

# Self Care – A Real Choice

## Self Care Support – A Practical Option

Self care was highlighted in the NHS Plan as one of the key building blocks for a patient-centred health service. More recently self care featured as a key component of the model for Supporting People with Long Term Conditions. Research shows that supporting self care can improve health outcomes, increase patient satisfaction and help in deploying the biggest collaborative resource available to the NHS and social care – patients and the public. Helping people self care represents an exciting opportunity and challenge for the NHS and social care services to empower patients to take more control over their lives.

This communication sets out the current position and is aimed at PCT, NHS Trust, SHA and social care management teams as well as health and social care professionals and practitioners.

Its purpose is to:

- provide information on the developing policy on support for self care and the reasons why it is important (the why);
- suggest what practical action can be taken by those delivering health and social care (the what);
- provide some ideas on how to support self care (the how).

This document has benefited from consultation with a wide range of stakeholders.

### *What do we mean by self care?*

Self care is a part of daily living. It is the care taken by individuals towards their own health and well being, and includes the care extended to their children, family, friends and others in neighbourhoods and local communities.

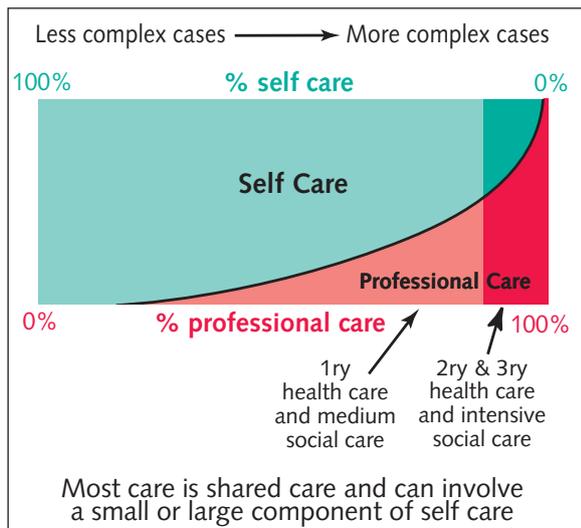
Self care includes the actions people take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and

maintain health and wellbeing after an acute illness or discharge from hospital.

### *The spectrum of care*

Any particular example of care lies on a spectrum (see Fig 1) ranging from 100% self care (e.g. brushing teeth regularly) to 100% professional care (eg neurosurgery). In between these is shared care where individuals or families partner with practitioners in the care of the individual; practitioners include allied health professionals (AHPs), nurses, doctors, social workers and pharmacists. Supporting self care has always been

**Fig 1: Spectrum of Care**



part of good practice, especially for AHPs, nurses and pharmacists.

**The case for self care support**

Society is changing. People want more information, choice and control over their lives and this is no different for health. The public’s attitude to looking after their own health is beginning to change. There is a shift towards independence and there is a range of personalised choices for patients and various options for provider agencies. Patients and the public have said that they want more support to self care.

**The Expert Patients Programme**  
 EPP participants say that they want to do more self care:

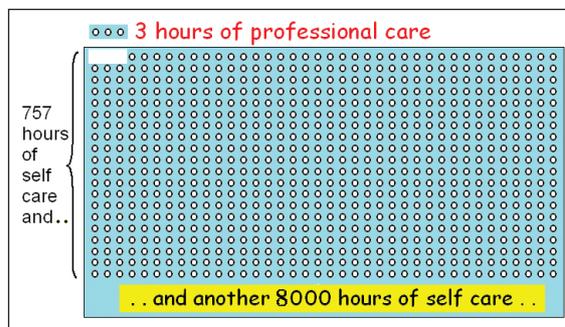
*“I have learnt that I need to take responsibility for my health instead of leaving it all to the GP.”*

*“The Programme has really helped me to take more control of not just my arthritis, but also my life.”*

In terms of episodes and hours, most care in daily life is self care. For example, people with diabetes have on average about 3 hours contact with a care professional and do self care for the remaining 8757 hours in a year (see Fig 2) using the advice given by

professionals during the 3 hours or using skills learnt through structured self care education programmes such as DAFNE and DESMOND ([www.dafne.uk.com](http://www.dafne.uk.com)).

**Fig 2: Hour by Hour Care of Diabetes**



But there is scope for more self care across the whole spectrum of care. Around 40% of GP consultations are for minor ailments; 75% of A&E attendances are for minor illness or injury. With extended support for self care, many of these episodes could be better taken care of by people themselves.

**There is growing evidence to show that supporting self care leads to:**

- improved health and quality of life
- rise in patient satisfaction
- significant impact on the use of services, with fewer primary care consultations, reduction in visits to outpatients and A&E, and decrease in use of hospital resources.

**Impact on patients**

- better symptom management, such as reduction in pain, anxiety, depression and tiredness
- improved feeling of well being
- increase in life expectancy
- improvement in quality of life with greater independence.

**Impact on care services**

- visits to GPs can decrease by 40%
- outpatient visits can reduce by 17%
- A&E visits can reduce by up to 50%
- hospital admissions can be halved

- hospital length of stay can be halved
- medicines intake is regulated or reduced
- days off work can reduce by 50%.

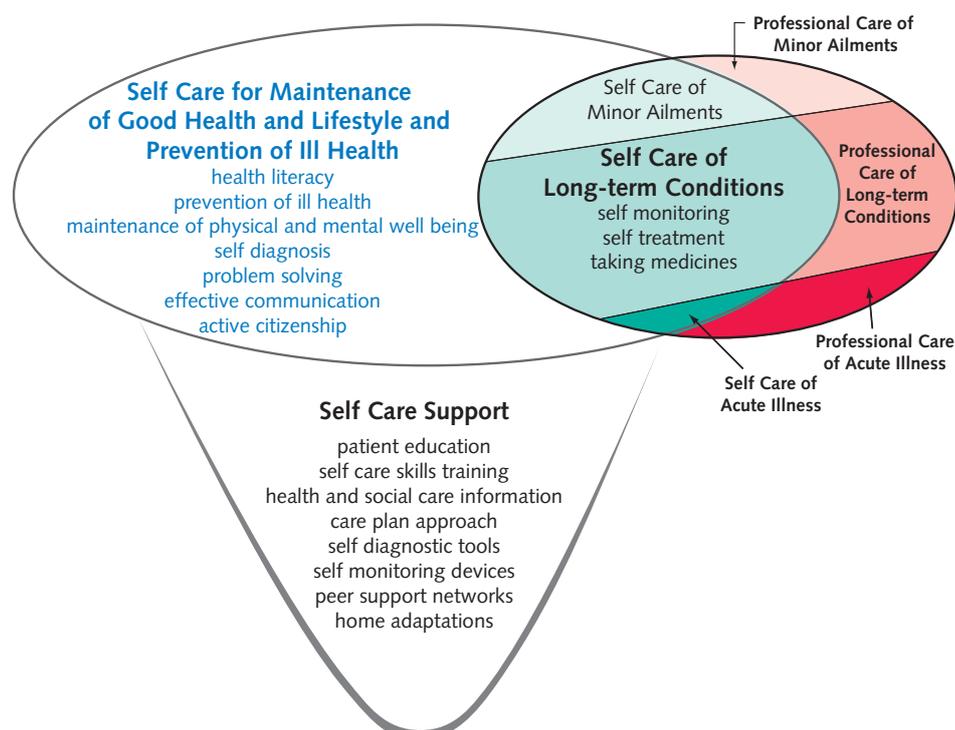
(References for the research evidence are available on our website at <http://www.dh.gov.uk/SelfCare>)

### **Different types of self care support**

Support for self care involves increasing the capacity, confidence and efficacy of the individual for self care by providing a range of options (see Fig 3), including:

- appropriate and accessible advice and information
- individual care plans for adults and children
- self-diagnostic tools, self-monitoring devices and self care equipment
- first aid training in schools for children
- health education, for example through the Skilled for Health programme of DfES to provide basic skills and health literacy training
- self care skills training, for example through Expert Patients Programme
- multi-media multi-lingual self care facilities and information materials
- campaigns and training on lifestyle issues to change behaviours, promote good health and prevent ill health; such as by lay self care trainers; or health trainers proposed in the Public Health White Paper *Choosing Health*
- utilising networks of peers with experience and memory of healthy living and of caring for a minor, acute or long-term condition
- building social capital and self care support capacity in the community
- participation of the public in design and implementation of local programmes
- education to change attitudes and behaviours of practitioners and public towards self care
- training of practitioners in when and how to use approaches to support self care
- initiatives to develop partnerships between professionals and the public.

**Fig 3: Self Care Support and Self Care**



## The strategic fit

Self care is consistent with our policy of putting the patient first. Individual involvement and empowerment are now key to NHS and social care delivery. Self care was highlighted in the NHS Plan as one of the key building blocks in its vision of a health service designed around the patient. Self care also features in the NHS Improvement Plan and in the National Standards (D10).

### Self Care in the NHS Plan

*“Most health care starts with people looking after themselves and their families at home. The frontline in health care is in the home.”*

*“The NHS will become a resource which people routinely use every day to help look after themselves.”*

NHS Plan (2000) Chapter 1 para 1.9

Strategic priorities for the NHS over the next 5 years will be care of long-term conditions, improved access and patient experience together with greater choice and personalisation of care. Self care is integral to all of these priorities.

## Where can support for self care be useful?

### Promotion of good health and prevention of ill health

Stopping smoking, cutting alcohol intake, doing physical activity and regular exercise, following a balanced diet, using a care plan or regularly monitoring health are all examples of self care and are important to promote good health and prevent illness and injury. The new Public Health White Paper *Choosing Health* sets out a programme of action to improve the nation's health by providing self care skills training to people.

## Care of long-term conditions

The increased incidence of long-term conditions presents a major challenge to the NHS:

- In GB, 17.5 million people may be living with a long-term condition.
- Around 6 in 10 adults in the household population report some form of long-term health problem.
- Around 80% of GP consultations relate to long-term conditions of which a quarter are minor complaints.
- Care of long-term conditions accounts for 60% of bed days in hospitals.
- By 2030, incidence of long-term conditions in the over 65s is estimated to more than double.

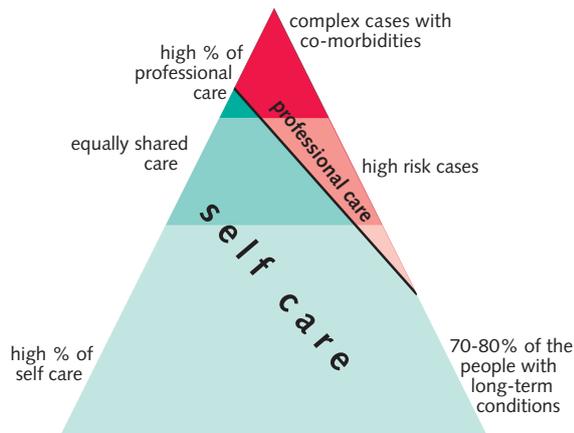
To deal with this volume of expected activity, care of long-term conditions is now a key priority for the Department of Health, NHS and social care services. Support for self care of long-term conditions is a fundamental element of this work.

With the right support people can be empowered and learn to be active participants in improving existing symptoms, avoiding flare-ups, slowing deterioration & preventing development of complications and other conditions. This can help them in achieving a better quality of life while living with and taking care of their conditions.

The majority of people with long-term conditions fall in the lower base of the care triangle (see Fig 4); even a small % increase in self care of long-term conditions can have a huge impact on demand for professional services.

Advice for patients about medicines is a type of support for self care for people with long term conditions. This includes information to improve patients' understanding of the usefulness and action of medicines; of side effects and how to take care of these effects.

**Fig 4: People with Long-term Conditions requiring Self and Professional Care**



The Department of Health strategy for care of long-term conditions and regular updates on the strategy can be found at [www.dh.gov.uk/Publications](http://www.dh.gov.uk/Publications).



↑ Men could be getting more than just a haircut at their local barber's, thanks to a health initiative by Airedale Primary Care Trust. Chris Bradley and Mehzar Iqbal, working for the Health of Men project are holding health drop-in sessions at a barber's shop. They hope to encourage south Asian men a group with a traditionally high incidence of heart problems to have a health check. In the picture, Mehzar Iqbal, project worker for Airedale PCT, gives a customer a blood pressure check while barber Azhar Mahmood looks on. Initiatives like this are aimed at preventing onset of disease.

### **Examples of schemes to reduce prescribing in general practice and increase patients' understanding of medicines**

*Planned face to face review of medicines for people with long-term conditions can help them care for themselves by understanding their medicines and taking them more effectively. Recent research has shown that patients suffering adverse reaction to medicines use 4% of hospital beds\*, and review of medicines can help prevent this from occurring by identifying potential interactions and side effects and taking action beforehand to resolve them.*

*Medicines Partnership has published 'Focus on Your Medicines', a patient guide to medicines review. This is designed to help patients to get the maximum benefit from a review by preparing their questions in advance. 400,000 copies of the guide have already been distributed via PCTs. In September 2004, a specific version of the guide for people with epilepsy was published, including an epilepsy diary for patients to complete prior to a review.*

*The guides have been extensively tested with patients, who felt that these would really help them to get more out of a review. Copies are available from the Medicines Partnership website at [www.medicines-partnership.org](http://www.medicines-partnership.org)*

*\*BMJ, 3 July 2004, 329:15-19.*

## Care of minor ailments

- Minor illness and injuries account for around 75% of A&E attendances; around 15% of these have the potential to be taken care of by people themselves according to evidence from NHS Direct. Also good quality written information provided during visits to A&E prevents revisits to outpatients or admission to hospital.

### A&E and Self Care

In Norfolk & Norwich Hospital patient information booklets for knee and ankle injuries have shown to promote self care after discharge from A&E.

A study at St Thomas's in London showed that around 10% of A&E patients could have got self care advice from pharmacists.

- 40% of GP time is spent dealing with patients with minor self-treatable illness; when provided support for self care, people can take care of these ailments themselves.

### Pharmacists in Tyne & Wear

A pharmacy scheme in Tyne & Wear covers 46 GP practices and 64 community pharmacies serving over 265,000 people. Patients are given leaflets with information on self care of minor ailments and advice on when to seek professional help. These leaflets are available in eight languages. The scheme has been shown to be safe and cost-effective and has proved popular with both patients and professionals, who are now working together as part of NHS Live to extend the range of illnesses covered.

- Almost two-thirds of GP consultations result in a prescription being written which could have been treated by over-the-counter medicines provided by pharmacists or no medicine at all. Self care advice empowers people to treat themselves appropriately and avoid unnecessary medicine intake.
- Pharmacists have an increasing role as a source of advice on self care. There are now many effective pharmacist-led minor ailment schemes throughout the country.

## Acute and Intermediate Care

Self care is crucial following discharge of patients from hospital. Information on self care will be included as part of the care plan given to patients when they leave hospital. This will help ensure that going home from hospital is a positive experience and readmission is avoided.

Supported and enhanced self care can also help prevent acute illness, such as an injury from falls. Another example is the possibility of preventing strokes, such as by doing appropriate self care in one's own home by closely self monitoring symptoms after a transient ischemic attack (TIA).

Therapists in intermediate care can give self care advice for secondary prevention and where possible after a hospital episode for rehabilitation in the home environment.

'My Health Calendar' is an information booklet developed by University of Moncton, Canada to explain what to expect after a day surgery; this is likely to reduce GP and outpatient visits for complaints of pain and other minor symptoms.

### Self Care with Social Support

Feedback from GPs indicates that minor ailments for which people seek services of GPs and practice nurses often include social and emotional problems. Care homes, home visitors, social workers and community networks of lay people can also have a role in providing self care advice and support where appropriate for such problems.

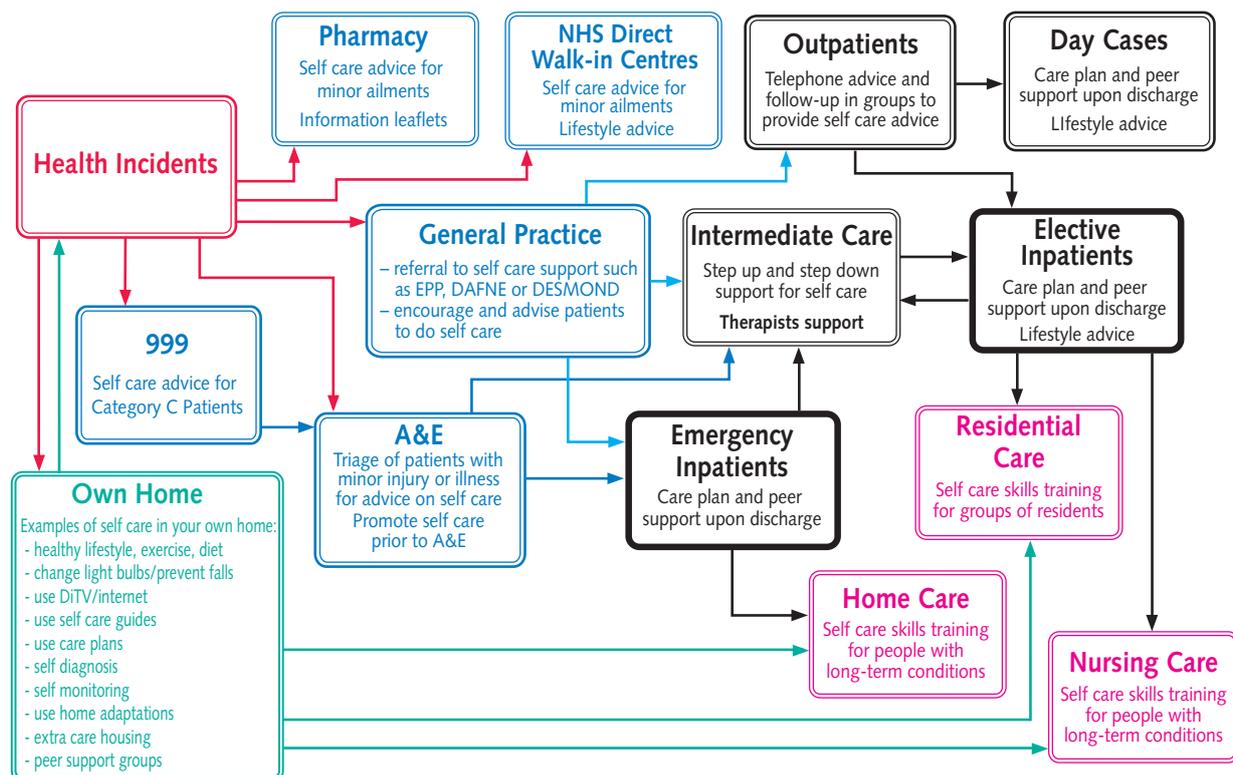
In Wigan and Kirklees, the 'Moving More Often' programme in settings such as residential homes and sheltered housing not only aims to provide opportunities for physical activity for older people, it is also a learning and social support network for them. Among others, there is an activity called "Just Me!" which provides skills to older people for self care and to be "active on one's own".

### Self Care Support in the Whole System/Pathway of Care

As indicated above, there is potential to support self care at various points in the care system. The diagram below illustrates some of the types of self care support that may be provided in different parts of the care system. (See local examples of self care support at <http://www.dh.gov.uk/SelfCare>).

These self care support initiatives can, however, be successfully embedded in the care system only if they are integrated in its routine business and have the full backing of care professionals, practitioners and managers. Campaigns to raise awareness and schemes to provide training for professionals will need to be put in place. Some training resources already exist for increasing the skills of professionals to help them embrace new thinking in health and social care such as the choice agenda, copying letters to patients, Expert Patients Programme, etc. (See examples at [www.4ps.com](http://www.4ps.com)).

Fig 5: Self Care Support in the Whole System of Health and Social Care



## *Self Care Skills and Techniques*

People need skills and techniques to take care of themselves. These include:

- Problem solving
- Planning, decision making and taking actions to fulfil plans
- Controlling and taking care of symptoms
- Utilising supportive resources
- Developing effective partnerships with practitioners.

These techniques are not only used in an illness or injury. Most people use them routinely in daily living. But providing the right support is important so that people can learn to use them, have the right motivation to choose the right approach to care and become health literate.

## *Factors influencing involvement of the individual in their health*

It is for the individual to decide how they want to be involved in their own care. We should encourage more individual responsibility where this is appropriate and where the person has the capacity and desire to contribute to their own health as well as that of their children and families. But we must not forget that it is for the individual to make that choice.

### **Factors contributing to people making self care as their choice include:**

- history and personal experiences
- existing knowledge
- values and beliefs
- cultural background
- literacy and cognitive ability
- confidence, self-esteem and self efficacy
- perceived control
- availability of real, personalised choice
- availability of information and the form in which it is presented
- availability of useful tools and equipment
- evidence on benefits of self care support
- encouragement/support by practitioners.

## *Role of individuals and care agencies*

### **What the individual & families can do**

- follow a healthy lifestyle
- become health literate; exercise choice
- be willing to participate in own care and that of children and others in the family
- take care of minor ailments
- monitor own long-term condition
- seek out and use relevant information effectively
- develop skills and learn to use techniques for empowerment and to develop self confidence
- work in partnership with practitioners.

### **What NHS and Social Care agencies and practitioners can do**

Professionals, practitioners, staff and statutory agencies can work together with patients and the public on an integrated programme of self care support:

- design and implement a PCT or SHA wide strategy to support self care using a mix of approaches described in this communication
- work with other local statutory bodies e.g. local authority, education and leisure sectors
- disseminate evidence and inform practitioners on benefits of self care support for patients and the public and how it can help achieve targets
- re-train professionals and staff to provide self care advice, education and training to patients
- develop health trainer or self care trainer role

- patient segmentation and targeting specific groups of patients
- provide care plans for all patients on discharge from hospital
- provide condition-specific personalised care plans for people with long-term conditions
- promote community pharmacy schemes
- develop partnerships between agencies in the community to provide user-led social support
- encourage community peers to provide help to others on how to use health information
- encourage people with similar problems to keep in touch and support each other in the community
- support families to increase their health literacy and to educate children on health issues.

### ***Building partnerships: contribution of private, voluntary and community sector agencies***

The voluntary and community sectors have significant expertise in supporting self care, especially patient organisations in the care of long-term conditions. Opportunities exist to work in partnership with these groups, e.g. developing joint training and education programmes for care of people with specific health conditions.

There are also many varied local community groups which may be available to support self care activities, e.g. Faith groups to help in forming self care support networks and in sustaining the self care skills learnt.

The private sector also has a contribution to make, e.g. a major local employer where there will be interest to promote health and well-being; High Street pharmacies and super markets where there will be mutual interest to attract customers as well as to support

them in annual health checks and self diagnosis and in forming peer networks.

### ***Risks***

As with any care service provision, self care support carries with it risks. These will need to be considered fully by care professionals and agencies when introducing new self care support initiatives in their areas as these will also be of concern to people before they make their choices. Issues for practitioners and service providers to consider include:

- appropriateness of self care support in terms of clinical risks and patient safety
- public and patient capacity to self care which can often be undermined by factors such as poverty, access to resources or poor housing
- ensuring equality of access
- lack of availability of local social capital and capacity to deliver self care support
- there may be need for a 'graduated learning and access' approach to self care.

### ***Initiatives to support self care***

There is a great deal already happening at both national and local levels to support self care. Existing initiatives include:

1. National Service Frameworks (NSFs) that have a strong focus on prevention and on role of the individual and family in their own care, such as Diabetes NSF and Children's NSF
2. The *Supporting People with long Term Conditions* Model has self care as a key element
3. roll-out of Expert Patients Programme: generic lay led self care skills training programme

4. condition-specific patient education programmes, such as
  - DESMOND for people with Type 2 diabetes ([www.cgsupport.nhs.uk/downloads/NDST/DESMOND\\_new\\_sletter.pdf](http://www.cgsupport.nhs.uk/downloads/NDST/DESMOND_new_sletter.pdf))
  - DAFNE for people with Type 1 diabetes ([www.dafne.uk.com](http://www.dafne.uk.com))
5. Public Health White Paper *Choosing Health* proposal to introduce health trainers to train patients and the public in self care skills to improve health
6. developments in IT: procurement of an Integrated Care Record Service led by the National Programme for IT (NPfIT)
7. the choice and personalised care agenda
8. new GMS contract and the Quality and Outcomes Framework provide financial incentives for primary care to support initiatives such as self care interventions to reduce demand in primary care
9. National Health Information Strategy, NHS Direct Online, telephone helpline, healthcare guide and Digital interactive TV provide self care advice and information
10. Skilled for Health partnership programme between DfES and DH provides self care education to improve health literacy and adult basic skills.

### **Developing self care support programmes**

The Department of Health aims to help develop good self care support initiatives that can be organised locally with access to a national strategy and set of principles. This will entail developing an integrated programme of work that combines a range of approaches mentioned previously.

Good self care support offers real opportunities for improvements in service capacity and building social capital. *What strategies are deployed will be for local decision based on local needs and priorities.* The Department of Health will help provide the evidence, the range of options and share good practice examples and innovation.

### **The forward work programme**

Over the coming months we will:

- provide a number of local NHS and social care based as well as other good practice examples in self care support with contact details; a first survey of such activities across the whole system of care is available on the self care support website at <http://www.dh.gov.uk/SelfCare>
- support the development of three programmes funded by the new GMS Contract on developing online directories of self care support initiatives and community networks
- provide emerging evidence on the benefits of the Expert Patients Programme
- provide published research evidence on the effectiveness of different approaches to self care support
- provide examples of self care support networks in local communities
- encourage health promotion campaigns, e.g. stopping smoking, cutting alcohol intake, physical exercise, healthy eating
- ensure that self care support features in all policy development
- update this communication about self care support on <http://www.dh.gov.uk/SelfCare>.

**A self care vision:**

- **individuals and carers have self care as a real choice**
- **choice includes a range of self care options – available, accessible, convenient**
- **the right support is provided for that choice.**

**For more information visit our webpage at <http://www.dh.gov.uk/SelfCare>**

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