

Enhancing digital self care

A roundtable co-hosted by the All-Party Parliamentary Group on Digital Health and PAGB, the consumer healthcare association

Introduction

Self care comprises the actions people take for themselves, on behalf of, and with others, to develop, protect, maintain and improve their health, wellbeing and wellness. It can empower individuals to take ownership of their own health, ease demand on NHS services, drive improvements in population health and reduce health inequalities.

In November 2021, the All-Party Parliamentary Group (APPG) on Digital Health and PAGB, the consumer healthcare association, convened a roundtable to consider how the COVID-19 pandemic and subsequent rapid advances in remote healthcare services have changed the digital self care landscape and what opportunities these changes present to embed digital self care within the broader healthcare system.

The roundtable was chaired by Dean Russell MP and brought together representatives from Parliament, the civil service, the NHS, industry and the third sector. The roundtable featured contributions from Donna Castle, Executive Director of Policy and Communications at PAGB, Ed Read-Parish, Associate Director at Babylon Health, and Emma McLachlan, Director of Digital Experience at NHSX.

Attendees at the roundtable considered the following recommendations for policymakers:

- Make it easier for people to access self care content relevant to their needs by:
 - Making online self care information easier to navigate
 - Developing clear accreditation procedures and criteria for digital health tools that take evidence of effectiveness into account
 - Providing alternative language support for people who do not speak English as a first language
 - Developing personalised digital health tools that encourage people to self care proactively
- Ensure digital triage tools are fit-for-purpose
- Use digital health tools as part of hybrid models of care to ensure everyone has the option to practise digital self care should they want to
- Explore opportunities to make greater use of digital, remote diagnostics
- Allow people to self-refer to the Community Pharmacy Consultation Scheme (CPCS) via the NHS website
- Develop frameworks to make it easier for external partners to collaborate with the NHS on developing digital offers at a national level

This report provides a summary of the discussion.

Impact of the COVID-19 pandemic

Data presented at the roundtable shows that before COVID-19, there were 18 million GP appointments and 3.7 million A&E visits per year for symptoms that patients could have treated at home or with the advice of a pharmacist. It's estimated that this cost the NHS £1.5 billion each year.¹ Throughout the pandemic however, public health messages have encouraged people to self care for self-treatable conditions to both minimise the spread of COVID-19 and to reduce avoidable pressures on NHS services. Subsequently, digital health tools have developed rapidly to meet the accelerating demand for remote healthcare information and services, attendees were told.

The NHS's digital channels were presented as a clear example of this, with the NHS website and app developing significantly during the pandemic. Both now allow users to look up symptoms, find local healthcare services, book vaccines, get their NHS number, generate a COVID-19 pass and access the NHS triaging tool, 111 online. Additionally, local NHS bodies have been using digital tools, often in partnership with health digital innovators, to manage demand and provide care remotely throughout the pandemic.

University Hospitals Birmingham (UHB) NHS Trust and Babylon Health, a digital-first health provider, were cited as an example. They are working together to give people in the local area access to Babylon Health's 'Ask A&E' app, a digital triaging tool which directs patients to the most appropriate NHS service based on their symptoms. Babylon Health's 'Ask A&E' app is available to over one million people via the UHB NHS Trust website and 25,000 of the Trust's patients have used the app's remote healthcare journey function. Over 50% of those people were directed to non-hospital settings and, when surveyed, 60% of users said they had adhered to the advice provided by the app, significantly reducing pressure on UHB NHS Trust's emergency departments. As a result of developments like these, there is now a greater willingness among the public to practise self care.

Data from PAGB's 2020 annual self care [survey](#), presented at the roundtable, demonstrates this change in attitude. Three months into the first national lockdown:

- 69% of people who might not have considered self care as their first option before the pandemic said they were more likely to likely to do so in future
- 71% of people who previously considered A&E as an option for self-treatable conditions said it was less likely to be their first port of call after the coronavirus pandemic
- 31% of people who would not have consulted a pharmacist as their first option said they were more likely to do so after the pandemic
- 51% of those who previously sought a GP appointment said they were less likely to do so as their first option after the pandemic

The unprecedented growth of the NHS national channels in the last two years was also highlighted as an example of the public's increased willingness to practise self care. 43% of adults are now registered with the NHS app and on average, four million people visit the NHS website, and one million people use the NHS app each day. This brings the NHS's user figures in line with those of many multi-national digi-tech companies, including Pinterest, LinkedIn and RightMove.

¹ £1.5 billion calculated from: £810 million a year from GP appointments for self-treatable conditions; £25 million could be saved if NHS 111 callers were appropriately referred to self care; £518 million from A&E attendances for self-treatable conditions; and £200 million could be saved by reducing prescriptions for OTC products for self-treatable conditions: <https://www.pagb.co.uk/policy/self-care-white-paper/>.

Despite this, PAGB's 2021 self care [survey](#) suggests that the positive attitude to self care recorded in 2020 is not necessarily lasting. Attendees were told that in June 2021:

- 54% of people who might not have considered self care as their first option before the pandemic said they were more likely to do so in future
- 61% of people who previously considered A&E as an option for self-treatable conditions said it was less likely to be their first port of call after the coronavirus pandemic
- 31% of people who would not have consulted a pharmacist as their first option said they were more likely to do so after the pandemic
- 39% of those who previously sought a GP appointment said they were less likely to do so as their first option after the pandemic

It was agreed that this decline in the public's willingness to self care could indicate that people are starting to return to their pre-pandemic behaviours. Attendees discussed the opportunities that advances in digital healthcare tools present to reverse this trend and to lock-in a longer-term shift towards self care within the broader healthcare system and among the public.

Opportunities to embed digital self care

Attendees were told that over the past two years, PAGB has worked with representatives from leading pharmacy and healthcare organisations to forge a clinical consensus on how best to support self care in England. That consensus calls for national leadership, in the form of a national self care strategy, to bring about a wholesale cultural shift towards self care. PAGB and its partners have therefore developed a blueprint for a new self care strategy for England, which outlines three distinct objectives that a national self care strategy must seek to deliver upon, the third of which is using digital technology to its full potential to support self care. Roundtable attendees discussed the recommendations in the blueprint as well as other opportunities to embed digital self care.

Making relevant self care content easy to access

Given rapid advances in digital technologies, the public has high expectations when using digital healthcare platforms. Attendees expressed concern that frustrated individuals may be hesitant to use digital forms of self care if they are not readily available, intuitive and engaging. In terms of NHS digital platforms, it was suggested that this challenge may be exacerbated by the public's perception of the NHS as one organisation, when in fact it is multiple organisations that often work in silos.

Attendees were told about the findings of PAGB's digital self care [audit](#) of online platforms where people commonly access information about their health. Conducted in 2020, at the height of the pandemic, it found that of the 47 sites included in the audit, 37 directed users to the NHS website. However, users of the NHS website are required to navigate a long list of A-to-Z conditions to find relevant information on self care. The audit also found that the NHS Apps Library only includes self care apps for long-term conditions, not apps that support people to self care for self-treatable conditions or minor ailments. Attendees were told that despite these challenges, the conditions section of the NHS website remains extremely well-used, accounting for half of all the website's traffic and plans are in place to move NHS-approved apps to the relevant condition sections of the NHS website in due course.

Nonetheless, attendees agreed that more needs to be done to bring digital content together in a way that ensures people can easily access the information they need, when they need it, to encourage them to self care. The recent launch of the [mental health hub](#) on the NHS website was cited as an example of this. Mental health content is now more succinct, organised and sits on the top-level navigation of the NHS website. Subsequently, user numbers for this content have increased dramatically.

The need for robust accreditation procedures and criteria for digital health information and tools, particularly apps, that take into account evidence of effectiveness, was also discussed. '[OCHRA](#)', 'Healthily' and '[PIF TICK](#)', the Patient Information Forum's trust mark, were given as examples of accreditation tools that help people to identify high-quality, reliable health information and care online. Some attendees pointed out that the lack of translation tools and alternative language support prevented people who don't speak English as a first language from accessing digital self care information and tools.

Attendees discussed the benefits of creating digital tools that proactively recommend content to people to encourage them to self care. This could include surfacing-up content based on previous usage data or adding features such as nudges and reminders which are common in digital platforms used by other sectors. Curating content in this way may also encourage those who are not currently experiencing symptoms to self care to stay well.

Attendees were told that the NHS is currently developing a prevention and wellness service that aims to empower people to manage their health outside of clinical settings and to increase uptake of prevention services, such as cancer screenings. The service will be delivered through the NHS website and app and it will show a person's relative lifetime risk score based on the information they have shared with the NHS. It will also highlight any diagnostic tests that they may need to undergo in the future. Some attendees felt that this would be a game-changer in terms of the NHS website promoting and enabling self-care while others expressed concern that people may find dashboards and risks scores judgemental rather than supportive.

Incorporating digital diagnostic tools

Roundtable attendees discussed options for performing some diagnostic tests virtually or remotely and agreed that healthcare providers should give more thought to how best to deliver these services without compromising on the quality of tests or patient safety. Attendees pointed out that some parts of the system are already leading the way, for example, in 2020-21 88% of Brook's STI screening activity across one county was delivered digitally. Digital healthcare platforms 'Dignio' and 'Healthy.io' were also highlighted as good examples of the benefits of remote diagnostics. Nonetheless, the cost of distributing diagnostic tests and the potential for user error remain significant challenges that need to be addressed.

Improving digital triaging tools and encouraging patients to use them effectively

Some attendees expressed concern about the potential limitations of digital triaging tools. Online symptom checkers and digital triage systems are already common across the NHS. However, PAGB's digital audit found that the algorithms behind these systems are often risk-averse, recommending professional care when self care is more appropriate. During the pandemic, the NHS 111 phone service improved its algorithms to increasingly direct people

towards self care when appropriate. Data presented at the roundtable shows that between April and October 2020, the proportion of calls where people were recommended not to attend another service or to seek advice from a pharmacy increased to 32.6%, compared to 27.9% for the same period in 2019. Attendees agreed that these improvements should now be expanded to other digital triaging systems used by healthcare providers.

Ensuring people feel adequately cared for and sufficiently reassured when using digital triaging tools was also highlighted as a challenge. For example, Babylon Health originally envisaged that its 'Ask A&E' app would facilitate a fully remote user journey. However, once the tool was being used in the real-world, Babylon Health realised that it is often extremely difficult to persuade people, especially those who feel very unwell, to use digital services rather than attend physical consultations. To address this challenge, Babylon Health is now piloting a programme with UHB NHS Trust where people attend A&E in-person but once there, they are offered the opportunity to use the 'Ask A&E' app on a tablet provided by the hospital. Patients can then choose whether to follow the app's advice with support from a team of trained individuals. Attendees agreed that these types of hybrid models are very helpful, particularly in terms of ensuring that people who are not able to access or use digital technologies independently can benefit from digital healthcare and are supported to self care where appropriate.

Improving the interoperability of IT systems to enable community pharmacists to update patient records

During the roundtable, it was pointed out that community pharmacists are also well placed to bridge the gap for those who would benefit from practising self care but struggle to access digital tools that can support them to do so. Community pharmacists can advise people on the most effective over-the-counter treatments and self care techniques and the Community Pharmacy Consultation Scheme (CPCS) has successfully encouraged people to consider community pharmacy as their first port of call for minor ailments by enabling NHS 111 to refer patients to their community pharmacy. Despite this, many pharmacists cannot routinely record the advice or medication they give people.

Attendees considered the benefits of creating a centralised web-based system to improve interoperability of IT systems and enable pharmacists to write to health records. It was felt that this would enable a responsive two-way system that allows all professionals involved in an individual's care to know what has happened and when. Allowing patients to self-refer to the CPCS via the NHS website was also discussed as an option that may encourage more people to self care, with support from their pharmacist.

Making it easier for external partners to work with the NHS

Representatives from digital innovators highlighted the challenges they encounter when trying to form partnerships with the NHS at a national level. As Babylon Health's partnership with UHB NHS Trust demonstrates, collaboration often occurs at a local level, but it is often difficult to upscale these partnerships to the national level. It was pointed out that this may be due to the multi-faceted challenges involved in developing new care pathways.

Attendees were told about the NHS's various streams of work focused on partnering with third parties to improve its digital health care offer. These include the NHS partnership award, which

provides NHS organisations with funding to accelerate the adoption of digital health technologies to support patients with long term conditions and the development of a framework to guide how the NHS works with specialist organisations, such as charities, to look at shared journeys throughout care pathways. The NHS has done initial work with Asthma UK and the Association of Medical Research Charities (AMRC) which it is now looking to extend to cancer charities.

Empowering patients and maintaining patient choice

Attendees also stressed the importance of maintaining public trust in healthcare systems. While people should be encouraged to use digital health tools and self care where appropriate to ease pressure on the NHS, it is vital that people are still able to choose the type of care they receive. Digital self care should empower people and give them more, not fewer options, to manage their health.

Conclusion

Self care is an important part of the care pathway. Digital tools have a key role to play in supporting and enhancing people's ability to self care, to enable them to address their healthcare needs quickly and effectively and to understand when and how to access healthcare services.

The pandemic has caused a significant shift in terms of both people's willingness to practise self care and the number and quality of digital tools available to support self care behaviours. Despite this progress, there are still barriers across the healthcare system that are preventing digital self care tools from being used effectively and it seems some people are returning to their pre-pandemic behaviours, seeking medical intervention as a first option rather than practising self care.

To ensure that digital health tools are used to their full potential at all appropriate points in an individual's healthcare journey and that digital self care is fully embedded within the NHS across the country, attendees at the roundtable suggested that policymakers should work together with interested stakeholders to:

- Make it easier for people to access self care content relevant to their needs by:
 - Making online self care information easier to navigate
 - Developing clear accreditation procedures and criteria for digital health tools that take evidence of effectiveness into account
 - Providing alternative language support for people who do not speak English as a first language
 - Developing personalised digital health tools that encourage people to self care proactively
- Ensure digital triage tools are fit-for-purpose
- Use digital health tools as part of hybrid models of care to ensure everyone has the option to practise digital self care should they want to
- Explore opportunities to make greater use of digital, remote diagnostics
- Allow people to self-refer to the Community Pharmacy Consultation Scheme (CPCS) via the NHS website
- Develop frameworks to make it easier for external partners to collaborate with the NHS on developing digital offers at a national level