



Understanding Self Care

What, why, how.....Catalyst for delivering reform in the NHS

Self Care – catalyst for delivering reform in the NHS

Introduction.

Over the last decade, the NHS has been developing a comprehensive focus and context for self care, most specifically around long term conditions but also in the wider context of improving health and wellbeing and reducing health inequalities. It is referenced, described and articulated in white papers, policy documents, briefings, journals, surveys, research studies, etc: there have been pilots, toolkits and guidance aplenty.....and yet, the question still asked too frequently is – ‘what do we mean by self care’? This paper is therefore created in an attempt to give NHS organisations across the North West a single comprehensive guide to self care in terms of the what, why, how etc. It is set in the context of the current economic climate and QIPP, and provides the background, evidence and framework to enable organisations to define the current range and scope of their self care business portfolio, and to identify new opportunities for the future.

1. Challenge for the NHS / Case for change NW

The case for change described in Healthier Horizons, (the North West response to Ara Darzi NHS Next Stage Review), was clear that although considerable and sustained progress has been made towards a healthier future for its citizens; NHS services in the North West – and associated outcomes – have not made sufficient impact either on the health overall of the population or on inequalities. The report highlighted that NHS organisations urgently need to focus far more on promoting health and preventing ill health set against a health and social care profile that makes for grim reading, e.g. the North West is:

- **7th** worst region for low income
- Over **11%** of people are on benefits
- Over **1/4** of children live in poverty
- **33%** of males and **21%** of females are binge drinkers
- Over **6 out of 10** adults are overweight or obese
- Only **11%** of adults are physically active
- **Second Highest level** of drug misuse in England
- **Highest levels** of incapacity benefits for mental illness in England
- On average there is a **10 year** life expectancy gap between best and worst LA in England
- 1.5 million people with long term condition /s estimated to double to 3 million by 2030.

However, the NHS cannot rise to the challenges it faces on its own and recognises that sustainability is in part dependent on forging a new relationship between the public and the NHS to one in which the public take more responsibility for their own health and to help manage their own health conditions. NHS North West CE Mike Farrar believes that supporting self care is fundamental if we are to deliver real change for the NHS and that we must use self care as a demonstration of our commitment and belief that individuals can take personal responsibility for their health and health care. With the NHS about to enter perhaps the toughest financial climate it has ever known, the case for self care has never been stronger. If successful, it will produce wins for the individual in terms of better health, for clinicians in terms of focussing their input, and wins for the taxpayer in terms of reducing avoidable demand for expenditure.

The challenge of a ‘flat cash’ scenario forecast from 2011 – 2013, for which the NHS must identify £15-20 billion efficiency savings, of which the price tag for the North West is some £2.5 billion, means that self care has a major role to play if the NW is to achieve this and still deliver better health, better care and better value for all.

2. The 'What' of self care:

Self care can best be described along a continuum, (as illustrated), that demonstrates how any particular example of care lies on a spectrum ranging from pure self care to 100% professional care whilst in between these two ends of the spectrum is shared care with healthcare professionals supporting individuals to care for themselves.

On a practical basis, there are five elements of self care:

- Staying healthy
- Preventing ill health
- Better use of medicines
- Minor ailments
- Improved care and management of long term conditions

On a technical basis, the Department Health defined self care support and self care as:

Self care is part of daily living. It is the care taken by individuals towards their own health and well being, and in their role as carers includes the care extended to their children, family, friends and others, whether in their homes, neighbourhoods, local communities, or elsewhere.

Self care includes the actions individuals and carers take for themselves, their children, families and others 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 well being after an acute illness or discharge from hospital.

In addition, people living with a long term condition can benefit enormously from being supported to self care. They can live longer, have less pain, anxiety, depression and fatigue, have a better quality of life, and be more active and independent.

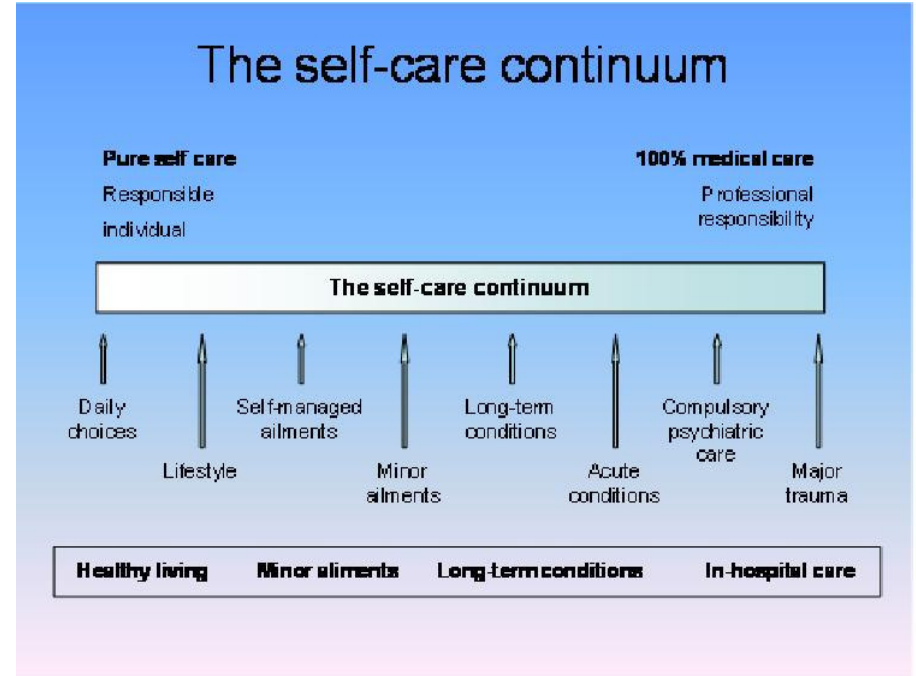
However, having a description is one thing; the full understanding of 'what do we mean by self care' comes by setting what is described above in the fuller context of policy, evidence, structure of services/level of investment, and accountability.

3. The 'Why' of self care: The Policy and Evidence base.....

I. A decade of policy & guidance, etc

Since the launch of the NHS Plan ten years ago, the emphasis has been for an NHS that is health promoting, empowering individuals to take more responsibility for their health and well being at all stages of their life and through care pathways when in receipt of health care, and promoting self care. This, coupled with a relentless drive to reduce inequalities, improve health literacy, increase life expectancy, drive innovation, improve quality, and increase

Understanding self care/reference document/sjs/March2010



productivity has been a constant and developing priority. This is reflected in all aspects of health policy, review (eg NHS NSR) consultation,(eg choosing health) and guidance. To set the scene and by way of endorsing the ‘why’; the policy context is collated in table 1. It is by no means exhaustive.

Table 1. Policy context

Policy, guidance, etc	Headlines:
Fair Society, Healthy Lives The Marmot Review February 2010	Focus on increasing investment in ill health prevention, health promotion, and reducing health inequalities across the social gradient; has absolute resonance with self care interventions at all levels.
NHS 2010 – 2015: from good to great. Preventative, people-centred, productive	<ul style="list-style-type: none"> • Over-all, services are not as preventative, people centred or productive as they could be. ^(p9) • People with long-term care needs must be supported to have a clear understanding of their condition and of what they and their families can do to manage it. ^(1.37/p13) • Quoting Wanless 2002 “an NHS that promotes health, self-care and early intervention, and that integrates services around patients, is potentially sizeable, amounting to billions of pounds”. ^(1.38/p13) • Balancing the role of the NHS and its partners with the public’s own responsibility for their own health and well-being. ^(2.8/p20) • The need to build an NHS that starts with prevention...”it would be wrong to respond to the challenge the NHS faces by reducing spending on prevention – as has been the case in the past”. ^(2.9/p20) • We will ensure patients have the right information, at the right time with the right support through the Information Standard accreditation scheme, which guarantees the quality of information for patients, and information prescriptions, tailored to the needs of individual patients. ^(2.61/p32) • Our plans to transform the care for patients with LTCs will involve people being offered personalised care planning and support for self care. This will help them to manage their condition and cope with any exacerbation of symptoms. New systems of care and technology will allow them, their carers and professionals to monitor their care, intervene early to prevent deterioration and avoid hospital admissions. ^(2.75/p36)
The Operating Framework for the NHS in England 2010/11	<ul style="list-style-type: none"> • National priority – keeping adults and children well, improving their health and reducing health inequalities. ^(2.8/p14) • Focus on prevention helping people stay healthy and supporting those most at risk of ill health. ^(2.44/p21) • There is real benefit still to be had by helping people with LTCs make the best use of an approach that is based on personalisation of care and reduced utilisation through the basic building blocks of case management, personalised care planning, supporting people to self care and making the best use of new emerging assistive technology. ^(2.56/p23) • System levers and enablers – characteristics identified that can achieve cash release whilst improving the quality of services include ^(3.2/p27) <ul style="list-style-type: none"> ➤ Early and more upstream intervention ➤ Greater co-production, with people taking greater ownership of their health
Transforming Community Services	Includes six transformational guides for: Health, wellbeing and reducing inequalities; children, young people & families; acute care closer to home; rehabilitation services; LTC’s; and EoL care.

Policy, guidance, etc	Headlines:
	Self Care emphasis through eg care planning, telehealth, self care education eg EPP.
NHS Constitution 2009	<p>In terms of Self care; the Constitution states: “The NHS belongs to all of us. There are things that we can all do to help it work effectively and to ensure resources are used responsibly: you should recognise that you can make a significant contribution to your own, and your family’s good health, and take personal responsibility for it”.</p> <p>Specifically consider:</p> <p>6. Involvement in own healthcare – you have the right to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this. <i>Consider this in the context of the LTC agenda, in particular collaborative, integrated care planning, information prescription and, potentially, personalised budgets.</i></p> <p>8. Patient and public responsibilities, namely</p> <ul style="list-style-type: none"> • Recognise that you can make a significant contribution to your own good health, and take responsibility for it • Participate in public health programmes such as vaccination
NHS Next Stage Review - High Quality For All 2008	<p>Key messages:</p> <ul style="list-style-type: none"> • Create an NHS that helps people to stay healthy ^(p9) • Every PCT will commission comprehensive wellbeing and prevention services, in partnership with local authorities, with the services offered personalised to meet the specific needs of the their local populations. ^(p9) <p>The relevance of self care is a consistent theme throughout the whole report, described by Ara Darzi as an enabling report. Self Care is a key enabler for living better, living longer.</p>
Healthier Horizons 2008	<p>Described by Mike Farrar – “our vision for the next 10 yrs – to develop a new relationship between the NHS and the people of the NW.” It is the overarching message and is captured best in Section 1 (p12-13), ‘Our Approach’, Section 2, recommendations from the CPG’s particularly Staying Healthy and LTC’s, and Section 4 – the Touchstone tests (p88-89). In short, the NHS enables people and patients to take more responsibility for their own health and to help manage their own health conditions.</p> <p>Touchstone tests most relevant for Self Care:</p> <p>No.4 I will be living a healthier lifestyle</p> <p>No.5 My family will have a better opportunity to live a longer and healthier lifestyle.</p> <p>No. 6 I will be receiving more personalised care</p> <p>No. 8 I will be able to receive more of my care closer to my home.</p>
Pharmacy in England April 2008. <i>Building on strengths – delivering the future.</i>	Setting out a vision for future service development which includes pharmacies as centres promoting and supporting healthy living and health literacy, which offers patients, and the wider public, healthy lifestyle advice and support on self care and other pressing public health concerns; as well as expanding and improving the range of clinical services on offer particularly for minor ailments and long term conditions.
World Class Commissioning (competencies) 2007	Commissioning for self care remains a challenge in the system as the evidence base re: outcomes, benefits realisation and VFM is currently at an immature stage of development. However, the language used in the WCC competency framework

Policy, guidance, etc	Headlines:
	<p>should enable organisations to develop their commissioning strategies for self care; recognising that... “Commissioning is essentially transformational, and not just transactional...”^(p5) Increasingly commissioners will be locally perceived as investors, ie they commission for the greatest health gains, ROI and reduction in inequalities at best value; commissioning for improved outcomes would require PCT’s to consider their investment role in 3 different outcomes:</p> <ul style="list-style-type: none"> • Clinical and care outcomes (the results of medical and social interventions) • Health outcomes – health gains for specific or general communities..... • Community outcomes.... <p>“world class commissioners are not risk averse”transforming, rather than merely transacting for local health and well-being outcomes”.</p> <p>Specifically, consider: Competency 2 – work with community partners. <i>Work collaboratively with community partners to commission services that optimise health gains and reductions in health inequalities.</i></p> <p>Under process and knowledge requirements, the PCT:</p> <ul style="list-style-type: none"> • Shares across the local community its ambition for health improvement, innovation, and preventative measures to improve well-being and tackle inequalities. <p>Competency 3 – engage with public and patients:</p> <ul style="list-style-type: none"> • Proactively seek and build continuous and meaningful engagement with the public and patients to shape services and improve health <p>Competency 6 – Prioritise investment – by having a clear understanding of the needs of different sections of the local population, setting strategic priorities and making investment decisions focused on the achievement of key clinical and health and community outcomes.</p>
Our Health, Our Care, Our Say, 2006	<p>The White Paper aimed to achieve four main goals ^(p7) of which 3 are especially aligned to self care:</p> <ol style="list-style-type: none"> 1. Health and social care services will provide better prevention services with early intervention. 2. To give people more choice and a louder voice – this in relation to convenient access to primary and social care that they can choose and influence. 3. More action on tackling inequalities and improving access to community services 4. More support for people with long term health needs. <p>The vision for a new strategic direction for the care and support services that people use in their communities and neighbourhoods had 3 themes; specifically relevant to self care – “putting people more in control of their own health and care” and “enabling and supporting health, independence and well-being”. ^(p13)</p> <p>Precursor of Health Trainer programme, care closer to home, GP access and improved opening hours, personalised budgets, increased role of Pharmacists eg minor ailment schemes, supported self care and self management for LTC’s, Information</p>

Policy, guidance, etc	Headlines:
	prescription, greater investment in EPP, integrated health and social care plan, year of care approach, development of assistive technologies.
Wanless report - Securing good health for the population, 2004 and Securing our future health, taking a long term view, 2002	<ul style="list-style-type: none"> • Whilst acknowledged that the body of economic evidence relating to public health interventions is small in comparison to that related to health care;^(2004 report p5) Derek Wanless in his two reports drew out the financial consequences for a society that does not invest in health and made a powerful case for a new form of alliance between the NHS and society to become ‘fully engaged’ in promoting health. • The role of self care, the development of “the expert patient”, and the role of community pharmacists will need to be developed to expand overall capacity in the increasingly important management of chronic conditions and take pressure off traditionally skilled people.^(2004 report p9)
Choosing Health 2004	<ul style="list-style-type: none"> • Acknowledging that people want to take responsibility for their own health with clear and credible information and support to help them make healthy choices. • Setting out the support that would be made available to individuals to take action to make the changes they want to make to improve their health. • Introduced the role of the health trainer, personal health guides and plans to develop health literacy. • Made clear that there was a need for the NHS to extend the use of self-care / expert patient approaches into prevention, before people develop illnesses, enabling people to take greater control of their own health and enabling them to plan for their health on their own terms.^(30/ p112) • Called for a cultural change in the way the NHS relates to patients; making every interaction count to advise on health as well as on treatment. • Promoting the work environment as a source of better health.
The NHS Improvement Plan June 2004.	<p>“If England is to secure world class standards of health, the enormous human, financial and physical resources available to the NHS need to be focused on the prevention of disease and not just its treatment”.^(p45)</p> <ul style="list-style-type: none"> • Precursor of the community matron role for patients with complex LTC’s. • Precursor of personal Health Space – for each patient to view their care records via the internet; • Commitment to roll out Expert Patient Programme throughout the NHS by 2008 • Greater emphasis on prevention and care closer to home • Commitment that the NHS will engage citizens and communities in health improvement and help them to play an increasing part in adopting healthy behaviours and promoting the “fully engaged” scenario outlined in Wanless 2002. • Pledged commitment to development of an ‘<i>NHS electronic highway</i>’ through the National Programme for IT including NHS Care Records service, e-prescribing, healthspace, and telecare. • Empowering patients to make decisions about their care and treatment supported by improving health literacy. • Clear expectation that by 2008 to have a system whereby patients are empowered to take control of their own health.

In addition to the information provided in Table 1, the Self Care Campaign launched its manifesto – *'Self Care: An Ethical Imperative'* on 16 March calling for an end to the NHS dependency culture. The Self Care Campaign manifesto is calling on all political parties to support the campaign at an individual, local and national level and to:

- Allow people to be confident in their self care choices
- Enable health care professionals, especially the GP and practice nurse, to offer support in making people feel confident enough to use the NHS at the point of need, not demand
- Introduce a social marketing campaign to educate people to understand and manage minor ailments with the right information so that GPs' and practice nurses' time is freed to look after more complex conditions.

The origin of this campaign is the PAGB research report 'Making the case for minor ailments' published August 2009. Further details are included in Table 2.

With a focus on reducing the £2 billion currently spent annually by the NHS on the treatment of minor ailments, the manifesto can found at

http://www.selfcarecampaign.org/uploads/20100316_self_care_campaign_white_paper.pdf

II. Making the case for self care – what is the evidence base?

Overall, there is a wealth of evidence available from hundreds of sources including systematic reviews, primary research studies, surveys, etc; with perhaps one of the most comprehensive sources of evidence collated by the Department of Health, Research evidence on the effectiveness of self care support (2005 – 2007), and from which the system benefits shown in the centre column of table 2 are derived. This bank of evidence, although universally recognised, has not been without its critics, most commonly in response to size and scale of the various studies. In addition, and perhaps a greater challenge, is the circular debate around robust cost benefit analysis to support commissioning for self care. This resonates with Derek Wanless writing in his 2004 report, (although specifically in reference to evidence based principles for public health expenditure decisions), *"although there is often evidence on the scientific justification for action and for some specific interventions, there is generally little evidence about the cost-effectiveness of public health and preventative policies or their practical implementation"*. How NHS organisations respond to this will be key to developing the range and scope of self care approaches / solutions locally. Perhaps sharing of data, where it exists, across health economy footprints would be beneficial, e.g. as advocated in the recent TCS guides:

- Working with public health observatories to access information on the health needs of your population
- Working with commissioners to agree outcome data that needs to be collected for a specific area to demonstrate effective intervention.

The evidence shown here is well documented but is by no means exhaustive. The purpose here is to give an overview of the benefits of self care interventions to the system and to the individual, and to offer organisations a foundation on which to build.

Table 2: Examples of evidence findings and sources

NHS Ambulance Services: <i>NHS Ambulance Services ... more than just patient transport. NHS Confederation, 2007</i>	Self Care support evidence; <i>DH July 2007 summary of work in progress.</i>	Making the case for minor ailments; <i>PAGB, August 2009.</i>
<p>Figures from DH show that:</p> <ul style="list-style-type: none"> • 77% of emergency calls result in an emergency patient journey – usually to A&E • only 10% of patients calling 999 have a life threatening emergency. • The majority of callers have an urgent primary or social care need with a large number of calls coming from elderly people who have fallen in their homes and need immediate assistance. • Surveys have found of that 77%, only 40% are admitted to hospital and at least 50% could have been treated at the scene of the incident or in a community setting 	<ul style="list-style-type: none"> • GP visits can reduce by 40 – 69% • Hospital admissions can reduce by up to 50% • Hospital LOS can reduce • Number of days in hospital may decrease by upto 80% • OPD visits can reduce by 17 – 77% • A&E visits can reduce significantly • Medication intake, eg steroids – reduced • Medicine utilisation is improved by 30% • 39% of GP time is spent dealing with patients suffering from self treatable minor ailments • 75% of A&E attendances are for minor cases – <p>Cost benefits</p> <ul style="list-style-type: none"> • Weighted average cost per user = £100 • Corresponding benefit = £200 (through savings from reduction in use of services etc) 	<ul style="list-style-type: none"> • Research showed high volumes of GP consultations for minor ailments and the associated costs to the NHS – <ul style="list-style-type: none"> ➤ 57 million consultations involving minor ailments of which 51.4 million involving minor ailment alone ➤ Cost to the NHS for treatment of minor ailments within primary care - £2billion <ul style="list-style-type: none"> ❖ 80% for GP time equating to £1.5billion ❖ Over 91% minor ailment consultations result in a prescription at a cost of £371 million <p>Can the NHS afford to continue to spend £2 billion on minor ailments using expensive resources to deal with conditions that people can cope with themselves?</p> <p>See Appendix 1</p>
Additional sources:		
<p>Expert patients Programme CIC – Self Care reduces costs and improves health – the evidence. (February 2010). Link http://www.expertpatients.co.uk/sites/default/files/publications/EVIDENCE%20FOR%20THE%20HEALTH.pdf?bcsi_scan_52BD4A3B4EE6BE1A=0&bcsi_scan_file_name=EVIDENCE%20FOR%20THE%20HEALTH.pdf</p>		
<p>NHS Working in Partnership Programme Self Care for You Project in the North West – evaluation</p> <p>See Appendix 2</p>		
<p>How can digital platforms support people leading healthier lives (and save costs); presentation, Dr. Nicholas Robinson.</p> <p>See Appendix 3</p>		
<p>The case for telehealth/telecare – DH / Whole System Demonstrator Action Network.</p>		

Link to **website** http://www.wsdactionnetwork.org.uk/about_wsdan/index.html

Article - The evidence base... telehealth and heart failure; Mike Clark http://www.wsdactionnetwork.org.uk/news/features/the_evidence_base_.html

Social return on investment – NHS Salford have some experience having completed an SROI in 2009. Further information is available from

Scott.francis@salford.nhs.uk or Lesley Hoyle at Inspire to Aspire Tel: 0845 643 0754 inspiretoaspire@aol.co.uk

SROI summary [See Appendix 4](#)

A guide to SROI link [http://www.sroi-](http://www.sroi-uk.org/component/option,com_docman/task,doc_view/gid,75/Itemid,38/?bcsi_scan_52BD4A3B4EE6BE1A=CU/aefd1468Qksx/pd1jdahj8isDAAAavnJNAQ==)

[uk.org/component/option,com_docman/task,doc_view/gid,75/Itemid,38/?bcsi_scan_52BD4A3B4EE6BE1A=CU/aefd1468Qksx/pd1jdahj8isDAAAavnJNAQ==](http://www.sroi-uk.org/component/option,com_docman/task,doc_view/gid,75/Itemid,38/?bcsi_scan_52BD4A3B4EE6BE1A=CU/aefd1468Qksx/pd1jdahj8isDAAAavnJNAQ==)

From 2011 – 2014 the NHS in the North West must realise 20% efficiency savings. The framework to achieve this is Quality, Innovation, Productivity and Prevention – QIPP. Self care is a key component of this by helping individuals take better care of their health, manage their long term condition optimally and use services appropriately. The evidence shows that significant savings can be made even through relatively small levels of investment.

4. The 'How' of Self Care

With specific reference to self care for long term conditions, the DH published best practice guidance '*Supporting people with LTCs to self care – a guide to developing local strategies and good practice*' (Feb 2006) setting out what healthcare organisations could do to develop and implement a self care strategy and yet there is little evidence of implementation. The debate of whether an organisation should have a self care strategy or not, does not add value; the priority must surely be that the organisation has a clear strategic view of its self care priorities and is able to articulate and understand this within the context of its business portfolio for the population it serves. The challenge for self care is that, despite everything, many organisations and individuals still struggle to understand the concept of self care and how to define it in the context of their business. Articulating this can be best explained using the Self Care Continuum and Self Care 'five pillars' Framework.

As previously described in section 2, the Self Care Continuum demonstrates how any particular example of care lies on a spectrum ranging from pure self care to 100% professional care whilst in between these two ends of the spectrum is shared care with healthcare professionals supporting individuals to care for themselves.

At population level, individuals live their lives along this continuum with differing degrees of intensity at the various touchpoints; correspondingly the NHS is structured to meet the needs of individuals from birth to death, treating sickness and promoting health. In terms of a PCT being able to define and cost its business and service offer for self care in a corresponding way, it is possible to do this using the five pillars of self care; ie what is on offer for any given pathway to enable the best possible care, experience and outcome for the individual and value for money for the system? How is self care supported? Table 3 shows examples of the types of services and activities that may be commissioned / provided by the PCT that are self care. In this way it may be possible to identify opportunities for improvement, e.g. how pro-

active are self care services delivered? At what point on the 'pathway' is what's on offer, offered?! What are the potential benefits to the individual in terms of health and experience, and cost effective for the system if for example, a self care education programme such as EPP was offered at the beginning of the care pathway, instead of years down the line? There are thousands of patient stories that clearly demonstrate the benefits of early intervention which can be costed in terms of hospital admissions etc that could have been avoided.

Table 3: the five pillars of self care

The five pillars of self care				
Information	Skills & Knowledge Training	Tools and self monitoring devices	Support networks	Healthy lifestyle choices
<ul style="list-style-type: none"> • About services • About conditions and treatments • Health literacy services • Access to IT services for 'finding out about' and support through eg libraries / community centres • Information prescription • Care plans • Social marketing 	<ul style="list-style-type: none"> • Health promotion, self management, and rehabilitation courses such as <ul style="list-style-type: none"> ➢ Self care for you ➢ EPP ➢ Cardiac Rehab ➢ Pulmonary rehab ➢ DESMOND ➢ DAPHNE • Health Trainers • Medicines review 	<ul style="list-style-type: none"> • Medical devices eg home oxygen units • Telehealth / telecare • Early warning systems, eg weather watch 	<ul style="list-style-type: none"> • Local support groups • Patient support groups • Voluntary services • National support groups 	<ul style="list-style-type: none"> • Screening • Immunisation • Smoking cessation • Weight management • Exercise on prescription • Healthy eating • Drinking [alcohol]safely

5. The 'Who' of Self Care

Over recent years there has been an ever increasing emphasis on the need for greater partnership between the NHS and the population it serves. In terms of self care, there is joint responsibility between the individual – taking more responsibility for their health – and the NHS by providing a range of services that target health and well being as well as enabling self management of long term conditions.

In short, we all have a role to play:

- Patients and public

- Staff
- Organisation
- NHS

For the purposes of maintaining consistency in terms of language and approach, taking the NW QIPP Accountability Framework in a slightly different context could be useful in terms of using as a focus for the 'who' in terms of each level doing what only it can do, eg

Level 1 – individuals and individual organisations

Provision of self care services at local level, signposting, making every interaction count, public and patients actively engaging with prevention services

Level 2 – health economy – PCT and preferred provider

Care pathways punctuated with self care interventions

Level 3 – Footprint group

Collective commissioning, eg telehealth/telecare solutions; Piloting innovation,

Level 4 – region wide / SHA

IMT

Level 5 – National Work

Finance; Policy

The key question is what is it that only you can do, and what can you only do through strategic partnership?

6. The 'When' of Self Care

The time for action is **NOW!** With multi-billion pound deficits forecast over the next five years and demand for services continuing to soar, if the NHS is to survive and thrive, then we must adapt our behaviour dramatically and self care is a catalyst that will enable this change.