

DEEP END SUMMARY 25

Strengthening primary care partnership responses to the welfare reforms

A meeting was held on 22 May 2014 involving general practitioners and other organisations, services, advice centres and groups in Glasgow, providing information, advice and support for people receiving or applying for welfare benefits. The main focus of this report is on how improved joint working with general practice could help welfare benefit applicants, recipients and appellants in Glasgow. It is not the purpose of the report to review other financial inclusion activities.

- The Glasgow population is set to lose £259 million per annum as a result of ongoing changes to the welfare benefit system, the largest of any Scottish city and second only to Birmingham in the UK.
- The changes have caused much hardship, uncertainty and anxiety. More changes are in the pipeline.
- The Financial Inclusion Contract is a partnership between Glasgow City Council, NHS Greater Glasgow and Clyde and the Glasgow Housing Association, with combined annual funding of £4.3 million for the support of core advice agencies in the city.
- Services are contracted at three levels, providing information (Type 1 workers), general advice (Type 2 workers) and specialist advice (Type 3 workers), via a range of community-based and central locations.
- The Glasgow Advice and Information Network (GAIN) is a network of over 200 third sector and public sector organisations involved in financial inclusion. Less than 10% of referrals to GAIN advice services come from the NHS sources.
- General practices have regular contact with most patients. Routine and urgent contacts with GPs, practice nurses and receptionists can be used to signpost patients to advice centres. Many patients, especially those with mental health problems, including addictions, require additional help and support.
- General practitioners are often asked to provide supporting medical information for benefit applications and appeals, but are not necessarily well informed about changes to the benefits system or the availability of support services.
- Welfare Rights Officers need help from GPs in representing their clients, but GPs are busy, especially in very deprived areas, as a result of the inverse care law (which provides a flat distribution of the GP workforce in Scotland, irrespective of deprivation).
- Although benefit problems are concentrated in practices serving very deprived areas, no additional resources are provided to address the additional workload.
- There is very little slack in general practices serving very deprived areas. Initiatives need to be “time-neutral”, or work saving. Work-generating initiatives are unlikely to be taken up.
- The role of general practice teams includes recognising patients with financial problems, signposting patients to advice centres, referring patients to advice centres and (via link workers) providing support for patients to access advice centres.
- Current referral data show that there is huge potential for general practices to increase their referrals to GAIN services.
- Many local systems for benefits advice and support (including general practices) consist of poorly connected parts, with little sense of joint ownership or shared learning.
- Different advice agencies have had varying success in trying to work more closely with general practices and health centres. “What works” needs to be understood and applied more widely.

- General practices would welcome reliable information on local advice services and authoritative briefings on changes to the benefit system e.g. the new PIP arrangements, ESA appeals, the roll out of Universal Credit and welfare sanctions which can precipitate families into crisis.
- Audit of referrals to GAIN services can identify areas where the provision and uptake of information could be increased.
- Much can be done centrally in terms of standardised information, referral forms, letter templates and IT development.
- Local health fairs could help introduce potential local colleagues to each other.
- Practices could be briefed on imminent appeal hearings involving their patients, to improve the content, timing and focus of the information they provide.
- NHS badging of local systems could help to establish that financial advice and support is a legitimate health care activity.
- There is a need to learn from experience (positive and negative significant events), including the experience of professionals and of services users, both to improve local systems and to inform lobbying at a higher level (e.g. via the Glasgow Poverty Leadership Panel).
- Educational activities, based on practical knowledge and experience of the welfare benefits system should be developed for GP training and protected learning activities for practice teams.
- A programme of initiatives in these areas could lead to more effective joint working between general practices and other agencies concerned with the experiences and outcomes of Glaswegians engaging with the welfare benefit system.

“General Practitioners at the Deep End” work in 100 general practices, serving the most socio-economically deprived populations in Scotland. The activities of the group are supported by the Scottish Government Health Department, the Royal College of General Practitioners, and General Practice and Primary Care at the University of Glasgow.

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Full report available at <http://www.gla.ac.uk/deepend>

