



# SELF CARE: AN ETHICAL IMPERATIVE

## 0.1 Our Manifesto

This paper, produced by the *Self Care Campaign*<sup>1</sup> group, presents the results of research that reveal the catastrophic impact the dependency and demand-led culture is having on the NHS. Seeing a GP for ailments that can be self-treated is estimated to cost an astonishing £2bn<sup>2</sup> every year.

We are now a society in which the common disturbances to normal good health, such as coughs and colds, are accounting for nearly one fifth of GP workload. The 57m consultations for minor ailments are testament to an NHS addressing demand rather than need, the founding principle of the service. A 21st century national health service must be sustainable and able to deal with consultations in primary care for the complex needs of people with long term conditions and co-morbidities.

We are therefore calling on all political parties to support the campaign at an individual, local and national level to:

- allow people to be confident in their self care choices
- enable healthcare professionals, especially the GP and practice nurse, to support people to feel confident enough to use the NHS at the point of need, not demand
- introduce a social marketing campaign to educate people to understand and manage minor ailments with the right information so that GPs' and practice nurses' time is freed up to look after more complex conditions
- ensure children are educated through the national curriculum to understand health issues and how to use the NHS effectively and appropriately

<sup>1</sup> The Self Care Campaign launched in March 2009 and its advocates are professionals from key organisations from primary care including the Royal College of General Practitioners, NHS Alliance, National Association of Primary Care and the PAGB. Its key objective is to bring an end to the culture of dependency on the NHS for self limiting illnesses.

<sup>2</sup> Minor ailment workload in general practice; December 2007; IMS Health.

Dr Ian Banks, Men's Health Forum

Peter Baker, Men's Health Forum

Dr Michael Dixon OBE, NHS Alliance

Dr Simon Fradd, GP

Professor David Haslam CBE, GP

Sheila Kelly OBE, Executive Director, PAGB

Dr John Chisholm CBE, GP

Gopa Mitra MBE, Director of Health Policy & Public Affairs, PAGB

Dr Raj Patel, NHS Alliance, Tameside and Glossop PCT and NHS North West

Professor Mike Pringle CBE, University of Nottingham

Sara Richards, Registered General Nurse

Dr Peter Smith OBE, Vice President of the National Association of Primary Care

Douglas Smallwood, Chief Executive, Diabetes UK

Professor Nigel Sparrow, GP, Nottingham

Dr Paul Stillman, GP

Susan Summers, Assistant Director of Quality Assurance & Self Care, North West Strategic Health Authority

Lynn Young, Registered Nurse

## 0.2 Sustaining our NHS: adapt or die

The NHS is a living, breathing organism, susceptible and responsive to its environment. And never before has it been more vulnerable to erosion. Multi billion pound deficits are forecast over the next five years and yet demand on the service continues to soar, with end of life care high on the current agenda. **The message is clear. If the NHS is to survive, we must adapt our behaviour.** If it is to thrive, then we must adapt our behaviour dramatically. The time has come to launch a campaign for real self care.

This builds on the many health policies<sup>3</sup> that have emerged over the last ten years. Policies that address choice and inequalities and reflect the need for people to take greater responsibility for their health, to have access quickly when needed supported by a high quality service. Entry points into the NHS have been increased and improved and people can now access their GP, practice nurse or pharmacist using the telephone, internet as well as in face-to-face<sup>4</sup> settings. However, people must be given sufficient information to understand that while stepping into the NHS is not a problem, these delivery points are for the purpose of **need** and not convenience or dependency.

**Real self care does not mean no care.** It means allowing individuals to make an informed choice in the way in which they can choose the right course of action from the varied delivery points available. To ensure a sustainable NHS, we believe there is an ethical imperative to reassess the way the service is used. And with greater resource required for care and treatment of long term conditions and end of life care, consensus has never been higher that we must self care our mild to moderate minor ailments. There is no longer a choice; the NHS must manage demand for its services. This does not mean denying treatment to those who are sick but making sure that people receive the services they actually need. That's clinical need, not demand - and there's a difference.

**The majority of people already self care most of the time.** People like the principles behind self care. It empowers them and equips them to manage important elements of their own and their loved ones' lives. It decreases their dependency on the healthcare system and helps them to be more engaged in, and knowledgeable about, their health.

<sup>3</sup> The NHS Plan; Choosing Health White Paper; Our Health Our Care Our Say White Paper; the Framework for Commissioning Health and Wellbeing; Darzi review; the Pharmacy White Paper; the NHS Constitution.

<sup>4</sup> General practice; NHS Direct; Walk in centres; NHS Choices; Accident and Emergency; treatment centres and pharmacy.

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**If we are to halt the rise and prevalence of long term conditions, focus on prevention and upstream activity, including minor ailments, is critical – self care is absolutely the catalyst for this.**

*Susan Summers is the assistant director of quality assurance and self care at NHS North West Strategic Health Authority.*

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**The level of self care has not changed in 20 years. Even in supermarkets, customers check out their own shopping now. While other industries have changed radically in the last 20 years, the NHS hasn't.**

*David Stout, NHS Confederation*

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### 0.3

## A snapshot of the demand-led culture

Minor ailments are part of everyday life. They are not life-threatening and do not pose a major health risk. A GP describes a typical minor ailment as: “Not life-threatening and unlikely to become so, whereas a more serious illness is one that affects their health pattern long-term.” A practice nurse adds: “If you leave them alone and don’t even treat them, they will go away by themselves.” In the eyes of a person in the street: “A minor ailment is something you can diagnose yourself and treat yourself, without seeing a doctor.”

Typically minor ailments are uncomplicated and are easy for people to diagnose, they don’t last long, don’t require hospitalisation and can be treated with medicines bought over the counter from pharmacies or supermarkets.

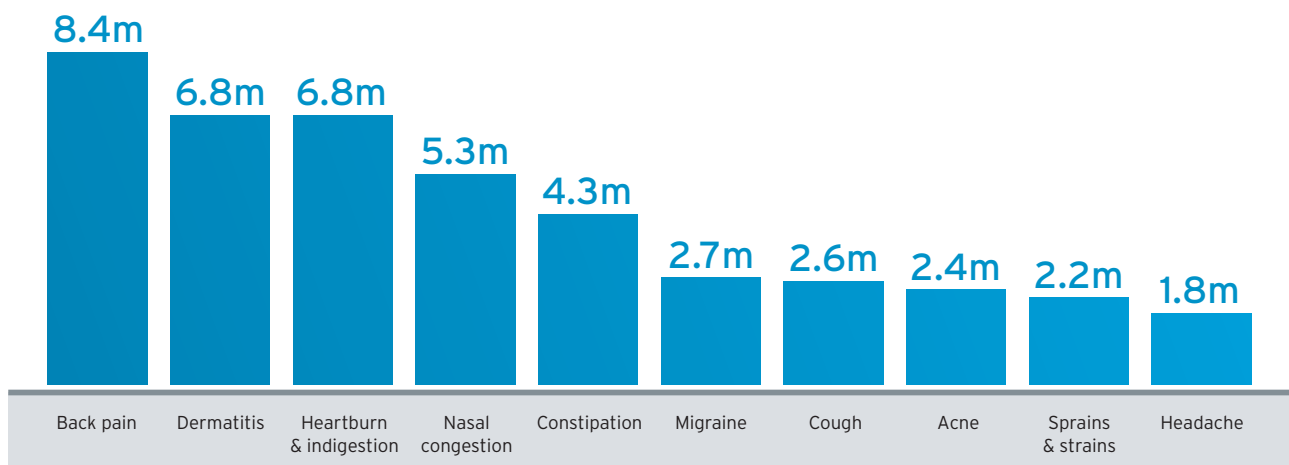
Many people do self treat minor illnesses initially - 21% purchase non-prescription medicines without advice and 20% use medicines they already have at home. However, the evidence shows that they stop self treating much earlier than they need to. 14% of people would continue with self treatment for 1 - 3 days, 32% for 4 - 7 days while only 15% would continue for 14 days and a tiny 4% for 15 - 28 days. And yet a common cold can last for up to 21 days. **GPs say that people with minor ailments visit earlier than they need to and unnecessarily.**

People need help from their GP or practice nurse to understand what is normal so that they can develop confidence in their ability to self treat. But our research reveals that many GPs feel they need



Over a long career as a GP, I have been very aware that many of my patients have a pretty good understanding of how they should best look after a wide range of conditions, but sadly seem to have lost the confidence in looking after common, everyday ailments. For this reason, I am extremely supportive of the Self Care Campaign, and really look forward to it making a real difference to health care.

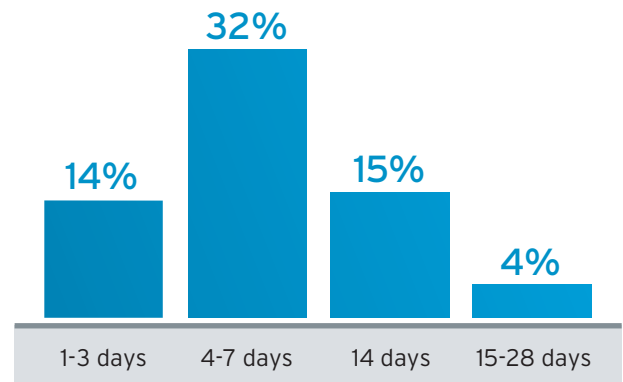
**Professor David Haslam CBE,**  
GP in Cambridgeshire



**FACT** The top 10 minor ailments account for 75% of GP consultations for minor ailments

permission to do this. Some consider it easier to give a prescription than to engage in discussion on self care, hence the need to embark on training programmes to help GPs help their patients. Training that can also be shared with nurses in practice.

There has to be a step change in perception and behaviour to encourage self care and, crucially, this must be driven by education. Typically people engage in repetitive behaviour. 61% will go back to see the GP or nurse if that is what they did for the same minor ailment previously. **However, 84% say they would self treat the next time if they were actively advised to do so.** GPs and nurses claim they do recommend self care (although people don't agree) but lack confidence in people's ability to self care adequately.



**Q** How many days will you continue with self treatment before seeing a doctor?

## 0.4 Why the time is right to address our demand-led culture

There is clear recognition and consensus from organisations across primary care that the culture of dependency and demand-led behaviours must change. Research<sup>5</sup> reveals there are 57m GP consultations every year involving a minor ailment and that 91% of these consultations end in a prescription. **This comes at a cost of £371 million, which soars to £2bn when you factor in the GPs' time, a price tag that is unacceptable for coughs, colds, sore throats and indigestion, which can so easily be self managed.**

£2bn is equivalent to an average of £250,000 every year per general practice in England. Of the 57m consultations, 51.4m involve a minor ailment alone equating to 18% of GP workload. Nearly half of these consultations are generated by 16 - 59 year olds and yet the elderly and children need the service most. **The NHS simply cannot afford to spend £2bn on conditions that people can manage themselves, as long as they have the information required to make those decisions and know what to do.**

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**There is a need for professionals to see it as their role to educate in self care. There is a need for clarity between professionals so GPs say it is okay to go to the pharmacist and to say it confidently.**

**Anna Dixon**, director of policy at the King's Fund

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<sup>5</sup> Minor ailment workload in general practice; December 2007; IMS Health.

And the cost to the nation and the NHS is not just financial. By failing to acknowledge the need for change we are also failing to influence important behaviours later in life, especially in managing the longer term conditions that are becoming common place as we live longer. We now have access to medicines that are more effective than those previously available, which prolong our lives. Instilling self reliance and self confidence in people at an early stage, beginning with education at school, is vital if we are to sustain a functioning and meaningful NHS.

**Increasing self care in the whole population is an investment in the future.** Taking responsibility for maintaining health, preventing ill health and dealing with minor ailments should be sensible behaviour for individuals. Allowing people to understand their minor ailments and look after them through self care would result in a more confident population, fully engaged in its health, as well as releasing vitally needed time and resource in primary care. This will release capacity for GPs to carry out care in a primary care setting without referral to secondary care, which in turn would release capacity and costs in secondary care to deal with complex cases that can only be handled by experts in this setting.

## 0.5 What we must do now

We know that people are ready and willing to take more responsibility for managing their own health. Over 70% say that if they have successfully self treated in the past, they will try again because they don't want to waste the GP or nurse's time. Over 60% say they are confident treating minor ailments because they recognise they are not serious and it's quicker than waiting for an appointment and the pharmacist can offer sufficient advice. However, we also know that minor ailment appointments account for 18% of a GP's workload and this is costing £2bn, so even if attitudes are beginning to change, it's clear more action is required.

There is a need for professionals to see it as their role to educate in self care. There is a need for clarity between professionals so GPs and nurses say it's okay to go to the pharmacist or to treat at home and to say it confidently. There needs to be education in schools and for doctors and nurses, in their medical training, to be supported by the General Medical Council. There should be national guidelines and we would like to see national funding to make that happen. However, there are some specific actions GPs and nurses could take now.

**£455**

Calling an ambulance

**£111**

Stepping into A&E

**£32**

Stepping into a GP surgery

**£16**

A call to NHS Direct

**£0.46**

A click on NHS Choices

**£0**

Self care £0 - £3.50  
on average

Source: NHS Direct and NHS Choices

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**People are increasingly sophisticated in their ability to look after themselves, with help from the internet and health professionals. Doctors should encourage this new independence and self-confidence.**

**Dr Raj Patel**, NHS Alliance,  
Tameside and Glossop PCT  
and NHS North West

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- Get people to try self care once. They are more likely to do it again. Create a virtuous cycle.
- Depending on the condition, educate people to wait longer before seeking advice from a GP / nurse.
- Educate people to ask pharmacists for advice.
- Engage with local schools and community groups.

## 0.6 Conclusion

People should recognise that they can make a significant contribution to their own and their families' health, and take some personal responsibility for it. Healthcare often starts with people looking after and treating their families in the home.

There are advantages for everyone if we can encourage and enable people to take greater control over the management of their minor ailments. Use of prescriptions and antibiotics will reduce, GPs can spend more time on complex consultations and people can treat themselves without delay. Upping the importance of the self care agenda is good for the population and good for health professionals. Self care has always been important. Not only does it enable people to take control of their illness and seek advice appropriately and when it is needed, it is vital to the very existence of the NHS.



People need more education and information if they are to be able to manage their own health issues and to understand why taking responsibility for their own minor ailments is the best option for them. I am delighted to be supporting the new Self Care Campaign and hope that it attracts widespread support.

**Sara Richards**, Registered General Nurse



The GP's role in the future will be that of navigator, instead of the ancient paternalistic way of looking at a consultation, it will become far more of a partnership.

**Professor Steve Field**, chair of the Royal College of General Practitioners

