PROMOTING SELF CARE

Report by NHS Highland CHP Lead Pharmacists on behalf of Elaine Mead, Chief Executive

The Board is asked to:

- **Endorse** the introduction of guidance for the prescribing of over the counter (OTC) medicines.
- **Endorse** the introduction of actions to promote self care for minor, self-limiting illnesses.

1 Background and Summary

On 1 April 2011, NHS prescription charges were removed in Scotland. This has the potential to increase pressure on GP practices to treat minor illnesses that patients would have previously self-managed. The potential result is increased inappropriate demand for GP appointments and increased prescribing cost, both in terms of the medicines themselves and the costs associated with prescribing and dispensing. Prior to 1 April, practices were already reporting that a significant proportion of appointments are for minor illnesses or requests for over the counter (OTC) medicines.

Evidence also exists that a significant number of consultations with Out of Hours Services and at Accident and Emergency Departments are for minor illnesses. These services could be relieved from such consultations to enable them to concentrate on more serious conditions.

Therefore, the public requires information and education about how to access treatment from the health professional most appropriate to their needs. This paper outlines a number of proposed measures. The first section describes guidance on the prescribing of over the counter medicines. The second section proposes that NHS Highland adopts and expands upon the approach to self care that has been recently piloted in North Highland CHP.

2 Guidance on the prescribing of over the counter medicines

Some patients who are exempt from NHS prescription charges consult medical and nursing staff to request prescriptions for basic OTC medicines in order obtain a free supply. This is an inefficient use of staff time and increases prescribing costs.

Research carried out in Scotland suggests that people prefer to self manage self-limiting illness, and that when they need to seek professional help they are willing to use some alternatives to GP services, such as community pharmacists. Where advice is required, community pharmacy has been shown to be preferred to other sources, eg, NHS24 or practice nurses. It has also been suggested that recent government policies aimed at reducing waiting times to see a GP may discourage some people from practising self care. It is reasonable to infer that the abolition of NHS prescription charges on 1 April 2011 will have the same effect, increasing demand for “free” supplies of OTC medicines and putting further pressure on GP services. To date, it is too early to determine from prescribing data whether there has been any impact locally.

It is proposed that NHS Highland introduces guidance on the prescribing of OTC medicines, explaining how patients should access these medicines through community pharmacies rather than on prescription. The aim is to ensure their prescribing is appropriate and consistent across NHS Highland.
The guidance provides a table of common minor illnesses which, in the majority of cases, can be self-managed with OTC medicines. Examples of OTC medicines available for each illness are also provided. The illnesses are: acne, athlete’s foot, allergies, backache, colds, cold sores, constipation, diarrhoea, eczema, eye infections, haemorrhoids, hay fever, headlice, indigestion, mouth ulcers, nasal congestion, pain, teething, thrush, threadworms, travel sickness and warts/verrucae.

Community pharmacists are well placed to help patients to self-manage minor illnesses by offering advice and treatment (when appropriate). Patients can be seen quickly by a pharmacist, without having to wait for an appointment, thus improving access. Most pharmacies are open on six days of the week and some in the larger population centres are open for extended hours. OTC treatments can either be purchased or, for eligible patients (eg, those on low incomes), treatment is available through the NHS Minor Ailment Service. This service is offered at all community pharmacies. Community pharmacists can also advise patients when it is appropriate to contact a GP, thus providing a useful mechanism for filtering inappropriate or unnecessary consultations. Community pharmacies are contracted to provide NHS services that are considerably wider than dispensing services. Their role in this proposal should be viewed as part of their contracted role to provide pharmaceutical care and complementary to the NHS Minor Ailments Service.

The guidance proposes that, when faced with a patient who has made an appointment for a minor illness, medical/nursing staff should explain that future requests of this type should be made to a community pharmacist. An NHS Highland leaflet about the OTC medicines to keep in a home medicines cabinet (see section 3) could also be provided. Posters for display in GP practices would also support this message (see section 3).

It is recognised that there will be situations when it is appropriate to issue a prescription for some of the illnesses/medicines listed in the guideline, eg, analgesics for chronic pain. In addition, in some geographical locations, access to OTC medicines is limited. However, the overarching recommendation of the guideline is that, in general, OTC medicines should not be prescribed. In no circumstances should OTC medicines be prescribed in anticipation of an illness in order to stock a home medicines cabinet.

3  Promoting Self Care

Self care is the care that individuals take of their own health. It covers a range of activities from exercising or buying an occasional painkiller to becoming an expert in managing one’s own long term condition. The key point is that it is about the action taken by the individual, rather than the care provided by a health professional.

North Highland CHP developed a self care strategy in 2010. It found that trying to promote the general idea of self care is difficult: it is a diverse concept that has different meanings to different people. Therefore, the CHP decided to have a series of campaigns to promote self care in specific clinical areas. The CHP’s first self care campaign was about sore throat and was conducted in October 2010.

3.1  Defining Self Care

Self care is defined as the care taken by individuals towards their own health and well being. It includes the actions people take for themselves and their families to:

- Stay fit and maintain good physical and mental health
- Prevent illness or accidents
- Care for minor ailments
- Care for long term conditions
- Maintain well-being after an acute illness of discharge from hospital
Evidence demonstrates that self care has positive outcomes. These include:

- Better health and quality of life (overall life expectancy, impact on specific symptoms such as pain, anxiety, depression)
- Improved patient satisfaction
- Significant reduction on use of care services (GP visits, outpatient attendances, A&E visits, inpatient admissions)
- Reduced medicine intake

Therefore, it is expected that encouraging individuals to adopt self care will improve health outcomes.

A lower rate of self care may be a result of public expectations (eg, patient expectation for a health professional to provide care/prescription) and professional expectations (eg, professional predisposition to prescribe when self care is appropriate).

3.2 Actions to Promote Self Care

It is proposed that NHS Highland introduces the following approach to promoting self care:

- Four self care campaigns per year, with each campaign addressing one specific clinical area and lasting for two to three months. Campaigns would include media coverage and information resources (posters, leaflets etc) to promote the self care message.
- A series of NHS Highland patient information leaflets, each about how to manage a common minor illness. Each leaflet could form the basis of one of the self care campaigns. An example is provided in Appendix 1 (information sheet used in the North Highland CHP self care campaign on sore throat).
- An NHS Highland patient information leaflet about common OTC medicines which we would expect to be routinely kept in a home medicines cabinet (see Appendix 2). This should be backed by a media campaign at launch.
- An NHS Highland poster about the OTC medicines not generally available on NHS prescription (see Appendix 3, based on the poster produced by Suffolk Primary Care Trust).
- An NHS Highland poster promoting services available from community pharmacies (eg, Minor Ailment Service). An example is currently being piloted in North Highland CHP.
- An NHS Highland poster that signposts patients to the various NHS services, currently being piloted in North Highland CHP.
- Working with the “Know Who To Turn To” project to encourage patients to visit a community pharmacy for minor ailments.
- A monthly column in local newspapers about how to self-care for minor ailments written by a local community pharmacist or NHS pharmacy staff. This will shortly be piloted in North Highland CHP.
- Articles in future editions of the “Health Check” newspaper about how to self-care for minor ailments.

4 Contribution to Board Objectives

The actions proposed in this paper will help to deliver the Board’s objective of promoting good health, self care and independence. These actions will also improve the appropriate and cost-effective use of NHS resource, in terms of staff resource, services and prescribing cost.
5 Governance Implications

Staff Governance
Encouraging patients to access the most appropriate NHS service will make more efficient use of staff skills and resource. The guideline and supporting materials being developed will help staff educate patients about the range of NHS services available.

Patient and Public Involvement
Patient representatives have been, or will be, involved in the production of the information resources described in section 3.2. Educating patients about accessing the most appropriate NHS service will improve timely access to advice and treatment.

Clinical Governance
Community pharmacists are health professionals trained to provide advice and treatment on minor illnesses, and to recognise where an illness is more serious and should be referred to another health professional (eg, a GP). Making better use of community pharmacists ensures that other health professionals (eg, GPs, nurses) have more time to deal with more serious conditions.

Financial Impact
The actions proposed in this paper will have a positive financial impact. It is difficult to accurately put a figure on how much current prescribing of medicines available OTC is for minor illnesses that could have been self managed. To date it is too early to ascertain the level of increased cost as a result of the abolition of NHS prescription charges on 1 April 2011. It is anticipated that the actions proposed in this paper will help to limit any rise in costs.

6 Equality and Diversity Impact

It is anticipated that all of the actions proposed in this paper would have equal effect on patients regardless of age, sex, disability, faith, gender, race and sexual orientation. This is because the aim is to encourage all people to access NHS services through a different route, not a withdrawal of NHS services. Community pharmacies provide equal access to people from all groups.

The NHS Minor Ailment Service available at all community pharmacies enables people in eligible groups to obtain an NHS supply of such medicines (where clinically appropriate). Currently eligible groups are those exempt from prescription charges (eg, children, people aged over 60 years, people in receipt of certain benefits). Eligibility for the NHS Minor Ailment Service is decided nationally by the Scottish Government but the current criteria ensure that people on low incomes could continue to obtain an NHS supply of OTC medicines. By promoting a consistent approach to the supply of these medicines, this proposal will diminish inconsistencies in their supply and hence reduce inequalities.

It is recognised that in remote parts of NHS Highland, access to OTC medicines may be limited (eg, no community pharmacy or local shop selling medicines). In these locations, it may be appropriate for a prescriber to provide a medicine on NHS prescription. Patients in these areas will still be expected to stock home medicines cabinet themselves (eg, on trips to the nearest town) but urgent supplies of OTC medicines may be necessary on prescription. This decision will be left to the clinical judgement of the health professionals involved.

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References

Appendix 1: Example self care campaign patient leaflet on sore throat

This patient information leaflet was used in North Highland CHP’s campaign to promote the appropriate management of sore throat. Copies were provided to GP practices and community pharmacies. A single sheet format rather than folded leaflet was used in order to minimise printing costs and to enable practices/pharmacies to print further copies.

North Highland Community Health Partnership

Treatment and advice for sore throats

What are sore throats (pharyngitis)?

Symptoms of sore throats include pain on swallowing, hoarseness, fever, headache and feeling generally unwell. Sometimes the throat and tonsils can appear red and swollen. The glands in the neck may also feel tender.

Most sore throats are caused by viruses. A small number are caused by bacteria. A very small number have other causes, such as side effects of medicines.

On average, sore throats start to get better after three days. But they often last for about seven days in total.

How should sore throats be treated?

For most sore throats, the best treatments are:

- Drink plenty of fluids.
- Soothing pastilles and liquids.
- Pain relief like paracetamol or ibuprofen.
- Adults can also try local anaesthetic lozenges and sprays, or gargling with soluble aspirin.

Always remember to check with your doctor or pharmacist that it is safe for you to use these medicines, even though you can buy them.

For people who do not pay prescription charges, pain relieving treatments for sore throats are available free of charge from community pharmacies. This is part of the NHS Minor Ailment Service; just ask any community pharmacist for more information.

What about antibiotics?

Antibiotics treat infections caused by bacteria but they have no effect on infections caused by viruses. Since most sore throats are caused by viruses, antibiotics are no use in the majority of cases.

If your sore throat persists for longer than three days, seek advice from your doctor, pharmacist or nurse. In a small number of cases, an antibiotic will be needed and they will assess whether you are one of the few people that needs an antibiotic.

But wouldn’t I get better more quickly with antibiotics?

No. On average, a sore throat treated with antibiotics lasts 16 hours less than one not treated with antibiotics. This is shown in the diagram below:

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\begin{align*}
\text{With antibiotics} & \quad \text{Sore throat lasts 2.6 days} \\
\text{Without antibiotics} & \quad \text{Sore throat lasts 3.3 days}
\end{align*}
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Could I just take an antibiotic anyway?

Antibiotics can cause harm so should only be taken when you have an infection that needs an antibiotic. The types of harm an antibiotic can cause include common but unnecessary side effects like sickness and diarrhoea or, more seriously, increasing the risk of antibiotic resistance or developing Clostridium difficile infection.

Delayed prescription?

You may be given a “delayed prescription” for antibiotics that you won’t be able to get dispensed for a few days.

Delayed prescriptions are issued when your symptoms suggest that you might need an antibiotic but it is too early to say for sure. If you are no better or are worse by the time your delayed prescription is valid, then you should take the antibiotics.

If you are better, or have started to feel better but are not fully recovered, do not take the antibiotics. Antibiotics can cause harm so do not take them “just in case”.

Produced by North Highland CHP published June 2010, to review June 2012
Appendix 2: Proposed patient information leaflet about common OTC medicines to keep in a home medicines cabinet

Front (right) and back (left) pages:

Highland’s community pharmacies are an accessible health resource for you and your family. Everyone can get advice from a pharmacist and buy medicine for a minor ailment or illness.

Many pharmacies are open when your GP surgery is shut (evenings, weekends and on public holidays). You don’t even need to make an appointment to speak to a pharmacist. A pharmacist provides lots of services and can help if you or a member of your family are suffering from a minor ailment or illness.

Remember - pharmacists are experts about medicines so any questions you have about your medicines and prescriptions can be answered by a pharmacist.

Pharmacy Services, NHS Highland
January 2011

Centre pages:

Minor illnesses are common. Symptoms can start at any time of day or night. Even if they start during the day, going out to a pharmacy is often the last thing you want to do when you are feeling ill.

Keeping a small supply of useful medicines at home ensures you are prepared for common ailments, no matter when they strike.

Your local community pharmacist will be able to advise you on the most appropriate medicines for you and your family.

Medicines you should keep at home

- Paracetamol tablets (for adults) for headaches, fevers, colds, sore throats, aches and pains
- Paracetamol mixture for pain and fever in children
- Ibuprofen (tablets or syrup) for pain and fever in adults and children – you should discuss this medicine with your GP or pharmacist before taking it for the first time
- Oral rehydration sachets to replace lost water and salts from diarrhoea
- Antiseptic cream for insect bites or stings
- Antacid for indigestion/upset stomach
- Antihistamine (syrup for children)

You should have
- a measuring spoon and oral syringe for children
- a thermometer, preferably digital

You should also keep a small first aid kit containing:
- plasters, in a variety of different sizes and shapes.
- some small, medium and large sterile gauze dressings and non-adherent dressings
- non-absorbant cotton wool
- medical sticky tape
- scissors – round-ended are best
- tweezers – for removing splinters, but leave anything in the nose, ears or eyes to the professionals!

You may also want to keep
- alcohol-free cleansing wipes.
- disposable sterile gloves.

Remember
Always keeps medicines out of the sight and reach of children, ideally in a high-up, locked cupboard.
Always store medicines in a cool, dry place.
Always follow the directions on the label or packet of medicines - never exceed the stated dose.
Check the expiry dates on your medicines regularly and take any out-of-date medicines to your pharmacy for safe disposal.
If you have any questions about medicines, ask your local pharmacist for advice.
Over the counter medicines

NHS Highland has asked GPs, nurses and hospital staff to reduce their prescribing of the following medicines:

- Pain killers for minor aches and pains
- Antihistamines for allergies and hayfever
- Moisturising creams and bath additives for minor eczema
- Antacids for indigestion
- Lotions for head lice
- Medicines for coughs, colds and sore throats
- Creams for minor acne
- Teething gel and mouth ulcer products
- Medicines for occasional constipation and diarrhoea
- Treatments for thrush and athlete’s foot
- Creams for cold sores
- Suppositories and creams for haemorrhoids (piles)
- Treatments for threadworms
- Gels, creams and support bandages for sports injuries and sprains
- Medicines to prevent travel sickness
- Tonics, vitamins and other supplements
- Barrier creams for nappy rash
- Soluble pain killers

Why has this decision been taken?

1. All of the medicines listed above are available from community pharmacies (chemists). Many can also be purchased at other shops.
2. Most of these medicines are inexpensive to buy, and people on low incomes can be treated through the NHS Minor Ailment Service available at all community pharmacies.
3. The NHS has a limited budget. Spending money on these medicines reduces the budget available for treating more serious conditions like heart disease or cancer.