# The Deep End Advice Worker Project:

## embedding an advice worker in general practice settings

## EXECUTIVE SUMMARY


**Jamie Sinclair**

**Glasgow Centre for Population Health**



**September 2017**


Glasgow Centre for Population Health

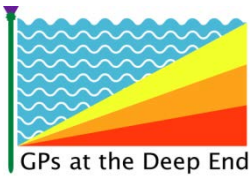
## Acknowledgements

First and foremost, thank you to the practitioners and partner organisations involved in the delivery of the project. Without their input, the work and this paper would not have been possible.

Specific thanks must also go to Douglas O'Malley and Janet Tobin (Health Improvement), Sharon McIntrye (Wheatley Group), Tony Quinn (Greater Easterhouse Money Advice Project), Oonagh Robinson and James Egan (Glasgow Centre for Population Health), Graham Watt (Deep End GP Group), Ronnie Burns and Maria Morris (McKenzie GP practice) and Gillian Dames (Lafferty GP practice), for their comments on earlier drafts of this report.

More broadly, input from Kate Burtons (NHS Scotland), Carolyn Brennan (Scottish Government Leading Improvement Team) and Nicholas Watson (What Works Scotland) helped position the paper in relation to the broader policy landscape. Specific mention must also be given to Pete Seaman, Joe Crossland and Jennie Coyle at the Glasgow Centre for Population Health for their comments regarding structure, content and presentation.

The report cover image is taken from the NHS Scotland Photo Library.









**Contact**

For enquiries, please contact the report author
Jamie Sinclair, Building Connections Programme Manager
E: jsinclair@glasgowkelvin.ac.uk

## Summary

**Introduction**

The current economic climate has significantly impacted the resources available to public and third sector organisations supporting people experiencing poverty. Reductions in public sector spending and the consequential impact upon third sector funding, in conjunction with broader legislative changes to social security and the impact of poverty upon local communities, although challenging, offers the opportunity to rethink traditional service delivery models, across, and within, the public and third sectors.

In response to these evolving financial, legislative and service delivery landscapes, and building on the longstanding history of GP practices as valuable community hubs, the Deep End Advice Worker project developed and tested approaches to delivering advice services from two GP practices in Parkhead, Glasgow. Through the delivery of finance, debt, social security and housing advice from a trusted setting (i.e. general practice), the project aimed to improve social and economic outcomes for people in the local area. It also sought to reduce the time medical staff spent on non-clinical issues.

A range of data collection methodologies were employed to help understand the impact of the project and its supporting processes. With a view that this data could contribute to the evidence base regarding the delivery of advice from general practices, broader policy discussions regarding social security and service delivery, and the further roll-out of the service.

The project has been operating since December 2015 and is located in the McKenzie & Burns and the Lafferty, Macphee, Dames & Smith general practices. Greater Easterhouse Money Advice Project (GEMAP) deliver the on-site advice service. An advisory group consisting of one GP from each general practice, GEMAP, the Wheatley Group, the NHS North East Health Improvement Team, The Deep End GP group, Glasgow Centre for Population Health (GCPH) and the Building Connections programme, supported the design, development and evaluation of the project.

**Advice in general practice settings**

General practices are recognised as neutral hubs through which local communities can access a range of support, over and above primary healthcare. Throughout the United Kingdom, general practices work collaboratively with the public and the third sector to deliver a range of support services, such as targeted advice for particular demographic groups and financial and debt advice. Examples of such collaborations are evident in Edinburgh, Dundee, Liverpool, London and throughout Wales.

**The Deep End Advice Worker project**

Drawing from the learning of similar projects, the Deep End Advice Worker project intentionally positioned the advice service as an additional form of assistance that the GP practices could offer to patients. The approach placed significant importance on the assimilation and acceptance of the advice worker into the practice. Accordingly, we have framed the project as an *embedded* model, as opposed to a co-located approach.

The two GP practices involved in the project serve the fifth and eleventh most deprived populations in Scotland, based on the proportion of patients living in the 15% most deprived Scottish datazones, as measured by the Scottish Index of Multiple Deprivation (SIMD). Six GPs across two practices support a combined population of 7,903 patients. The advice worker delivered support on issues including housing, social security support, financial inclusion and debt management.

**Referral process**

The advice worker delivered the service for half a day per week in each practice. GPs and frontline staff made referrals through a secure online system. Referrals were explicitly framed as an additional form of support, not a replacement for a GP appointment. Once a referral had been received, the GEMAP advice worker arranged face-to-face appointments with patients. First meetings took place in a consultation room in the patient's practice. Both practices provided the advice worker with a private consultation room to work from. If preferable, the advice worker arranged a home visit to deliver the service.

The advice worker utilised a broad repertoire of social and interpersonal skills, in conjunction with their expert knowledge on issues such as housing, social security and financial management, to provide tailored support to people accessing the service. If appropriate, they referred people onto additional forms of specialist community support, such as carers', mental health and homelessness organisations.

**Methods**

The project utilised quality improvement methodologies to make explicit, and improve, the practical processes underpinning the advice service. This was supplemented by more traditional data collection methods, including semi-structured interviews and the quantitative analysis of financial outcomes. Most importantly, the data collection and analysis was conducted concurrently and focused upon identifying opportunities to improve the project as it was delivered.

This approach was supported by the Building Connections programme and an advisory group which met every six weeks. The Building Connections programme manager worked from the GP practices on a bi-weekly basis between April 2016 and December 2016, which allowed for extensive engagement with practitioners (clinical and non-clinical) in an informal, yet focused manner. The advisory group examined emergent data, such as the demographic profiles of people accessing the service, the financial outcomes secured through successful social security applications and qualitative data collected by Building Connections. This multi-dimensional approach helped capture a significant amount of knowledge regarding the impact of the project and experiences of people delivering the service. This learning underpinned the development of several interventions designed to improve the project.

**Findings**

**Referrals, new clients and financial gain**

Between December 2015 and May 2017 the project secured the following outcomes:

- 276 referrals
- Of these, 235 had never previously accessed GEMAP's services (85% of total referrals)
- 165 people engaged with the service once referred (65% engagement rate)

- £848,001 worth of financial gain secured through income maximisation work
- £155,766 worth of debt identified and managed

The median amount of financial gain for successful applicants amounted to £6,967 per person, per annum. Around half of the people accessing the service were referred onto additional forms of community support. Nearly one-in-five were supported on a housing issue, including 25 people for homelessness support services. Nearly two-thirds of people accessing the services were tenants of registered social landlords.

The service worked predominantly with people experiencing significant poverty, with 78% (128 people) living on household incomes of less than £15,000 per annum. Women were significantly more likely to access the service, particularly those between the ages of 26 and 55. Health concerns were prominent among the 165 people accessing the service, with 268 self-reported health issues. Within this group 68% (112 people) reported mental illnesses, 58% (96 people) stated they had a long-term illness and 21% (35 people) reported mobility or other physical impairments.

**Components of practice**

**Embedding advice services into general practices**

Between December 2015 and May 2017, the two practices involved in the project (with an embedded GEMAP advice worker) made 276 referrals to GEMAP. GPs made 74% of these. This is significantly higher than other comparable projects. The remaining 26% of referrals were made by clinical support staff and administration staff.

As a point of comparison, in the same 17-month time period, the other 42 general practices in north east Glasgow (without embedded advice workers) but who were still able to refer patients via an online system, made 24 referrals to GEMAP's service.

Our findings suggest a key feature underpinning the difference in referral figures (and inherent GP engagement levels) is the development of familiarity and trust between a single financial advice worker and the two practices, with each respecting the other's knowledge and expertise.

Complementing the development of strong relationships between practitioners, the project intentionally sought to minimise barriers to accessing the service. For example, each practice provided the advice worker with a consultation room from which to deliver the service. The advice worker dressed in similar attire to practice staff and GPs, and mirrored the traditional GP call for attendance when people were waiting in the practice waiting room. By adopting a similar approach to the existing practice staff, the nature of the work carried out by the advice worker was indistinguishable from that of GPs, and ensured people could access the service discreetly.

**Access to medical records**

Access to medical records (with written patient consent) provided the advice worker with a multi-dimensional view of patients' circumstances, allowing him to triangulate three sources of information (i.e. patient input, GP perspective and medical histories). It also acted as the catalyst for continuous engagement between the advice worker and GPs, and the collaborative production of

supporting medical statements for health-related benefits (which were ultimately signed off by the GP).

Compared with two similar sites (health centres in north east Glasgow), where GEMAP advice workers do not have access to medical records the project secured significantly higher financial gains for clients. For example, across five key benefits the project secured £644,819 through 174 individual awards, while in the comparator sites, £594,235 was secured through 287 individual awards.

**Collaborative working**

Through the work of Building Connections and the advisory group, the project developed a robust understanding of the mechanisms underpinning the project and the experiences of practitioners. Our findings suggest positioning practitioner knowledge as a central component of the project was integral to its development. The experiences of GPs, the advice worker and practice staff delivering the service helped identify, deliver and refine the project's supporting processes. Equally importantly, placing significant importance on normalising the advice worker's presence within the practice was fundamental to the projects impact. These approaches are clearly transferable to multiple service delivery contexts which involve partners from a diverse range of professional backgrounds.

**Conclusion**

Healthcare settings are broadly recognised as locations which are trusted by local communities and offer the opportunity to extend the reach of a range of additional forms of support. The Deep End Advice Worker Project has demonstrated the value of utilising GP practices as neutral hubs to deliver social security, housing, financial and debt advice. Equally as important, our learning has identified a series of principles or characteristics which underpinned the development of the project and could be applied to other settings, both within the healthcare system and more broadly speaking, across the public and third sectors.

Ultimately, building embedded models of service delivery demands that the experiences and knowledge of practitioners are central in their design, delivery and ongoing development. Our experience suggests that utilising the combined experience of practitioners helps identify interventions which can improve frontline services. The value placed on their insight and expertise also appeared to contribute to a sense of empowerment and ownership among practitioners involved in the practical delivery of the service (e.g. the advice worker, GPs, practice administration staff).

The project demonstrated an ability to increase incomes and reduce costs for people. The majority of people referred to the service had not previously accessed GEMAP's services (despite their 15-year history of delivering advice services in the area). Patient relationships with practice staff, including GPs and non-clinical support staff, were continually articulated as the defining factor in their engagement with the service. The provision of an embedded advice worker, specific to each practice, broadened the repertoire of support GPs could offer patients. GPs suggested this contributed to stronger patient-doctor relationships, helped reduce their non-clinical workloads and freed up time to deliver primary healthcare.

Finally, our findings suggest that access to medical records allows advice workers to better represent people across a range of social security applications. This access, in conjunction with the steps taken to embed the advice worker into the everyday work of the practice, acted as the catalyst for the development of strong relationships between practice staff and the advice worker.

Reinforcing these statements, our quantifiable data (referrals, engagement rates, new client ratio, financial gain and debt management figures, and onward referrals) highlight how this approach contributes to improved economic outcomes for people accessing the service (when compared with practices without embedded advice workers, or advice services without access to medical records).

**Recommendations**

- The methodologies adopted by the Deep End Advice Worker project (and the broader evidence base) should be further developed and tested in other geographies. Future interventions should focus on areas with high levels of poverty. However, it is important this geographic approach is layered with explicit consideration of communities disproportionately at risk of poverty (e.g. people with children, lone parents, certain ethnic minority communities and people with disabilities). Focusing future work in this manner will allow for a better understanding of how embedding advice into the day-to-day work of general practices can support particular target groups.

- Practice staff and advice providers should be involved to the greatest extent possible in the design, delivery and development of future interventions. Embedding their knowledge of the specific working environments, everyday practices, organisational cultures and even patients accessing the service is vital to the development of the methodology. This will ensure the approach adapted by the project remains grounded in the locally specific contexts future projects are based within.

- Particular attention should be given to ensure the presence of advice workers based within general practices is normalised. Access to medical records, a designated consultation room from which to deliver the service and support to develop relationships within the general practices is fundamental to this process.

- The traditional role of advice workers should be reconsidered. The trust and goodwill advice workers develop with people offers them an opportunity to deliver a more holistic service. Advice workers should be supported to develop a broader repertoire of skills and knowledge, which will allow them to better understand an individual's social circumstances and aspirations. This will enable them to support people through both direct advice and into additional forms of support (e.g. employment, education and personal development programmes).

- The implications of the project should be considered in relation to current funding arrangements for advice services at a local and national level. Our findings, in conjunction with evidence from similar projects suggest that exploring the scaling up of advice provision in GP practices could increase the reach of advice services and reduce the non-clinical work of general practices. This process may not necessarily require additional funding, but rather, a realignment of current investment to deliver similar services to a broader population.

- Further work should be completed regarding the impact of the financial gain, debt identification and management, and cost reduction outcomes achieved by the project upon

the day-to-day lives of patients accessing this service. Although feedback from the advice worker presents a particularly positive picture, a more in-depth understanding is needed.

- The value of individuals operating in a similar vein to the Building Connections programme manager should be considered and tested in different locations. In particular, further examination of the processes that the Building Connections programme manager adopted, the skillsets and characteristics required to operate in this role and the perceptions of practitioners they engage with is required to fully appreciate the value of this role.

Glasgow Centre for Population Health

www.gcph.co.uk