

# Response ID ANON-99TK-3238-1

Submitted on 2013-08-06 11:19:36.348598

## 1 What is your name?

Enter your name here:

Gopa Mitra, MBE

## 2 What is your email address?

Enter your email address here:

gopa.mitra@pagb.co.uk

## 3 What are the first three or four digits of your postcode?

Enter the first three or four digits of your post code here (these will help us to analyse results on a local and regional basis):

WC1A

## 4 Are you providing a response as an individual, or on behalf of an organisation?

On behalf of an organisation

## 5 If you are responding on behalf of an organisation, which organisation is it?(400 characters)

enter the name of the organisation here:

PAGB is the national trade body for OTC medicines' and food supplements' manufacturers. Our interest therefore is primarily around the self care of minor ailments.

## 6 Which of the following areas of healthcare are you representing? (please tick all that apply)?

Other

If you ticked Other, please specify which organisation you are responding on behalf:

PAGB (Proprietary Association of Great Britain, which was founded in 1919)

## 7 Do you believe that the current system of urgent and emergency care in England needs to change and improve?

Yes

## 8 Have you read the full Urgent and Emergency Care Review evidence base?

Yes

## 9 Do you agree with the evidence base presented for self-care and self-management (section 5 of the evidence base)?

Yes

## 10 Do you agree with the evidence base presented for telephone care (section 6 of the evidence base)?

Yes

## 11 Do you agree with the evidence base presented for face to face care (section 7 of the evidence base)?

Yes

## 12 Do you agree with the evidence base presented for 999 emergency services, accident and emergency departments, and access to back-up services (sections 8 and 9 of the evidence base)?

Yes

**13 Do you agree with the evidence base presented for emergency admissions (section 10 of the evidence base)?**

Yes

**14 Do you agree with the evidence base presented for urgent and emergency care workforce (section 11 of the evidence base)?**

Yes

**15 Do you agree with the evidence base presented for urgent and emergency care networks (section 12 of the evidence base)?**

Yes

**16 Do you have any other comments on the evidence base, or is there any further evidence that you would like to offer to support improving the urgent and emergency care system in England?**

**Insert your comments here:**

I would like to point out that the reference source in the self care and self management section for 57m consultations for minor ailments is incorrect. It should be the Self Care Forum and not Self Help Forum.

Given the evidence base particularly for the self care and self management section, we would like to stress that if people are to change their behaviour and seek alternatives to A+E for minor ailments then the 'offer' needs to change. PAGB supports the fact sheets produced by the Self Care Forum which are for use in general practice consultations and which re-assert the natural history of symptoms and red flags so that people understand that symptoms can last longer than the time frame for which they choose to self care. The fact sheets enable people to safely self care for longer and for the right time period i.e. the normal duration of symptoms but they also alert people what to look out for when this is no longer 'normal' which are the red flags.

PAGB's commissioned research shows that people abandon self care for minor ailments typically between 4-7 days for a medical consultation. For most of these conditions it is too early for a doctor to make a differential diagnosis and so consultations result in a prescription in 91% of times. This reaffirms in patients' minds that they were correct to have consulted. This behaviour can be changed but it needs a consistent and multidisciplinary and multi-outlet approach. There are some 11 access points into the NHS and so consistency is paramount to ensure the right information is given at each about self care.

We believe that this approach is what is needed to tell people that seeking a GP consultation or A+E visit is not necessary before the natural history of symptoms lapse and especially if no red flag is present. Communications along these lines is overdue and the time must be right to get behind this now. Without this type of information and collaborative 'campaign' people won't know to break their cycle of behaviour.

**17 Have you read the full Urgent and Emergency Care Review emerging principles?**

Yes

**18 Do you agree that any improvements and changes to the urgent and emergency care system need to be based on the emerging principles?**

Yes

**19 Do the system design objectives outlined allow the emerging principles for the future delivery of urgent and emergency care to be met?**

Mostly

**20 Do you support the identified possible implementation solutions?**

Mostly

**21 What type of things would help with implementing the possible solutions? Please tick all that apply.**

Increased focus on clinical outcomes, Closer working across organisations, Closer working between GPs and secondary care clinicians, Wider range of skills and increased training, Common commissioning framework, Better alignment of incentives/commissioning levers, Other

**If you ticked Other, please specify (max 2,000 characters):**

In terms of self care and self management there is not enough in the design objectives nor in the implementation solutions to give NHS organisations or patients and the public what they can do if they don't call on emergency and urgent care. For minor ailments, there is not enough to convince people that there is no need to go a doctor and a pharmacist could be the first port of call during the normal progression of symptoms unless there's a red flag(s) present. There's no point in telling people to go to the doctor if a cough lasts three weeks or longer if there is not also a red flag sign or symptom. The study quoted by the Self Care Forum on GP workload for minor ailments also shows that 91% of such consultations end in a prescription and that 80% of these are for ingredients available without prescription (OTC). This is part of the reason people seek medical consultations and perpetuate their behaviour. If this cycle is to be changed then the right messages need to be given in a constructive and positive light.

Messages about normal duration, advice of a pharmacist who can work to the same information about duration and red flags as the medical and nursing professions, and that for most minor ailments during their normal progression there is very little stronger for a GP/Nurse to prescribe than is available OTC. PAGB is working with Pharmacy Voice to look at using this when it comes to the symptoms of upper respiratory tract infections because PAGB's research shows that people abandon self care typically between 4-7 days which is earlier than normal duration of URTIs as stated in the NICE guideline 'reducing antibiotic prescribing for URTIs' and the Self Care Forum fact sheets for cough, sore throat and fever in children.

I would appreciate talking to you further about this approach.

**22 What type of things might prevent implementing the possible solutions? Please tick all that apply.**

Culture of silo working – not owning the whole pathway, Inability to risk share/ double-run systems in transition, Focus on process rather than outcome, Current Payment by Results structures, Contractual focus on penalties rather than incentives, Other

**If you ticked Other, please specify (max 2,000 characters):**

Communication is the biggest barrier when it comes to changing people's behaviour around minor ailments and this can be addressed by the NHS, nationally and locally.

A quick pilot for this would be a winter symptoms campaign this winter which could reduce antibiotic prescribing and alleviate pressures on A+E by encouraging people to self care for the right duration and talk to their pharmacists if they need help with what they can do.

If we have a campaign along these lines, PAGB member companies would support campaign messages in their advertising and communications. The precedence for this type of NHS/manufacture/healthcare professional collaboration is the smoking cessation programme.

**23 Do you have any further comments about the emerging principles, system design objectives, or implementation solutions, or are there any other suggestions you would like to make?**

**Enter your further comments here:**

111 needs to be able adequately signpost to self care and the pharmacist. This is a great omission.

A multidisciplinary and cross sector group is necessary to discuss the points I've raised and there a no such groups available that I know of to raise these issues. I'd be very happy to be proven wrong and if such a group does exist to be pointed to it with your permission to raise the points here. If it doesn't exist, how can we go forward together?

**24 Would like to be involved in further work relating to the Review?**

Yes