CASE STUDY: Co-location of Advice Workers in Medical Practices in Dundee and Edinburgh

This case study follows on from '*The Future of Money Advice Services in Scotland*'[1] publication. It provides an example of a co-location approach to service delivery in Dundee and Edinburgh which is based on improving outcomes for people and communities and reducing inequality by meeting the needs of vulnerable individuals.

The Challenge

In Scotland, both advice and health services face significant challenges. While local authority budgets are falling, demand for their services is increasing.[2] These ongoing budgetary reductions have had a clear impact on the level of investment in money advice services in Scotland: local authority spending on money advice has fallen by around 15% between 2014-15 and 2015-16[3] and is highly likely to continue to fall.[4] This is despite evidence demonstrating that money advice services effectively target, and assist, the poorest individuals in society.[5]

While NHS funding has increased, it has failed to keep pace with rising demand – particularly as a result of Scotland's aging population.[6] And, in 2016-17, the NHS faces the challenge of making unprecedented savings.[7] At the local level, GPs find themselves under increasing strain. A British Medical Association survey of 900 GPs in Scotland found that 91% of GPs believe that their workload has negatively impacted on the quality of care they have been able to provide for patients.[8] The survey also found that only 7% of GPs believe that patient consultation times are adequate.

GPs working in Scotland's most deprived communities face particularly great pressure, due to the well-documented interrelations between poverty and health.[9] One GP emphasised the way in which patients' socioeconomic circumstances impacts on the level of healthcare they receive: "I cannot address medical issues as I have to deal with the patient's agenda first, which is

1 www.improvementservice.org.uk/documents/money_advice/future-of-money-advice-services.pdf
2 www.audit-scotland.gov.uk/report/an-overview-of-local-government-in-scotland-2016
3 www.improvementservice.org.uk/documents/money_advice/MAPMF/MAPMF-data-analysis-2015-16/mapmf-data-analysis-report-2015-16.pdf
4 www.improvementservice.org.uk/documents/money_advice/mapmf-impact-of-la-budget-cuts.pdf
5 Ibid 2
6 www.audit-scotland.gov.uk/uploads/docs/report/2016/nr_161027_nhs_overview.pdf
7 ibid 5
8 www.bma.org.uk/news/media-centre/press-releases/2016/december/survey-highlights-pressure-on-gps-in-scotland
9 www.jrf.org.uk/report/how-does-money-influence-health
www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

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getting money to feed her family and heat her home".[10] These mounting pressures make service transformation, and the implementation of increasingly efficient ways of working, paramount.

The Solution

Over the past couple of decades, an increasing number of health boards and general practices have been working with local authorities and the third sector to provide advice services to patients. Often, such services are developed on an ad-hoc basis and are delivered via outreach activities. NHS Lothian has funded advice workers in GP practices since 1998, in partnership with the third sector and Citizens Advice Bureaux. The co-location model described in this case study has been delivered in partnership with Granton Information Centre, a third sector advice agency in Edinburgh, since 2012. Following positive initial results, the model was replicated in Dundee by Dundee City Council.

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The money and welfare rights advice workers are employed by third sector or local authority advice services, who are accredited under the Scottish National Standards for Information and Advice Providers,[11] and work at the medical practice on a part-time basis. The advisors are allocated their own space within the practice, with access to a computer, telephone, and photocopying facilities. They are also fully integrated into the practice staff team, participating in team meetings and social events. Client appointments with advisors are made by practice staff, thereby constituting a direct referral pathway between GPs, nurses, receptionists, and the advisors.

The key element of this co-location model, differentiating it from others, is the advisors' direct access to patients' medical records, provided informed consent is given by both the GP and patient concerned. This enables easy access to clients' medical information as required, negating the need for advisors to submit, and await response to, information requests.

Results

With support from NHS Lothian, Dundee City Council, and Granton Information Centre, the Improvement Service conducted a Social Return on Investment analysis of the co-location model.[12] It identified a range of highly positive outcomes experienced by all involved with the co-location service: from patients through to funders. By using financial proxies to measure these outcomes in monetary terms, it was found that every £1 invested in the co-location service generated around £39 in social and economic benefits.

The co-location service made advice more accessible to many patients, who said that they were unlikely to have sought advice themselves. The service location, within an environment in which patients were familiar

10 www.gla.ac.uk/media/media_232766_en.pdf

11 www.gov.scot/Topics/Justice/policies/widening-access/standardsforadvisers

12 www.improvementservice.org.uk/documents/money_advice/SROI-co-location-advice-workers.pdf

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and comfortable, enabled and encouraged many patients' attendance. Patients also said that the referral process allowed them to feel less stigmatised, because their referral to the advisor was made by someone they trust – a staff member of the GP practice. This helped facilitate positive engagement between the advisor and patient from the start. Ultimately, this resulted in patients experiencing improved health and wellbeing, chiefly due to reductions in levels of stress. Organising their finances, and tackling any difficulties, also saw patients develop a more optimistic outlook towards the future.

Medical practice staff reported that the ability to refer patients to skilled advisors allowed them to spend more time delivering medical interventions for patients. Having more time to perform their job effectively saw many staff members report greater job satisfaction. The service also enabled them to improve their own knowledge about the welfare system and money and welfare rights issues, through which they developed a better understanding of the socioeconomic problems their patients face. This then allowed them to further contextualise their patients' healthcare requirements.

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For the advisors co-located in the medical practices, the ability to access patients' medical records and easily communicate with practice staff resulted in a rise in productivity, alongside a reduction in appeals and ongoing casework. Similarly to practice staff, advisors also reported increased job satisfaction. This was attributed to increased confidence in the quality of service they provide, due to the efficiencies gained from co-location.

For medical practices as a unit, the co-location service resulted in improved delivery of cost-effective services. Medical practice staff could work more efficiently in their roles, therefore making the practice itself more efficient and effective.

Funders valued the opportunity that co-locating advisors in medical practices offered to better target resources at priority groups. It was recognised that it enabled engagement with those most likely to experience health inequalities, within a setting they felt safe and supported by professional staff. Funders also reported that achieving earlier intervention, as the co-location model delivers, is a priority. By engaging with patients before they reach a crisis point, significant cost savings in terms of both time and resources can be made.

Next Steps/Recommendations

This co-location approach to service transformation is continuing to gain traction. Both Dundee City Council and Granton Information Centre are extremely interested in expanding the model further across Dundee and Edinburgh. Additionally, a similar model is also being tested in two practices in Parkhead in Glasgow, which is one of the most deprived areas in Scotland.

Given the proven impact of the model, it should be considered by local

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authorities and their partners across Scotland as a positive transformative service delivery model. On a national level, it should also be given due consideration by the Scottish Government in reference to both the new Social Security powers and the Review of Advice Services in Scotland. And, as the main benefits experienced by patients are health-related, this should be considered in the way that resources are allocated.

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