NHS Sefton

Evaluation of the impact on GP surgeries of the Citizen's Advice Bureau Health Outreach service

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22 September 2010

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EXECUTIVE SUMMARY

The Citizens Advice Bureau in Sefton offers outreach sessions in GP surgeries. People are referred who have a variety of health problems relating to both physical and mental health. The main issues that are discussed are benefits and debt.
Nine practices participate in the CAB Health Outreach service with Sefton and a total of 250 patients were referred to CAB staff during the period April to September 2009. Within these nine practices there are 42 GPs, ranging from single handed to 13 GPs per practice (27.5 FTEs). The practice list sizes range from 1,728 to 16,558, average 6,269, covering a total of 56,419 patients.

There are slight variations in the service between practices, relating to self-referral, access to medical records and the duration and number of appointments available.

Practice managers, GPs and CAB staff all agreed that the service was beneficial to patients, and none felt that the service had any adverse impact on any other services provided by the practices. The CAB service provides advice on problems outside of the GP's expertise and there was a belief that it may reduce GP workload. The service was considered to be open and accessible and reached a different client group from those using the regular CAB drop-in service, including many with mental health problems.

Some interviewees from all groups felt that there was a need for more service availability and that greater publicity may be useful to encourage more self-referral. Both GPs and CAB staff felt more training was required on what the CABHO service could offer to potential clients and who to refer, although most practice managers felt that sufficient information was available.

Data was gathered from 148 patients from six practices on use of health services six months before and six months after first appointment with the CAB service. These showed statistically significant reductions in the number of GP appointments and prescriptions for hypnotics/anxiolytics, non-significant reductions in nurse appointments and prescriptions for antidepressants, but no change in appointments or referrals for mental health problems.

Conclusions

The CABHO service demonstrates actual and perceived benefits to the NHS in terms of staff time and prescribing costs. Expansion of the service and further training of practice staff in referring to the service should be considered.

1. Background

Social prescribing offers a non-medical alternative to patients with mild to moderate mental health problems, addressing the wider determinants of mental health and preventing more serious issues from developing. A wide variety of programmes are offered in Sefton, one of which is the opportunity to refer patients to Citizen's Advice Bureau (CAB) staff located within selected GP practices. Nine practices participate in this CAB Health Outreach service, which involves CAB staff holding consultation sessions within each practice. Similar services have been offered in primary healthcare settings for many years in the UK.

Within Sefton, a total of 149 patients were referred to CAB staff during the period April to June 2009 and 101 during the period July to September 2009, giving a total of 250. The CAB is conducting an evaluation of this service from the patient's perspective. However the impact of the service on practice staff, GP views on the service and any possible impact on health service utilisation have not been explored. A systematic review published in 2006 found much research which has shown that these services result in financial benefits for patients, but there is little robust evidence that they also impact on health.[1] This review identified a number of studies which sought the views of service providers and practice staff, but none which reported the results of qualitative interviews. In addition, although the review claimed that some studies indicated changes in healthcare utilisation, no robust studies appear to have been carried out in this area.

2. Aim

This evaluation aims to determine the impact of the CAB Health Outreach service on practice staff and use of health services.

3. Methods

Approval to conduct the evaluation was obtained from the PCT Care Quality and External Assessment Group. The evaluation was conducted in two parts.

3.1 Views of practice staff and CABHO service providers

Interview schedules were designed to elicit relevant information, consisting of mainly open questions. Three different interview schedules covered practice managers, GPs and CAB staff. Information leaflets were sent, along with letters of invitation to participate in the evaluation, to the practice managers of all nine practices where the service is provided. This was followed up by a telephone call to arrange interviews. The CAB Team Manager was approached to identify relevant CAB staff for interview.

All interviews were conducted over the telephone by the same person. Where GPs did not have time to be interviewed, the questionnaire was adapted into a postal questionnaire and sent by post. Data from interviews were recorded on paper and entered into an Excel spreadsheet for ease of analysis. The data from GPs were linked to those from practice managers from the same practices and information provided by CAB staff was also linked to the practices where they provided services.

3.2 Use of health services

All practices where the CABHO service is provided were approached in writing for permission to extract data from the medical records. PCT health promotion officers extracted data from records of patients who had been referred to the service during April to September 2009. Those who agreed provided access to records from which data were extracted for the six months prior to first appointment with CABHO and six months after, on the following:

- GP and nurse /other appointments, whether these were acute or for monitoring and whether they related to mental health
- Referrals to mental health services and the reason for these
- Number of prescriptions for antidepressants and hypnotics/anxiolytics and the number of days treatment with these drugs

Two PCT health promotion officers were given instruction in the use of GP practice computer systems and provided with a list of the antidepressants and hypnotics/anxiolytics prescribed by the practices, during the period, for reference.

Data were recorded on specially designed data collection forms, then entered into an Excel spreadsheet for analysis. Frequency data were calculated for all measures. Differences between measures before and after appointments with the CABHO service were compared using paired t-tests.
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4. Results

4.1 Details of practices receiving CABHO service

There are a total of nine practices where the CAB provides a health outreach service. Within these nine practices there are 42 GPs, ranging from single handed to 13 GPs per practice (27.5 FTEs). The practice list sizes range from 1,728 to 16,558, average 6,269, covering a total of 56,419 patients.

4.2 Views of practice staff and service providers
4.2.1 Interviews with practice managers

Managers at all nine practices involved in providing the service were interviewed. Most indicated that all GPs refer patients to the CABHO service, although in one practice only one out of the four GPs did so. Six indicated that practice nurses also refer and three that reception staff signpost patients to the service. Others who may refer are community nurses (1), health care assistants (1) and managers (1). In addition, seven practices allow patients to self-refer, one did not and one did not know.

The service is provided one session per week in most (7) practices, but in the others it is one session every 2 weeks or one every month. The session duration is 3 hours in five practices, but shorter in four practices. All practices provide a private room, telephone, fax and copying facilities to the CABHO. In five practices, reception staff are usually involved in booking initial appointments, with two others indicating this occurs if patients are referred by GPs. One stated that the PCT reception staff make the appointments. Five practice managers indicated that reception staff are involved in making follow-up appointments, but four responses indicated that the CAB officer does this. Only one indicated that reception staff were occasionally required to produce letters or obtain information from patient records, however the overall impact on reception staff time was felt to be minimal by all managers. Furthermore none felt that it had any adverse impact on any other services provided by the practices.

Only two indicated that any training was provided to reception staff on the CABHO service, one of whom felt that more was required, specifically an update on services they provide. The remainder felt that no further training was needed, despite reception staff signposting patients to the CABHO service, as they indicated that information was available in the waiting room.

All nine managers indicated the service was beneficial to patients, particularly the facility for patients to see someone at the practice rather than go elsewhere, as illustrated by the following comment:

> *"Assist with a lot of financial worries. Does help a lot of people. Patients not afraid to come back. Nice to point people here to go for help, rather than somewhere else."*
> PM3

It was also suggested that the working with GPs was beneficial and also that service helped the GPs:

> *"Take some of the pressure off Doctors. Can be referred to CAB."* PM8

While 5 indicated that the service met patient needs, three indicated that the hours currently provided were insufficient, all of whom had less than 3 hours per week. However one comment suggested that if awareness of the service was increased provision would be unlikely to meet the demand:

> *"Not sure all patients know about the service. If it was pushed they would have to arrange more appointment slots."* PM7

None had gathered any data about specific benefits of the service for patients and most (6) felt that it had had no impact on GP appointments, with two others being unsure, referrals to the CMHT (8), or prescribing (9). Two felt that the service may have had an impact on GP appointments and referrals, but that this was difficult to quantify. Informally, managers considered that patient views ranged from "very delighted" to "no complaints".

4.2.2 Interviews with GPs

Fifteen GPs were approached for interview, of whom four were interviewed and two returned questionnaires. These six GPs were from five practices and all referred patients to the CABHO service. The estimated frequency of referral varied considerably from once or twice a month to once or twice a week. All indicated that referral was easy, but only one recalled receiving any advice on who to refer, "years ago". One indicated that referral criteria/guidance would be helpful and two indicated feedback on referrals would be helpful. Patients referred were those who needed financial help, help with benefits or housing, or had work or legal problems. All 6 felt that self-referral was appropriate.

All stated that the service was beneficial for their patients. Benefits ranged from helping GPs in an area where they are not expert to seeing patients who don't need a doctor, as illustrated below:

> *"One benefit to me is removing the burden of knowing nothing about this."* GP2

> "*Often they could give good advice to patients who don't need medical help."* GP1

> *"It's a great service and less intimidating for our patients because it's in house."* GP6

More tangible benefits were felt to have resulted by some GPs. One considered that GP appointments, referrals to CMHT and prescribing had all reduced, indicating that:

> *"It would be difficult to quantify but patients often report reduced stress and anxiety."* GP6

Of the remainder, two felt that the CABHO service was possibly of benefit in reducing prescribing or had the potential to do so, while most felt that it had no impact on appointments or CMHT referrals or were unsure of any impact.

Four indicated that in their view the service was meeting the needs of patients, but 4 felt more hours were needed.

> *"Access is problem (only few appointments). Many more could benefit. More awareness to see CAB rather than GP for financial/legal/work problems etc"* GP7

Only one indicated there were any problems for the practice in hosting the CABHO service. This related to the need to use the practice manager's office, but this issue was likely to be resolved in future. Conversely five felt that it reduced their workload, the other indicating it was possibly reduced. One estimated reduced consultation rates, one estimated time savings of 2 hours per week.

All felt that CABHO staff did not need access to patients' medical records, but one indicated that this would only be provided in any event if the patient consented.

Five felt that practice staff would benefit from further training on what service CABHO can provide, reasons for referring patients:

> *"Need to be aware of what service offers and who would benefit so can signpost our reception."* GP7

4.2.3 Interviews with CAB staff

Interviews were conducted with five CAB workers who provided services to all 9 practices and the Team Manager. In the main, details of the frequency of service provision was in line with those indicated by practice managers. In two practices there is less clarity about the number of hours received since practice managers indicated 1 hour and 1.5 hours, while the CAB staff member providing the service indicated 2 hours in total.

One interviewee indicated that efforts were made to ensure continuity of service provision, with the same adviser in each surgery, although another stated that team members do cover for each other if needed. Some provided information about the appointment time, which varied from 30 to 45 minutes. All interviewees indicated that the facilities provided by the practices were suitable, with the exception of one practice where the room lacked ventilation and was not suitable for disabled access. Only one CAB worker indicated they had access to patients' medical records, which was a summary view of these on the computer, concurring with the information provided by practice managers. This CAB worker indicated a need for some further training in how to use the practice information system. Among the remainder, many indicated that such access would be of use occasionally, since there is sometimes a need for specific information to support claims, although practice staff are usually willing to provide this.

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> *"Only if it's relevant. Only if client is unsure of medication or consultant seen."* CAB3

> *"Would be useful in certain circumstances. Generally find the patient. The effect on the person rather than the diagnosis. Some people don't know their diagnosis. Practical problems and social issues around mental health. Some people are in denial and don't understand. Would be beneficial to see diagnosis"* CAB4

> *"We have good relationships with staff and use a partnership approach. Staff are willing to share information on that client. Concentrate on practical elements while GPs have medical approach. The exception is when we do claims for Disability Benefits and need access to specific information e.g. medication or need clarification on diagnosis e.g.; rheumatism."* CAB5

All agreed that patients should be allowed to self-refer, although in practice most are referred by practice staff, then, having been made aware of the service will subsequently self-refer.

> *"Majority were referred by GP. Repeat clients aware we are here and by-pass the GP."* CAB4

Among practice staff, most referrals are via GPs, but all interviewees indicated that other staff including nurses and receptionists refer, with the exception of one practice. In addition one mentioned referrals from elsewhere, such as PALS, other community-based teams and one stated that even cleaners in one practice let patients know about the service. All except one indicated that CAB provided guidance on who to refer, with two specifically stating they regularly present the referral criteria at practice meetings. However it was also suggested that this needed to be reviewed due to staff changes or lack of attendance at meetings. One indicated that sometimes inappropriate referrals were received, due to patient pressure, while another stated that no referrals would be inappropriate:

> *"No because we don't have any boundaries. Because we are a generalist service we deal with absolutely everyone. There would be no client group we would exclude."* CAB6

There was agreement that the clients seen at the Health Outreach service differed from those seen in regular CAB services because of their high frequency of mental health problems and the impact of financial worries on health. Importantly, the view was expressed that clients often were more willing to disclose problems within the surgery setting than in other CAB settings and that the CAB setting may be less appropriate for some clients:

> *"More comfortable in GP Surgery, rather than Drop-In Centres. Drop In's are stressful environments. Health settings because they are going to GP first. More relaxed - home from home. Trusted because the GP has referred them to me."* CAB3

> *"People who come to see us are more comfortable. They see us as an extension of a doctor. Seen as health professionals because of the environment. They are not put off opening up about their problems."* CAB4

> *"We sometimes get patients who have undiagnosed mental health problems. Also get suicidal clients who haven't told the GP. Get clients who are depressed. When asked, have they seen their GP often say no."* CAB5

> *"…they wouldn't be able to cope e.g. with physical problems or agoraphobia in CAB Offices."* CAB6

All felt that there were benefits to patients, most notably because financial and other worries exacerbate health problems.

> *"It does have a very dramatic effect on clients. People have said its changed their lives when problem has been resolved - insurmountable problem they thought they'd never get rid of, just by seeing us, it has improved the quality of their lives."* CAB6

Views were expressed that the CABHO workers are a *"valuable part of the care pathway"* (CAB5), even being viewed as health professionals by some:

> *"View you as a Health Professional and treat you as one"* CAB3

Five of those interviewed felt that the service also had a positive impact on practice staff, by saving GP time, allowing them to concentrate on medical issues and reducing pressure on doctors. One believed that medicines use may be reduced and the other indicated the service did not impact negatively on practice staff time.

> *"High percentage of people who go to the GP have social problems. The answer isn't to treat with medication. The underlying problem is dealt with by us - and isn't treatable by a pill. Quite often in surgery X, patients aren't sure why they've been*

referred. Quite often it is on benefit or debt and by us talking to the patients and once sorted the mental health problems they might not need their medication." CAB6

Further training was felt to be beneficial by 5 of the 6 interviewees, covering the needs for letters of support, referrals, other social prescribing initiatives, benefit awareness training and what CAB can offer.

Overall, there is a perception among CAB workers that they provide a valuable service.

"Provide a valuable, holistic service that is making a difference to people's lives and I generally think we do make a difference." CAB4

"When the service first started off there were simple one off enquiries GPs were unsure of clients presented issues - which were quite complex. We are now getting the sort of referrals we want, e.g. if someone has welfare benefit issues, they are likely to be in debt and living in poor housing conditions. We actually provide a cohesive service. Health Professionals other than medical professionals. Provide the missing link. Part of our remit is to link and signpost with other agencies." CAB5

However there is a view although some areas are adequately served, more services are needed in other areas. One suggested that the organisation of the service may need to be reviewed.

"*Yes. Long waiting (3 week wait). All surgeries could benefit from more time."* CAB4

"Not enough service provision in Southport. Only 1 worker in Southport. This doesn't address hidden poverty, elderly population and Higher Crosby - gaps in service provision in perceived affluent areas." CAB5

"Some surgeries need more sessions, e.g. - full day. Needs to be reviewed. Hub approach - referring into 1 surgery for a whole day." CAB5

4.2.4 Common issues

The interviews provided useful triangulation in several important areas (see Figure 1).

Figure 1 Key findings concerning the CABHO service, articulated by more than one group

Impact on practice	**Benefits to patients**	**Need for development**
Facilities provided acceptable[1,3]	Location within practice[1,2,3]	More training on what CAB offers/how to refer[2,3]
Effective multiple referral pathways[1,2,3]	Advice on problems outside GP expertise[1,2,3]	Need for more appointments in some areas[1,2,3]
No adverse impact on staffing[1,2,3]	Open, accessible service[1,2,3]	Need for more publicity[1,2,3]
Potential reduction in GP time[2,3]		
No issues concerning access to medical records[1,2,3]		

1 – Practice managers; 2 – GPs; 3 – CAB staff

4.3 Use of health services

4.3.1. Demographic data

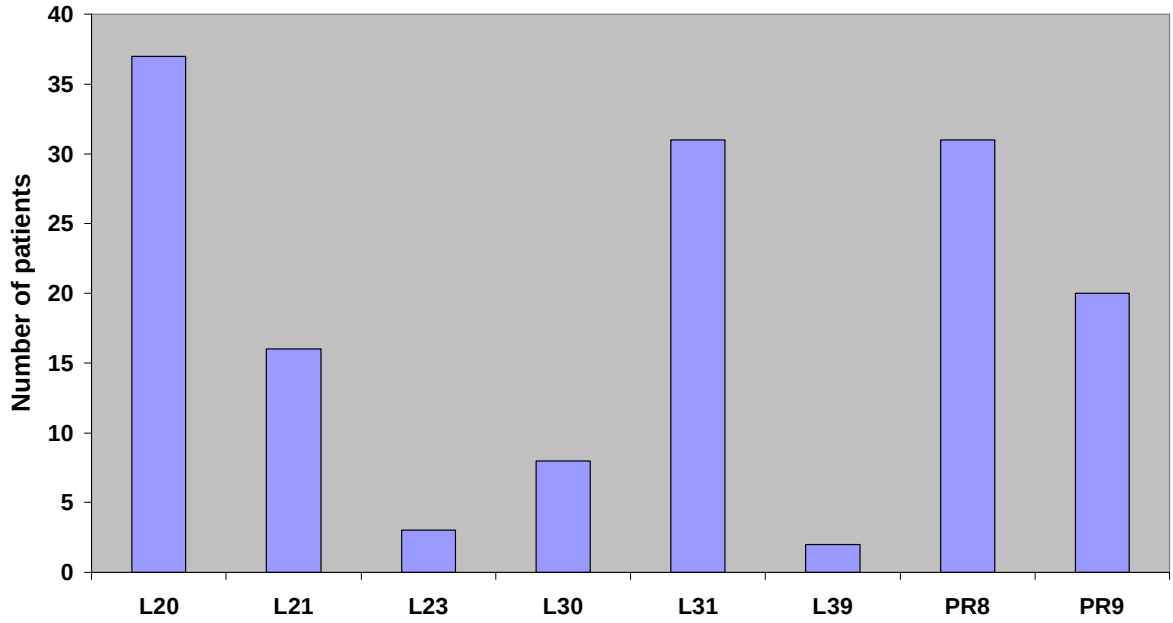
Six practices gave permission for the medical records of patients referred to the CABHO service to be accessed. A total of 148 records were examined in these practices, ranging from 8 to 36 per practice. More females than males had been referred to the CABHO service: 96 (65%) compared to 52 males (35%). The ages of the patients are shown in Table 1.

Age range	Number	Percentage of total
18 – 25	7	4.7
26 – 35	15	10.1
36 – 45	29	19.6
46 – 55	27	18.2
56 – 65	38	25.7
66 – 75	20	13.5
Over 75	12	8.1

Table 1 Age distribution of patients using CABHO service in six practices

Data suggested that there may have been four patients who self-referred to the CABHO service. The majority of patients live in deprived areas of the PCT, although there may be a small proportion who are not from areas of high deprivation (see Figure 1).

Figure 2 Distribution of patients referred by postcode



The overall changes in use of health services comparing six months before and after referral to CABHO are shown in Table 2. The greatest change seen was in the number of GP appointments, which reduced by an average of 0.63 appointments per patient, a total of 93 fewer appointments for the 148 patients. This reduction was statistically significant (p=0.009). The number of nurse appointments also reduced, but by a smaller proportion. However appointments which were related to mental health did not change, while referrals to mental health services showed a slight increase. All parameters showed considerable variability.

Parameter	Six months before CABHO	Six months after CABHO	Total change	Average change per patient	Greatest reduction	Greatest increase
Total appointments	938	819	-119	-0.80	-13	+9
GP appointments	715	622	-93	-0.63	-9	+11
Nurse/other appointments	223	197	-26	-0.18	-8	+6
Total acute appointments	276	281	+5	+0.03	-7	+8
Total mental health appointments	138	143	+5	+0.03	-10	+6
GP mental health appointments	119	133	+14	+0.10	-9	+5
Nurse/other mental health appointments	16	11	-5	-0.03	-3	+3
Mental health referrals	31	41	+10	+0.07	-2	+3
Antidepressant prescriptions	167	131	-36	-0.24	-8	+4
Hypnotic/anxiolytic scripts	55	32	-23	-0.16	-5	+4

Table 2 Changes in use of health services among 148 patients using CABHO service

There was an apparent reduction in the number of prescriptions issued for both antidepressants (22%) and hypnotics/anxiolytics (42%), the latter was statistically significant (p=0.015). Patients prescribed amitriptyline for pain have been excluded from this analysis. Overall, the total number of patients who were taking an antidepressant changed little between the two periods (3%), but there were ten patients who stopped use of a hypnotic/anxiolytic (44%), seven fewer on either drug type and four fewer who made use of any of the mental health services (see Table 3).

Parameter	Six months before CABHO	Six months after CABHO	Total change	Only before CABHO referral	Only after CABHO referral
Number of patients on antidepressant	38	37	-1	7	6
Number of patients on hypnotic/anxiolytic	23	13	-10	13	3
Number of patients on either drug	50	43	-7	13	6
Number referred to mental health	18	24	+6	6	12
Number using any mental health service*	68	64	-4	9	5

Table 3 Numbers of patients using mental health services before and after referral to CABHO service

* any practice appointment related to mental health, referral or issue of prescription

5. Discussion

5.1 Summary of findings

The CABHO service is viewed positively by practice managers and GPs and is perceived to benefit both their patients and the practices. The perceived benefit is borne out by the results obtained from the data obtained from a sample of practices, which indicate an overall reduction in appointments and prescriptions for some psychotropic drugs after patients are referred to the CABHO service, in comparison to a similar period before referral.

Locating a CAB service within practices poses no problems to practice staff and may have additional advantages in that the service may be perceived as more accessible and open than drop-in services located elsewhere. CAB staff perceive that clients seen are mainly, but not exclusively, referred by GPs or other practice staff and that they differ from clients seen elsewhere in the high rate of mental health problems present. This was supported by the data indicating that 71/148 patients referred (48%) were using at least one mental health service at the time of referral.

There are slight variations in the service between practices, relating to self-referral, access to medical records and duration and number of appointments. In general the service is felt by both practice staff and CAB staff to meets the needs of patients and practices, but there is a need for on-going advice for practice staff on what the service offers and who to refer. Promotion of self-referral within practices could also usefully be improved and there may be a need for expansion of the service in some areas. This supports previous research elsewhere, which has shown that practice managers would like service provision to be expanded, both within practices already hosting the service and those which do not.[2]

5.2 Strengths and limitations

The interviews involved all CABHO staff who provide the service and all practices where the service is currently provided, however only 2/3 of the practices, involving 59% of all patients referred, permitted medical records to be accessed.

No control group was included in this evaluation, to enable comparison of the use of health services in patients not referred to CABHO. However patients did act as their own control, using a before and after design. The design does not permit any other factors which may have influenced prescribing to be taken into account, but no specific initiatives relating to such prescribing were in place during the study period. The analysis excluded patients prescribed amitriptyline for pain, as far as it was possible to elicit this from the records.

6. Conclusions

The CABHO service demonstrates actual and perceived benefits to the NHS in terms of staff time and prescribing costs.
The evaluation found the primary care team perceived specific benefits in the provision of the service in-house and the availability of specific information in areas outside their expertise.
Both practice staff and CAB staff perceived that the provision of the service in medical practices reduces barriers and improves access for patients.
A significant proportion of patients who have used the service have mental health issues.

7. Recommendations

Expansion of the service through increased provision in existing practices.
Extension of the service to other practices, with those in highly deprived areas prioritised.
Training for GPs and other members of the primary care team should be provided on referral guidelines and what the CAB health outreach service can offer.

7. References

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Acknowledgements

We would like to thank all staff who gave their time to participate in the interviews and for sharing their views. We are also grateful to practice staff for providing access to medical records.