

How self-care is being made a reality

Ask About Medicines Week provides the ideal opportunity to encourage patients to consider self-care. Clare Bellingham reports

SELF-CARE is high on the Government agenda. But ask most people what self-care means and they will not be able to expand beyond "looking after yourself". The concept has been hard to grasp. So what does self-care mean in reality? This was addressed by a conference this week organised by the Proprietary Association of Great Britain.

Self-care includes all the decisions and actions that people take in respect of their health. This covers not just treating illness, but being able to recognise symptoms, knowing when to seek advice and making lifestyle changes to prevent ill health.

Speaking at the PAGB conference, Professor Mike Pringle, University of Nottingham, described self-care as a jigsaw: it is about providing patients with the confidence, skills, information, equipment, professional back-up and peer support to enable self-care. But he cautioned that the barriers to this are formidable. They include a lack of skills and confidence among the public, an unwillingness among some professionals to empower patients and a lack of user-friendly equipment. What self-care is not about, he said, is telling people what to do. Instead, it is about helping people make decisions. "We have to make sure that people understand the disease and that they have the confidence and skills to make decisions and choices," he commented.

GOVERNMENT AGENDA

Health minister Rosie Winterton told the conference: "Self-care is one of the key pillars of the NHS plan." The NHS plan states: "The front line in health care is the home. Most health care starts with people looking after themselves and their families at home."

The NHS expert patient programme is one aspect of self-care. It supports people self-managing chronic illness. Other Government initiatives that demonstrate the commitment to self-care are NHS Direct, walk-in centres and the appointment of a new director for self-care (see p482).

However, despite these developments, Sheila Kelly, executive director, PAGB, said that funding to support self-care is low, there is no delivery programme of self-care and good examples of self-care are not widely disseminated.

To help address this, a new project to promote self-care was announced at the conference. The project, "Joining up self-care in the NHS," is being led by a steering group representing health professionals, and local and strategic bodies in the NHS.

The project will tackle the prevention of coronary heart disease in adults, offer a minor ailments scheme directed at mothers and families, and provide management of asthma aimed at parents. For the CHD programme, interventions will include making risk assessment available in places such as the workplace, public houses and pharmacies to encourage people to change their lifestyle. Public campaigns to advertise the minor ailments scheme are planned. The asthma programme is about developing expert parents.

The next step is to establish funding and a PCT will be selected as the location for the project. The project is planned to start next July and run until April 2005.

DEVELOPING SELF-CARE

A clear theme that emerged at the PAGB conference was the potential for pharmacists to play a greater role in self-care. Ms Winterton said: "Community pharma-

What is self-care?

Self-care is about more than managing minor self-limiting conditions. Self-care is a person's ability to look after themselves and their family. It includes what an individual does to stay healthy, to manage minor ailments and to manage chronic conditions.

More information about self-care is available in a new PAGB booklet called "Advancing self-care: helping people take care of their own health". It can be obtained from the PAGB at www.pagb.co.uk or by telephoning 020 7242 8331.

cies have traditionally been a place where people go for advice on self-care. This traditional role is being expanded in many areas with the support of PCTs." She added: "But this role can undoubtedly be developed further nationally."

Growth in OTC medicine sales has not been seen despite the availability of new medicines. Dr Simon Fradd, chairman, Developing Patient Partnerships, said: "I don't believe that this is driven by finance. The problem is that the public does not know the range of medicines available to buy." He suggested that appropriate dispensed medicines should be labelled "this is also available for retail sale from a pharmacy".

Dr Fradd is concerned that the minor ailment schemes that allow patients to obtain medicines free of charge from community pharmacies being developed in Scotland have not had similar support from the Government in England. "If you are receiving benefits then the thought of buying OTC drugs is an anathema," he said. "I will go on fighting the Government on this; the discrimination against the poor is absolutely appalling." He added that since many PCTs are deciding to develop minor ailment schemes at a local level that there would be many different schemes across England: a unified approach would be better (see also Panel, left).

Meanwhile, Dr Paul Stillman, a general practitioner in Sussex, highlighted the challenge of good communication. Consumers have to be provided with sufficient incentive to undertake self-care, he said. "To make self-care work it has to be seen as desirable and pleasurable by consumers," he said. This includes convenience, satisfaction and pride. "Self-care must be supported, encouraged and rewarded," he said.

An important message from Dr Fradd is: "Self-care is not about rationing NHS resources, it is about better care." In order to achieve this better care, attitudes of patients and professionals need to change. When patients are asking about their medicines next week, pharmacists have the ideal opportunity to talk about self-care.

Minor ailment schemes: examples of self-care

Minor ailment schemes have a new focus on the health agenda. Professor Alison Blenkinsopp, University of Keele, reported that a national survey of PCTs showed that 75 per cent of PCTs planned to have or had such a scheme in place. The National Pharmaceutical Association will produce a tool kit for establishing minor ailments schemes in a few weeks' time.

- **Self-care in community pharmacy** Under a scheme in Peterborough, Cambridgeshire, community pharmacists write about 170 prescriptions a month for minor ailments at an average cost of £1.57 per item. In addition, a patient group direction is used for chloramphenicol for conjunctivitis. Future PGDs are planned for contraception, smoking cessation, urinary tract infection and impetigo.
- **Self-care in GP practices** When patients consult Monkfield Medical Practice in Cambourne (a new town near Cambridge) with a minor ailment, the receptionist guides the patient away from a traditional GP consultation and instead offers a consultation with a pharmacist or nurse. This helps to promote future self-care.
- **Self-care in out-of-hours services** Fylde Coast Medical Services offers an out-of-hours service (P7, 26 April, p568). Since May this year, a local pharmaceutical service contract has allowed pharmacists and nurses to take calls about minor ailments. They now manage 20 per cent of the total workload and prescribe fewer drugs than GPs.