

DEEP END SUMMARY 27

Improving partnership working between general practices and financial advice services in Glasgow: one year on

A half day symposium was held at the Lighthouse in Glasgow on 30 June 2015 to review progress in joint working between general practices in Glasgow, the Glasgow City Financial Inclusion Partnership, NHS Greater Glasgow and Clyde, the Wheatley Housing Group, Third Sector organisations and the Glasgow Centre for Population Health. A previous meeting took place in May 2014.

- The Glasgow Financial Inclusion Partnership (involving Glasgow City Council, NHS Greater Glasgow and Clyde, the Wheatley Housing Group, Citizen's Advice Bureau and other Third Sector organisations) has secure funding for three years and a strategic programme of activity to support citizens in their engagement with the welfare benefits system.
- This period will be increasingly challenging because of changes and cuts to the benefits system and resource constraints within public services generally.
- Substantial added value could and should be added to the programme by more effective joint working with general practices in the city, making use of their population coverage, cumulative knowledge of patients, clinical records and continuity of contact with patients at various stages of engagement with the benefits systems, including referral for advice, applications, appeals and sanctions.
- Mental health problems are very prevalent in very deprived areas, both as a cause and a consequence of problems with benefits
- General practitioners in the Deep End, serving the most deprived populations, are already under severe pressure dealing with the large numbers of patients with complicated medical, psychological and social problems.
- In a gross example of the Inverse Care Law, the largest concentrations of patients who need most help in engaging with the benefits system are found in general practices which are least able to take on this extra work.
- Improved links between clinical practice, welfare advice, employability schemes and housing could provide more holistic, personalised support for many individuals, families and households.
- A "coalition of learning" is required, following the adage that "the best anywhere should become the standard everywhere" and involving improved communications and protected time for sharing information, evidence, experience and views.
- General practices need to be briefed with general and practical information about the benefits system (especially ESA, PIP and sanctions).

- They also need bespoke local information (a “toolkit”) on referral pathways, forms and contacts, for use in referring patients for financial advice, supporting applications and appeals, and dealing with financial emergencies.
- The new Scottish GP contract, which is being developed for introduction in 2017, should include a mechanism to provide targeted resources for this work.
- The preparation of medical evidence from review of clinical records does not need to be carried out by general practitioners, but practitioners should review, edit and sign off such work. With patient consent, colleagues from outside the practice team (with honorary NHS contracts where necessary) could access clinical records within practice premises. Such arrangements are only feasible, however, on the basis of local relationships, involving mutual understanding, confidence and trust.
- Centralisation of welfare advice services allows efficient use of resources, but may not suit all people in need of such advice. Several examples demonstrate the value of advice workers who are embedded within health centres or groups of practices, improving referrals by the practice team and uptake by vulnerable groups.
- The substantial variation between general practices and between health professions in their rates of referral to advice services needs to be addressed, on the basis of audit and feedback.
- The most useful feedback for general practice teams may be timely information on what has been achieved financially for the patients they have referred.
- A continuing challenge is how to provide general practices with timely, bespoke advice on the type of information most likely to help patients submitting appeals.
- An immediate proving ground for joint working will be the coverage and effectiveness of the programme in helping Glaswegians with Disability Living Allowance (DLA) engage with the new arrangements and criteria for Personal Independence Payments (PIP).

“General Practitioners at the Deep End” work in 100 general practices, serving the most socio-economically deprived populations in Scotland. The activities of the group are supported by the Scottish Government Health Department, the Royal College of General Practitioners, and General Practice and Primary Care at the University of Glasgow.

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