



## **Response to Consultation on Primary Care Strategy**

### **Institute of Health Promotion and Education:**

IHPE is a charitable organisation whose membership consists of Health Promotion and Education professionals and academics from public, private and voluntary sectors. It has a proven track record of influencing policy and has been at the forefront of developments in Health Education and Health Promotion since 1962.

### **1) What needs to happen and who needs to be involved to help assist people in looking after their own (a) minor self-limiting illnesses and (b) long term conditions?**

Long term comprehensive public health strategy is needed.

This strategy needs to aim at maintaining and promoting health and should involve front line professionals in health, social care and education as well as Public Health Departments. It is essential that Public Health Departments are funded adequately as these are a key resource for the education of professionals working directly with the public. We should be promoting health promoting environments (settings e.g. schools, workplaces etc).

#### **1a Minor self-limiting illnesses:**

Need to develop personal skills through public education - media, professionals in contact with young families e.g. HVs; preschool childcare provision; children's centres; public health workforce; schools: Should have compulsory PSHE in all schools. The content of PSHE will need to be decided and staff will need to be trained and supported to undertake this effectively.

It is important, however, that education enables people to distinguish minor self-limiting from early signs of more serious conditions. Specific education is needed about the appropriate use of antibiotics

#### **1b Long term conditions:**

Management plans should involve primary care, other service providers and patients. Timing of follow ups to be stipulated - with criteria for when referral to GP is indicated. Patients to be provided with links to support groups for specific conditions. Social prescribing as and where appropriate. Primary prevention and health promotion essential to reduce incidence and prevalence as indicated in general recommendations.

**2) Is it necessary to commission self-care and how can this be done effectively?**

Pharmacists will already be providing guidance on self-care. Review the challenges that are presented in carrying this out. Some opportunities for face to face education are lost with direct home delivery of repeat prescriptions

**3) What training is necessary to support primary care staff in educating people to look after themselves and who is providing this training?**

Public health staff could train primary care staff. But they will need to be adequately resourced.

The health of Primary Care Staff should also be promoted.

We should have health promoting general practices,(Watson 2008, Watson and Lloyd 2015).

Health promotion needs to be an integral and valued part of undergraduate medical, nursing and health visitor training and GP training. There is provision but there is considerable variability. All professionals involved will need regular updating on evidence-based practices. In-service training can be provided through public health departments, but cuts to funding jeopardise their current ability to perform this role.

**4) How can local health expertise such as pharmacy, health coaches, patient groups and charities, etc be incorporated into the system to help manage demand?**

Public health departments could lead, coordinate and train key professionals. However, Public Health depts. will need to be well resourced.

Patient participation groups in primary care can play a valuable role

**5) What else has to happen to improve joint working locally to engage people in their health and wellbeing and so reduce service demand?**

Long term comprehensive public health strategy is needed.

Robust and adequately resource Public Health departments. They can assist in driving forward the strategy at a local level.

Voluntary groups with specific expertise can be commissioned to provide advice which reduce impact on primary care. Specific example are occupational health services which have been shown to reduce GP visits, (Tilford and Harper 2004)

Workforce problems in Primary care need to be adequately addressed. Areas of greatest need have shortages, (Watson and Lloyd 2015, Watson and Forshaw 2016)

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