



# All Party Parliamentary Group on Primary Care & Public Health

Report of 7th December 2011

Annual Self-Care Parliamentary Reception

## The system does not incentivise for behavioural change, concludes APPG meeting

Systems change alone is not sufficient to engender change in the NHS, delegates at this year's annual reception were told. If the NHS is to truly engage with people and secure better health outcomes, a change of mind-set internally with a greater focus on engaging emotionally with patients with systems to support this approach are needed to help patients engage with their own healthcare.

Representatives from across the NHS, patient support groups and industry came together recently for the All Party Parliamentary Group on Primary and Care and Public Health's Annual reception. The theme of this year's event was "Reforms - will success lie in systems change or behavioural change?"

At the time of the reception, the Health and Social Care Bill was being hotly debated in the House of Lords. The APPG's chosen theme was a timely reminder of how reforms and structural change in the NHS continues to be a controversial and much debated issue.

Nick de Bois, MP and APPG on Primary Care and Public Health member welcomed delegates to the annual reception with the following analogy. "We can legislate in the House of Commons...and we can put in legislative processes," he said "But it is the buy-in and the culture of the very people working in the health services which determines its successes."

### Creating a sustainable NHS

Since announcements were made in July 2010 about proposed changes to the structure of the NHS, there has been much controversy surrounding the reforms with many voices against the scale of the planned changes. Throughout the debate on the Health and Social Care Bill, managing demand in the NHS and questioning how an NHS with finite resources can be most effectively used, continues to be a key focus. Nick de Bois, raised the question - "How do you manage



demand and expectation?" With the wide variety of services currently being offered Mr de Bois said, "the question might be are we expecting too much from the NHS?" and suggested "Or could we get more out of it if we used it differently?" The importance he said is that, "the NHS is for the long-term."

**"Politicians have to be brave and say what is affordable for the NHS in the future",  
Mike Farrar**

A key concern is whether changing systems alone can create an efficient and productive health service which is sustainable into the future. Nick de Bois referred to the work of Sir Derek Wanless, who, nearly 10 years ago advocated a greater focus on behavioural change and prevention to improve health outcomes. He asked, "If it could be about behavioural change what could we do?" and added "How do we get from an NHS sickness service to an NHS prevention service?" Focussing on behavioural change, Mr de Bois asked if there could be a shift towards an NHS support service to help people manage their health independently with the help of the NHS.

### Behavioural and systems change to engage patient populations

Mike Farrar CBE, Chief Executive of the NHS Confederation welcomed the focus on behavioural change, noting that "the behaviour question is one not normally asked." His experience working with successive Government ministers is that there is a focus on architectural systems change. There is a view he said that "If you fix a system it will make things better". This, he believes is not the right approach and in the end the NHS pays the consequences. In his view, there needs to be a greater focus on engaging populations and engaging people working in the NHS system to make this happen.

"What people really want to know is what will make me feel better at 7am in the morning" Denise Hampson

To make reforms truly happen we need to look at different working models. The future, Mr Farrar said should be looking at "engaging populations and to engage people emotionally." A consumerism model brings its own level of difficulties and complexities, but a third way should look at engagement. "You get different outcomes if you give people a different sense of ownership," Mike Farrar told the delegates. Citing IT as an example, he told the delegates to think how much we as consumers have changed and engaged with IT with the advent of the internet and personalised



Denise Hampson, Hampson Solutions



Mike Farrar, CE, NHS Confederation computers.

Mr Farrar alluded to the many positive changes which have happened within the NHS over the years, but said it has never really connected with its patient populations to help people engage with their own healthcare.

"People need to engage with their health environment", Mike Farrar

Ideally, he said, we want to create "a health foot print" to enable people to engage with their health.

To do this, however, there needs to be systems in place to facilitate this behavioural change. The systems need to help people within the NHS to engage with patient

#### Key recommendations from Mike Farrar:

- ◆ Systems that facilitate the right decisions
- ◆ People working in the NHS to engage in a very different way with patient populations
- ◆ Behaviour change is needed from politicians to be honest about what is doable within the financial restrictions of the NHS
- ◆ Clinicians need to alter their mind set and be less paternalistic.
- ◆ To give patients space to allow them to take some responsibility for their healthcare.

populations and understand about people's behaviours and lifestyle. More control is needed at a local level to allow people to understand and engage with their own regional populations.

One of the challenges Mike highlighted was the current power-base in the NHS. The current hierarchy is favoured towards people who have experience working in secondary and tertiary care. "Do we have the right people at the right level who have experience of working with people in primary care?" he asked.

**"Let's start talking and behaving in a way which will appeal to people,"  
Denise Hampson**

Mr Farrar concluded that Senior Leaders in the NHS have to be inspired by the scale of changes and take on board the importance of engaging emotionally with our patients, which we haven't done before, if real change and reform is to happen.

### **Helping people to look after themselves and to make better healthcare choices**

Mike Farrar's calls for finding new ways of engaging people and motivating people to engage with their healthcare environment were echoed by Denise Hampson, Consultant Behavioural Economist and Managing Director of Hampson Solutions Ltd.

**"To illicit true change, the NHS needs to tap into the "fuzzy areas of people's behaviours", Denise Hampson**

Reflecting the theme of the reception, systems change or behavioural change, Ms Hampson said the focus should be "Systems change *for* behavioural change" as the "two need to go together." You can't have behavioural change on its own; there are systems changes which are needed to help facilitate this change.

Agreeing with Mr Farrar's earlier comments she said if



**Nick de Bois MP, APPG Primary Care & Public Health**

we are to truly engage with people and secure better health outcomes, a change of mind-set internally with how we engage and speak to people about their health is needed. To help people start looking after themselves, start making better choices and utilising the NHS better.

Citing a recent report which linked increased cancer risk with poor healthcare choices, Denise Hampson highlighted how current healthcare messages are not motivating people to change. The information is out there, she said, but it is not being conveyed in the right way. We are bombarding people with information about how many fruit and vegetables to eat a day, how much salt to intake - but how much do people take in?

"Fear is a staple diet of the NHS", she pointed out. Telling the public that 10,000 people for example die



from coronary heart disease in Wales, and that you are at a 40-50% chance of risk yourself if you don't change your lifestyle behaviour isn't engaging people. People are still carrying on the same as the fear simply isn't great enough, and people are not afraid enough of the outcomes.

To illicit true change, the NHS needs to tap into the "fuzzy areas of people's behaviours" Ms Hampson told delegates. The NHS needs to be interested in why people aren't making these healthcare decisions. Behavioural change is not done on rational arguments but on an emotional level. "What people really want to know is what will make me feel better at 7am in the morning", she said.

**"Senior Leaders have to be inspired by the scale of changes in the NHS and the importance of engaging emotionally with our patients if real change and reform is to happen," Mike Farrar**

The NHS should learn lessons from marketers who are experts in tapping into our emotions and behaviours, Denise Hampson advised the audience. When you buy a new sofa the motivation to buy is not to be part of a national statistic on sofa sales. Instead, the motivation is encouraged by the emotional experience and how your new sofa will make you feel.

In Ms Hampson's view, many people in the UK today, take a savings account approach to their healthcare management. We all have our own NHS credit card

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**Delegates at the Reception + Baroness Masham**

where we add poor diet, cigarettes and lack of exercise to our account. But it is a savings account with the worst type of return - as there is no guarantee of any benefits at the end. However, there is no incentive to change as people assume that the NHS will pick up the pieces of years of poor healthcare choices. We need to find a way of changing this mind-set said Denise Hampson.

Referring to the 2012 Olympics, she highlighted what a fantastic opportunity this is. "Sport is a miracle product," she said. If the NHS could tap into the emotional beneficial effects of exercise - you could sell it.

NHS policy documents focus on statistics and this is also dominating our NHS health campaigns. People are being spoken to as being patient populations and are often reminded about the cost burden which they are inflicting on the NHS. This gives a message that the NHS doesn't care. Instead, Ms Hampson advised delegates, messaging should be focussed on the short-term benefits of making good healthcare choices.

Summing up, she said the NHS needs to change the vehicle and tone of its healthcare messaging. By focussing on positive messaging, enthusiasm and tapping into people's emotion these are the steps which will encourage behavioural change. "There is a real up-swell of people wanting to change," concluded Ms Hampson "and the NHS needs to tap into this."

## Discussion Points

**Dr Richard Fitton**, GP advised that patients in certain populations are still dying earlier than in neighbouring communities despite access to the same clinicians and hospitals. The challenge, he said, is to change the often common mind-set of waiting to get ill, before you attempt to fix the problem. By then, it is far too late. In his view, giving patients access to their medical cards is a positive step. It empowers people with tools to understand where they are with their health and the steps they need to take to improve it.

**Nick de Bois MP** highlighted the need for a more integrated public health, to include education to improve public health messaging and outcomes.

**Robert Johnstone**, IAPO patient group advised that in a patient-centred healthcare system, you need to think of ill people as a solution and not a problem. In his experience, people who have been ill are the best people to help others improve their health

**Dr John Chisolm**, RCGP, BMA and Self-Care Forum Board member reiterated the speakers' views of the importance of personalising information and engaging with people. He also advocated the importance of statistical information, as a powerful tool, but alluded that the NHS should be looking at social marketing and other marketing techniques to better engage with patients.

**Michael Beaman**, Pharmacist raised concern that the proposed changes in the Health and Social Care Bill would make a more fragmented service. His experience of being a pharmacist working in a PCT was that they could change behaviours and see health improvements.

**Mike Farrar** agreed with the importance of a connected service. He alluded to the importance of connecting all interventions up, with a focus on sharing rather than dispensing power. "Self care," Mr Farrar said "Is not about something that happens at the end of the journey. Self-care should be all the way along. The new public health needs to connect patients and clinicians all the way along to engage with people."

**Anthony Chuter**, RCGP asked how the NHS should tackle the inequalities and challenges of people living with mental health problems. What, he asked are the special messages which the NHS needs to give to people with mental health problems.

**Denise Hampson** advised that people battling depression are not focussing on the future but living in the here and now. Messaging, she claimed, needs to be tailored to focus on the present, rather than the future.

**Roger Till**, Trustee National Association of Patient Participation, 'It seems clear to me that the approach, advocated by Wanless in his 2002 report and 2004 follow-up report, of an evolutionary behavioural change to bring patients more centrally into the healthcare system is the right approach. I was pleased to hear the emphasis at the Reception on two important areas of patient involvement which can improve healthcare outcomes. The first area was developing and improving patient's understanding of, and commitment to self care; the second was the recognition of the importance of offering educational opportunities to patients that want to become more involved in defining and commissioning the healthcare services available to them, especially at the primary care level.

## Who was at the Annual Self-Care Parliamentary Reception



Nick de Bois, speakers + Gopa Mitra, PAGB



Denise Hampson + Steve Boorman, Abermed



Dr Richard Fritton, Manor House Surgery



Sheila Kelly, PAGB, Bernice Simpson-Diabate, Mentholatum



Roger Till, NAPP, Mike Beaman, pharmacist



Libby Whittaker, APPG Secretariat, Mark Lloyd-Davies, J&J