

CLAHRC BITE

Brokering Innovation Through Evidence

Co-located welfare advice in GP surgeries: part I June 2018

Co-location of welfare advice services can help to reduce pressures on GP surgeries providing social support to patients. However, co-location alone is not enough to deliver positive outcomes—more needs to be done.

A qualitative study to identify the processes by which co-located services can improve outcomes for GP practices

Background

GPs often encounter patients asking for advice on 'non-clinical or social issues during consultations e.g. benefits, advice etc.



This is one of the many pressures on GP services, and there is evidence to suggest that this pressure has been growing recently in the wake of increasing financial hardships and changes to welfare support. Additionally, this trend appears to be stronger in areas with higher levels of social deprivation, leading to further pressure on GP surgeries and staff.

Co-located Welfare Services

Welfare advice services have been set up in GP surgeries in some areas. They can be in the form of drop-in clinics, bookable sessions, or referred appointments. In some surgeries the service may be available for anyone; in others it is only available for those registered at the GP. Advice is offered on a range of issues, mainly around access to health-related welfare benefits and debts.

Key Findings

Co-location of welfare services has many benefits to patients including:

1. Offering a signposting option for staff in contact with patients with 'non-clinical' social needs.
2. Helping to address underlying patient social issues.
3. Providing an alternative option for patients seeking help for such issues.
4. Reducing bureaucratic pressures and time demands on practice staff.

THESE BENEFITS WILL NOT BE ACCRUED IF CO-LOCATION IS LIMITED TO A PHYSICAL SHARING OF SPACE

Benefits to practices may be promoted through:

- Regular and frequent promotion of service availability and scope, among both patients and staff.
- Opportunities for feedback on service activity and outcomes.
- Proactive support from funders and practice managers.
- Sufficient time to bed-in.
- Offering advice on a range of issues responsive to local need.
- Enabling self- and referral by other practice and health professionals.
- Offering a number of booked appointments.

Aims of the study

- To understand how social issues are brought to practices and what impact this has.
- To develop a theory for **how** co-locating services can support practices; and,
- To identify contextual, behavioural and implementation factors affecting practice related outcomes.

The study focused on two practice outcomes of interest:

- Fewer GP consultations linked to ‘non-clinical’ issues.
- Less practice staff time spent on ‘non-clinical’ issues (e.g. form-filling) .

What we did

CLAHRC researchers conducted 22 interviews in two UK urban areas with 24 interviewees, including GPs, practice managers, receptionists, advisors and funders. Practice staff interviewed were recruited both from surgeries with co-located welfare advice services and a ‘comparison’ group from surgeries without the welfare advice service.

All interview recordings were analysed to identify similar themes in the responses. A programme-level theory was developed to describe how services support practice work, and under what circumstances.

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Implications for Policy and Practice

- Prevailing socio-cultural factors maintain the perception among patients and other agencies that the GP is the ‘go-to-location’ for support with many social needs.
- Maintaining in-house or close links to welfare advisers with socio-legal expertise can enable practices to better support patients with issues such as benefits, debts and housing.
- GPs and practice staff have to retain a large number of, often transient, services in mind and may have poor awareness, even of in-house services. Continuity is important and allowing sufficient time for services to bed-in.
- Co-location alone is insufficient to enable the mechanisms through which advice services can support practices, promoting service awareness is key.

What next?

- Work in other geographical areas to refine the underlying programme theory.
- Quantitative assessment of the impact on practice staff time demands, job satisfaction and confidence in supporting patients with social issues.
- Identifying best ways to link with new models of care, such as Multispecialty Community Providers.

References:

Co-located welfare advice in general practice: a realist qualitative study
Woodhead C, Collins H, Lomas R, Raine R. Health Soc Care Community. 2017;00:1–11.
Read the full paper here: <https://doi.org/10.1111/hsc.12453>

A Very General Practice: How much time do GPs spend on issues other than health?

Caper K, Plunkett J. Citizens Advice. 2015; May. <http://bit.ly/2bSr1iK>

GPs increasingly have to tackle patients’ debt and housing problems.

Iacobucci, G. BMJ 2014; 349 :g4301. [doi: https://doi.org/10.1136/bmj.g4301](https://doi.org/10.1136/bmj.g4301)

Useful links:

This study was one part of a larger mixed-methods evaluation of co-located welfare advice services. Read more on the *Does locating welfare advice in GP surgeries improve health and reduce strain on the NHS?* project website:

http://clahrc-norththames.nihr.ac.uk/mental_health_theme/haringey-welfare-hubs/

CLAHRC North Thames Empowering mental health service users and families theme:

http://clahrc-norththames.nihr.ac.uk/mental_health_theme/