



# Findings from a survey of GP Practices participating in the Welfare Advice and Health Partnership 'Test and Learn' Programme

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# Introduction

Welfare Advice and Health Partnerships (WAHPs), in which a welfare rights advisor (WRA) is located in a GP Practice with consensual access to medical records, have been established across Scotland in around 180 GP Practices. Welfare Rights Advisors are regulated and accredited and may provide advice to patients on income maximisation, welfare benefits / social security, debt resolution, housing, and employability issues as well as representation at tribunals. They also link patients to other sources of support if appropriate.

Participating Practices were selected on the basis of deprivation and rurality. 150 GP Practices are in areas of multiple deprivation and a further 30 are in rural and island communities. This method of providing access to advice services was initially funded by the Scottish Government for a two year period as a 'Test and Learn' initiative. An evaluation of the effectiveness of this 'Test and Learn' approach to developing Welfare Advice and Health Partnerships is being carried out by the Improvement Service (IS). Further evaluation reports will be published in May and October 2024.

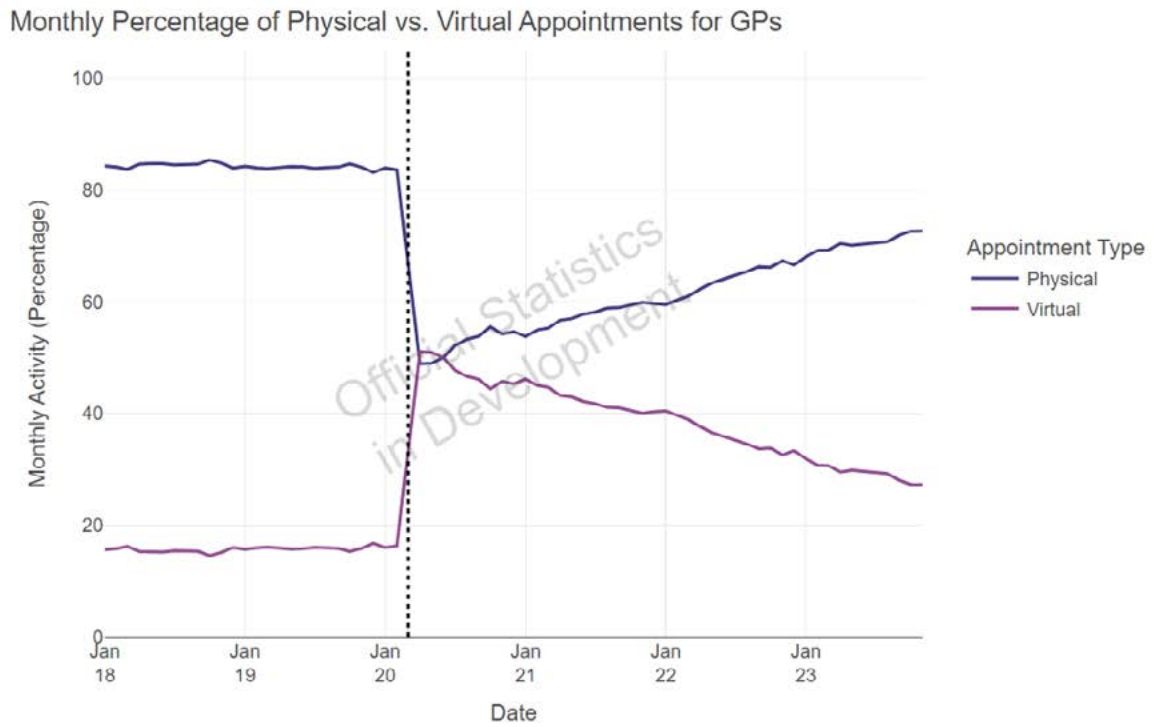
This paper highlights the benefits of the approach from the perspective of participating GP Practices.

Providing access to welfare rights advice services in GP Practices from an advisor who is 'embedded' in the Practice team also offers multiple benefits to patients who are able to access advice services in a safe and familiar environment and are referred by a trusted intermediary.

In this context the term 'embedded' means that the advisor is considered to be part of the Practice team and will provide services in the same way as other members of the Practice i.e. - by phone, home visits and face to face in the Practice.

The concept of WAHPs was introduced some years before the pandemic, at which point, as can be seen from the figure below, access to services was primarily in a face to face or physical manner. Changes in the way GP services are accessed has necessitated changes in the way Practice based advice is offered. After the pandemic, virtual access routes increased in prevalence and although such routes have steadily reduced in the last year three years, over a quarter of all appointments in GP Surgeries take place at a distance.

It should be noted that the information shared in Table One is based on those GP Practices which returned data to Public Health Scotland.



Note: Dashed vertical line indicates March 2020 when the pandemic was declared and lockdown introduced.

Figure 1: Data from Public Health Scotland on % of Physical vs Virtual GP Appointments

# Purpose

A key part of the evaluation of the Welfare Advice and Health Partnerships 'Test and Learn' Programme (hereafter called the Programme) is to gather evidence of the impact of providing access to advice in GP Practices from the perspective of primary care providers - in particular in relation to evidencing any reductions in the time GPs spend on non-clinical issues.

Additional work is continuing with GP Practices to gather evidence of the health impacts of advice as an intervention through an analysis of their medical records and interviews with a representative sample of 50 Service Users. The results of this will be included in the final evaluation report.

# Process

A link to a survey using SmartSurvey was sent to welfare rights workers in each of the 150 GP Practices participating in the original Programme. The workers shared the link but did not have access to any of the responses. The survey ran between October and December 2023 and during that time 170 responses were received.

In some GP Practices more than one member of staff responded - albeit each with different roles.

The same survey will be replicated with the GP Practices located in rural and island areas between May and June 2024 and the results analysed, compared, and incorporated into the final evaluation report.

The survey sought to identify the perceived benefits of the Programme from the perspective of the GP Practices and the results are set out below.

# Findings

## (a) Respondent Role in GP Practice

As can be seen below in Figure 2, the majority of responses, over a third, came from GPs, around a quarter came from Practice Managers and under a fifth were from Community Link Workers.

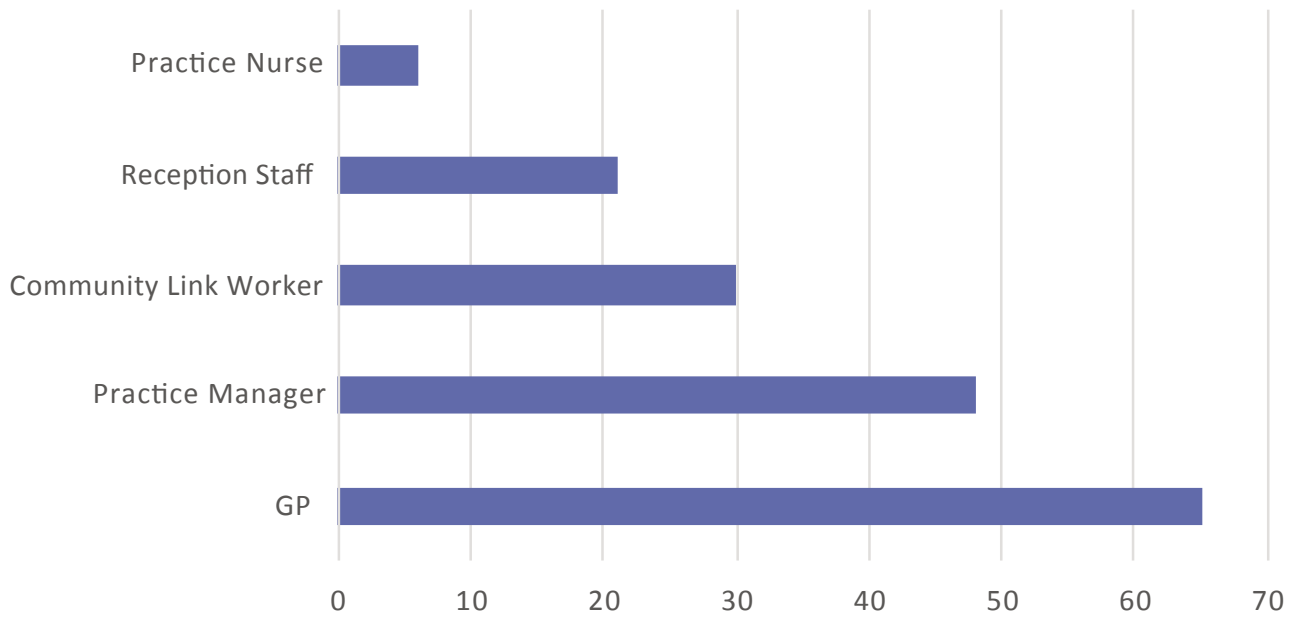


Figure 2: Role in GP Practice by number of responses from each

## (b) Support provided by Welfare Rights Advisor to individuals in their roles

Respondents were asked how having a welfare rights advisor in the Practice helped them in their role. A choice of options was provided from which all those that were applicable could be selected. The option of adding additional information under 'other' was also available. The results are set out in Figure 3, overleaf.

Bearing in mind the roles of the respondents outlined above, it is perhaps not surprising that the most widely recognised benefits from the service are seen as 'offering trusted access' and 'enabling wider support to be provided'. This suggests that the advisor has complementary skills and experience that both clinical staff and Community Link Workers believe can help meet patients' needs.

Three negative comments were received which related to a lack of consistent support from the advice provider and these were addressed with the relevant advice lead.

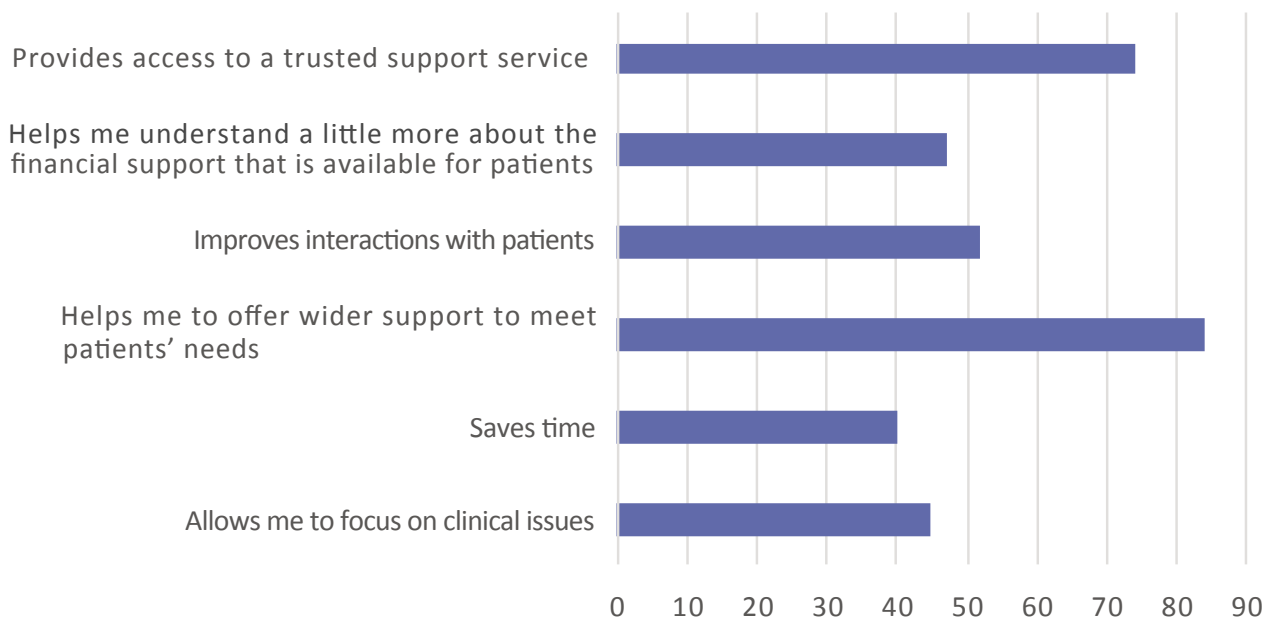


Figure 3: Assistance offered by WRA to individuals in the role they have in the GP Practice by number of responses

A selection of the other comments received is set out below.

“Very helpful. GPs are generally not aware of the details of welfare entitlements, especially any new initiatives or updates. WRA also helps address situational issues contributing to mental health issues and therefore reducing medication prescribing, GP visits and referral to mental health services.”

“Doesn't help myself personally in my role but I know the GPs think this is a precious service for patients.”

“This is a fantastic service, so helpful for our patients who find it hard to access services out with the local area. Really helps to reduce inequalities by having this on-site.”

“Allows links workers to focus on other aspects of role, benefits work used to swamp us.”



### (c) Time saved/increased capacity to focus on clinical needs by having WRA embedded in GP Practice

A follow up question was included for respondents who had indicated that they were able to save time/ focus on clinical issues. 84 responses were received, and the results are set out in Figure 4. Respondents were asked to say how much time a week they were able to save, or which had been freed up to focus on clinical issues.

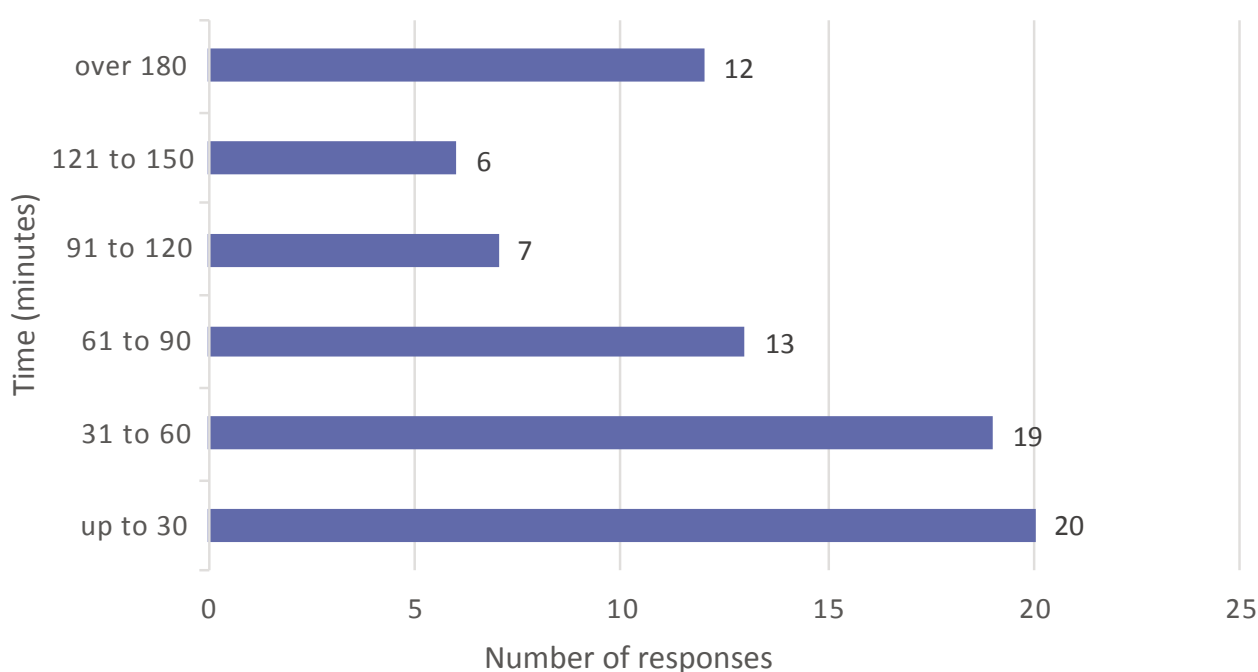


Figure 4: Time saved/increased capacity to focus on clinical issues by number of responses

Based on the information provided, the presence of the welfare rights officer in the GP Practice enables staff to have more time available to meet the clinical needs of patients. As well as the medical benefits to individuals of freeing up and hence increasing the availability of clinical staff time, this approach offers value for money. Although not all responses came from GPs it is perhaps also worth highlighting that an average GP hourly rate is c£36.00 whilst that of a WRA is £18.00.

“Uncertain how much time - mainly reduced requests for written evidence to support benefit claims.”

“Very hard to quantify this, but if the WR advisor was not there I would be spending a lot more time providing supporting people to complete benefits forms, contact DWP/SSS, etc, and these are very time-consuming tasks - Phone calls to DWP/SSS can last up to 90 minutes alone.”

“Difficult to ascertain the time saved. Ours is a busy service and well used in the practice, help with form filling and financial advice is needed in deep end practices. I would estimate more than two hours each week is probably saved.”

“This is very hard to quantify but it means less time for me in completing benefits applications, looking into and supporting individuals with financial issues, and it is very useful having a direct contact to a WR advisor to seek advice on a whole range of benefits and financial issues, without which would in itself be a very time-consuming process.”

#### (d) Perceived benefits to patients by having a WRA based in the GP Practice

Respondents were asked to state how they thought individuals benefited from having access to a welfare rights advisor in their Practice. Again, a variety of choices were offered from which respondents could select all those which they thought applied. An opportunity was provided to make any other comments that it was felt were relevant. As can be seen in Figure Five, respondents thought that individuals could access welfare rights advice in a safe space and to seek advice which, without this access point, they would not have been likely to do.

This supports the proposition that this way of accessing advice services results in earlier intervention.



Figure 5: Perceived benefits to patients by having a WRA based in the GP Practice by number of responses

Other comments received were

“For vulnerable patients e.g., poor literacy/education/access to technology having an advisor based in the building is a fantastic asset.”

“It is very important and one of the most useful referral pathways for complex patients.”

### (e) Support provided by WRA to GP Practice

Respondents were asked to describe any other benefits the Practice gets from having an embedded WRA as a member of the Practice Team. This open question sought to identify the wider benefits that were not linked to any specific role. Many respondents described how GP Practices offered an accessible location that was familiar and safe. As a result, individuals were much more likely to seek advice.

"Patients are more likely to attend a familiar setting."

"Provides access to welfare rights advice in a safe space - this is really important as people sometimes really struggle to go and talk to a stranger in a strange place but at least the practice is familiar."

Respondents described how it had helped Practice staff to improve their understanding of the benefits system. It was also suggested that having an 'expert' as part of the Practice team made staff feel more comfortable in talking to individuals and referring them for advice as they were confident it would be dealt with quickly and efficiently.

"Also so many problems are interlinked with benefits/finance and I don't have the training or the time to deal with this and feel ill equipped to even try so having this service in practices is invaluable."

"There is a big difference between a welfare rights advisor 'out there' and one in the practice - higher engagement with patients, visible and higher referrals from GP, enables me to ask questions and explore causes of concerns knowing that I have someone to offer to help - otherwise I just would avoid asking."

"Practice staff have direct access to someone who has a raft of knowledge on financial and benefits issues they did not have before and provides a greater understanding of the many financial challenges that Practice patients face on a day-to-day basis."

"Educates clinical staff on local resources."

"Allows patients disclosing financial issues to gain practical help from an experienced and reliable source quickly and within a trusted setting."

Staff in the GP Practice relied on the skills and effectiveness of the WRA. They were able to direct issues with benefits or debt to a trusted source who could access the patients information and was trained to provide this type of support.

“Really useful to have some one trained and knowledgeable about benefits within the practice.”

“Many patients seem lost when it comes to seeking advice on benefits. The welfare officer has been an excellent support for patients.”

The service was felt to be an effective addition to other Practice staff including Community Link Workers.

“Works well along with Community Links Worker and he is able to refer patients to service for help.”

The benefits are perhaps best summarised in the quote below:

“We all know that socio-economic stressors will often manifest as physical symptoms - if this saves even one GP appointment per week its working as it should.”

## (f) Additional information

Respondents were offered the opportunity to provide any additional information that they considered would contribute to the evaluation. A representative sample of the comments received is listed below.

“I feel it has been a great introduction to the practice team and will regularly utilise the skills and knowledge of the WAHP advisor. I really hope it is a service that can continue and possibly expand into the future.”

“This service has been a lifeline to many people during the cost-of-living crisis.”

“It is a crucial serviced for our practice. We are in a very deprived area and a welfare rights advisor gives our patients [a] better chance of getting benefits they are entitled to.”

“Having a dedicated advisor has helped alleviate issues relating to benefit/money advice from my workload. Also the feedback from patients using the service has been extremely positive. Patients would suffer if this service is lost and would only add to my already stretched caseload.”

“Excellent and extremely useful service. I am not a clinician, but I have seen the amount of GP appointments which have been freed up as a result of this service.”

“Having a dedicated Welfare Right Advisor helps to build relationships with the patients of the practice, but also between the Welfare Rights team and the practice team. I think this makes it easier for staff to refer patients for issues related to their money.”

“The practice was perhaps a bit unsure as to whether or not we required having a dedicated Welfare Rights Advisor, however, both the practice and our CLW now recognise the benefits of having their expert knowledge at hand.”

## Conclusions

WAHPs are seen by c98% of those GP Practices who responded to this survey as providing access to a service which offers multiple benefits to both the staff within in the Practice and the patients who use it. Staff were able to discuss issues related to benefits, that they would not previously have discussed, because they were able to confidently make referrals to a trained and knowledgeable professional. Patients could get advice that they would otherwise have been unlikely to access in a safe confidential non-stigmatising space.

There is compelling evidence of the time saved by staff to focus on clinical issues. A little under a quarter of all respondents said that having an embedded WRA in their GP Practice was likely to save them between 30 minutes and an hour a week which equates to about 3 and a quarter days a year. The time this frees about can be used more effectively on addressing individuals' clinical issues.

The service complements the community link worker service, and this is reflected in both the comments made by respondents, and the fact that c18% of responses were received from Community Link Workers, all of which were overwhelmingly positive.

## Next steps

It was decided that GP Practice teams would be consulted about the contribution of the WRA embedded in their Practice when the WRA had been in place for at least a year. This was so that enough time was given for Practice staff to properly consider the impact of this approach to advice service delivery. As the 30 additional rural and island GP Practices were part of a later phase of development in the Programme these were not included in this survey. A survey containing the same questions will be shared with them between May and June 2024.

Work on the impact of advice as an intervention through the analysis of medical records and interviews with 50 individuals is continuing and the results will form part of the final evaluations in May and October 2024.

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