and professional by:</p> <ul style="list-style-type: none"> • ‘mainstreaming communication training and development programmes for professionals to support a culture of shared decision making • developing a code of practice for professionals on good communication and information provision.’
2005	<i>Self Care – a real choice. Self care support – a practical option</i> ¹⁴	‘Self care includes the actions people take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital.’
2006	<i>Our Health, Our Care, Our Say – a new direction for community services White Paper</i> ²	‘One of the main ways [self care] can be delivered is through general practice, building on their responsibility for coordinating care . . . By 2008, we would expect everyone with a long term condition . . . to receive . . . self care support . . .’
2006	<i>Supporting People with Long Term Conditions to Self Care. A guide to developing local strategies and good practice</i> ³	‘We need to reach the stage where . . . professionals recognise that self care is a real choice and actively support the individual in this choice . . . Delivering effective self care support needs greater cooperation . . . to provide local solutions to embed supported self care into service delivery as a practical option.’

- 1 Individuals taking ownership of their own health, wellbeing and fitness
- 2 Educating patients about their responsibility and awareness of different approaches to self care
- 3 Providing types of self care support from within a range of practical options
- 4 Self care being at the centre of health care

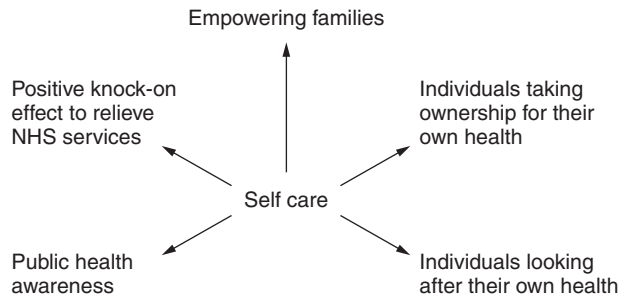


Figure 1.1: What self care means – to the practice team.

There is considerable antipathy about supporting self care in some practice teams or among some health professionals. Disaffected GPs might say: ‘Good idea, but I once picked up a serious illness in a patient who came for something minor so you can’t be too careful’. Or ‘It’s quicker to give a script than explain about alternatives and self care’. So professionals need to be encouraged to realise the benefits of self care – such as by spelling out that time spent advising on and treating minor conditions could be better focused on the more major health problems included in the Quality and Outcomes Framework.^{5,15}

Establishing an integrated strategy for supporting self care in practice

Initiatives to encourage self care in the practice are more likely to be successful if they are fully integrated into the delivery of general medical services by the primary health care team. A self care support strategy should be integral to all other strategies and development plans in a PCT or practice – and appropriate for the local population. It should avoid merely transferring dependence from one professional (e.g. a GP) to another in a different setting (e.g. a pharmacist).

Self care approaches should be interesting and meaningful to patients and the public, to encourage changes in their behaviour. Erewash PCT, for example, focused on three key areas: minor ailments, chronic disease (e.g. asthma) and the presentation of coronary heart disease. They set up the Pharmacy First initiative whereby patients can use the pharmacy instead of their GP practice. They held seasonal campaigns – linking in pharmacies, and focusing on hay fever, coughs and colds, etc. The initiative broke down barriers between GPs and pharmacists, to build trust and consistency and create a team approach to supporting self care.¹⁵ The PCT ran self care skills training

for people with asthma, associated with their Expert Patients programme. They also provided a simple visual coronary heart disease (CHD) risk self-assessment 'wheel' in a range of community locations and linked that to further information on CHD.

An integrated self care support strategy should be based on the following principles:¹⁵

- integration means that self care fits into all strands of the PCT operations – public health, commissioning, primary care and communications – led from the top with investment and commitment
- use patient-relevant strategies
- use language and communication that people understand
- a self care support resource should be diverse and engaging – so people will have real options to choose from
- make the most of opportunistic times when people will be maximally willing to receive information about self care, e.g. antenatal care, after a heart attack, etc
- primary health care teams are pivotal to success or failure of any local initiative – it is easy to underestimate the time, professional barriers and effort required for practice teams to institute a new approach – such as promoting self care
- use marketing and public relations (PR) companies to get the messages across to the public – this will make the most of the time and investment by the local NHS in supporting self care
- conceive self care as something people can do all the time as part of a lifetime habit. Everyone self cares, some do it better than others. Think what we have to do to help people self care even better. Most self care is done subconsciously. Self care for a long term condition may be done consciously to start with until it becomes a habit
- the whole workforce should receive self care skills training, so that they understand why and how to enable self care by patients – from counter staff in pharmacies to top people in the PCT
- communication campaigns from central government, the media, and any local ones should be co-ordinated
- PCTs need to communicate with the community and find out what they want – self care support networks and resources in different languages should be developed to really make self care happen by individualising the approach according to the nature of their community.

Health inequalities and self care

Self care support for patients and the public is one ingredient in improving the health of the community and reducing health inequalities. Other health inequalities are unavoidable, being due to genetic and biological differences between people. Some inequalities arise from differences in opportunity, in access to services (health and social care, education, leisure etc), in their environment and material resources, as well as in lifestyle behaviour such as diet, exercise and smoking. Poor living and working conditions resulting from poverty, little education and inadequate housing also contribute to health inequalities.¹⁶

People who have these disadvantages may potentially benefit most from strategies to encourage and support them to practise more self care. But they are often the most

challenging groups of people to help. They may be more difficult to access, and more resistant to change. Someone who is aware of the benefits of change, trusts the health professionals advising them and is used to making autonomous decisions, is more likely to be helped to change, than someone who is instinctively mistrustful of authority figures, has low self confidence and had limited benefits from the education system in the past. Any general practice team or PCT has to come up with a very wide-based strategy that caters for all types of people in a way that redresses these inequalities to promote self care effectively. They will need well-designed resources matched to a person's needs and way of life.

Health and social services support for self care

Making self care effective will require increasing the capacity, confidence and efficacy of patients and the public for self care. There is also need to build on social capital in the community. The ideas in Box 1.3 describe actions that health and social care services can take to boost the chances that individuals in their community will practise self care for themselves or those they care for.¹⁷ Most of these ideas can be incorporated into everyday general practice with good planning and resources.

Box 1.3: Methods of health and social services support for self care

- Appropriate and accessible advice, information and campaigns on lifestyle issues to change behaviours (such as physical activity, healthy eating, other behaviours to sustain wellbeing and prevent ill health) and to change the care of minor, acute and long term conditions
- Health education (such as adult health skills and health literacy programme)
- Self care skills training, for example through the Expert Patients Programme
- First aid training in schools for children
- Health promotion in schools: exercise, diet, learning to say 'no' to smoking, drugs, alcohol and other unhealthy practices
- Self-diagnostic tools, self-monitoring devices and self care equipment
- Multi-media, multi-lingual self care information and skills training materials
- Individualised care plans
- Support networks of people with experience and memory of healthy living and of caring for minor, acute or long term conditions
- Active participation of the public locally and nationally in the formation and implementation of relevant local and national government policies and programmes
- Education of the public and practitioners to change their attitudes and behaviours towards self care
- Training of practitioners in when and how to use approaches to support self care
- Work to develop partnerships between care professionals and the public to enhance shared care and for patients and the public to become co-producers of their care

Moving from medical care to self care in the future

A review of the long term future of the NHS highlighted the potential of self care as a key factor in the change of demand for care services.⁸ Wanless predicted a switch of 2% of GP activity to pharmacists, and a reduction of 17% in outpatient attendances among people practising self care. In his scenario the general public become fully engaged in improving their health, for example through better lifestyles and more self care. Some research highlighted in the report suggested that visits to GPs could decline by over 40%.

Many people with long term conditions are already involved in self care actions. Chronic disease currently costs the UK government £12 billion per year in disease management and lost earnings.¹⁸ In one national telephone survey, 79% of people with diabetes were self-monitoring their diabetes, though far fewer of those with hypertension or lung disease were self-monitoring their condition. Education is a key component in empowering patients to take care of their own chronic disease, but the capacity to self manage health and health care is least evident among people with poor health.¹⁹

Promoting health and wellbeing through self care support

You can target health education at whole populations, e.g. giving advice on the prevention of depression to everyone you see. Alternatively, you can target high-risk groups, e.g. giving advice on the prevention of depression to elderly people with precipitating causes such as bereavement.

The Health Development Agency evolved a resource for improving the health and wellbeing of people in mid-life (aged 50–65 years; *see* Box 1.4).²⁰ This age range is recognised as a period of mid-life transition when people address various issues including their health; there are opportunities to increase life expectancy and preparing for a healthier older age.¹²

Box 1.4: Taking action at local level: a resource for improving health and wellbeing in mid-life

The resource provides information and suggestions about:²⁰

- relating to regional and national policy initiatives
- identifying mid-life needs within a locality
- identifying partners
- building a case for action
- identifying which models to use and the evidence available
- developing ways to evaluate initiatives.

When undertaking health promotion, GPs and other health professionals need strategies to encourage people's individual action (empowerment) rather than use coercion or blame, as the essential nature of health education is that it is voluntary.

People do try self care before engaging with the NHS. But they may abandon this too soon believing that their 'symptoms are persisting', not necessarily because their home remedy is no longer relieving their symptoms, but being unsure whether their symptoms are due to something more serious. Their presentation to the doctor or triage nurse offers the opportunity to have a self care aware consultation; their own home remedy, herbal or over-the-counter medicine, complementary therapy or remedy can continue to provide relief.

Creating a safe self care culture

Understanding of safety and risk by the NHS in general as well as by those people practising self care is another facet in the creation of a self care culture. Ensuring that the care patients receive is safe and effective is at the heart of everything that the NHS and social services do. The better your systems are at identifying and managing risk, the safer your practice will be. The National Patient Safety Agency (NPSA) has a practical checklist (see Box 1.5) that a PCT or practice team could use to underpin the safety of their self care support strategy and practice.²¹

Box 1.5: Seven steps to patient safety – in relation to supporting self care

- 1 *Build a safety culture:* so you minimise risks to patients whilst supporting self care.
- 2 *Lead and support your staff:* establish a clear and strong focus on patient safety throughout your PCT/practice.
- 3 *Integrate your risk management activity:* develop systems and processes to manage your risks and identify and assess things that could go wrong – eliminate inadequate training, or encourage an incompetent person to self care.
- 4 *Promote reporting:* ensure staff can easily report incidents relating to self care that have gone wrong, in a central log.
- 5 *Involve and communicate with patients and the public:* communicate openly with, and listen to, patients – do not thrust self care at them.
- 6 *Learn and share safety lessons:* encourage staff to learn from any incident arising from supporting self care and communicate this to each other.
- 7 *Implement solutions to prevent harm:* embed lessons through changes to practice, processes or systems relating to the promotion of self care.²¹

In conclusion

Self care by patients is central to the vision for reform in the NHS. The Department of Health intends that:

the healthcare system will become more proactive in working with patients to enable them to manage and protect their own health in the long term. Local practices will have incentives to provide locally based health improvement and health protection services. They will be able to use their budgets to invest in such services which could be provided by the local PCT or by private or voluntary sector providers, or by a combination of these. Patients for their part, empowered by more and better information and able to choose from a range of services, will be in a stronger position to manage their own health and wellbeing. Tackling inequalities in health will become more important, as it will ensure that more people can benefit from good health.²²

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