

# Primary Care Improvement Plans Specialist Link Workers (Welfare Rights Advice) in General Practice BRIEFING PAPER: February 2018

## Introduction

This briefing on specialist link workers (SLW) has been prepared by the Scottish Public Health Network, NHS Health Scotland and the Improvement Service. It has been produced for Health & Social Care Partnerships (HSCPs), GPs, NHS Boards and other key stakeholders involved in developing Primary Care Improvement Plans in response to the Memorandum of Understanding (MOU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards<sup>1</sup>. Link workers, whether specialist or generic, are both elements of non-clinical support that could legitimately be provided by HSCPs under the MOU requirement to provide 'community links workers'.

Primary Care Improvement Plans offer HSCPs the opportunity to provide SLW in general practice who can focus on meeting the social welfare and financial needs of patients and, when necessary, connect patients to sources of support in their community. This is a quality assured and regulated service developed over the last 25 years which is currently in place in approximately 50 general practices in Scotland.

SLW have been found to reduce pressure on general practice, for example an analysis of routinely collected medical record data for 148 patients found that, over a six month period, the service led to a reduction in GP consultations by an average of 0.63 per patient, therefore a total of 93 fewer appointments for the 148 patients; plus a reduction in the number of prescriptions issued for both antidepressants (22%) and hypnotics/anxiolytics (42%)<sup>i</sup>.

As evidenced later in this paper, SLW also provide value for money, deliver both integrated and person centred care, tackle health inequalities and improve health and well-being. By addressing people's financial problems, the service also has a positive impact on the ability of patients to make informed decisions about their healthcare, treatment and actions to improve their health and well-being. **This paper outlines the rationale for embedding SLW in general practice.**

## Impact of Austerity on General Practice

Increasingly GPs, in both urban and rural settings are involved with supporting patients with a variety of socio-economic issues independent of direct clinical work leading to an increase in general practice pressures<sup>ii</sup>. Two GP surveys<sup>iii iv</sup> found that the majority of GPs reported that patient's health, GP workload and demands on practice staff have been adversely affected by greater patient financial hardship and changes to welfare provision. These have been found to contribute to decreased time available for patient's clinical needs, as well as increased job stress and practice costs<sup>v</sup>. Requests for medical evidence to support welfare benefit applications,

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<sup>1</sup> <http://www.gov.scot/Topics/Health/Services/Primary-Care/GP-Contract/Memorandum-of-Understanding>

mandatory reconsiderations and appeals are on the increase<sup>vi</sup>, with GP's taking on average 75 minutes to complete a medical report<sup>vii</sup>.

### **Impact of Austerity on Health and Decision Making**

Social welfare problems are known to have a significant impact on physical health and mental wellbeing; this can occur both as direct consequences of the problem (such as poor living and working conditions), or through the many detrimental impacts of stress and poverty<sup>viii</sup>. Social welfare problems tend to cluster, therefore individuals can develop multiple problems in their lives; dealing with these problems not only has a damaging effect on health<sup>ix</sup> but also effects decision-making<sup>x</sup>.

People living in poverty make decisions focused on coping with present stressful circumstances, often at the expense of future goals. They often see themselves as less able to learn new skills and succeed at tasks. They are also less likely to perceive that their actions will affect how their lives turn out which has important consequences for health behaviours as the less people feel that their actions matter, the less likely they are to make choices aligned to achieving future goals. Therefore, early access to social welfare advice is essential in preventing a downward trajectory that can have a strong effect on health, decision making and health behaviours<sup>xi</sup>.

### **Specialist Link Workers (Welfare Rights Advice)**

SLW are employed and managed by the third sector or local authority advice services accredited under the Scottish National Standards for Information and Advice Providers<sup>xii</sup>, registered with, and regulated by, the Financial Conduct Authority and covered by professional indemnity insurance.

SLW provide specialist advice and casework on a range of social welfare and financial problems, including simple as well as more complex legal and other welfare issues, for example:

- Supporting people to navigate the social-welfare system, including access to health related benefits and appealing benefit decisions.
- Supporting people to manage their debts and advocating on their behalf with creditors.
- Advocating on people's behalf for suitable housing. This includes engaging with landlords to make housing repairs that improve health, such as treating mould or adding handrails; and, supporting people to make a case for access to social housing or for changing accommodation due to changes in health circumstances.
- Providing general advice on legal and practical needs arising from illness such as wills, powers of attorney

To date, those SLW that are fully integrated or embedded in general practice and / or general practice clusters have been found to be most effective because patients are seen in settings which are familiar, accessible, non-stigmatising and trusted, and where their specific health and social

care needs are understood. This model is currently being implemented in approximately 50 practices in Scotland, mainly in Lothian, Glasgow and Dundee. The SLW is available to the whole practice population no matter their health condition, age, gender or ethnicity. A key element of the model is the SLW having access to medical records, with appropriate consent. This allows the SLW to triangulate three sources of information regarding a patient's circumstances: the patients input in their appointment with the SLW; the patient's medical records; and the GPs assessment of a patient's circumstances. This in turn allows the SLW to better represent the patient as they have a more rounded understanding of the patient's circumstances.

Most practices host a SLW for one session (half a day a week) but this depends on the practice size, needs and demands. SLW undertake all follow up work within their own organisation. The cost of a full-time SLW is £30,000 which includes all on-costs and support costs. A full-time SLW could work across a cluster of four practices a week. Current funding for many SLW is insecure and short-term.

### **Specialist Link Workers (SLW) and Community Link Workers (CLW)**

Link workers, whether specialist or generic, are both elements of non-clinical support that could legitimately be provided by HSCPs under the MOU requirement to provide 'community links workers'. The roles of SLW and CLW have a number of similarities in that they are integrated or embedded in general practice, provide a non-clinical intervention and are usually employed by a local authority or third sector organisation.

But there are significant differences in their remits and responsibilities; CLW help people access appropriate services whereas SLW provide a specific service which is regulated and quality assured. SLW provide advice on all aspects of the social welfare system where the solution to the patient's problems is often defined by the law relating to it, for example social security law, housing law, diligence etc. Whereas CLW are generalists, enabling and supporting patients to access appropriate services which will help improve their health and well-being, based on the patient's own assessment of their needs. CLW will actively connect people to resources in their community to enable them to achieve their goals and become more self-resilient. Crucially, the two roles are complementary as only by stabilising the patient's financial situation, and reducing their anxiety and stress about their financial circumstances, will patients be in a position to make informed decisions about their assessment of need, improving their health and well-being, planning for the future and learning new skills.

### **Does the SLW role work?**

Over the last twenty five years a body of evidence has emerged illustrating the effectiveness of collaborative working between the advice sector and general practice:

- A quasi-experimental controlled study found that the service reduces the burden on general practice, reaches those individuals less able to self-manage and improves mental health and well-being<sup>xiii</sup>.

- An analysis of routinely collected medical record data for 148 patients found that the service, over a six month period, led to a reduction in GP consultations by an average of 0.63 per patient, therefore a total of 93 fewer appointments for the 148 patients; plus a reduction in the number of prescriptions issued for both antidepressants (22%) and hypnotics/anxiolytics (42%)<sup>xiv</sup>
- Using improvement science, the evaluation of the Deep End Advice Worker in Glasgow reported that 85% of patients had never previously attended an advice service, 68% had a mental health condition, 58% had a long term health condition, and the service connected about half of their patients to sources of support in their community<sup>xv</sup>.
- A Forecast Social Return on Investment (SROI) analysis on services in Edinburgh and Dundee concluded that every £1 invested generated around £39 of health, social and economic benefits<sup>xvi</sup>.
- Regular monitoring and reporting from SLW has shown that for every £1 invested around £15 of financial gain is generated from a mixture of increased income e.g. welfare benefits, income maximisation, rescheduled debts, one off payments or written off debts<sup>xvii</sup>.
- In addition to financial gain, a number of research studies report a range of direct and indirect outcomes for patients including; improved housing conditions, improved relationships, increased/improved sleep, gained employment or volunteering opportunities, safety from domestic violence, increased confidence, reduced stress, and improved mental health and well-being<sup>xviii</sup>.

Analysis of the approach continues to be undertaken, for example the Scottish School of Primary Care is undertaking in depth research in Dundee on how the co-location of advice services in general practice is of value to primary care. Whilst University College London is investigating how the approach is associated with the health and wellbeing of individuals who use the service.

## **Support**

Support to develop the role of SLW across Scotland is available from NHS Health Scotland, the Scottish Public Health Network and the Improvement Service. A number of national resources are currently being designed and will be available for free to all SLW stakeholders.

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