



## **Integrating money advice workers into primary care settings: an evaluation**

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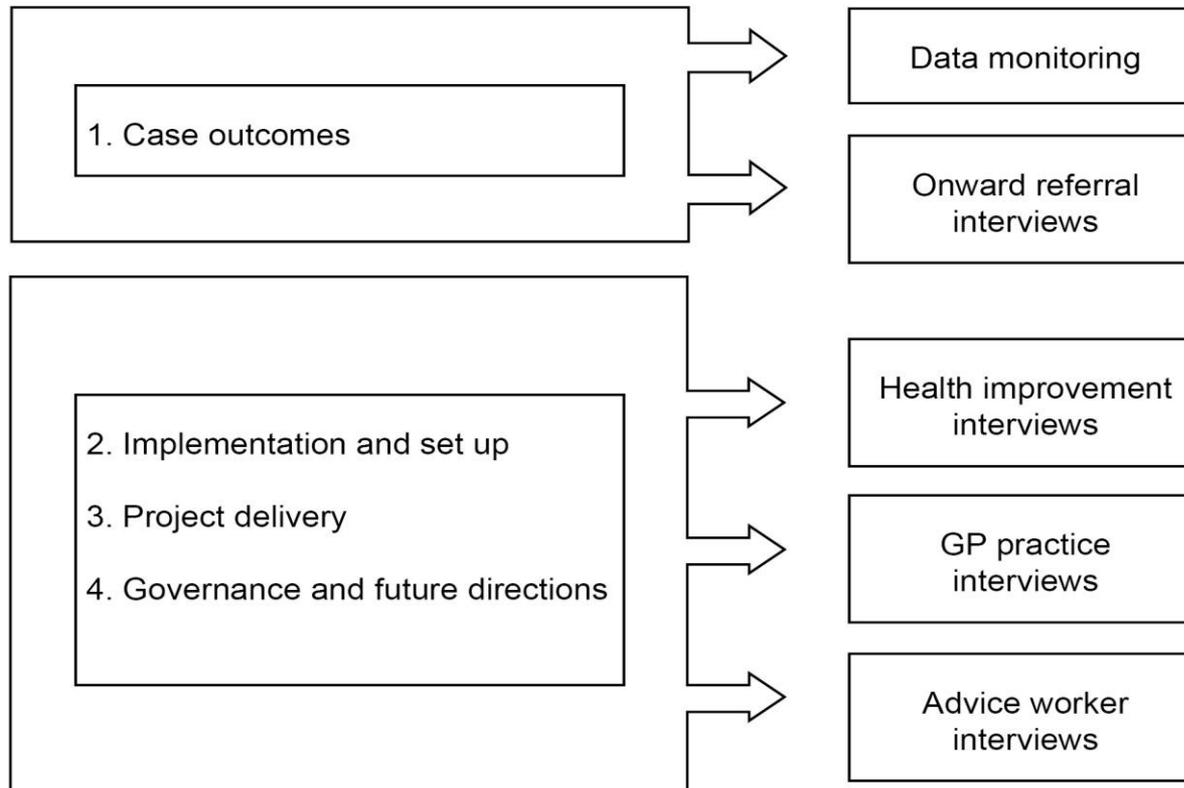
- **Some background**
- **Methods**
- **Money advice outcomes**
- **Views on aims, processes, future direction**
- **Some discussion points**
- **Conclusion**

# Advice in healthcare settings across northeast Glasgow

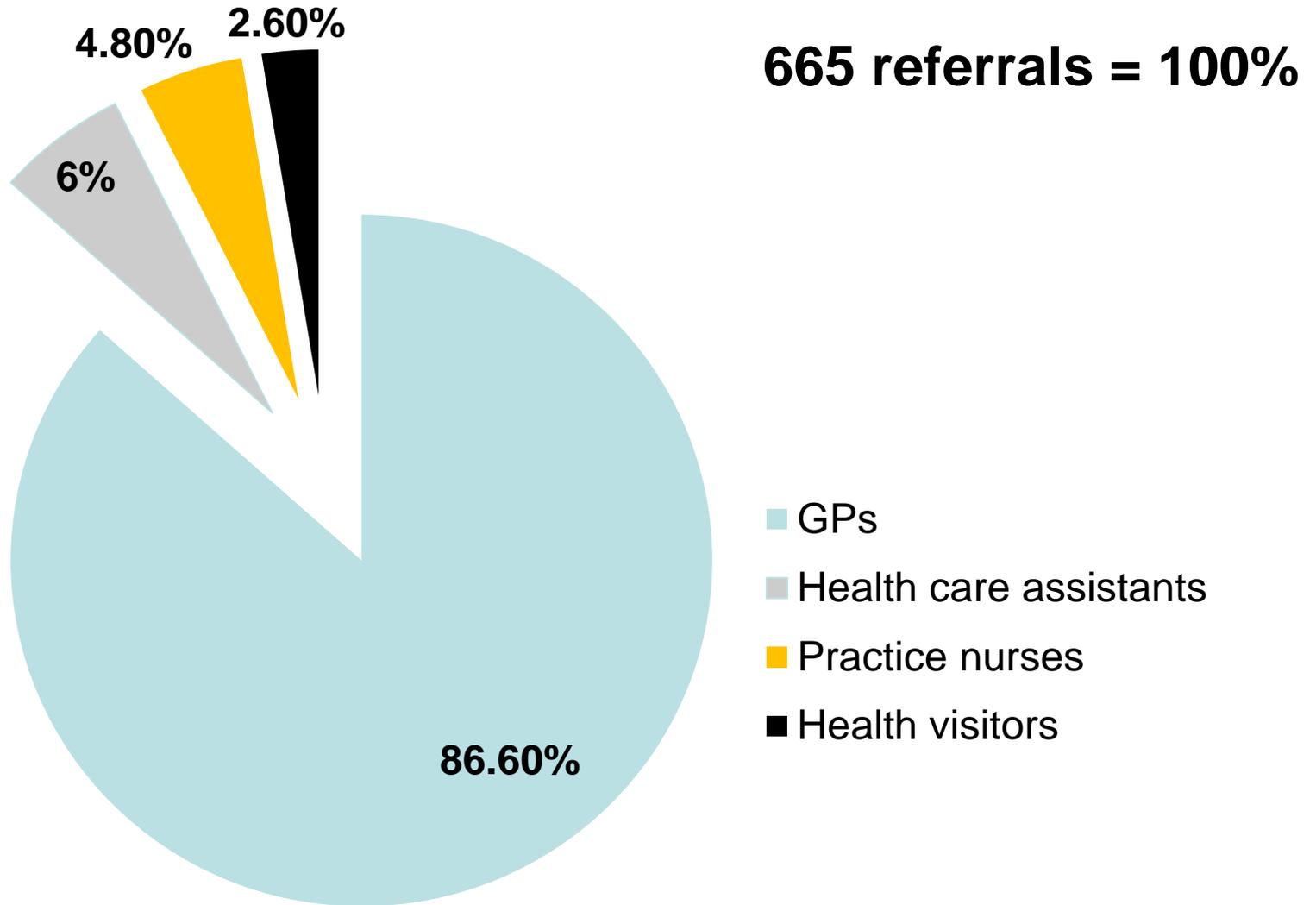
- Area profile: 25% claim out-of-work benefits; 26% report limiting disability
- Healthcare staff refer to advice services based in 7 health centres
- Test of change (Dec 15 - May 17) to embed advice worker in 2 GP practices
- Significant number on low income received important disability-related benefits
- Many seeking help reported no past contact with advice services
- 2017 - £78k\* to embed 3 advice staff in 9 Deep End GP practices
- Half day advice session, per practice, per week
- Practices serve 40,000 people with caseloads ranging from 3,000 to 6,500

# Methods

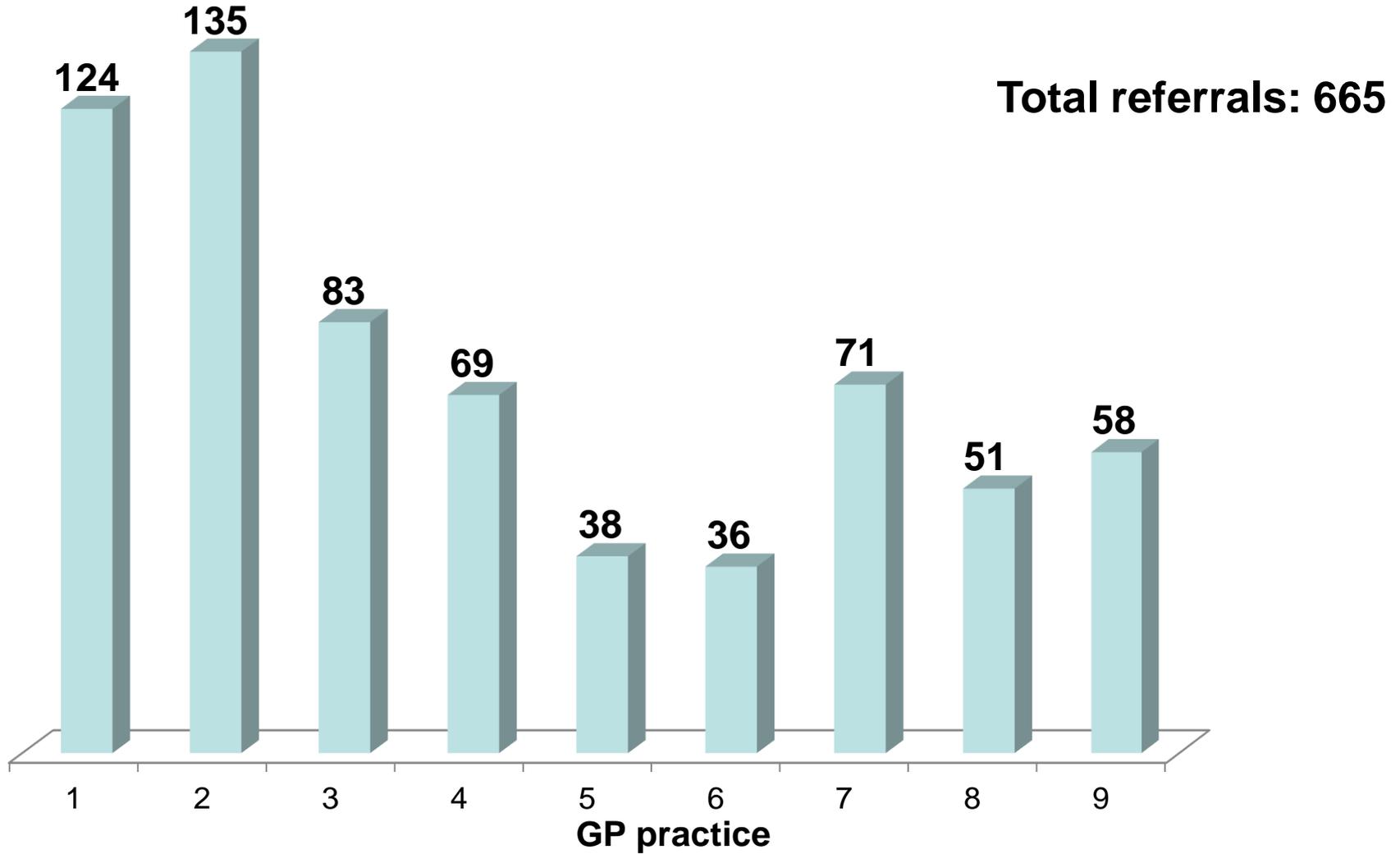
Data collected between April 2017 & March 2018



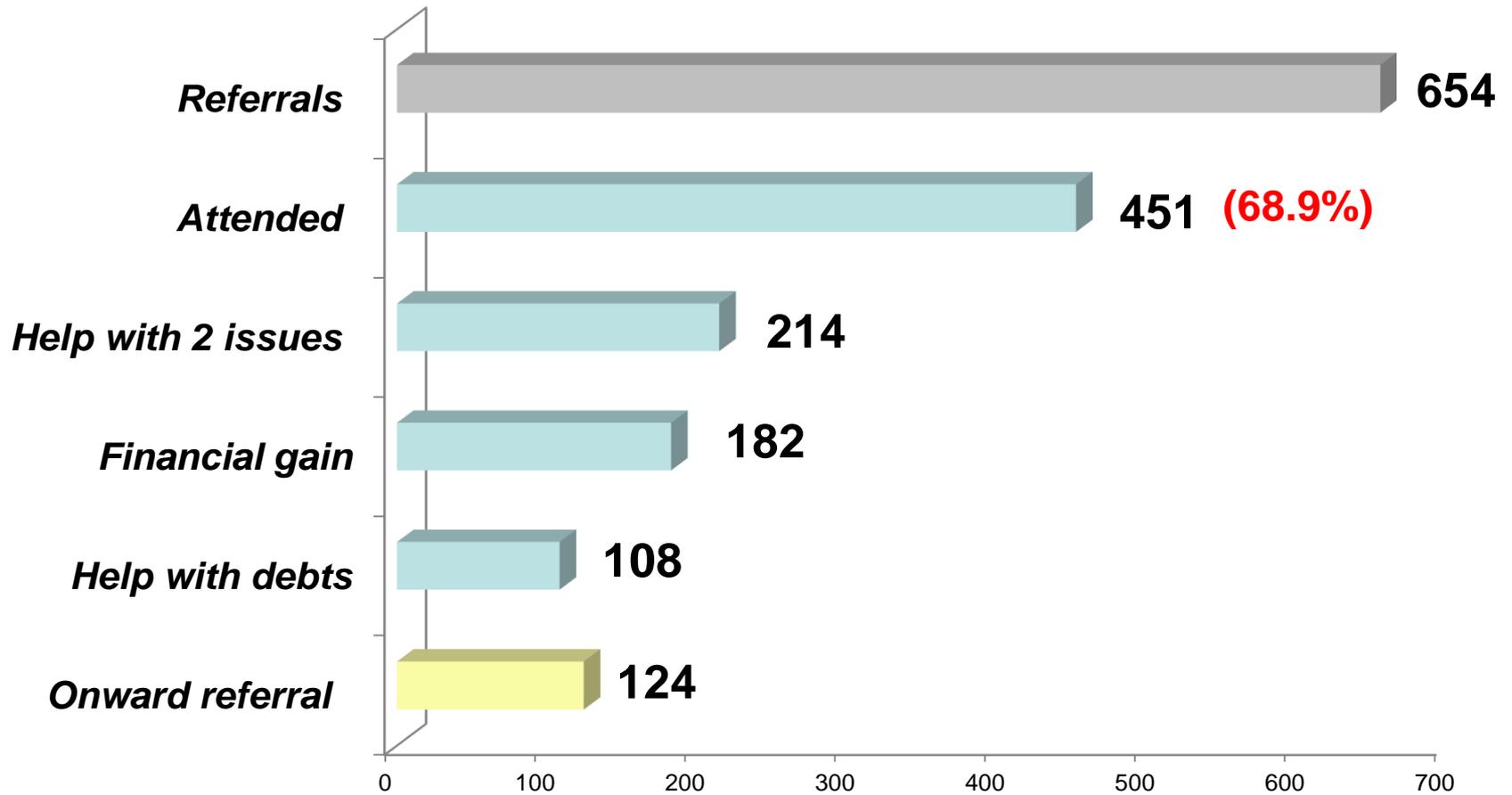
# Advice referrals by staff group



# Advice referrals across 9 GP practices



# Advice referrals, attendance and outcomes

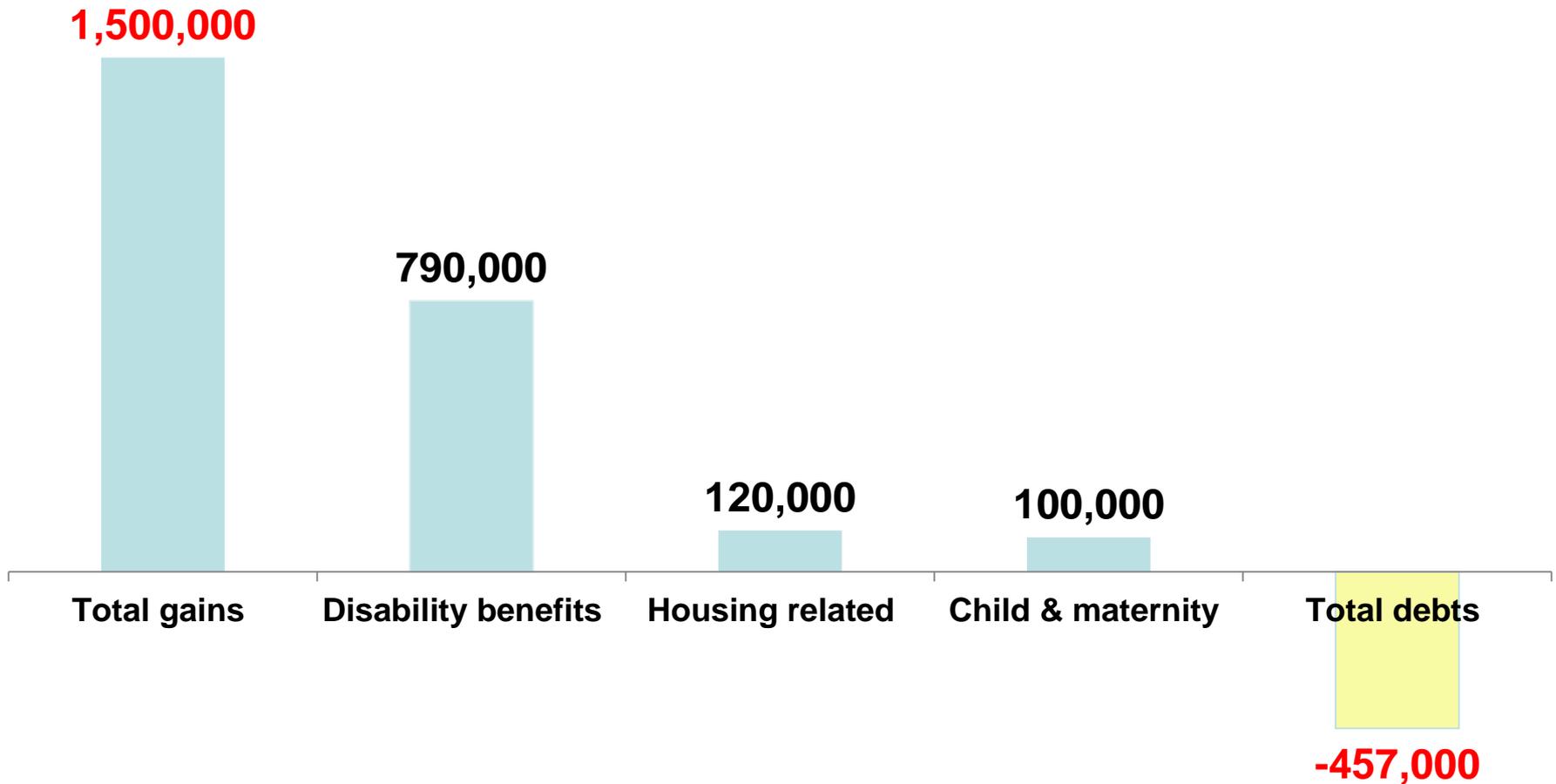


Onward referrals: homeless (32), housing (32), mental health (18), fuel poverty (14)

# Accessing advice

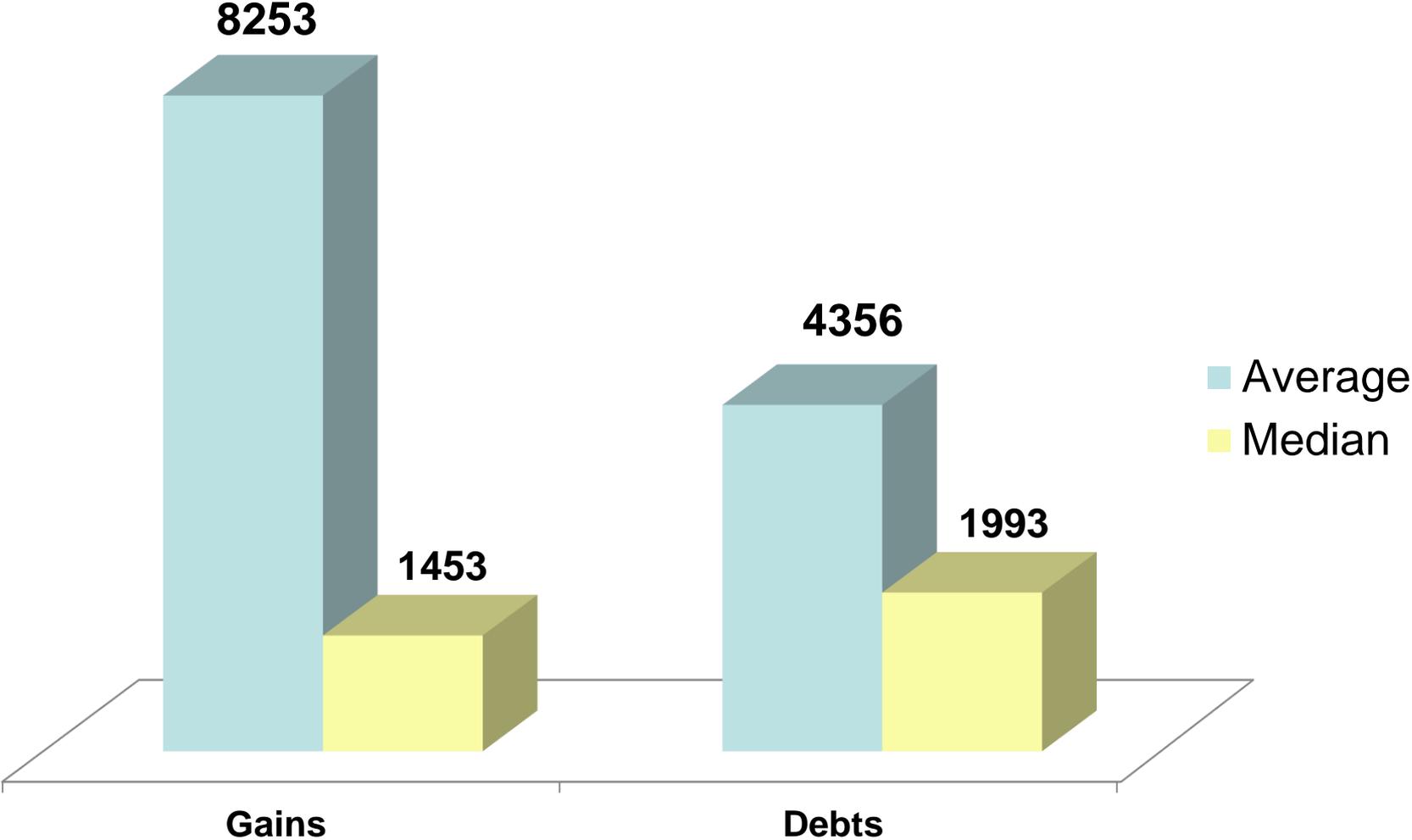
- Majority living below standard poverty measure (before housing costs) for single person
- 65% (n=422) of all advice referrals had yearly household income less than £10,000, dropping to 19% (n=123) with less than £6,000
- More likely to be single women, older, unfit for work, and living in social housing
- 1 in 5 had children
- When asked, two thirds had no contact with advice services in the past year\*

# Financial gains & managed debts (£)



3 main advice outcomes: benefit award, backdated payments, tackling fuel poverty

# Individual gains & debts (£)



# Views on aims and benefits

## Aims

- Practice staff - avoid increasing existing workloads
- Advice staff - being embedded & access to medical evidence
- Health improvement - increase referrals & test if approach could be scaled up

## Benefits

- Practice staff - people value appointments; not paying travel costs; positive impacts on mental health & financial gains; some staff reported easing workload
- Advice staff saw practice as a trusted hub that reduced stigma, promoted uptake, encouraged more openness about money worries

# Embedding the project

## Promoting factors

- Practice staff - direct referral to embedded workers; not much emphasis on working r/ships
- Advice staff - valued closer r/ships but 'friendliness levels' not always reflected in advice data
- Health improvement staff – advice becoming part of the *practice menu of services*

## Hindering factors

- Some practices recognised project not fully embedded but signs e.g. return advice clients which was evident from money advice referral data
- Advice staff reported limited working relationships/communication & some practice staff not being aware of the project

***NB: This approach was strongly favoured over health centre model***

# Access to medical evidence

- Advice staff based in health centres had **no direct** access to medical evidence
- Advice staff in 9 practices **had direct** access, after consent
- The changes supported advice staff when preparing welfare applications, reports & letters for benefits reviews/appeals.
- Three categories of access identified:
  - 1. Full access to individuals' records but 'read-only'**
  - 2. Intermediate access to basic information & summaries**
  - 3. Basic access via staff (face to face; staff printing summaries)**
- Differing views on what access meant between advice & practice staff & 9 practices

# Some benefits and concerns

## Benefits of direct access

- Clarify diagnosis, medication, treatment with advice clients when preparing advice cases
- Increase better understanding of advice clients' wider social situations
- Offer more effective advice e.g. avoid stressful benefit appeals
- Reduce need for advice staff to ask GP for further clarification

## Some concerns...

- Re-emerging anxieties led to some practices reducing advice workers' access
- Need for clearer position across all practices i.e. governance, confidentiality, non-NHS employees, new data protection

# Letters of support for advice cases

- Some practices introduced a disclaimer to medical letters of support
- Disclaimer stated that the letter was produced **by the** advice agency (not the GP) but **endorsed by** the practice
- Change not consistently applied - 2 practices did not add the disclaimer
- Some appeal tribunals would not accept disclaimer letters. Viewed as conflict of interest if produced by advice agency representing someone at tribunal

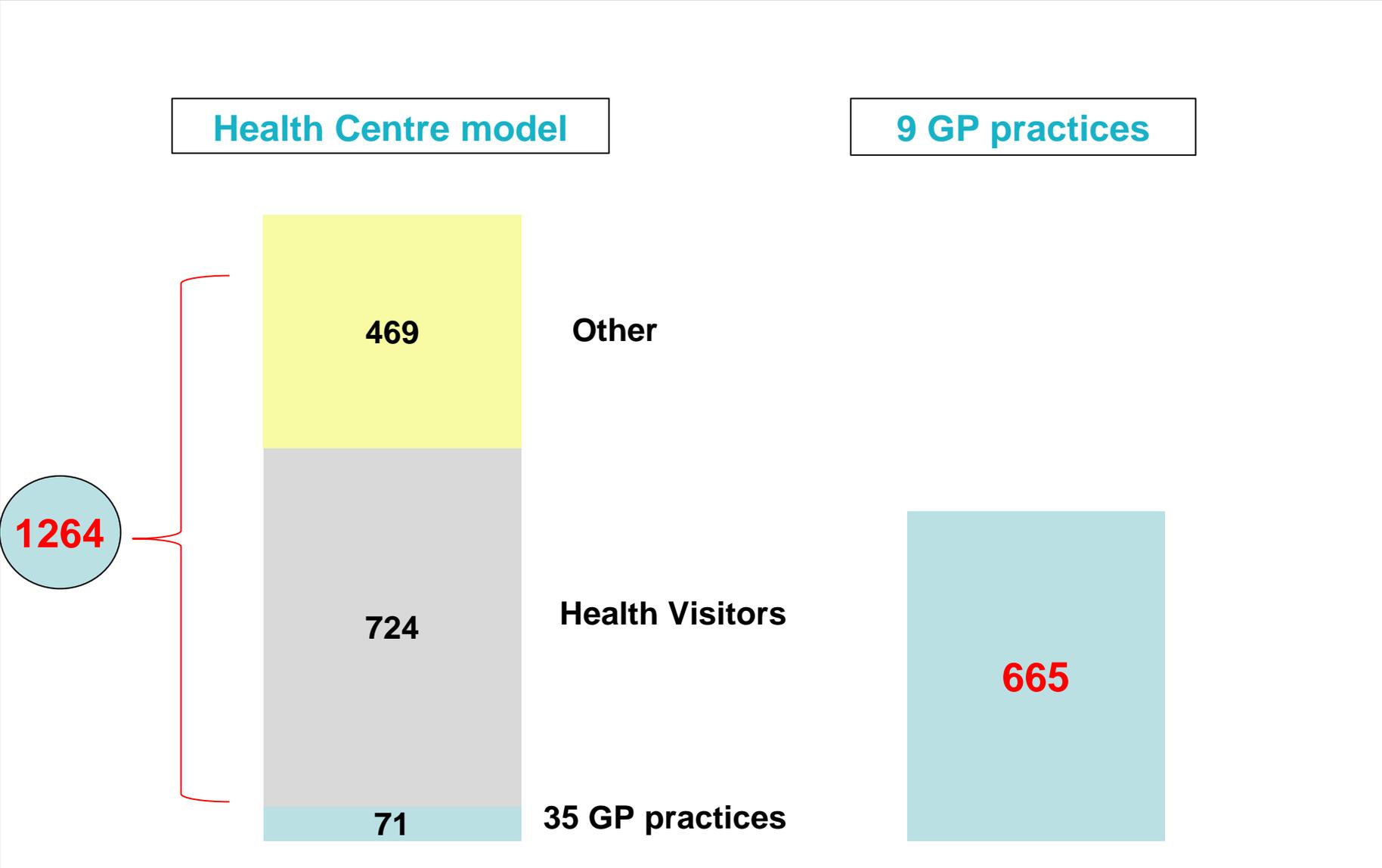
# Views on future direction

- Allow all practice staff to make referrals & directly book advice appointments
- Provide practices with more regular feedback on advice outcomes
- Allocate advice sessions to recognise practice sizes (3,000 - 6,500)
- Take advantage of the practice as a “trusted hub”
- Maximise opportunities e.g. GPs engaging with child poverty & practice nurses undertaking chronic disease management with working-age adults

# Some discussion points

- Median debt (£1,993) equivalent to 1/5<sup>th</sup> of household income for those on less than £10,000 (poverty measure for single person)
- Strong links between debts & mental health, addictions & suicide, all of which disproportionately impact on city's 80 Deep End practices
- How many attending city's GP practices (146) could benefit from having household income boosted, debts tackled, offered other support?
- £25 return for every £1 invested into project - conservative estimate

# Comparing advice referrals over 12 months



# Scope for scaling up?

- 146 GP practices in Glasgow
- £982k could provide ½ day advice session, per week, per practice
- Estimated to achieve 14,400 referrals, annually

## But some considerations...

- Health & Social Care Partnership budget pressures
- Accommodation pressures: 35 community link workers in Glasgow (2019/20)
- Cluster groups in early stages of development - other priorities
- Medical evidence & producing letters of support – need for consistency

# Could other partnerships be strengthened?

Social housing tenants likely to have access to in-house advice services, yet...

- 4 out of 10 advice referrals social housing tenants
- £120,000 gains were housing-related
- Rent & council tax arrears - important features of debt
- More than third of onward referrals – homeless & housing

CAB report: housing arrears growing concern; likely to increase with Universal Credit

- **How can people access timely support whether advice is offered in GP practices, housing associations or local high street?**

# Conclusion

- Difficult landscape with low income households relying on larger % of income from social security than earnings (total welfare budget decreasing)
- Integrate all advice referral pathways - GP practices & health centres?
- Create new referral routes (e.g. practice nurses & district nurses) across the life course to help tackle GP workload and poverty & inequalities?
- Share learning with local advice commissioners (health, housing, council), Community Link Workers roll out & Scottish Social Security Agency?