

Making the case for the self care of minor ailments

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Executive Summary



Background

- PAGB's research among consumers in 1987, 1997 and 2005 has shown that there is a high incidence of minor ill health in the population.
- Minor ailments are part of normal everyday experience for us all, particularly:
 - backache, coughs and colds, headaches and migraine, toothache, indigestion, skin problems, allergy and respiratory problems.
- In most cases people manage these minor ailments through self care using an OTC product but the picture built up from previous research has demonstrated a level of dependency on the doctor.
 - It showed that people often abandon self care for the doctor typically within a period of 4-7 days. According to GPs this is earlier than needed generating in their opinion unnecessary consultations and in most of these cases a prescription was given as a result of the consultation.
- The PAGB has since conducted two further research projects that investigate the treatment of minor ailments in order to make the case for encouraging self care for minor ailments



Source: Everyday healthcare study: 1987 & 1997 conducted by BMRB International for PAGB

A Picture of Health: 2005 conducted by NOP for PAGB/Reader's Digest

Reducing GP consultations for minor ailments would result in significant savings & reduced demand on the NHS

- Until recently there was no data available on numbers of GP consultations for minor ailments and the cost of these to the NHS but in 2007 the PAGB commissioned IMS to quantify GP workload for minor ailments and their costs
- This research showed high volumes of GP consultations for minor ailments and the associated significant costs these have to the NHS:
- 57m consultations involving minor ailments;
 - 6m consultations involving a minor ailment plus other condition
 - 51.4m consultations involving minor ailments alone
 - 18% of GP workload is accounted for by minor ailments alone
 - Nearly half the consultations are generated by 16 - 59 year olds
- Treatment of minor ailments within primary care incurs significant cost to the NHS of £2b
 - 80% of costs are for GPs' time equating to £1.5b and on average over an hour a day for every GP
 - Over 91% of all minor ailment consultations result in a prescription at a cost of £371m
- The NHS cannot afford to spend £2bn on minor ailments with expensive doctors dealing with conditions that people can cope with themselves and are already doing so



Source: IMS Health Dec. 2007 study, commissioned by PAGB

Base: 500,000 patient records from IMS database 'Data Analyser'

Significant savings could be made if there was a focus on self care specifically for the top 10 ailments

MA	Total consultations (millions)
Back Pain	8.4
Dermatitis	6.8
Heartburn and indigestion	6.8
Nasal Congestion	5.3
Constipation	4.3
Migraine	2.7
Cough	2.6
Acne	2.4
Sprains and Strains	2.2
Headache	1.8
Earache	1.7
Psoriasis	1.7
Conjunctivitis	1.3
Sore Throat	1.2
Diarrhoea	1.2
Haemorrhoids	0.9
Cystitis	0.7
Hay Fever	0.7

Warts and Verrucas	0.6
Nail Infections	0.4
Common Cold	0.4
Influenza	0.3
Dysmenorrhoea	0.3
Thrush	0.3
Infantile Colic	0.2
Insect bites	0.2
Mouth Ulcers	0.2
Athlete's Foot	0.2
Muscular Pain	0.2
Oral Thrush	0.2
Threadworm	0.1
Nappy Rash	0.1
Head Lice	0.1
Gingivitis	0.04
Dandruff	0.04
Cold Sores	0.04
Cradle Cap	0.02
Travel Sickness	0.02
Teething	0.02

Top 10 account for 75% of all minor ailments

*Dermatitis includes all forms of dermatitis (e.g. contact, atopic, ingestion, seborrhoeic) and eczema (e.g. atopic, dry, infantile)

Source: IMS Health Dec. 2007 study, commissioned by PAGB; Base: 500,000 patient records from IMS database 'Data Analyser'

2009 research also indicates a need to shift behaviour and perceptions to encourage self care

- In 2009 PAGB commissioned TNS Healthcare, A Kantar Health Company to study the attitudes and behaviour of consumers, patients, GPs, nurses and pharmacists to understand the drivers and barriers for self care of minor ailments.
- This research has confirmed that most consumers...
 - Engage in repetitive behaviour
 - Typically wait 4-7 days before seeking GP advice on a minor ailment (depending on the condition)
 - Need educating to ask the pharmacist for advice
 - Have concerns about paying more than prescription charge for OTCs
 - Are more cautious when treating infants and young children
 - Must feel able to consult GP/Nurse if necessary if the condition is recurrent, persistent or if they have tried self care & this has failed
- And that pharmacists...
 - Spend little time out of the dispensary (~10%)
 - Think GP/Nurse should encourage patient to self treat
 - Strongly believe that patients trust them
- And finally that GP/Nurses...
 - Claim to recommend self-care (however consumers don't agree)
 - Have less confidence in the pharmacist and believe patient doesn't either
 - Need 'permission to act'
 - Don't believe that patients know when to self-care & think they lack confidence
 - Don't agree that patients prefer to self treat



Qualitative findings showed the need for support for all groups in encouraging self care

Consumers



- Claim to be using OTC medicines to treat minor ailments & that they visit GP appropriately – GPs do not agree and believe they present too early and unnecessarily
- Many situations where minor ailments found to be more in need of GP assistance: persistent, recurring, worsening symptoms
- Cost not stated as barrier to self care
- Some consumers were seeking reassurance from the GP, not just a prescription.

GPs/Nurses



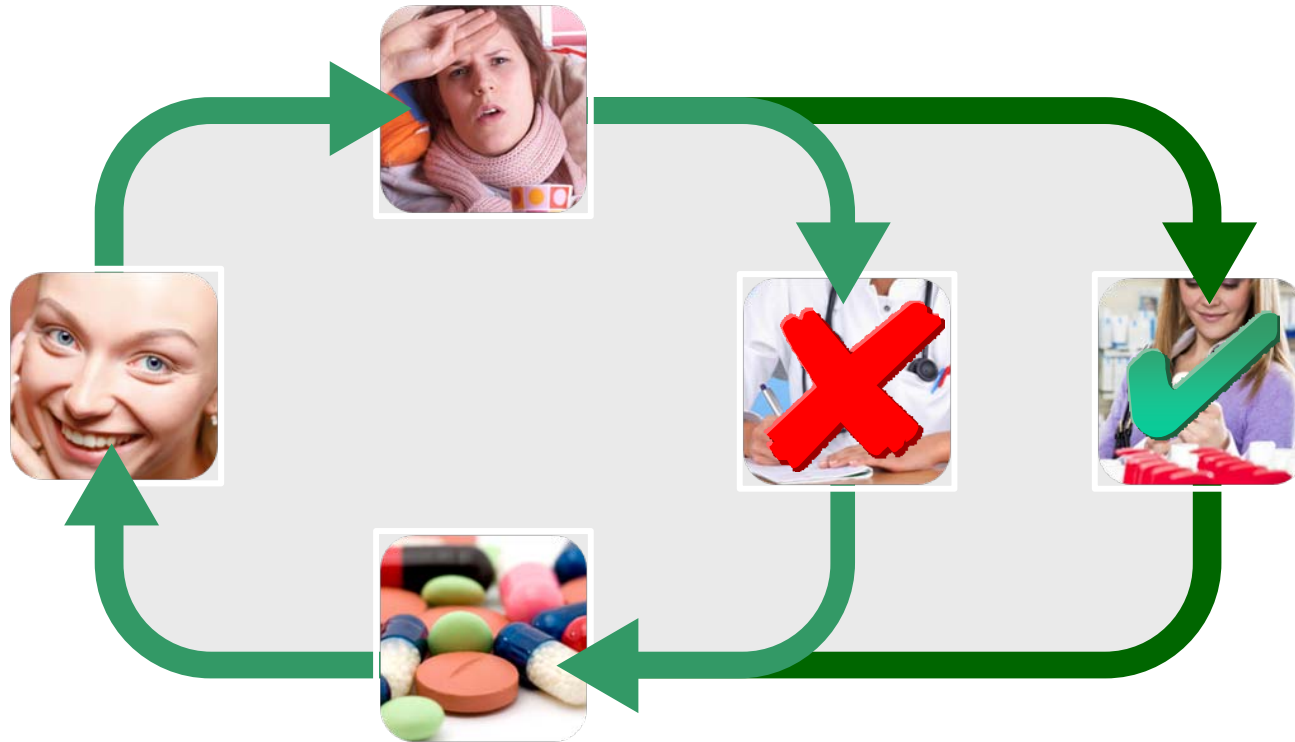
- Are in favour of increased self care.
- Willing to prescribe for minor ailments – often for ‘easy life’
- Welcome ‘top down’ approach to help them encourage self care
- Show concern for misdiagnosis/mistreatment (particularly Practice Nurses)

Pharmacists



- Most positive reaction to concept of increased self care
- Favour the idea of spending more time consulting patients & raising profile
- Recognised that there is low awareness of pharmacists advisory role

Treating minor ailments is a habitual process – **PAGB**
in order to change behaviour the cycle needs to be broken!



Generally GPs/Nurses are too willing to prescribe and lack confidence in pharmacists so need 'permission to act' to break this cycle

The future of self-care needs to have an empowered confident consumer supported by GPs, nurses and pharmacists

Current picture



Consumer: currently self-selecting without advice and judging themselves when necessary to visit GP/Nurse



Pharmacist: Where possible, being proactive to build a relationship



GPs/Nurses: Currently still willing to Rx for minor ailments and not directing patients to pharmacist due to lack of trust

Future picture



Confident consumer selects OTC medicine and makes pharmacist first port of call if symptoms persist



Pharmacy staff can become more involved in patient self care



GP/Nurse feels confident to suggest self care route and trusts pharmacist capability

Increasing self care in the whole population is an investment in the future

- The founding principle of the NHS is to provide free health care at the point of need; taking responsibility for maintaining health, preventing ill health and dealing with minor ailments should be sensible behaviour for individuals
- The overarching aim must be to move to self care and not to signal a shift of dependency from one healthcare professional to another e.g. from doctor to nurse or pharmacist
- Empowering people to look after all their minor ailments through self care with full support so that they consult the GP only when needed will ...
 - Reduce demand on the NHS & ensure that it is used in the most cost effective way
 - Change dependency behaviour while improving people's ability to care for their own and their families' health and wellbeing, resulting ultimately in the 'fully engaged consumer' who:
 - Is confident about when and what to do about looking after their own and their family's health and illness
 - Knows when to use a GP and when to use a nurse, pharmacist or other healthcare professional, is not dependent on the NHS and uses NHS resources wisely
 - Is prepared to prevent illness as well as self treat minor ailments
 - Responds to messages about self care and self medication by acting upon them
 - Will be less dependent on the GP when faced with long term conditions
 - Is prepared to challenge healthcare professionals about what they want in the way of support in caring for themselves
- Resulting in an improvement in the overall quality of care for all

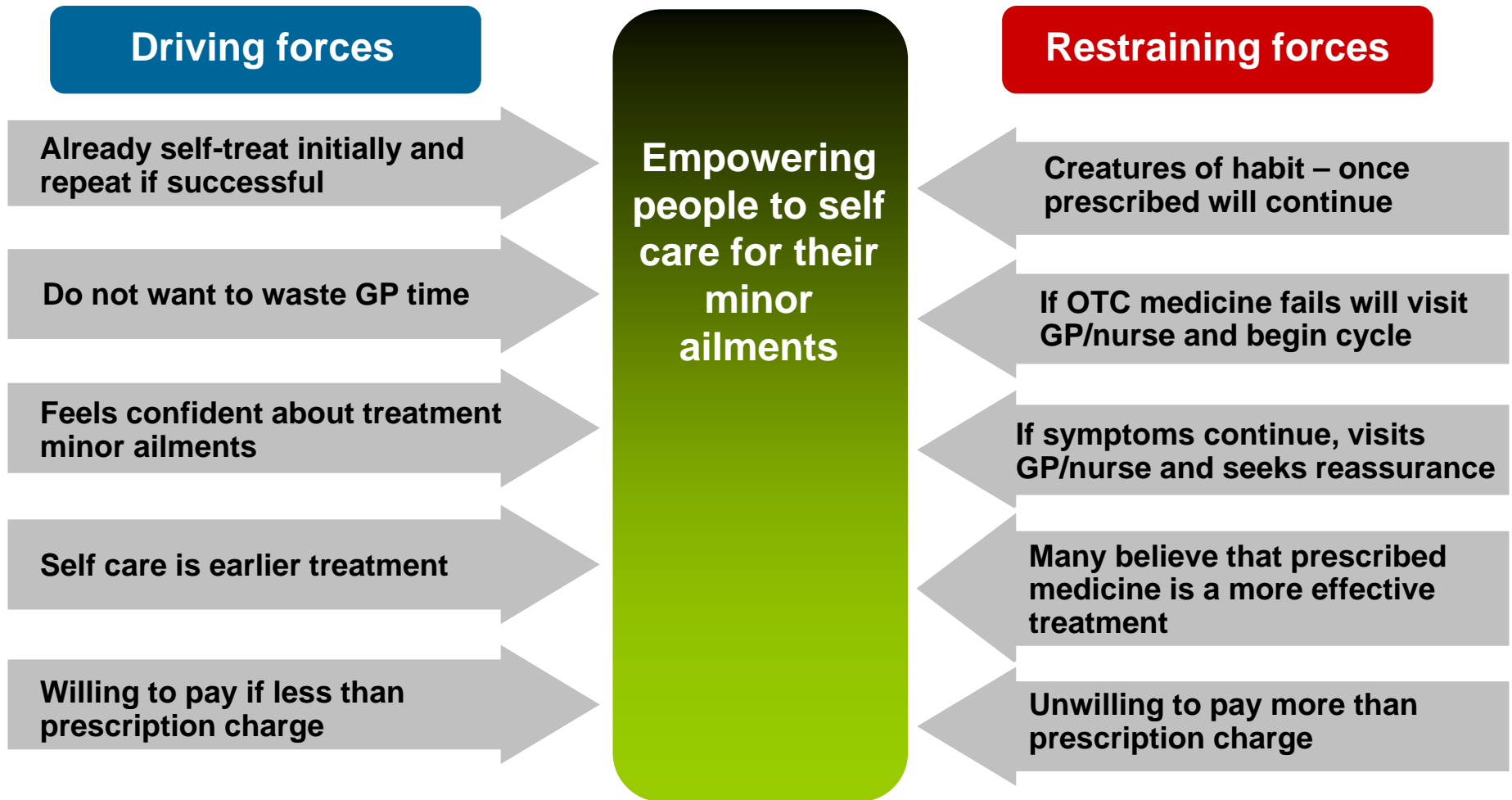


How do we make progress?

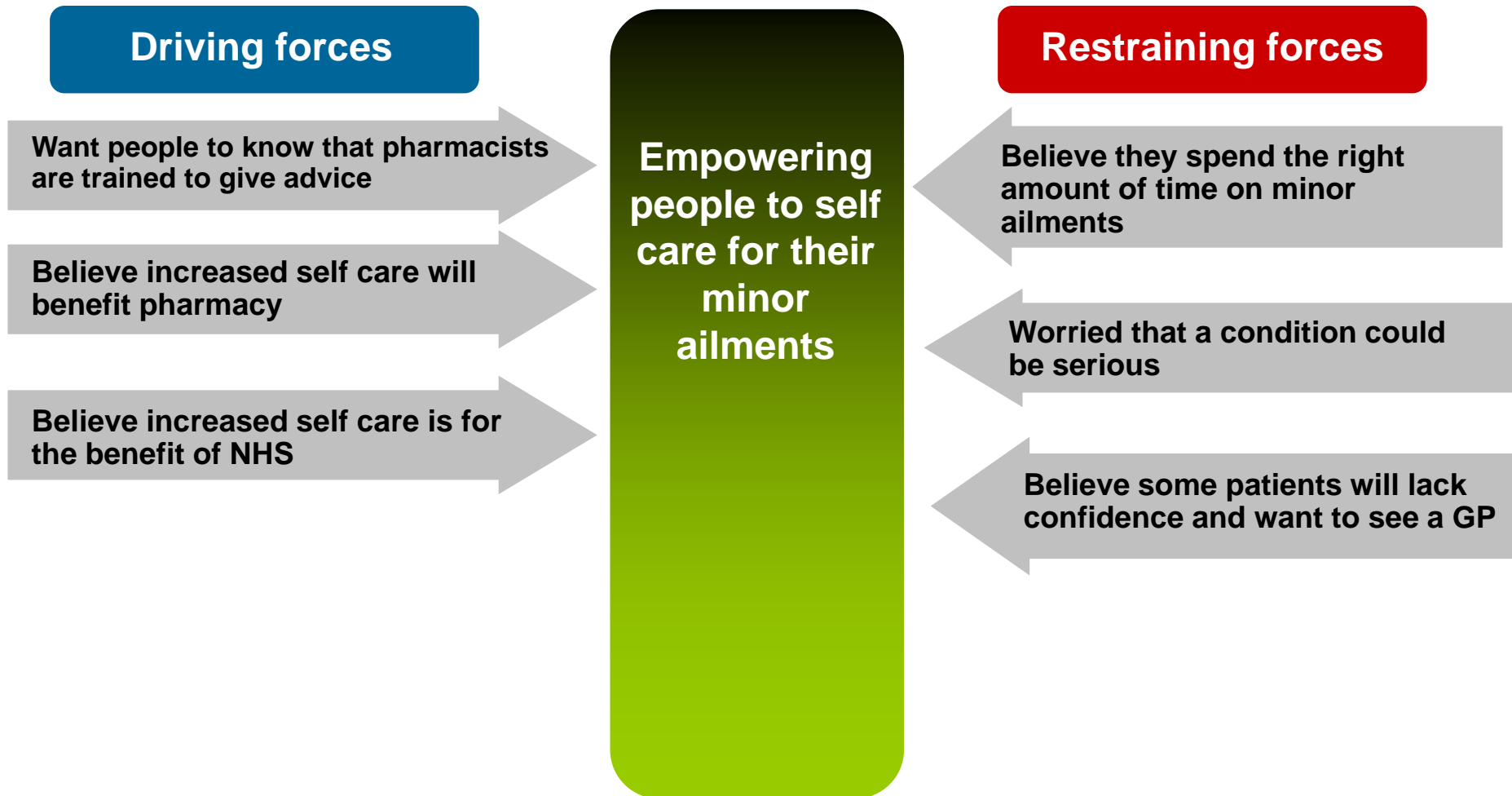
- Policies already reflect the need for people to take greater responsibility for their health (as indicated in the Darzi plan):
 - Quick access when needed (telephone, internet, face-to-face settings)
 - More choice and less inequalities
- There is now the need to emphasise how the NHS should be used including in which circumstances these access points should be used
- It is no longer about developing policies but about implementing and action – we need to break the cycle of habitual behaviour by:
 - Mounting a public health education campaign about the top ten minor ailments in general practice by category
 - Giving people information to enable them to feel confident self caring for the right time period
 - Giving doctors permission to endorse self care without offering a prescription
 - Focussing on promoting the drivers and removing the barriers to self-care as uncovered by TNS Healthcare 2009 research
- This should be implemented now at central and local levels and government must lead this change
- Behaviour has not changed in over 20 years and the health service cannot afford to wait another 20 years before seeing a change in culture and behaviour



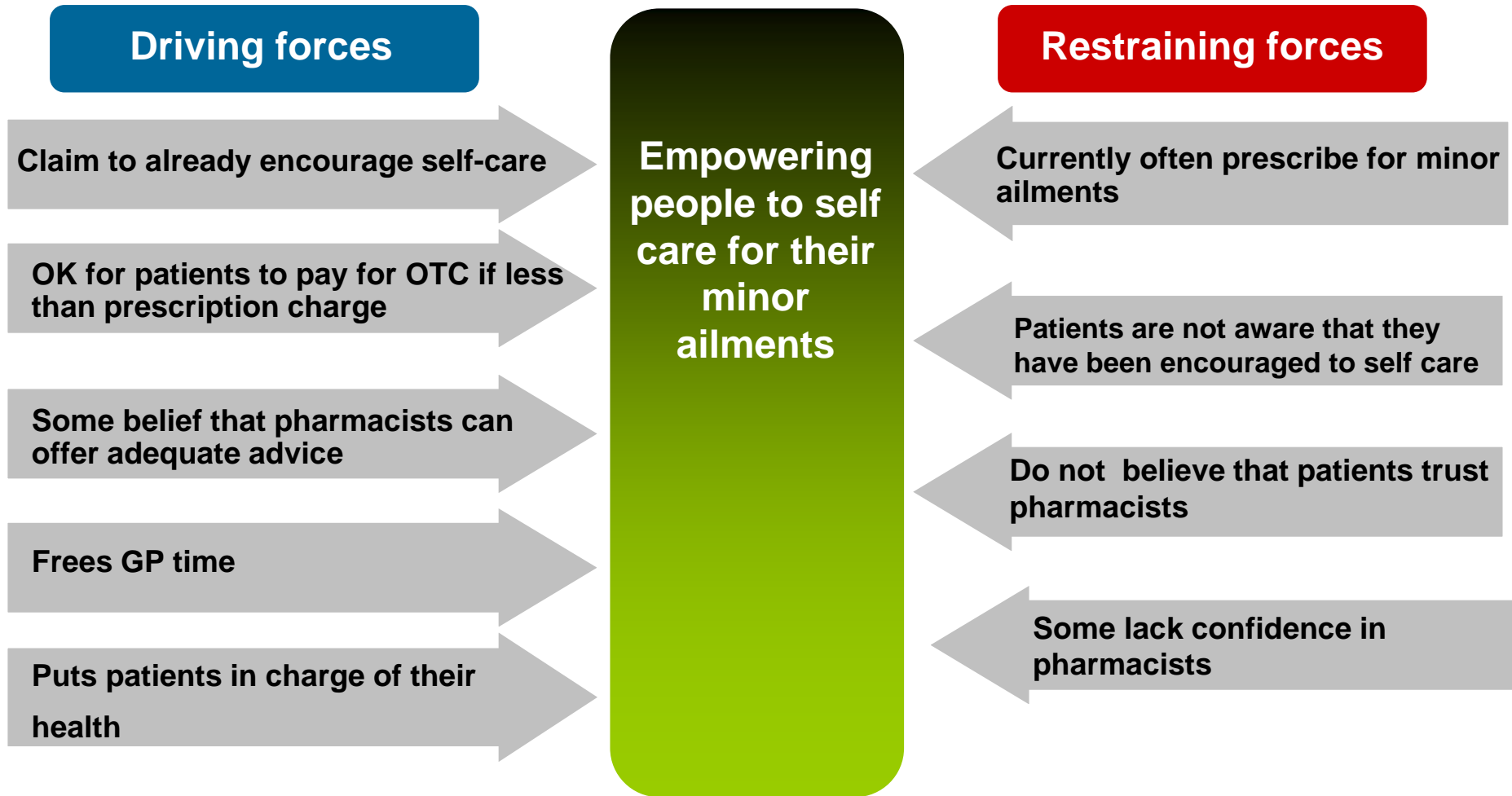
Drivers and barriers to implementing a successful adult 'self-care' programme – consumers and patients



Drivers and barriers to implementing a successful adult 'self-care' programme – pharmacists



Drivers and barriers to implementing a successful adult 'self care' programme – GPs/Nurses



TNS Research Findings

– in more detail



- Qualitative phase:
 - To explore understanding of minor ailments (MAs), attitudes towards self-care and the perceived drivers and barriers
 - To identify relevant attributes and language to be used in the quantitative phase
- Quantitative phase:
 - To conduct a more robust evaluation of attitudes, drivers and barriers amongst consumers, patients, GPs, nurses and pharmacists

- Qualitative phase: Jan – March 2009
 - 3 consumer groups
 - 2 GP IDIs, 2 Nurse IDIs, 2 Pharmacist IDIs
 - All conducted face-to-face - 60min interviews
- Quantitative phase: April – June 2009
 - 1317 consumers (on-line) – 1017 England, 200 Wales – nationally representative
 - 131 GPs (on-line) – 100 England, 31 Wales
 - 130 Nurses (on-line) – 100 England, 30 Wales (including 46 Nurse prescribers)
 - 159 Pharmacists (on-line) – 129 England, 30 Wales
 - 401 patients (Spotlight self-completion) (including spread of Independents, Small Multiples, Boots/Lloyds)
 - 10-15min interviews

Qualitative research findings: Attitudes to self-care



Minor ailments are treated by patients themselves and do not pose any major health risk

Minor ailments are:

- **Not life-threatening / do not pose a major health risk**
- **Managed by patients themselves**
- Self-limiting (GP) / get better by themselves
- Uncomplicated
- No special diagnostic tool required (GP)
- Easy for patients to diagnose (C)
- Do not last long (C)
- Do not necessitate hospitalisation (C)
- Treatable with OTCs

How they differ from other ailments:

- **More serious conditions require prescription medication**
- **Minor ailments are shorter lasting than more serious conditions**
- **More serious ailments require HCP involvement**
- Minor ailments are dealt with in triage unlike other ailments (N)
- Minor ailments are handled by nurses unlike other ailments (N)

'Not life-threatening and unlikely to become so, whereas a more serious illness is one that affects their health pattern long-term.'

(GP, Epsom)

'If you leave them alone and don't even treat them, they will go away by themselves.'

(Practice Nurse, Epsom)

'A minor ailment is something you can diagnose yourself and treat yourself, without seeing a doctor.'

(Consumer, Manchester)

HCP and consumer attitudes to increased self care are, for the most part, positive

For NHS:

- ✓ May reduce unnecessary prescriptions & save money

For GPs & nurses:

- ✓ **Frees up GP & nurse time for patients with more serious problems**
- ✓ **May avoid unnecessary consultations with doctors**
- ✓ Supports current behaviours e.g. use of information sheets, encouraging self care

For pharmacists:

- ✓ **Raises profile of pharmacists**
- ✓ **Increases pharmacist job satisfaction (P)**

For patients:

- ✓ **Empowers patients**
- ✓ **Increases patient confidence and independence**
- ✓ Can treat easily when surgeries closed (N, C)
- ✓ Quicker for patients to self-treat (GP, C)
- ✓ Reduced anxiety for patients if have self-treated successfully before (GP)
- ✓ Wide choice of OTCs available, so easy to self-treat (C)
- ✓ Should be linked to health promotion (GP)

✗ **Small risk of misdiagnoses and incorrect treatment**

- ✗ **Could result in more serious pathology**
- ✗ Patients may miss symptoms of serious disease (GP, C)
 - ✗ Need to educate patients on red flag symptoms (GP)
 - ✗ Could result in complications (N)
- ✗ Inappropriate for elderly patients (N, C)
 - ✗ Easily confused and frightened (N)
 - ✗ But OK for younger patients (N)
 - ✗ Condition likely to be more serious (C)
- ✗ More difficult in rural areas? (GP)



If patients are to be persuaded to self-care more, education will be critical

Key elements

- **Promote the role / raise profile of pharmacists**
- **Patient education**
 - Explain the role of pharmacists
 - Provide guidance on useful websites
 - Empowerment & confidence
- **Communication / promotion**
 - TV & radio advertising campaigns
 - Involve PCTs, NHS Direct, GPs, nurses, health visitors, pharmacists and schools
 - Posters and patient information leaflets in schools, GP surgeries, pharmacies & surgeries
 - Provide a list of minor ailments that can be treated easily with OTC medication
 - Include a strap line 'ask your pharmacist' on all promotional material (P)
- Stress can save money by buying OTC (C)
 - Many people are driven by money (C)
- Talks at schools by pharmacists (C)

Messages

- How to manage minor ailments
- When should you see a doctor and when should you not?
 - e.g. stay at home if you have flu
- When does a minor ailment become more serious?
- Do not make emergency appointments unless absolutely essential
- Safety of self-treating
- Benefits of self-treating
 - Empowerment & independence
 - Cost saving
- Quote how many patients consult when OTC would have sufficed
- Booklet given upon registration with GP

'It all comes down to instilling confidence. If patients lack confidence in seeing the pharmacist or they perceive that he gives out less potent medicines than POM items, that's where the education is needed.'

(Pharmacist, Epsom)

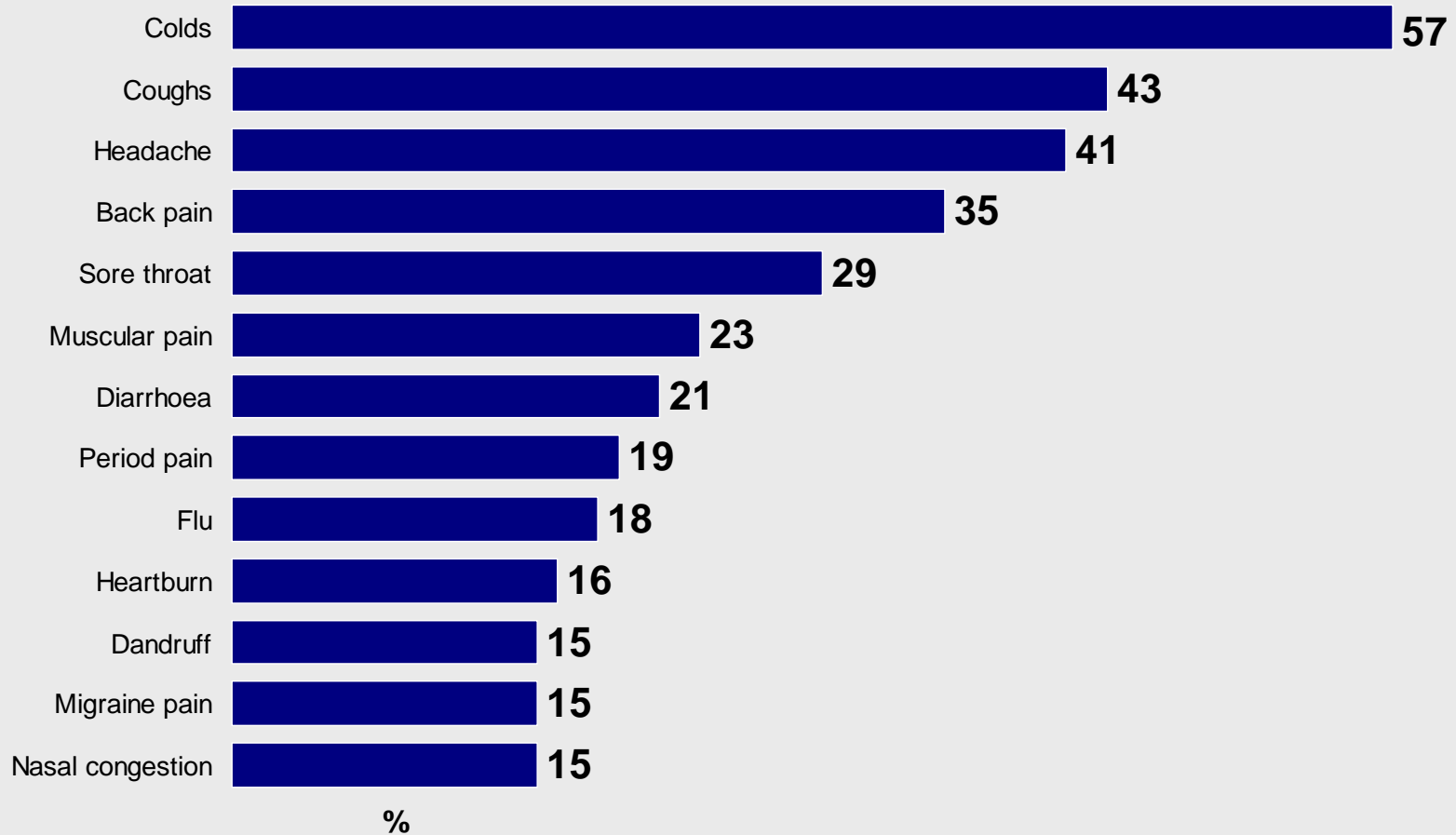
'There's such a low awareness of pharmacists and the fact that they can give you really good advice. They need to promote that first, so people are used to going there.'

(Pharmacist, Epsom)

Quantitative research findings: How are consumers/Healthcare Professionals currently behaving?



Minor ailments suffered in last 6 months – all above 15%



Behaviour when treating a minor ailment is often influenced by their background and demographics

Self-treaters



- **More likely to be:**
- Females
- ABC1/Higher earners
- Older consumers
- White British
- Prescription payers
- Full time workers

Visit GP/Nurse



- **More likely to be:**
- Wales
- C2DE/Lower earners
- Prescription exempt (due to low income)
- Consumers with children

Only tendencies, some ABC1/high earners visit the GP/Nurse and some C2DE self-treat, dependent on person and condition

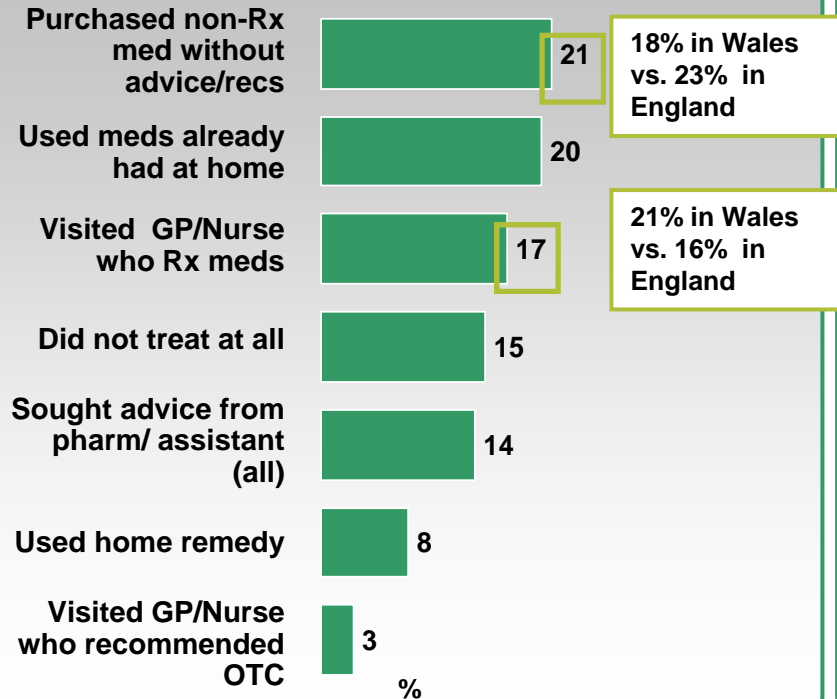
The most common response to minor ailments is to self-care regardless of social grade or prescription charge status, consumers of social grade E are more likely to visit the GP/Nurse as ability to pay & exemption from prescription charge plays a role.



Base: All England responses (3052 ailments)	Social Grade %					Pay for Prescription %	
	AB	C1	C2	D	E	Yes	No
Visited GP/Nurse who prescribed medicine	14	13	17	19	23	13	22
Visited GP/Nurse who recommended non-prescription medicine	4	2	3	2	2	3	2
Sought advice from a pharmacist who referred to GP/Nurse	3	2	3	2	1	2	2
Sought advice from a pharmacist/pharmacy assistant & purchased non-prescription medicine they recommended	12	11	11	12	11	12	10
Self-selected a non-prescription medicine	23	27	21	20	19	24	19
Used medicine already had in home medicine chest	19	22	26	17	18	21	19
Used a 'Home Remedy' (e.g. hot water bottle, hot honey & lemon drink)	9	7	7	7	8	7	9
Did not use anything	15	14	11	20	16	14	16
Other	1	2	1	1	2	2	2

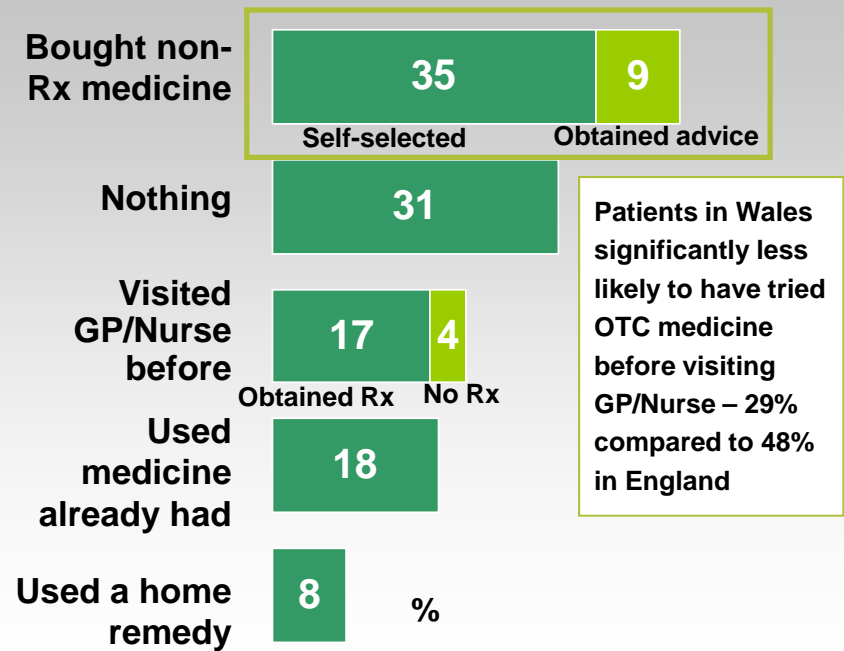
Consumers claim to only visit the GP after attempting self treatment (but don't speak to pharmacist for advice)

How are consumers treating MAs?



Consumer Q3a – How did you treat condition in first instance (Base: all ailments – 3927)

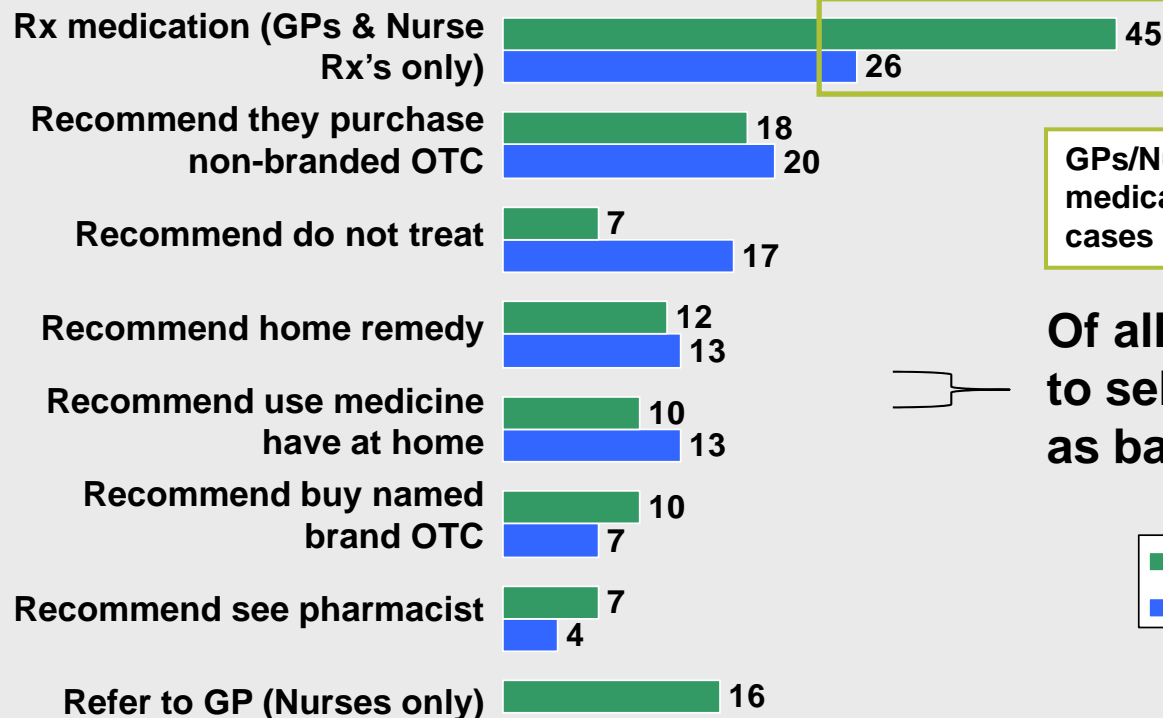
And when consumers consult a GP/Nurse, do they attempt any other type of treatment beforehand?



Patient Q6 – Before this visit had you done anything else to treat this condition? (Base: all valid responses – 399)

GP/Nurse beliefs not aligned with consumers – claim to recommend self care more often

Treatment for minor ailments (mean %)



(All others less than 1%)

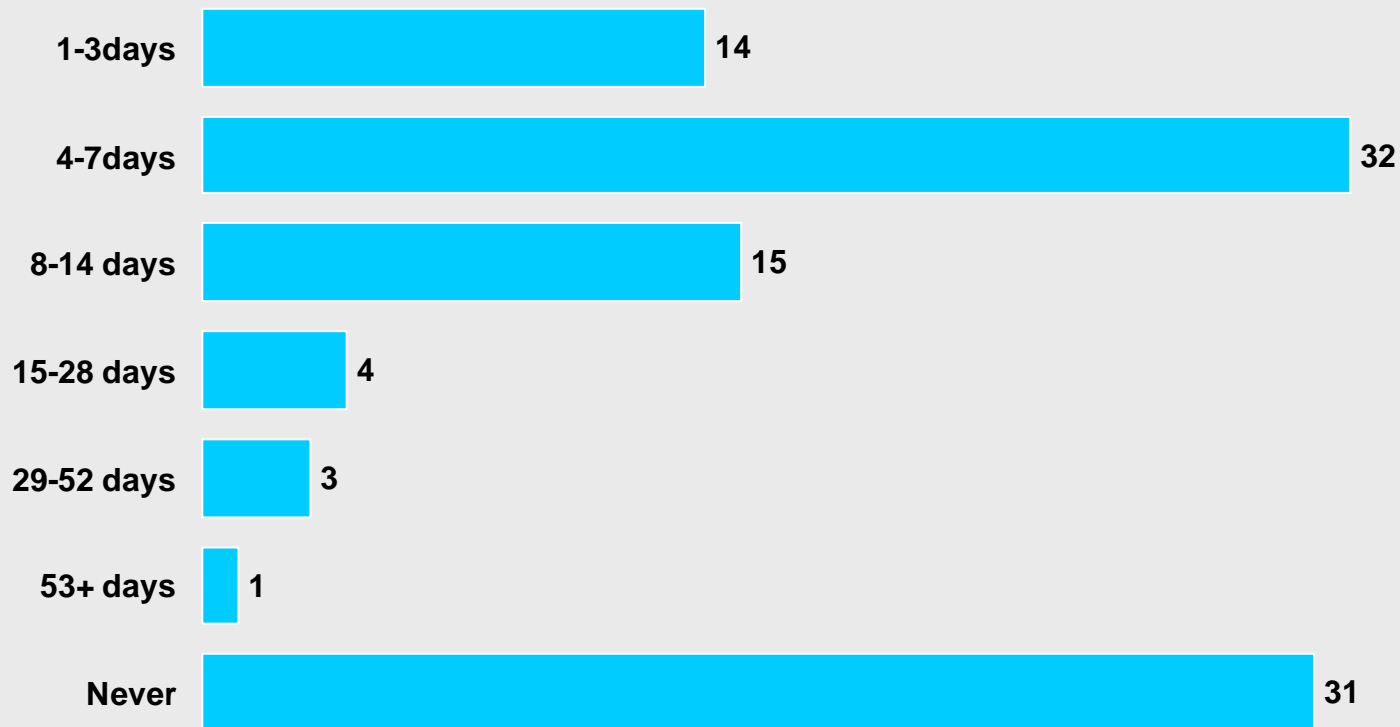
GPs/Nurses in Wales prescribe medication in a higher proportion of cases

Of all patients recommended to self-treat, give prescription as back-up to 12% (GP)

■ Nurses
■ GPs

Some consumers appear to give up on self care earlier than they need to **PAGB**

How long would continue with self treatment if condition persisted



In qualitative research some GPs did say that patients with minor ailments visit too early or unnecessarily (not covered in quantitative survey)

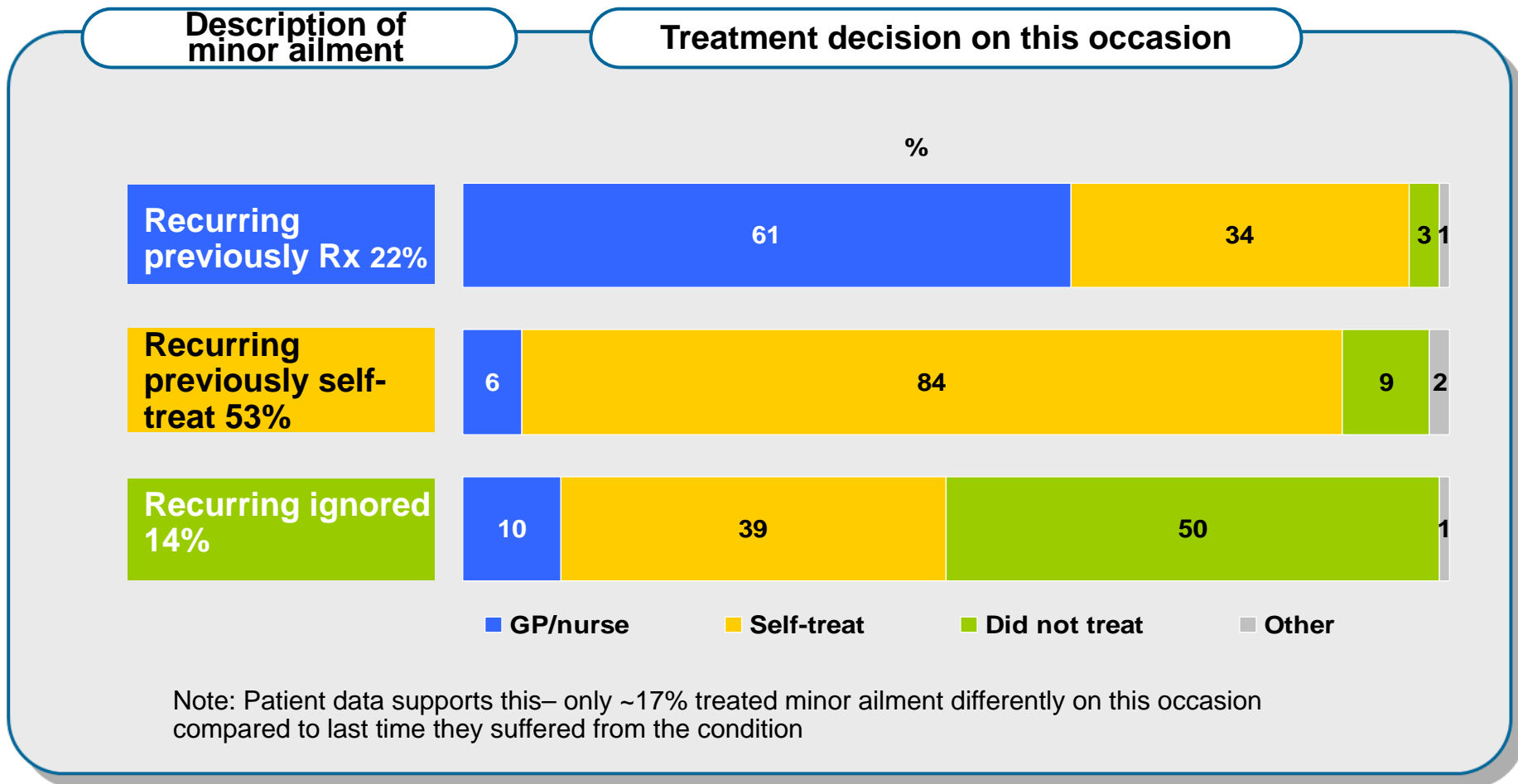
Quantitative research findings:
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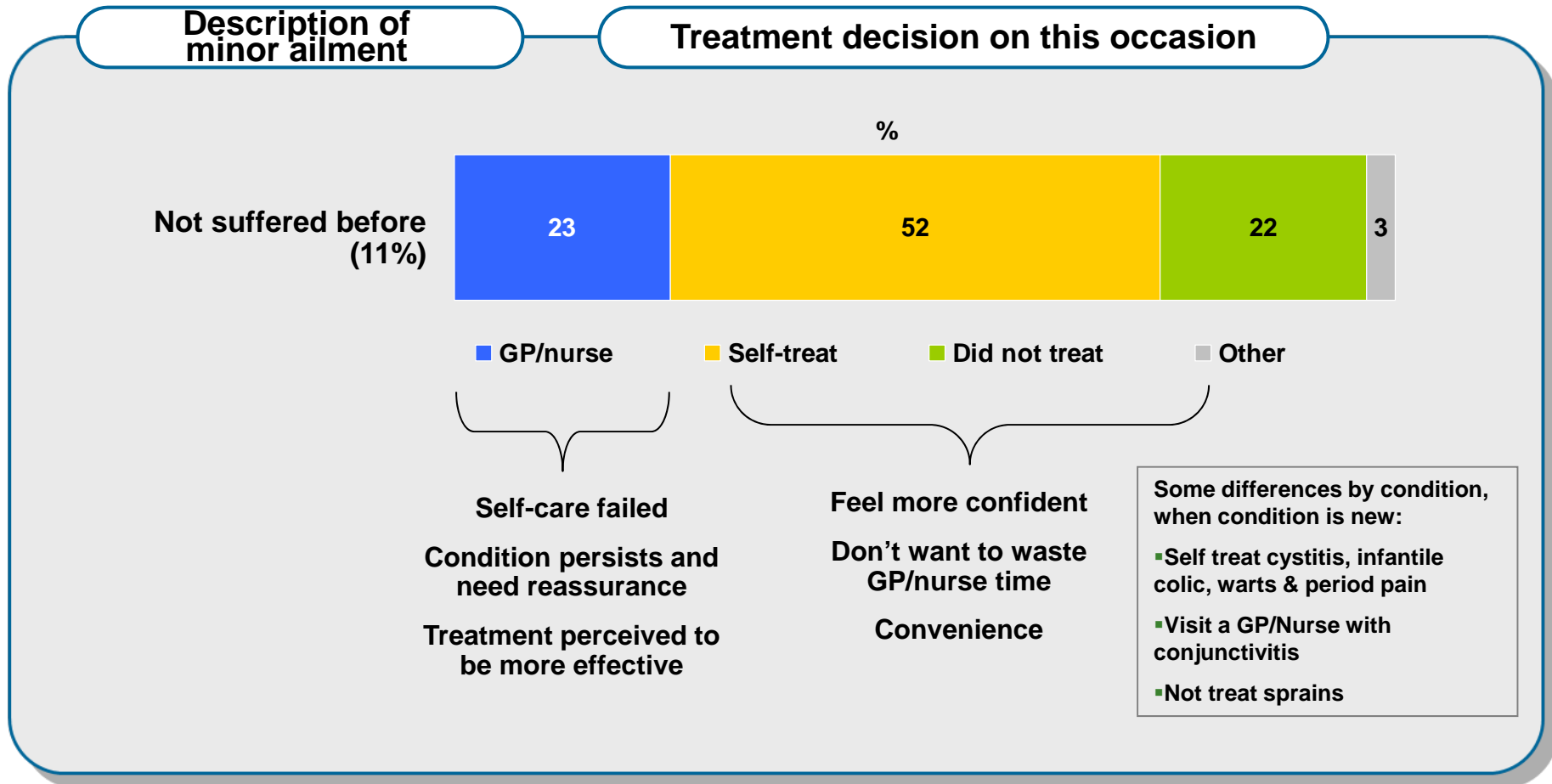
It is often a habitual process...



Consumers are most likely to use the treatment method used previously if the minor ailment has been suffered before



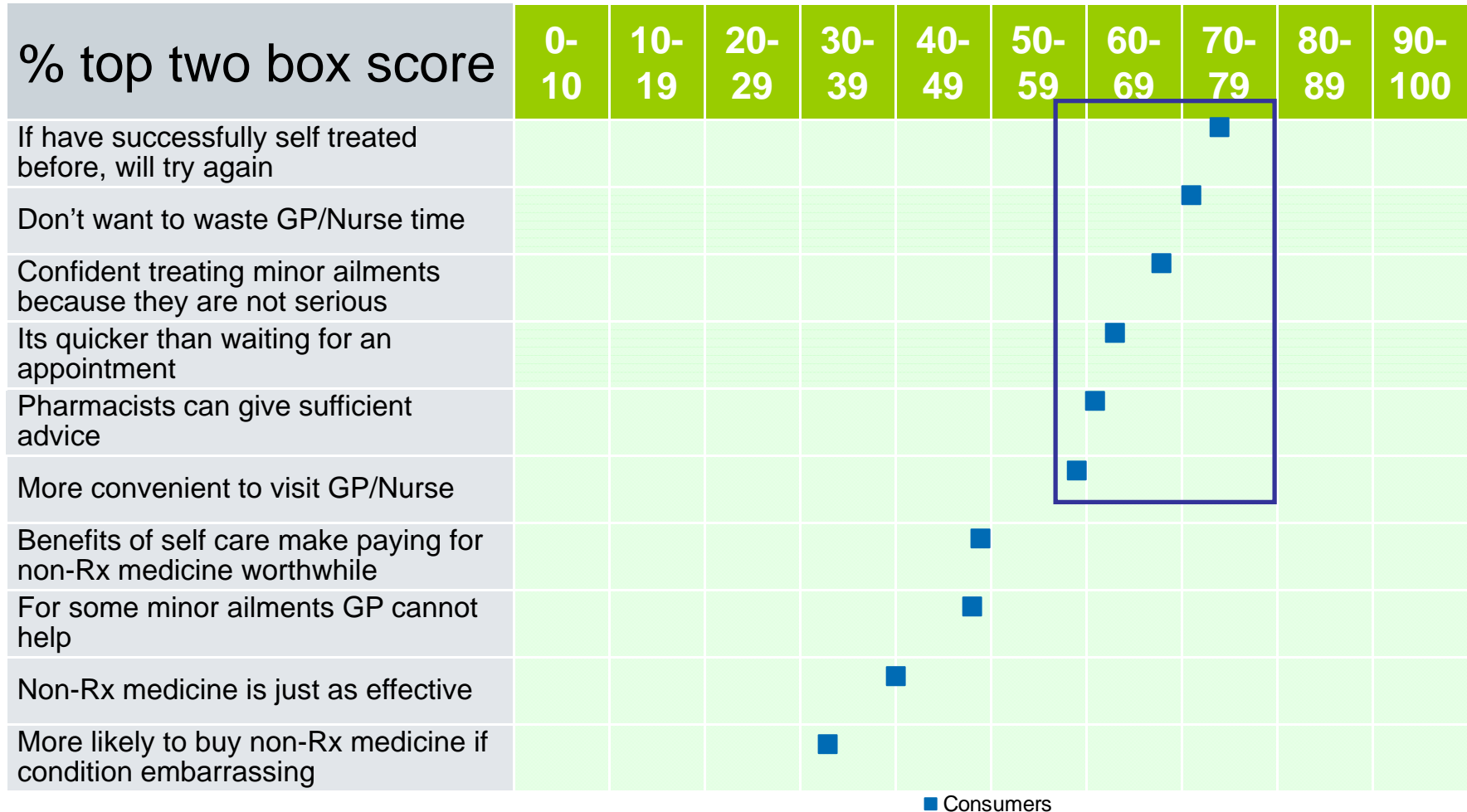
If it is a new condition, they claim to be more likely to self-treat



Current consumer drivers are habit, confidence, not wasting GP/nurse time, convenience and past experience



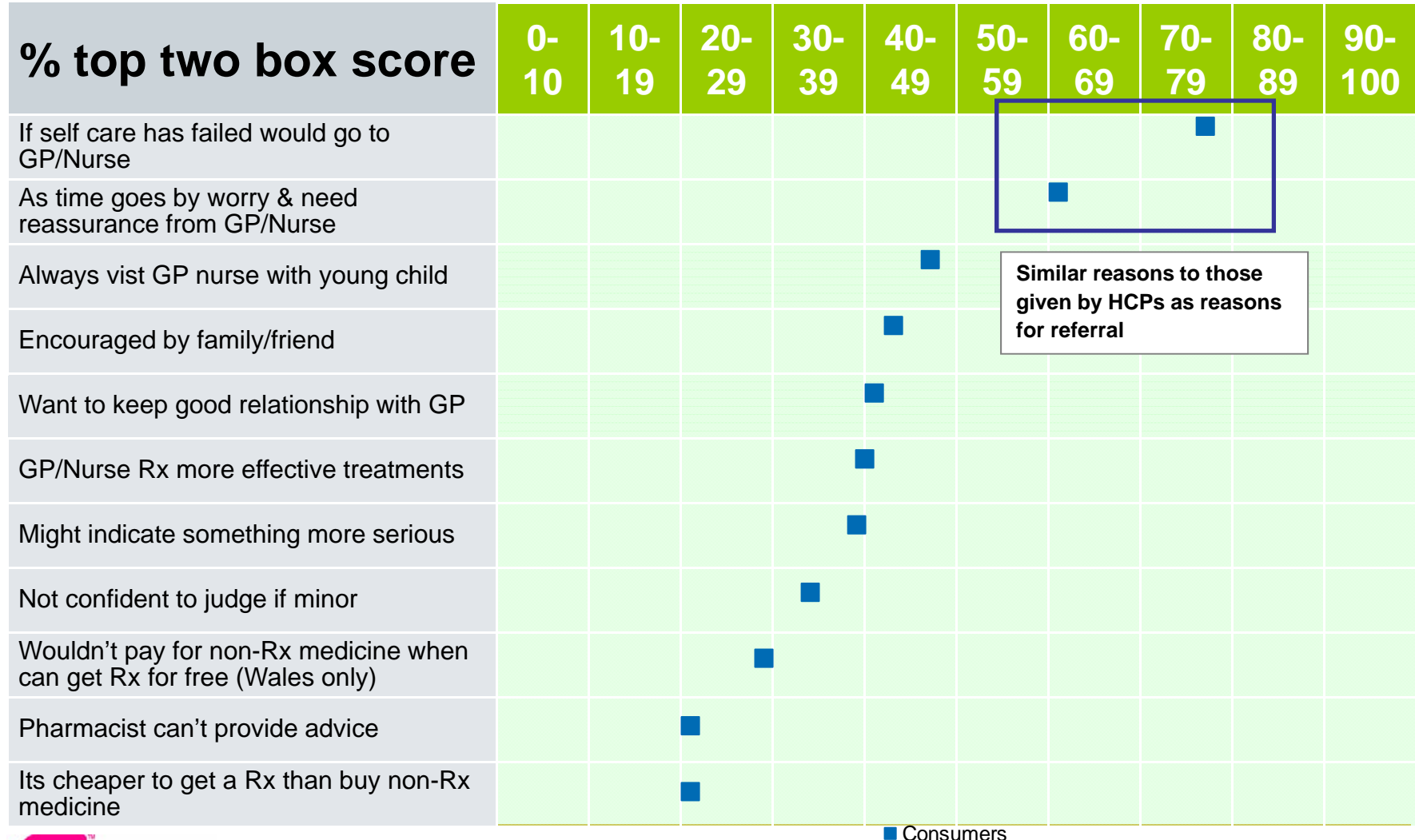
Reasons for self-treating – Consumers only



Consumers claim expense is not a barrier to self care and only visit if self-care failed/need reassurance



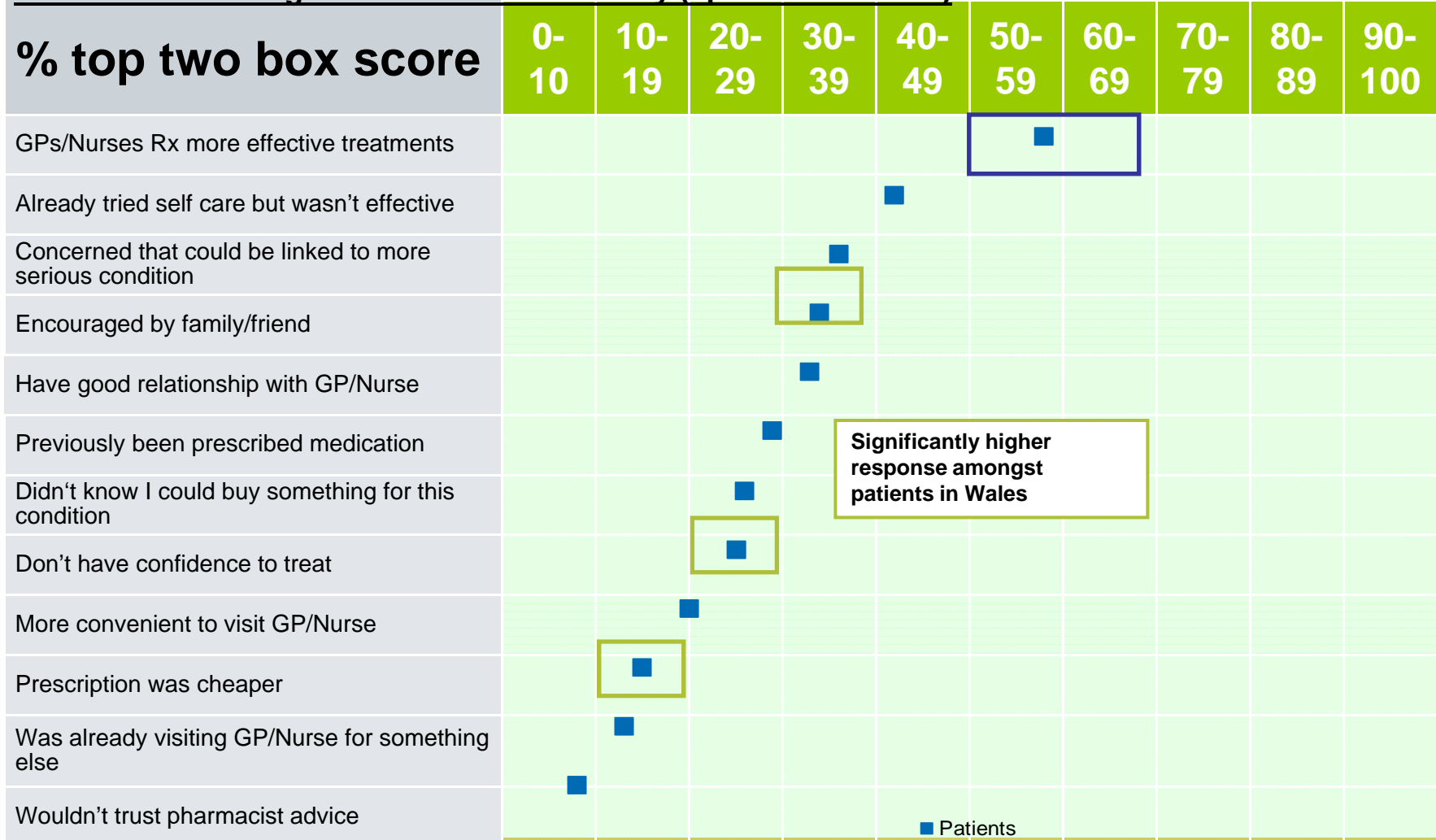
Reasons for visiting GP/Nurse – Consumers only



Similar attitudes when thinking about specific occasion – belief that GPs can prescribe more effective treatments



Reasons for visiting GP/Nurse – Patients only (specific occasion)



In order to change the behaviour of those visiting the GP/Nurse the cycle needs to be broken!

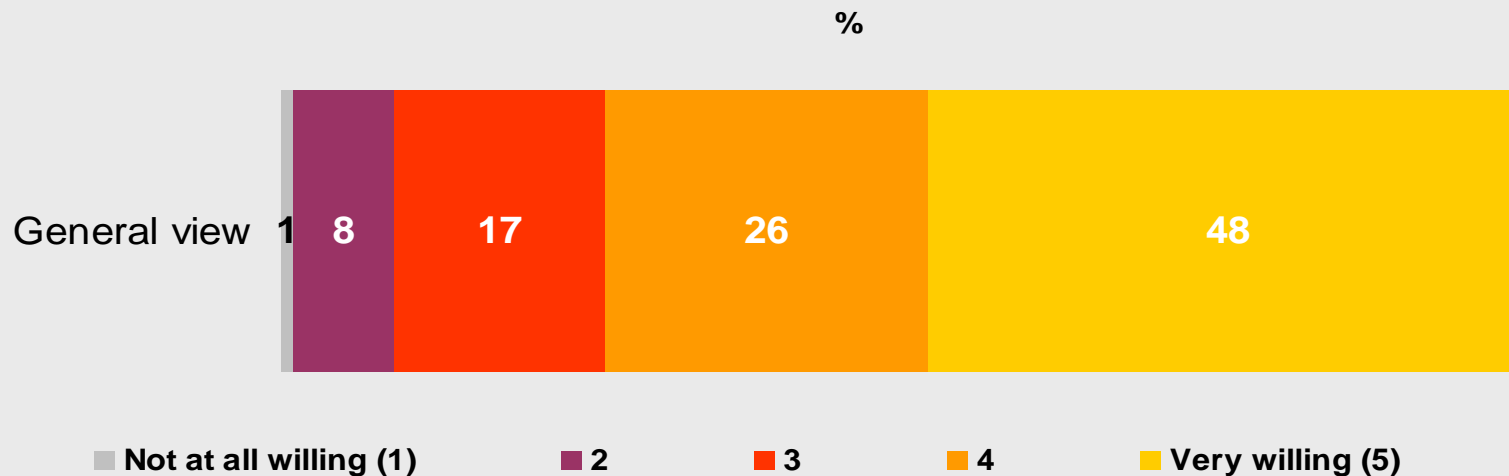


What are healthcare professionals' perceptions towards self-care and what are they doing to break this cycle?

Some initiatives but generally GPs/Nurses are too willing to prescribe and lack confidence in pharmacists

Despite GPs/Nurses claiming to recommend self-care, consumers feel they are not challenging their prescription request

Patient perception on GP willingness to prescribe



The majority of patients claim that a self-care option was not discussed on this occasion or for the future

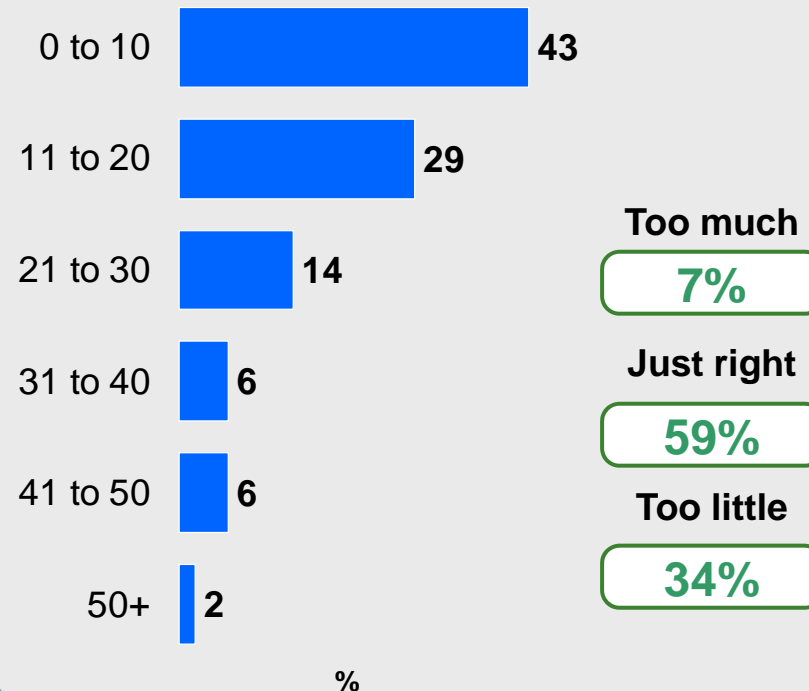
Patient recall of discussion about self-care

	On this occasion	In the future
Purchasing named brand	6%	14%
Purchasing non-branded	5%	13%
Ask pharmacist	14%	18%
Nothing	78%	67%

Pharmacists workload is taken up with dispensing prescriptions

Pharmacists' time needs to be freed up if they are to have the capacity to advise people with minor ailments

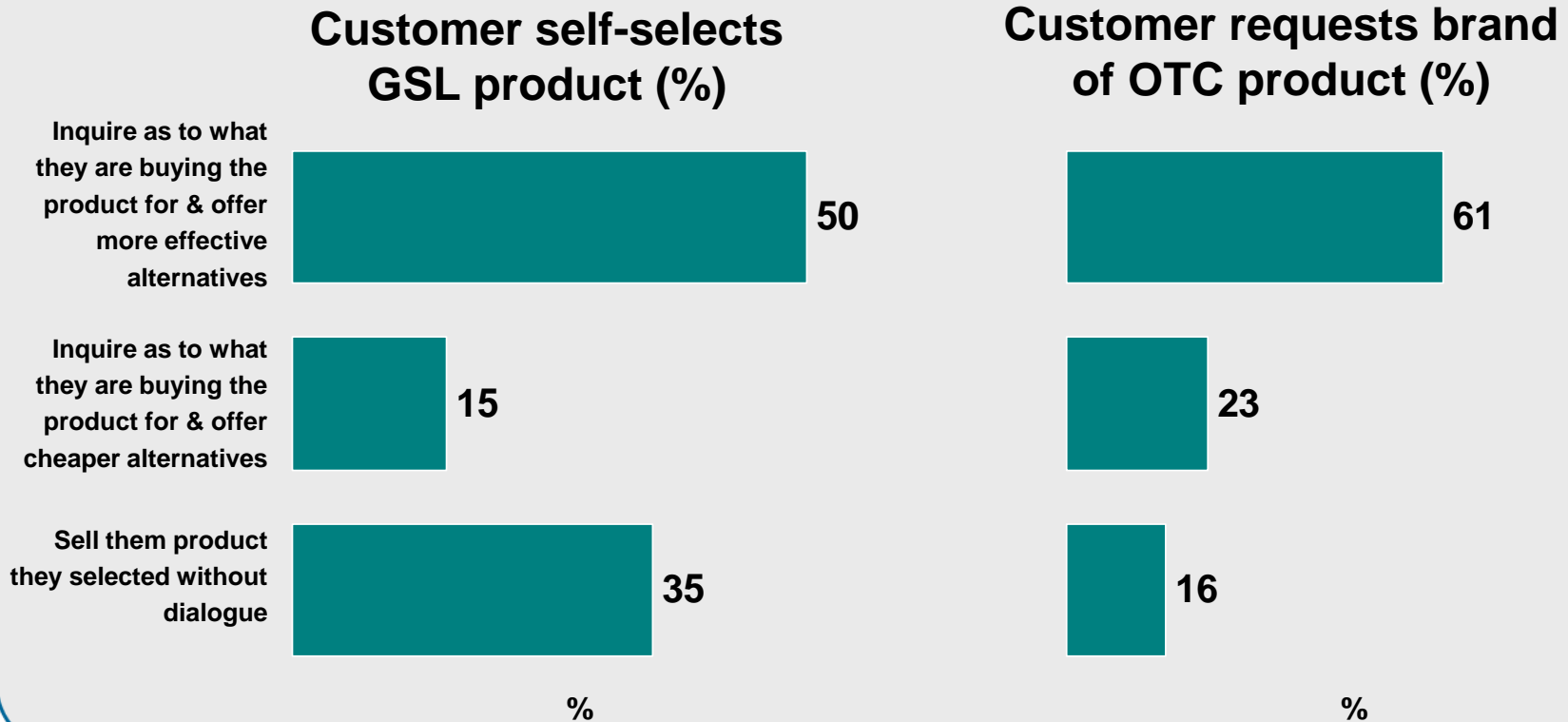
Pharmacist workload on minor ailments (% of time)



Even though consumers don't ask for advice, pharmacists claim to be proactive in building a relationship



What do pharmacists do when.....



...ist Q6. Sometimes customers self-select a product or request a specific brand of OTC product for a minor ailment without asking for any advice, in each of the following situation would you... (Base: all respondents)

Making the case for the self care of minor ailments

August 2009

