

# Speech by Lord Warner, Parliamentary Under Secretary of State (Lords), 28 October 2004: 7th PAGB Annual Self-care conference working in partnership for self-care

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Speech to the Proprietary Association of Great Britain at the Royal College of Physicians

## **Opening remarks**

I am delighted to be here today at this important conference.

I would first of all like to acknowledge the part that Proprietary Association of Great Britain has played for some 85 years in ensuring that safe and effective proprietary medicines are available for people to buy Over The Counter.

I know that Rosie Winterton spoke at your conference last October. Much has happened since then to raise the profile of self care, and begin to build support for self care into our key strategies. "Building on the Best", last December was an important step forward, recognising choice as fundamental to a service based around the individual.

## **Government's approach to Self-Care**

I would like to use this opportunity to set out the Government's approach to self-care. As the NHS Plan says, it is very much one of the key pillars in our vision for health in the 21st century.

Let us just remind ourselves of some of the rationale for self care. There are three good reasons I think. Firstly, people say they want more support to self care; secondly, there is emerging evidence that when the individual has more personal involvement and control there are improved health outcomes; and finally, there can be a positive impact on services, allowing resources to be better targeted.

Self-Care is central to our wider vision of choice in health. We are determined to enable people to make real choices about their health, their treatment and their care. We want health professionals to help people to make those choices and, as important, to ensure that their choice is fulfilled.

Choice is important right across the health spectrum. In choosing healthy lifestyles. In looking after minor ailments. In effective self care of long term conditions. In helping people care for themselves after an acute illness. We need to reach the stage where doctors, nurses, pharmacists and allied health professionals recognise that self care is a real choice and actively support the individual in this choice.

We need to put people at the centre of every aspect of the design and delivery of healthcare. Many patients, especially those with long term conditions, do not want to spend anymore time than is necessary visiting their GPs and going to hospital. Many are experts on their own conditions. We need to empower these people to manage

their own care, with the help of skilled healthcare staff. For example, people with diabetes spend on average only three hours a year with a care professional and self-care for the remaining 8757 hours in a year.

The NHS must be geared up to provide support so that people can take as much responsibility for their own care as they are able to and want to. This includes ensuring that people get as much information and advice about their medicines as they need, whether prescribed or bought over-the-counter. By their nature medicines have risks as well as benefits and it is important that the public understands the risk/benefit equation.

It is very important to be clear that self-care is not about people picking up where the NHS, for whatever reason, has been unable to provide a service. Critics suggest that we are prioritising self-care because the NHS cannot cope, or that this Government is not prepared to invest adequate sums into the NHS. That is simply not the case. We are investing unprecedented amounts in the NHS. By 2007-08 we will be spending more than £90 billion. We are using this investment to improve and invest in a whole range of services from building new hospitals, to making services faster and more convenient for patients, through to improving access and choice in primary care.

But improving health is not just the responsibility of Government. Individuals have a responsibility too. Effective self-care, in all its forms will not only help people become healthier, but will also ensure that they gain the maximum benefit from the investment that we are making in the NHS. In the end, every person needs to play their part in looking after themselves. So self-care is a continuum of health care choices available to people.

The first step has been about making sure self care becomes part of Government strategy, moving beyond the NHS Plan. I believe we have made significant progress on this front. Self care is in the NHS Improvement Plan and the new National Standards, both published this year. There is also our programme for managing long-term conditions, the new pharmacy contract, the public health consultation and the resulting white paper to be published shortly, and the imminent Information for Choice strategy.

These are big-ticket programmes that cover the whole spectrum of care, and millions of people but which all have self-care as key themes. I want to see self-care embedded in service delivery. This has begun with the expert patient programme. There is more to come on long-term conditions, public health and information. Today, I want to focus, in particular, on pharmacy and medicines.

### **Improving Access to medicines OTC**

Medicines are of-course central to modern health care. We are committed to making more medicines available OTC when it is safe and in the public interest to do so. We have already made good progress. Over-The-Counter Nicotine Replacement Therapy is playing an important part in our success in helping people stop smoking. More than half a million people have successfully quit smoking through NHS stop smoking services, as measured at 4-week follow up - an achievement that I know many professionals, including doctors, nurses and pharmacists, have contributed to.

Emergency Hormonal Contraception is helping prevent unwanted pregnancies. Community pharmacies have improved access to emergency hormonal contraception. The contraception and sexual health survey carried out in 2003-4 showed that 27% of Emergency Hormonal contraception was obtained through community pharmacies. This includes both purchase and supply through the use of Patient Group Directions.

This demonstrates that a significant number of women are taking advantage of improved access to this form of contraception through pharmacies. Most recently, we made Over-The-Counter simvastatin available, offering people an important new choice in managing their risk of CHD.

In making simvastatin available OTC, the UK is leading not just in Europe but also across the world. And I am very keen to see this process continue, with further medicines not just for acute, short term, self-limiting conditions but also for preventing or treating Long Term Conditions.

We have a major programme of work to achieve this. And I would like to pay particular tribute to the PAGB who have been supportive from the start. They have been part of the Reclassification Strategy Group which was set up in 2002. They led the work on guidance on patient information for the pharmaceutical industry to ensure safe use of medicines OTC and produced business focused guidelines on switching. They have played a significant role in the programme of work to lift the restrictions on advertising OTC medicines to the public. The contributions of the PAGB and their efforts to engage all the key players have significantly contributed to the success in this area.

A patient information working Group was set up last year to improve the quality of information patients receive with their medicines. The PAGB is a member of this important group and have offered their substantial expertise in communicating with patients.

In the last 10 years prior to the changes to the law in 2002 to streamline the reclassification process some 50 substances were moved from prescription only status. We have made a commitment to see this figure double - averaging 10 a year. Since then well over 20 products have been reclassified, which means we are right on target. I've mentioned some high profile ones already, but others, like the POM to P switch of omeprazole 10mg - a proton pump inhibitor - for the treatment of heartburn mark a significant shift in thinking, freeing up prescriber time and enabling rapid access to effective medicines. The MHRA is continuing to meet regularly with companies to discuss potential candidates for switch in order to keep up this momentum. There are still further switches in the pipeline to emerge from the Royal Pharmaceutical Society's list and we expect to see at least one of these before Christmas.

Looking forward, the MHRA has just consulted on proposals to implement early [by 1 January 2005] a one-year period of exclusivity for switches and is now considering the responses to the consultation, which ended on 22 October. I will be considering the outcome before final decisions are taken shortly.

### **Improved access to prescribed medicines**

Our commitment to improving access to medicines is not only confined to over-the-counter medicines. We want to improve access to prescribed medicines too.

We are achieving this by extending prescribing responsibilities to other professionals including pharmacists, nurses and allied health professionals.

There are over 27,000 nurses with a district nurse or health visitor qualification who have qualified to prescribe from a limited formulary of products.

Over 3,100 nurses are qualified to prescribe from the Nurse Prescribers' Extended Formulary, comprising nearly 180 prescription only medicines to treat around 80

medical conditions. We expect this formulary to expand in 2005, giving nurses the opportunity to provide a better service to patients for emergency care.

Over 2,600 nurses and around 240 pharmacists are now qualified to act as supplementary prescribers who are prescribing for patients within individual clinical management plans agreed with the independent prescriber, delivering important improvements in the care of patients with long-term conditions such as diabetes and asthma.

From next year, I anticipate podiatrists, physiotherapists, radiographers and optometrists training as supplementary prescribers.

We are now beginning discussions on the development of a framework for independent prescribing by pharmacists. We expect to have independent prescribing for pharmacists in place by end 2005.

These developments are playing an important part in delivering greater choice, better access and higher quality care for patients.

### **Proposed contractual framework for pharmacy**

Pharmacy's role in promoting patient choice was promoted in 'Building on the Best', where improving access to medicines was highlighted as a priority. We now have over 60 PCTs who have developed pharmacy-led minor ailment schemes where pharmacists are able to manage common conditions and, where appropriate, provide medicines on the NHS to people who would have otherwise gone to their GP to get the medicines prescribed.

My colleague Rosie Winterton announced on 24 October that agreement has been reached on the new contractual framework for Community Pharmacy following successful negotiations between the Pharmaceutical Services Negotiating Committee, the NHS Confederation and the Department of Health. This should go live, subject to a ballot by pharmacists, from 1 April 2005. The new framework will promote and enhance the self-care support role of pharmacists. Supporting self-care is expected to be within the essential services component of the contract, which all pharmacies will normally provide. Pharmacists will help people manage minor ailments and common conditions, by providing advice and where appropriate recommending the sale of over-the-counter medicines, including dealing with referrals from NHS-Direct.

Where pharmacists cannot help themselves, they will be expected to sign post people to alternative appropriate sources of care and support.

Each year pharmacies will proactively participate in six national or local campaigns as agreed with the Primary Care Trust, to promote important health messages. This will include the display and distribution of leaflets.

Promotion of healthy lifestyles for people presenting prescriptions with, for example, diabetes and coronary heart disease is also expected to be included within the essential services component. This will mean that pharmacists will have a structured discussion about stopping smoking, reducing alcohol intake, nutrition e.g. the 5-a-day message and reduced salt intake and increased physical activity. This will support patients suffering from long term conditions in making healthy lifestyle choices to improve their health.

Minor ailment schemes, with pharmacists supplying medicines on the NHS, are expected to be within the locally commissioned enhanced service component of the

contract. National templates with benchmark pricing will be provided to support PCT commissioning to meet local needs.

We recognise that pharmacists are one of the biggest untapped resource for health improvement and we want to maximise the opportunities to develop and enhance the contribution of pharmacists, their staff and the premises in which they work to improve health and reduce health inequalities. To this end, we recently issued a contract to a consortium of pharmacy and public health organisations to work collaboratively with us to develop a coherent framework for pharmaceutical public health by 2005 that is fully integrated with our overall approach to improving public health. A key objective of the strategy will be for the pharmacy profession and for key stakeholders both nationally and locally to recognise pharmacy's contribution to public health and how we increase pharmacy's engagement in and contribution to public health. The strategy will, I am sure, maximise the important part that pharmacists can play in supporting people to self-care by promoting preventative strategies

## **IT**

Before concluding let me just mention the National Programme for IT. This is key to improving both NHS care and self-care. Every person in the country will have a national care record that is up to date, with accurate details of their condition, the medicines they are taking and any allergies or drug reactions they may suffer from. In time, people will be able to access their own care record through HealthSpace, which will enable patients to see the information about themselves.

In conclusion, I hope I have made it clear that the Government is committed to supporting self-care. We want to ensure that the self-care culture is ingrained for the future and we need to start educating the next generation to invest in health. This must start at school.

We must make sure that individuals and carers have self-care as a real choice. This choice should include a range of self-care options, which are not only available, but accessible, and convenient. We must also provide the right support to people to make that choice, particularly those who need it most, the most vulnerable or deprived. Finally, delivering good self-care support can only be successful if we encourage plurality of provision with PCTs, GPs, local authorities etc working together with the voluntary sector and private sectors to provide local solutions to embed supported self care into service delivery as a real choice. That is our challenge, a challenge for all of us.