

# COULD SELF-CARE SAVE THE NHS?



You have the power to save the NHS.

Long-term conditions affect approximately 15 million people in England, comprising the bulk of NHS spending – 70% of acute and primary care budgets, 70% of hospital bed days and 50% of all GP appointments.<sup>1</sup>

According to a Stanford University study, older exercisers lead significantly healthier lives in old age. The most active exercisers managed to put off disability by as much as 14-16 years.<sup>2</sup>

Adopting self-care habits like regular exercise can help alleviate or delay many of those conditions; dramatically easing the strain on NHS resources.

As the health service marks its 70<sup>th</sup> birthday, sporting the scars of persistent financial pressures – confronted with an ageing population and a falling share of GDP<sup>3</sup> – it's vital that we find ways to reduce the burden we place on it.

Taking responsibility for our own health is an achievable, substantive action. Becoming diligent about medication. Learning about our health conditions. Monitoring our health statistics, like blood pressure and heart rate. Exercise. Diet.

Not only would our quality of life increase, but our health service would be better able to look after us when we need it most.

A healthier NHS starts with a healthier us.

## Self-caring to a healthier NHS

Self-care is both better lifelong habits and taking control when we have conditions such as diabetes, obesity or heart disease.

The Department of Health defines self-care as:

*“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.”<sup>4</sup>*

Patients who self-care have been shown to have increased quality of life, improved clinical outcomes – like lower cholesterol and blood pressure, fewer emergency visits and fewer unplanned care admissions. And when they do see a doctor, self-caring patients know the right questions to ask.<sup>5</sup>

<sup>1</sup> Source: NHS England 2018: <https://www.england.nhs.uk/ourwork/ltc-op-eolc/ltc-eolc/house-of-care/>

<sup>2</sup> Source: Stanford University 2008: <https://med.stanford.edu/news/all-news/2008/08/running-slows-aging-and-postpones-disability-study-finds.html>

<sup>3</sup> Source: Nuffield Trust 2018: <https://www.nuffieldtrust.org.uk/news-item/70-years-of-nhs-spending>

<sup>4</sup> Source: Department of Health 2005, “Self care – A real choice: Self care support – A practical option”

<sup>5</sup> Deen et al (2011); Lorig and Alvarez (2011); Terry et al (2011); Druss et al (2010); Frosch et al (2010); Lorig et al (2010); Richmond et al (2010); Hibbard et al (2009); Lorig et al (2009); Qualis Health (2009)

Even more significantly, self-care has proven to be effective for a wide range of long-term conditions including diabetes, asthma, multiple sclerosis, chronic obstructive pulmonary disease (COPD), congestive heart failure, HIV, hypertension, arthritis, cardiovascular disease, osteoporosis, chronic pain, Parkinson's disease and cancer.

It's clearly in our best interests – and the NHS' – for us all to better look after ourselves. So why aren't we doing it?

## How to change behaviours

Self-care means sustaining healthy habits. Sustaining healthy habits means tangible changes in behaviour. Behaviour is difficult to change.

Figure 1) shows the types of behavioural traits that need addressing on the path to self-care, and the kinds of actions required to do so. To put it bluntly, doling out medication may be a lot simpler than changing behaviour.

But the health service *can* play a decisive role in making us better behaved. In fact, research has shown that self-care is more effective when encouraged and supported by healthcare services.<sup>6</sup>

The right mixture of education and technology can encourage 'patient activation' – a term the NHS uses to describe *"the knowledge, skills and confidence a person has in managing their own health and care"*.<sup>7</sup>

And that mixture of education and technology can come at a far smaller cost than long-term medical care.

Potential measures that already have real-world traction include:

### 1. Health and care providers emphasising self-care

Training and resources for NHS staff to support individuals to self-care. The aim is to change the mind-set from individuals merely being 'treated', to being actively involved in decisions about their own health and care. Importantly, such training gives frontline staff knowledge of whose behaviour can be changed; who can be 'activated'.

#### Real-world example:

Trusts we have recently worked with have achieved an increase in patients' levels of activation. On average, patients' scores improved by 6 points (out of 100) over 6 months. Research suggests this could be associated with a 12% decrease in hospitalisation and 12% increase in medication adherence.<sup>8</sup>

### 2. Using technology as an enabler

Technology can help patients set their goals, track their progress, receive acknowledgement for achievements and make changes easier. The morning commute is full of people on their phones – with the right presentation, they could be looking at their health achievements and next challenges rather than their Snapchat.

#### Real-world example:

We are currently working with NHS England as the National Evaluation Partner for NHSE's Test Beds programme. This is currently funding seven projects across the country to test combinations of technologies - such as tele-monitoring equipment or SMS messaging and apps - along with service change to improve patient outcomes and experience at the same or lower cost to the NHS.

<sup>6</sup> See Real-world example 1

<sup>7</sup> <https://www.england.nhs.uk/ourwork/patient-participation/self-care/patient-activation/>

<sup>8</sup> <https://www.insigniahealth.com/>

### 3. Addressing behavioural biases

Overcoming negative framing (“it’s too complicated”, “my neighbour just goes to A&E”) and habits by focusing on success rather than lists of “dos” and “don’ts”; and increasing our sense of awareness that we do have choices. We don’t need to keep making poor decisions just because we’ve done so in the past.

#### **Real-world example:**

Recent research has shown that our ‘health behaviours’ are influenced by many social factors, including money and resources, the food we eat, our housing and our families and friends (The Health Foundation, 2018<sup>9</sup>). Even small changes in any one of these areas can improve our health behaviour.

### 4. Testing what works and learning from it

Learning about what works, for whom and under what conditions is essential. There is no one-size-fits-all, so the evidence can help patients work with their clinicians to select options that work well for them.

#### **Real-world example:**

Learning and improving are critical elements of successful innovation. Generating evaluation evidence to understand what worked, under what conditions and for whom – along with cost effectiveness – allows better decisions to be made about what to continue investing in and what to change. For example, our work for a provider of a digital healthcare education portal for diabetes suggested that for 500 patients, a net cost saving of up to £475,000 per year could be achieved due to avoidance of emergency hospital admissions, out-patient appointments, visits to the GP and prescriptions.<sup>10</sup> This sort of evidence can help commissioners allocate funding more effectively.

The bottom line is this: as the NHS turns 70, it’s time to re-evaluate and adapt it to the time it serves. Re-focus it from after-the-fact treatment to preventative care. Preventative care, largely, means lifestyle changes. Self-care.

The NHS can nudge us into action, but ultimately the responsibility lies with us. If we all adopt healthier habits, we put less strain on the service, and it can treat us better when treatment’s what we really need.

So download a fitness app. Strap on those running shoes. Eat your five-a-day. Learn about your health conditions. Take medication when you’re supposed to. Take responsibility for your own wellbeing.

If we all do that, we can all be more certain the NHS will be there when we can’t do it alone.

<sup>9</sup> <https://www.health.org.uk/sites/health/files/What-makes-us-healthy-quick-guide.pdf>

<sup>10</sup> <http://hiap.govconnect.org.uk/images/events/health-in-all-policies/14-00-Mark-Jenkins-MRA.pdf>

**Figure 1** Applying Frontier’s ‘nine traits’ model to engaging patients with self-care

Behaviour trait	What this trait refers to	Potential implications for self-care
Priming	The first thoughts or messages that shape your actions	Does the patient realise they have power to influence their own health?
Framing	The context that you have been given.	Does the clinician encourage a patient to be activated and set their own goals?
Loss aversion	The extent to which fear of missing out in the future is affecting behaviour.	Can changes be made gradually so that harmful bad habits are changed bit by bit to limit the feeling of ‘loss’?
Attention	How much you think about this normally.	Are monitoring tools available to help patients track their progress and keep attention on their goal?
Association	What you implicitly associate (positively or negatively).	Can the language be tailored to help engage patients better in self-care?
Reward	The extent to which a product or process provides a buzz.	How can the patient know when they have successfully met their goal and how can this be celebrated?
Ease/habit	The extent to which options available are easy and convenient.	Can technology be used to make things easier for the patient to self-care? Can actions be as fast, low cost and easy as possible?
Social proof	What people see, think and feel others do.	Can patients’ stories be shared with each other? Are data and stats available for GPs or other clinicians to readily share?
Heuristics	Rules of thumb in situations like these.	Can clinicians guide help to manage patients’ expectations about what they can do, likely impacts and timing?

Source: Frontier Economics



**Nicholas Woolley**

+44 (0) 207 031 7094

nicholas.woolley@frontier-economics.com



**Kat Deyes**

+44 (0) 207 031 7129

kat.deyes@frontier-economics.com