



The Consumer Healthcare Association

# Supporting self-care: an ICS best practice compendium



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# Introduction

## Overview

This compendium outlines case studies from Integrated Care Systems (ICSs) across England that have successfully implemented new initiatives to empower their local populations to self-care for minor conditions. It highlights best practice learnings and top tips to help ICS leaders to design and implement their own successful self-care initiatives.

## What is self-care?

Self-care is defined as the actions individuals take for themselves, on behalf of, and with others, to develop, protect, maintain and improve their health. Self-care does not mean 'no care', but rather it is an important and often overlooked part of the primary care pathway.

While self-care can be described as a continuum, ranging from encouraging healthy living to hospital-based care, in this compendium self-care is defined as actions taken to treat minor and self-treatable conditions.

## How can self-care benefit local systems?

Over the past decade, capacity in primary care and A&E departments has been increasingly stretched.<sup>1</sup> Rising patient demand – exacerbated by the backlog and waiting lists for NHS services as a result of the COVID-19 pandemic – has failed to be matched by available GP appointments. Patients currently struggle to access timely in-person or virtual consultations leading to the '8am scramble' for GP appointments and the use of A&E for minor ailments and self-treatable conditions.

Each year at least 25 million GP appointments and 5 million A&E visits are used for self-treatable illnesses, costing the NHS £1.7 billion.<sup>2</sup> This is an avoidable cost that is felt across local healthcare systems. Self-care and appropriate use of over-the-counter (OTC) medicines could free-up this resource, helping to relieve capacity in GP surgeries and emergency departments and allow local healthcare systems to reallocate it to parts of the system most in need.

## How self-care is already being supported at a national level?

The value of self-care has increasingly become recognised by national policymakers within Government and NHS England (NHSE). In 2023, the Government and NHSE published the Delivery plan for recovering access to primary care, incorporating numerous England-wide measures to address concerns about primary care capacity following the COVID-19 pandemic, including new programmes and initiative aimed at supporting effective self-care.

### Of particular note, these initiatives aimed to:<sup>3</sup>

- **Make better use of community pharmacy:** Through the Pharmacy First Service, people are able to gain faster access to medicines for seven minor conditions which previously required prescriptions by their GP. This sought to decrease pressure on GP practices while also allowing people to more easily access medicines for self-treatable conditions
- **Widen access to OTC medicines:** The Medicines and Healthcare products Regulatory Agency (MHRA), Department of Health and Social Care (DHSC) and NHSE committed to working together with suppliers to identify medicines that could be reclassified from 'available only on prescription (POM)' to 'available in a pharmacy (P)'. This aimed to improve access to medicines to help people to self-care, where appropriate, for minor and self-treatable conditions
- **Upskill primary care staff:** The introduction of the National Care Navigation Training programme (NCNTP) improved awareness of changes within the primary care system among GP practice staff, helping them to direct patients towards the most appropriate setting for their condition

These national-level initiatives set out a framework to encourage and enable the public to access the right care, in the right place and at the right time in order to ensure the sustainability of the NHS and, in particular, primary care.

## What role do ICSs have to play in supporting people to self-care?

While the measures and initiatives included in the delivery plan were targeted at improving access to primary care across the country, their implementation within communities is largely driven by local systems and ICSs. Significant progress has been made in the first year since the delivery plan's publication and the national-level policy, setting in place new structures that enable increased and improved access to self-care. ICSs must now work to ensure their local populations and healthcare professionals (HCPs) are educated and empowered to realise the full potential of these policies.

## The aim of this compendium

Across England, ICSs are already taking proactive steps to identify and address local issues and gaps in services and to undertake projects that aim to improve support for and promote self-care. These projects take many forms, from centrally controlled projects to small grants for local external organisations, but each principally aim to provide the public with greater agency over their own health through:

- **Encouragement:** Directing people towards self-care and educating them on how to do so is important in giving them the confidence to self-care. Using every interaction with HCPs to provide educational resources and highlighting the benefits – e.g. avoiding appointment waiting times and gaining faster access to appropriate medications via their local pharmacy – can help to persuade people to self-care as a first choice
- **Support:** Once convinced of the benefits of self-care, providing support to people to pursue this is key to allowing them to self-care effectively and to drive long-term behavioural changes. This can include utilising digital health tools to allow people to access trustworthy and accredited healthcare information, running health campaigns to educate the public on the conditions they can self-care for and how to do so, and providing pharmacies with greater resources to deliver a greater variety of services

Set out in this report are four case studies from ICSs that are paving the way in the support and promotion of self-care. To help you navigate according to your local needs we have split the case studies into three categories based on the aspect of self-care that they aim to improve.

### 1. Enhancing understanding of self-care among the public and NHS staff:

To facilitate a cultural shift among NHS staff (including HCPs and non-clinical staff with triage responsibilities) and the public's approach to health care, services are taking proactive steps to educate HCPs and the public on how they can self-care for themselves and their family members

### 2. Empowering people to self-care:

To provide the public with alternative means of accessing healthcare and health information, services are providing their local populations with access to safe, accredited and trustworthy – often digital – health tools to support them to self-care

### 3. Tackling digital inequalities:

As the NHS undergoes digital transformation, with the adoption and incorporation of new digital health tools and new digital front doors to the NHS – such as NHS 111 – services are seeking to overcome inequalities in digital literacy and access to technology currently found within certain communities

By outlining each project's background, impact, challenges and learnings, this compendium seeks to provide a blueprint for other ICSs on how they could undertake similar projects to reduce the burden of minor ailments and self-treatable conditions in their own area.

# Top tips for ICSs establishing a self-care initiative

Projects that seek to encourage and support self-care can take many forms. However, to ensure these projects achieve maximum impact and are able to deliver for local populations and reduce pressures on existing services, the case studies outlined in this report reveal five common principles that should be considered by ICSs during initial planning work and discussions:



## 1. Assess local need:

ICSs looking to improve support for self-care should first seek to investigate local gaps in services and areas or communities where support is lacking. This should include an assessment of the current ability of HCPs to support and recommend self-care behaviours and any local health inequalities to identify communities in particular need of support. It could also include an assessment of the existing digital self-care tools available to patients to avoid duplication in efforts



## 2. Be clear on your target audience:

Whether the project is targeted at supporting patients or at staff working in healthcare settings, being clear on who it aims to support is essential. Where appropriate, this should include specific demographics, sub-groups or specialities to further allow projects to be tailored to specific need – this might include marginalised communities, patient groups (such as those with learning disabilities), or primary care professionals (such as GPs or pharmacists)



## 3. Focus on user experience:

To ensure a new tool or service is quickly and effectively embedded into practices, pathways and behaviours, and that its use is sustained over time, it must be optimised for user experience. Analysing current programmes or tools to understand how users best engage with new software or community programmes can help to drive uptake and achieve the desired effect more quickly. Additionally, engaging with end-users from an early development stage is important. This may include beta-testing digital tools with patients, engaging with community action groups or meeting with HCPs to understand how a new tool or service could fit within and not negatively impact their current practices and pathways



## 4. Consider marketing strategies:

To encourage uptake and use of a new service or tools, providers should seek to identify how best to advertise and market services to target audiences. This could include utilising social media platforms and trends, collaborating with HCPs to promote it during consultations, using posters and leaflets or working with patient action groups to reach specific communities



## 5. Routinely monitor success:

As a new tool or service is implemented, routine monitoring of uptake, user experience and resulting behaviour change should be assessed to understand the extent to which new initiatives are embedded into services or whether they are being used as intended by the target audience. In addition, as local demographics, behaviours and health systems change over time – either as a result of an improvement in self-care behaviours or due to other external factors – long-term monitoring will allow services to adapt tools accordingly to meet future demand or to uncover new areas that may require additional intervention

# Case studies

## Enhancing understanding of self-care among the public and NHS staff

Self-care medicines toolkit [Download](#) 

NHS Cheshire  
and Merseyside ICS



### Situation

With many members of the public booking appointments with GPs for conditions that they can self-care for, including through use of OTC medicines, Community Pharmacy Cheshire and Wirral (now falling within NHS Cheshire and Merseyside ICS) set out to:

1. Facilitate and support primary HCPs to encourage and recommend patients towards self-care advice and, where appropriate, OTC medications via pharmacies
2. Provide support for pharmacists to ensure members of the public are purchasing appropriate medications for their condition
3. Ensure patients are encouraged and supported to self-care for self-treatable conditions following a consultation with a primary care health professional

### Solution

To achieve these objectives, in 2019 Community Pharmacy Cheshire & Wirral worked with NHSE and external partners across local NHS Trusts and Clinical Commissioning Groups (CCGs) to develop a toolkit – in the form of an interactive PDF – to support HCPs to advise patients on how they can self-care for minor conditions. This comprehensive guide includes:

- Guidance for GPs
- Guidance for pharmacists
- Information on medicines with limited clinical effectiveness

- Information on self-limiting conditions (conditions that do not require treatment and will heal of their own accord)
- Information on self-care conditions (minor ailments that can be treated using OTC products)
- Links to supporting documents and materials

The toolkit was designed to be used in conjunction with national guidance on OTC prescribing aimed at reducing the prescribing of medicines for minor, self-limiting and self-treatable conditions.<sup>4</sup> As such, it aids HCPs in providing advice on how patients can self-care for their minor ailment in future and access the medicines they require through their local pharmacy without a prescription.

### Outcomes

The toolkit is available online for all HCPs to access. To date, no data has been made available on the use and impact of the toolkit, however, with 349 GP practices and 559 pharmacies within NHS Cheshire and Merseyside ICS, the potential reach and impact is likely significant.

### Challenges in implementation

A significant challenge that an initiative such as this would have had to overcome is its integration into clinical practice. With clinicians and pharmacists already having resources available to enable them to make informed decisions on patient treatment and advice, encouraging them to utilise the toolkit may have been a slow process.

# Case studies

## Key takeaways

With few tools designed for the use of HCPs specifically on self-care, there are two key learnings that ICSs should consider in conducting future projects of this type:

- **Focus on user experience:** The toolkit has been well-designed to be easy to navigate and use by HCPs – both as a resource for finding general information, and for use during consultations with patients. While engagement with HCPs on how to use the toolkit may have contributed to a higher uptake, by optimising for user experience, the developers ensured the toolkit could be used without the need for training, with updates only required when clinical advice or information on use of medicines changes
- **Developing tools appropriate for multiple audiences:** While the development team could have produced separate guides for GPs, pharmacists and other primary care professionals, developing a single tool with all information collated into a single resource helped to remind HCPs of the role of different services across primary care, and allowed them to deliver a uniform message, encouraging patients to get the right care in the right place, including self-care. Allowing a tool to be used by multiple audiences also helps to reduce development costs and long-term costs associated with ensuring information provided is up to date.



# Case studies

## Empowering people to self-care

### CATCH (Common Approach to Children's Health) App [View online](#)

NHS Cheshire  
and Merseyside ICS



#### Situation

In Cheshire, the number of children aged 0-5 being taken to emergency departments in the area was significantly above the national average, placing substantial pressure on local services. In most cases, all that is required is basic advice and information for their parents to self-care for them at home – however, in order to provide this, staff resources were being diverted from more urgent cases and care needs.

To address this issue, in 2015/16 the local CCGs set out to:

1. Provide parents with greater confidence to know when their child required medical treatment or when self-care would be more appropriate
2. Deliver a personalised service, allowing parents to receive health information and reminders that are relevant to their child's age
3. Reduce unnecessary attendance at emergency departments for minor and self-treatable conditions

#### Solution

The local council and CCGs in Cheshire developed the CATCH (Common Approach to Children's Health) App. The app encourages learning and behavioural change to support parents of young children by providing NHS-approved health advice, including:

- Personalised timely notification on key dates (such as childhood immunisations)
- An interactive map of local health services across Cheshire

- Features to allow parents to contact NHS 999 or 111 services should their child encounter serious and urgent medical issues

To ensure the accuracy of information provided through or linked to by the app, information is strictly governed to ensure articles are up to date. To ensure the app provides the most useful information and support where it is needed, developers receive monthly updates on new and returning users to the app as well as data on what services and information parents are most frequently accessing. This also allows them to target future updates in specific areas to optimise it for service users, and potentially inform local systems about the issues parents are most commonly facing to improve broader support in these areas.

**A number of marketing tools were utilised to reach the target audience, including:**

- **Social media:** as a large proportion of parents with young children are in their 20's or 30's who are more likely to frequently use online platforms and be more active on social media
- **Traditional marketing materials:** including leaflets and adverts
- **Engaging with HCPs working in primary care:** including in emergency care, to enable them to directly promote use of the app to parents who took their child to the department for minor and self-treatable conditions



# Case studies

## Outcomes

Following the launch of the app, a survey of users in Cheshire East found that:<sup>5</sup>

**47%** had chosen self-care instead of attending A&E since downloading the app

**91%** said they'd recommend CATCH to a relative or friend

During the winter following the introduction of the app in 2016/17, the number of children aged 0-5 discharged from A&E with advice for parents to self-care at home reduced by 22% compared to the previous year, indicating a greater awareness of self-limiting and self-treatable conditions among parents in the area.

As of June 2024, the app has 798 registered users across Cheshire and in this month alone recorded over 2,700 sessions. Among these sessions, the most frequently visited pages included those with information on:

- Childhood vaccination
- Helping children to sleep
- Soothing crying babies
- Post-pregnancy issues

## Challenges in implementation

The key challenge for implementation was uptake, including around:

- **Communication of the benefits in primary care:** While a variety of avenues of communication were used to engage with primary care services and promote use of the app – including bulletins, leaflets, posters and attending meetings with primary care professional – it was and continues to be difficult to ensure it is promoted at every opportunity
- **Local competition:** Uptake of the app was impacted by the existence of a similar app developed by another local service. It was argued that this also may have led to confusion for parents on the need for multiple apps and the benefits of each

## Key takeaways

Through the development and promotion of the app for parents in Cheshire, lessons that should be applied to similar projects include:

- **Utilising social media:** Social media was a key tool for engaging with parents and promoting use of the app, given the age demographic of the target audience (young parents). Other services and solutions targeted at this demographic should utilise social media strategies to drive awareness and uptake
- **Gaining support from HCPs:** Working with and educating HCPs – such as those working in GP surgeries and emergency departments – on the benefits of a tool or service to patients and local services and how they can help to increase uptake through opportunistic in-person recommendations during consultations. GP practices and emergency departments can also provide support through leaflets and posters in their buildings and waiting rooms
- **Avoiding duplication:** ICSs looking to launch similar projects should undertake thorough local 'market research' to ensure no other similar products or tools already exist in the area to avoid confusion among the patient population around the tools they should be engaging with. Alternatively, ICSs could seek to improve or redesign existing apps to deliver improved functionality and features, benefiting existing users and new users, and avoiding the need to re-market or promote a new service



# Case studies

## Empowering people to self-care

### ORCHA Dorset App Formulary [View online](#)

NHS Dorset ICS



#### Situation

In 2020, Dorset ICS established an ambition to support their local population of 750,000 to lead healthier, fulfilling lives supported by sustainable health and care services.<sup>6</sup> However, with the local area facing significant workforce gaps across all services and with an increasing proportion of long-term conditions due to an ageing local population,<sup>7</sup> to realise this ambition the ICS needed an approach to improving public health that did not impact on already stretched services.

Additionally, with the onset of the COVID-19 pandemic in March 2020, services would have faced a fundamental challenge to their operations. For example, how to ensure their local population lead healthy lives, while minimising the need for contact with primary care services for self-treatable and non-urgent conditions.

Understanding the value and importance of digital health and self-care tools in overcoming barriers to the health and social care system and in giving patients greater agency over their health, the ICS aimed to:

1. Support the public to protect and have greater agency over their health and wellbeing
2. Ensure the sustainability of health and care services for their population
3. Address the lack of digital support available to their local population

#### Solution

Being mindful of the difficulties in raising awareness and encouraging uptake of new digital health tools, Dorset ICS wanted to provide its population with a single platform – accessible to patients and the NHS workforce.

The ICS commissioned ORCHA (The Organisation for the Review of Care and Health Apps) – who develop libraries of trusted and accredited digital health apps that are routinely assessed – to develop a formulary of digital health tools for priority conditions, and to build a bespoke health app library. The library lists and helps user to search for apps that they can use to help them self-care, manage or monitor a wide range of conditions, from cancer to minor ailments. This was designed with the dual purpose of enabling HCPs to recommend safe and accredited health apps to patients to help manage their condition(s), and to help the public to independently find apps that provide accurate and reliable information.

To encourage the use of the app library, sessions were held with HCPs to demonstrate how to use the service and empower them to signpost and, where commissioned, prescribe digital health tools. The programme mitigated risk and assured clinical teams they are recommending safe apps to enable accelerated access to services from home.

# Case studies

## Outcomes

From the launch of the health app formulary in mid-2020 to the end of July 2021:<sup>7</sup>

- **37,205** pages were viewed on the site (approximately 5,500 page views per month)
- Social prescribers began to **actively recommend apps** to patients
- Approximately 2,283 apps were recommended, with **56% of users downloading apps**

In addition, following the success of the formulary, six other ICSs across England have worked with ORCHA to develop their own tailored health app libraries, enabling a total of 5.6 million people to have access to recommended health apps.<sup>7</sup>

## Challenges in implementation

As with all new services designed for use by the public, a key challenge Dorset ICS needed to overcome to drive uptake of the library was raising of awareness of the tool among both HCPs and the public. With marketing of the library limited to advertisements on local NHS websites, leaflets, posters and NHS social media, increasing awareness of the tool would have been challenging among those who do not regularly visit these sites or locations where NHS-led marketing materials can be found.

Throughout the COVID-19 pandemic, limitations on access to in-person consultations with HCPs may also have presented a challenge to encouraging use of the library. With word-of-mouth and direct referral from HCPs being the primary means of advertising the service, the pandemic would have limited opportunities to engage with patients and demonstrate how and when to use it.

## Key takeaways

With public-private partnerships within the health system becoming more common, there are several key learnings which should be considered in order to achieve an optimal outcome for both ICSs and patients:

- **Working with trusted and accredited external organisations:** While ICSs can use internal teams to build and develop new tools, utilising existing providers experienced in working with services to develop tailored products and tools to suit the needs of local populations can be a more cost-effective means of delivering on objectives. Also, utilising services which continually monitor and provide accreditation for health apps, and which frequently update information provided to patients means ICSs do not need to conduct this complex and resource intensive process themselves
- **Enabling and facilitating choice:** Providing local populations with a library of health apps empowers patients to find and use accredited and trustworthy tools tailored to their specific needs. This could be more effective than an ICS developing a single app that seeks to provide the full range of services at a superficial level
- **Driving user awareness:** For new tools or services, it is vital to incorporate a broad range of marketing activities and strategies into implementation plans. These should include the use of social media advertising, physical advertising through leaflets and posters, and encouraging recommendations to use the tool through in-person interactions with HCPs and NHS staff

# Case studies

## Tackling digital inequalities

### Digital Health and Care small grants programme

[View online](#) 

NHS Sussex ICS



#### Situation

As NHS England continues to incorporate digital technologies and solutions into care pathways and their approach to public health as part of its digital transformation, the public is being increasingly encouraged to use their devices (such as phones and computers) as a front door to health information and advice. However, the move to digital solutions can contribute to health inequalities through digital exclusion.

In 2021, a study of digital exclusion found that 17% of individuals (289,000 people) in the South East of England were digitally excluded or had low digital skills, and therefore unable to access or use digital products including those for health and care.<sup>8</sup>

Groups that were of particular risk of digital exclusion included:

- Older populations
- People in lower income groups
- People without a job
- People in social housing
- Homeless people
- People with lower educational achievement
- People living in rural areas
- People who are disabled
- People whose first language is not English
- Gypsy, Roma and traveller communities

Wanting to improve access to and uptake of digital health tools for their local population, Sussex ICB set about developing a Digital Inclusion project to:

1. Understand the extent of digital skills support provision and areas of highest digital exclusion in Sussex
2. Work with local organisations to support the delivery of digital skills training, access and support to digitally excluded patients
3. Promote the NHS App to the general population to encourage uptake of this existing resource

#### Solution

Following consultation and engagement from the ICS Primary Care Digital First Programme team with 80 local voluntary and community sector stakeholders, it was agreed that no single project organised and operated by the ICB would achieve success across each excluded community. Instead, it was agreed that a small grants programme, with funding made available to local organisations engaged with specific digitally excluded communities who wished to undertake projects that would improve awareness and understanding of NHS digital tools – including the NHS App and NHS 111 – would be the best way to ensure a tailored approach.

Organisations were asked to submit applications and project plans costing up to £20,000 to support their digitally excluded client base to access digital healthcare pathways and increase their digital skills and confidence. The programme received 24 submissions with ten organisations selected and awarded grants to conduct their proposed projects. Funding was utilised from the Primary Care service development fund.

From August 2022 to March 2023, the ICB worked with the selected organisations to monitor the progress and impact of their projects in improving digital awareness and literacy and supporting digitally excluded people.

# Case studies

## Outcomes

The programme was found to be successful in meeting its aims to reduce digital exclusion and improve uptake and comprehension of digital tools. Nine months on from the launch of the grant, funded projects achieved the following results:

**549** people were supported to download, register with and use the NHS App across the participating organisations

**301** people were supported to use online consultations

**465** people were supported to use NHS 111 Online

**1,062** have received digital skills training

**984** were provided with access to a digital device

**1,973** people, in total, were supported by projects funded through the grant

With set-up costs presenting the initial hurdle to many of these project's introduction, the grant enabled them to establish themselves within the community and they are now able to continue their work without ongoing funding from the ICB.

## Challenges in implementation

While the grants programme was successful in achieving its aims, it is also important to note the challenges they and grant recipients encountered which had an impact on the successes and implementation of the selected projects:

- **Funding timeframe:** With some projects taking a few months to implement their support within their target community, the seven-month funding timeframe was found to be too short to realise the benefits of some of the digital inclusion projects. Providing grants for a longer period – for example, one to two years – would allow projects to become fully operational and possibly more self-sufficient to enable them to continue running past the expiration of grant funding
- **Marketing:** Those overseeing the grant programme noted issues in marketing and raising awareness of new projects among local communities, meaning they were unable to achieve their full potential within the funding timeframe. If addressed in advance, utilising the full network of organisations involved in the programme, projects could have been marketed more effectively, enabling them to reach more digitally excluded individuals faster
- **Funding delivery:** Grants to successful applicants were delivered in a single lump sum by the ICB, meaning once paid ICBs had little influence over the long-term implementation or organisation of projects to ensure they achieved maximum impact. Providing the grant in instalments could incentivise providers to deliver against their promised objectives

# Case studies

## Key takeaways

While not all ICSs will have the financial resource to deliver a grant programme of this size, several aspects and key principles of the programme could be adapted to improve the efficacy of similar or smaller projects aimed at digitally excluded communities to encourage and support them to self-care. In doing so, ICSs should consider:

- **Utilising external and community expertise and connections:** While ICSs can provide services tailored to their local population, engaging with marginalised, vulnerable communities can be a challenge. Leveraging existing relationships developed with community groups via Integrated Care Boards is an effective way of achieving this
- **Long-term tracking of implementation, feedback and outcomes:** By mapping outcome metrics over time project managers can gauge the efficacy of a project and assess if changes can be made, in either marketing or the project itself, to improve uptake. Tracking data and feedback over a long period can also serve to inform future projects on potential challenges within communities that they may encounter in future and how best to mitigate and overcome these





## About PAGB

PAGB, the consumer healthcare association, represents the manufacturers of branded over-the-counter (OTC) medicines, self-care medical devices and food supplements in the UK that empower people to self-care, allowing them to treat their self-treatable conditions and minor ailments appropriately and effectively.

### Making the case for self-care

#### Blueprint for a national strategy on self-care:

In 2021, PAGB worked in coalition with professional organisations, trade associations and charities to produce a blueprint for a national self-care strategy, outlining nine recommendations to improve the UK's approach to supporting and encouraging self-care

[View full report](#) 

#### Economic value of the OTC sector:


Commissioned by PAGB, and conducted independently by Frontier Economics, this 2023 report highlights the value of encouraging people to widen the scope of how they self-care and the value to the NHS and wider economy of supporting people to self-care

[View full report](#) 



#### Self-care Census 2024:

Since 2020, PAGB has conducted an annual survey to uncover the trends in consumers' attitudes towards self-care and how they access health services. Our 2024 survey makes the case for prioritising self-care and identifies the benefits it can provide to the NHS and the public

[View full report](#) 

### The future of self-care

Working with Government, the NHS, industry and the wider stakeholder community, PAGB looks forward to continuing our work to encourage and support self-care in the UK at both a national and local level. Through learning from and sharing examples of best practice, we are committed delivering new tools to support HCPs and the public to self-care.

We welcome engagement from local and regional services across the country on how they are supporting and encouraging self-care for minor and self-treatable conditions that could be translated to other regions or to a national programme. If you would be interested in sharing your work or collaborating in future to raise awareness of your work, please get in touch at: [publicaffairs@pagb.co.uk](mailto:publicaffairs@pagb.co.uk).

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