

# Advice in practice

Understanding the effects of integrating advice in primary care settings



Royal College of  
General Practitioners



# Executive summary

GPs play a crucial role at the frontline of the health service and are increasingly under pressure. At Citizens Advice we see first-hand the ways that people's health and wellbeing are affected by circumstances in their lives. Many people present to health practitioners with practical and personal issues that could be helped by advice, which adds to the demand on already stretched health services. There is a need to relieve unnecessary burdens on GPs to ensure they can continue to provide high quality patient care.

Across our service, we deliver outreach advice in over 500 health locations. We've undertaken this new research to further understand the role for advice within health settings.

Our research highlights the crucial role that integrated support services can play in helping both patients and GPs. We are therefore launching this research with the Royal College of General Practitioners (RCGP).

**We found that GPs in England and Wales continue to report that 'non-clinical' issues are raised by patients during consultations.** Consistent with previous research, GPs in England and Wales continue to estimate, on average, that patients' non-clinical issues take up almost one fifth of their consultation time (19%).

We wanted to learn whether co-locating outreach advice within GP surgeries, or as part of social prescribing models, can help improve people's health and wellbeing, help reduce some of the 'non-clinical' demand on health providers, and improve overall patient care.

**Most GPs in England and Wales think that when patients receive help from advice agencies, this leads to positive effects.**

**75%** of GPs said there was a positive effect on patients health and wellbeing

**72%** of GPs said there was a positive effect on the overall care for patients

**61%** of GPs said it had a positive effect on their ability to focus on and treat patients' clinical issues

**61%** of GPs said there were positive effects on the number of repeat visits about the same non-clinical issue

**53%** of GPs said there was a positive effect on the amount of time they spend on non-clinical issues in consultations.

**GPs in England and Wales who used co-located advice services were more positive about the effects of providing advice to patients than GPs who signposted people to support.**

Most GPs who signpost or refer patients to advice services see positive effects on people's health and wellbeing, and overall care. But we found evidence to suggest that the use of more integrated referral services is a factor in whether GPs see positive effects to do with the efficiency of consultations and demands on their time.

**Integrating advice into health settings can increase people's access to advice and support.** As part of this research we looked at case studies of existing GP outreach advice services. Within these services, 66% of the clients who received a referral from health partners said they would not have accessed advice without the support to do so.

**The experience of advisers and service managers is consistent with existing evidence about the link between providing advice and improving people's health and wellbeing.** Interviewees reported that they see advice has tangible effects on factors that are known to determine or affect people's health and wellbeing, such as income or stress.

**Delivering an advice service that works for GPs and surgery staff is a key factor to successfully integrating advice and support services.** The advisers and service managers interviewed all highlighted the importance of developing strong working relationships with health providers to successfully deliver these outreach services. Ensuring the advice service is receptive to the needs of GPs and staff in the surgeries is a vital component of a well used service.

**Services need to be provided in a way that works for all involved, patients, service providers and primary care workers.**

The findings from this research suggests integrating advice services within primary care settings, or as part of social prescribing pathways, can mean people are more likely to get non-clinical support needed to resolve practical issues affecting their lives. Providing advice to patients leads to positive effects for patients and also health providers. The qualitative element of our research suggested that for the potential benefits of advice to be realised, the implementation needs to be right. Services need to be provided in a way that works for all involved, patients, service providers and primary care workers. Considering health providers as a beneficiary of advice services will help to ensure services are delivered well and people can access the help they need.

## Introduction and background

General Practice is under increasing pressure. GPs play a crucial role at the frontline of the health system, but workloads have been growing in both in volume and complexity, while funding has declined<sup>1</sup>. There is a need to relieve unnecessary demands on GPs to ensure they remain able to provide high quality patient care.

At Citizens Advice we deliver advice and support to millions of people each year, including outreach advice in over 500 health locations. We see the ways that people's personal and practical problems, like debt or poor housing, cause detriment in other parts of their lives<sup>2</sup>. We also see how these issues are often caused by or affecting people's health and wellbeing, or their treatment.

This cyclical relationship means people often present to their GP when they are experiencing these personal or practical issues. These issues are often 'non-clinical', meaning they are not specifically medical, although they may be underlying or related to clinical health issues. We've found that 33% of our advice clients went to a GP or local health service before Citizens Advice<sup>2</sup>. People may be presenting to health providers because these 'non-clinical' issues are affecting their health, or because they don't know where else to go for support.

Understanding the broader context of people's lives is of course relevant in a medical consultation. But when health providers are spending time dealing with 'non-clinical' issues, or with the health issues caused by them, it places additional demands on already stretched health resources. In our previous research, 80% of GPs reported that dealing with non-clinical issues meant they had less time for other patients' health needs. The implied cost to the health service of this time was almost £400 million a year<sup>3</sup>. This causes knock on effects for patients and the NHS more broadly. Meeting some of these non-clinical demands would have positive effects on patients' health care and help relieve some pressure on GPs. But resolving practical issues to do with debt, housing or personal relationships can require specialist knowledge outside the expertise of health professionals.

We've undertaken this research to further understand the role for advice in supporting patients within primary care settings. Specifically, we looked at whether locating outreach advice within GP surgeries, or as part of social prescribing models, can help improve people's health and wellbeing, help reduce some of the 'non-clinical' demand on health providers, and improve overall patient care.

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<sup>1</sup> [Baird et al 2016. Understanding pressures in general practice. Kings Fund](#)

<sup>2</sup> [Citizens Advice 2017. National outcomes and impact research](#)

<sup>3</sup> [Citizens Advice 2015. A Very General Practice: how much time do GPs spend on issues other than health?](#)

## Methodology

With this research we wanted to gather new evidence about GP perspectives on advice and see if there are benefits for patients who receive advice. The RCGP Patients and Carers Partnership Group provided direction and guidance regarding the research design. We also wanted to learn more about the experiences of people who deliver advice in health settings. To do this we conducted the research in two parts:

### 1) We surveyed GPs across England and Wales

We commissioned ComRes to conduct a survey of GPs in February 2017. The research was conducted through an online omnibus survey of GPs in the UK, which is carried out on a monthly basis. Following on from previous research with GPs by Citizens Advice<sup>4</sup>, it asked about the demands of 'non-clinical' issues on GPs and collected additional evidence about how GPs viewed the role of advice within health settings and care pathways.

ComRes interviewed 1,006 GPs in the UK, including 837 in England and 49 in Wales, online between the 14 and 23 February 2017. Data were weighted to be representative of all General Practitioners in the UK by former SHA region. ComRes is a member of the British Polling Council and abides by its rules. Data tables are available in the Annex document and on the ComRes website. We have used the sample for England and Wales only in this report (n=886).

### 2) We used case studies of existing Citizens Advice GP outreach services

We looked in detail at GP outreach advice services being delivered by Citizens Advice across our network.

- We conducted 8 interviews (individually or with up to 3 people) with managers and advisers at Citizens Advice delivering advice outreach in GP surgeries (December 2016 - January 2017).
- Drawing on the themes identified from the interviews, we designed a short survey for advisers to complete with clients in the GP outreach over a 2 week period (January 2017, n=548).

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<sup>4</sup> [Citizens Advice 2015. A Very General Practice: how much time do GPs spend on issues other than health?](#)

## Demands on GPs and the role for advice services to address 'non-clinical' issues

As frontline health providers, GPs are often in contact with people who are experiencing practical issues in their lives. As part of this research, 886 GPs in England and Wales were surveyed about their experiences with patients' 'non-clinical' issues, and their attitudes towards the role of advice.

### GPs in England and Wales report that patients' continue to raise 'non-clinical' issues during consultations

We asked GPs to reflect on the past week<sup>5</sup> and estimate the proportion of time that was spent on 'non-clinical' issues during consultations, as well as whether they would say this had changed compared with the previous year:



**GPs in England and Wales estimated, on average, that patients' non-clinical issues took up one fifth of their consultation time in the last week (19%)**



**Almost all GPs in England and Wales have patients who raise 'non-clinical' issues during a consultation.** Fewer than 1% said they had not spent any of their consultation time in the last week on 'non-clinical' issues.

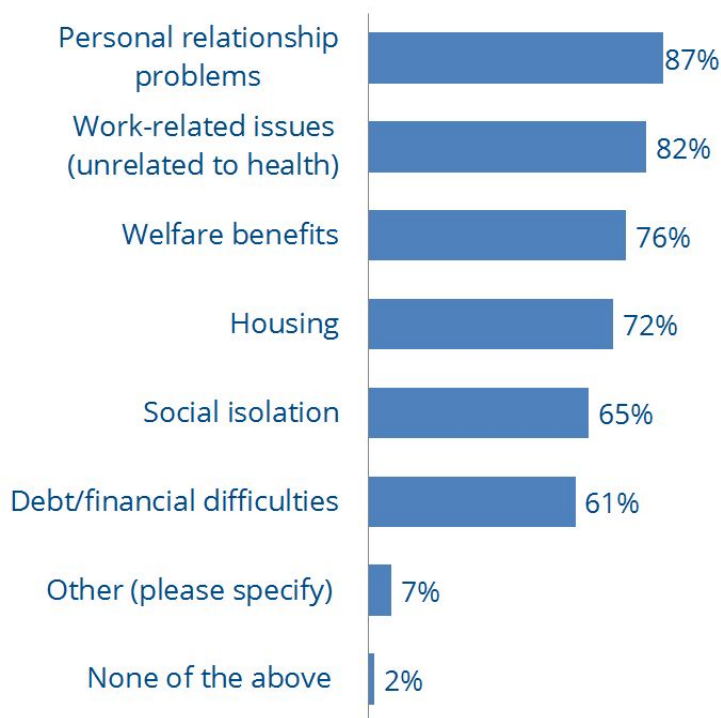
These findings are consistent with previous research<sup>6</sup>. In 2015, GPs in England also estimated that non-clinical issues took up almost a fifth of their time. In this year's study, 3 in 4 GPs in England and Wales (74%) reported feeling the amount of time they spend on these issues has increased in the last year – again, this is in line with previous findings. We think this indicates that GPs continue to feel pressured by the time they are spending on these 'non-clinical' issues.

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<sup>5</sup> This question was adjusted for this most recent survey to ask GPs to reflect on the past week rather than the past month (as in previous surveys) with the aim of improving the accuracy of estimates. The question now asks: Thinking about your consultations in the last week, approximately what proportion of your consultation time overall would you say was spent discussing 'non-clinical' matters with patients?

<sup>6</sup> Citizens Advice 2015. A very general practice: how much time do GPs spend on issues other than health? NB – findings reflect answer to previous question: Thinking about your consultations in the last month, approximately what proportion of your consultation time overall would you say was spent discussing 'non-clinical' matters with patients?

## The types of issues that GPs in England and Wales report patients raising are wide ranging



The most common non-clinical issues that GPs say are raised by patients are personal relationship problems (86%), work-related issues (82%), welfare benefits (76%) and housing (72%).

These are issues affecting key areas in patients' lives, and demonstrate the broad expertise needed to help resolve these for people.

## We believe these findings suggest there is a need for support services that can help patients with 'non-clinical' issues

We asked GPs in England and Wales how they addressed (if at all) non-clinical issues that are raised or identified as part of a consultation. Only 28% of these GPs felt able to adequately advise patients on these 'non-clinical' issues themselves. When these issues are raised, most said that they usually refer or signpost patients to an advice agency in the community (85%), and 17% usually refer or signpost people to an advice expert within the surgery. 52% of these GPs said they usually refer or signpost patients to a government agency. Only 1% said they choose not to assist with patients' 'non-clinical' issues, but 5% said that they feel unable to help.



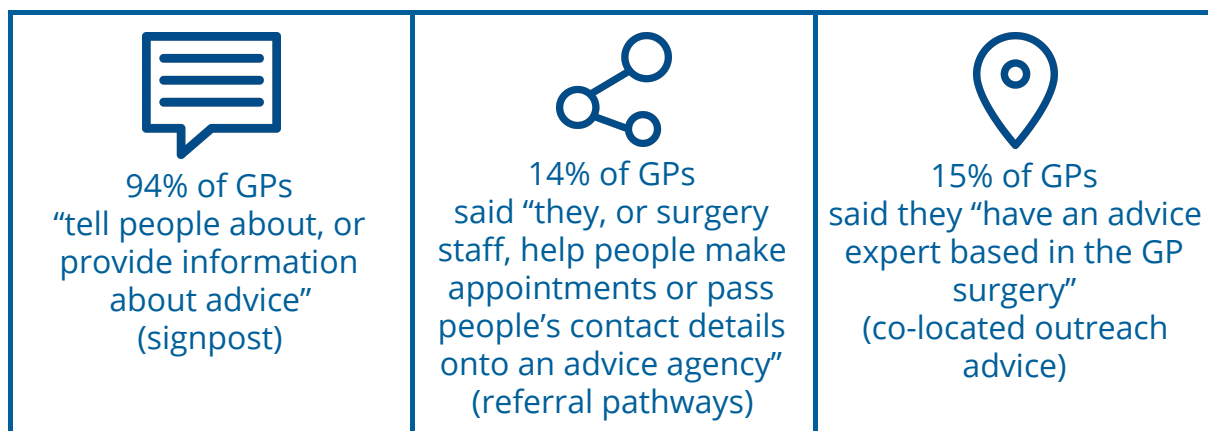
"If [there is] an agency available I will refer to them, if not I advise to the best of my ability, but I would not always consider this adequate"

**GP survey respondent**



## Most in England and Wales GPs ‘signpost’ people to advice, rather than using integrated referral pathways

We asked those GPs who said they either signposted or referred patients to advice agencies how they usually did this:



Nearly all of these GPs (94%) signposted patients to advice by telling them about advice services or providing them with information about advice services. Fewer of the GPs said they used more integrated pathways such as referral (14%) or outreach advice (15%), and 4% said they used ‘other’ pathways or approaches.







## Most GPs in England and Wales who refer or signpost patients to an advice agency or expert think there are positive effects when patients receive help from advice services

We wanted to know what GPs thought about the role of advice services in care pathways, and in particular whether they thought advice helped address any of the known effects from patient’s ‘non-clinical’ issues, such as the health and wellbeing of patients, or the time GPs have available to help treat patient’s medical issues.

We asked those GPs in England and Wales who signpost or refer to advice<sup>7</sup> whether there were positive or negative effects on a range of outcomes as a result of patients receiving help from advice agencies. Most of these GPs indicated there are positive effects when patients receive help from advice agencies. They were most likely to identify positive effects on patients’ health and wellbeing (75%) and overall patient care (72%), but a majority also identified benefits related to their ability to treat patients (61%) and to use consultation time efficiently (53%).

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<sup>7</sup> We asked all GPs who signpost or refer people to advice, either in the community or within the surgery.

When people are helped by advice experts:		
 <p><b>75%</b> of GPs see a positive effect on patients health and wellbeing.</p>	 <p><b>72%</b> of GPs see a positive effect on the overall care for patients.</p>	 <p><b>60%</b> of GPs see a positive effect on their ability to focus on and treat patients' clinical issues</p>
 <p><b>60%</b> of GPs see positive effects on the number of repeat visits about the same non-clinical issue</p>	 <p><b>53%</b> of GPs see a positive effect on the amount of time they spend on non-clinical issues in consultations</p>	 <p><b>50%</b> of GPs see positive effects on their ability to work with other service providers, and their satisfaction with their job</p>

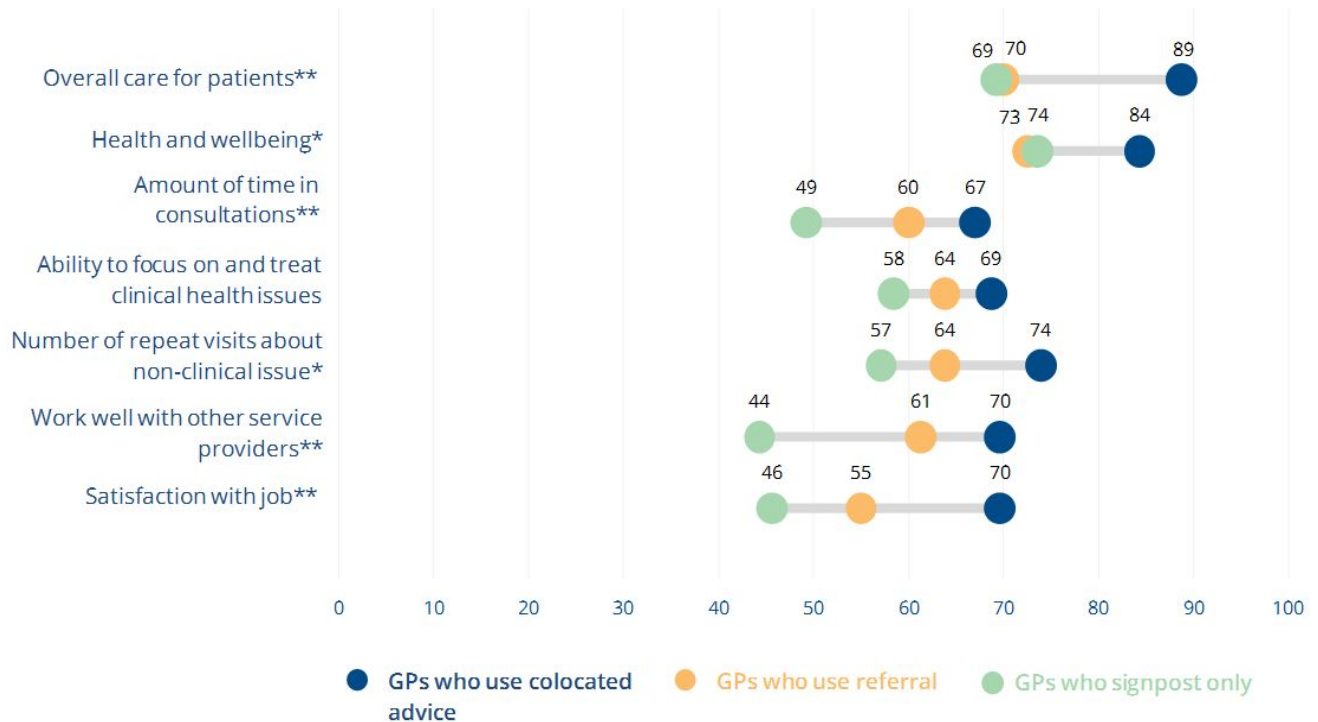
**GPs in England and Wales who refer patients to advice experts based within their surgery were more likely to be positive about the effects of advice - for patients and for themselves**

We categorised these GPs into three groups based on the way they referred patients to advice: those who an outreach advice service co-located with the surgery, those who use referral pathways and those who only signpost patients. If they used more than one method, they were categorised by the method considered the most integrated pathway. The majority (74%) of these GPs signpost patients to advice, 11% use referral pathways, and 16% use co-located outreach advice services.

We compared differences in how these three groups perceived the effects of advice. In every area we asked about, the group of GPs who used co-located outreach advice were more positive about the effects of advice than those who used other methods. The group of GPs using referral methods were more positive than the GPs who signpost to advice in all areas except for the effect on patients health and wellbeing, where the results were very similar. This suggests that while most GPs see positive effects on people’s health and wellbeing and overall care, the use of more integrated referral services is a factor in whether GPs see positive

effects on the areas to do with efficiency of consultation and demands on their time<sup>8</sup>.

### GPs who identified positive effects when patients receive advice (%)



The overall general positive attitudes of GPs towards advice provision is promising. The fact that GPs using more integrated advice models, such as co-location, are more positive about the effects of advice on factors associated demands on their consultation times highlights the need to focus on how to make these service models work well. Our case study research provided an opportunity to look into this in more detail.

<sup>8</sup> We have not included those who used 'other methods or said they 'don't know' in the further analysis. n=741. Categories marked \* were statistically significant to p<0.05, those marked \*\* were significant to p<0.01.

## Learning from advice services integrated within primary care settings

Citizens Advice provide support in over 500 GP surgeries and other health locations across England and Wales. For this research, we used case studies<sup>9</sup> to explore whether providing advice within primary care health settings leads to identifiable benefits to patients and to learn about the practicality of delivering advice in these locations. To do this, we undertook surveys of advice clients and interviews with advisers and advice service managers.

### Citizens Advice South Liverpool - Advice on Prescription

NHS Liverpool CCG commission Citizens Advice in Liverpool to work with 400 GPs across the city. The service operates across Liverpool and is delivered by 3 local Citizens Advice in partnership. For this research we worked specifically with South Liverpool.

In this service, GPs prescribe an advice appointment as part of their overall treatment. GPs, and some approved health partners, make electronic referrals to the advice team who then work with patients to solve a range of practical problems.

### Citizens Advice Derbyshire - Advice in GP surgeries

Advice is available in 98 GP practices across Derbyshire. This is a long-standing programme, originally commissioned by the NHS and now by Derbyshire County Council. This is delivered by 4 Citizens Advice in partnership.

People are signposted or referred by GPs or health professionals in the practice. In some locations, the appointments are managed by reception staff within the GP practice, integrating this into the services offered by the GP practice. People who attend the GP surgery can also book appointments directly.

This service covers a large geographical area, with a mix of towns and rural areas. This service integrates advice into the health setting, but also means people in rural locations have improved access to outreach advice locations.

### Services are tailored locally to meet patients' and health practitioner needs

The Citizens Advice each deliver their service within multiple GP practices in their local area, providing a pathway to refer patients in need of practical support. The case studies include urban and rural locations. The service delivery models of each of the case studies reflect the needs and requirements of GPs and surgery staff, and therefore vary in some aspects of the referral process, such as the extent to which patients could 'self-refer' to advice and how appointment bookings were managed.

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<sup>9</sup> Case Study information is drawn from Citizens Advice Derbyshire, Citizens Advice Camden and Citizens Advice South Liverpool.

## Providing advice within GP surgeries makes it easier for people to access advice - people in need are more likely to get help as a result.

Surveys of clients using GP outreach services showed that the majority of people who were referred to advice by a health professional identified this encouragement was an important factor in helping them access this practical support. Of those referred to the GP outreach service from a health partner, 66% said they would not have accessed advice without this help and encouragement. When we asked people why they had attended the advice outreach in the GP surgery, rather than another location:



**2 in 3 people** referred to the GP outreach service from a health partner said they would not have accessed advice without this help and encouragement.



**4 in 5** clients said they had come to the GP outreach because it was easier or more convenient for them.



**3 in 5** clients said they felt more comfortable attending advice in the GP surgery.



Just **over half** of the clients said it was easier for them to arrange an appointment through the GP surgery.



Almost **1 in 3** said that they liked that the advice in the GP surgery was discreet and it was not obvious that they were accessing advice.



Fewer than **1 in 10** clients said the location did not make a difference to them.

The advisers and service managers we interviewed highlighted the importance of making advice accessible. They identified that the continuity of service in the GP outreach model helped to reach people who might otherwise be likely to disengage if they were signposted between services. Similarly, they identified that being able to offer set appointment times, with the same adviser each week, within a familiar and convenient setting were key benefits for people who used the service. This was seen to be particularly important for people who experience anxiety or mental health problems that can make waiting at 'drop in' services difficult.

# How GP outreach works - And why this makes a difference

## This is Anne.

Anne has a consultation to discuss her respiratory condition, which has been getting worse in recent cold weather.

**Anne's story shows how our advice supports patients in GP settings.**



While discussing her health problem with her GP, Anne mentions she's been using the heating less as it's so expensive to run. She seems anxious and stressed about her financial situation.

Advice sessions are held within the GP surgery at regular times each week or fortnight. The same adviser will usually be available each session, providing continuity in the service.

The GP recommends Anne makes an appointment with the Citizens Advice in the surgery.

Health professionals identify that a patient has a 'non-clinical' issue and refer them to the advice service held within the GP surgery.

Anne speaks with the receptionist to arrange this.

Patients can sometimes 'self-refer' by booking advice appointments directly themselves.

Anne discusses her situation with the adviser, Ben. They discuss ways to reduce spending on energy bills and maximise Anne's income.

Advisers support people with a range of practical issues, often including benefits, housing and money advice.

Ben finds Anne is not claiming all of her benefit entitlements, so helps her complete the paperwork to correct this.

These types of problems are often interrelated, meaning advisers will unpick the underlying issues, then work to help the client resolve them.

Ben also helps Anne compare energy tariffs to look for the best deal, and checks if she is eligible for additional support or discounts from her energy supplier because of her condition.

If needed, advisers also connect people to other services within Citizens Advice, such as specialist debt advice.

Following advice...

Anne is less stressed and focussing on her health feels more manageable.

She has some additional income and reduced her energy bills, meaning she can use the heating more often and keep her home warmer.

She is keeping up with her treatment and her respiratory condition is improving, meaning fewer GP appointments.



## **The experience of advisers and service managers is consistent with existing evidence about the links between providing advice and improving people's health and wellbeing**

Interviewees reported that they see advice has tangible effects on factors that are known to determine or affect people's health and wellbeing, such as income or stress. Some highlighted that they see how resolving the practical problems people are facing can mean people are more able to focus on and engage with their health and treatment. Our case study research didn't include 'follow up' research with clients about direct effects on their health. But the experiences of these advisers and service managers support the results from the survey of GPs, as part of this research, and existing evidence about the positive effects of advice on people's wellbeing<sup>10</sup>.

### **Our previous evidence about advice and health**

In a recent national survey of our clients, 70% of the people we helped said they felt less stressed and 46% said their physical health improved after advice. This was also true for people with existing health conditions who required additional support from health services as a result of their problem. 57% of these people said they were better able to manage their condition after coming to us.

## **Providing an advice service that works for GPs and surgery staff is a key factor to successfully integrating advice and support services**

The advisers and service managers interviewed all highlighted the importance of developing strong working relationships with health providers to successfully deliver these outreach services. Interviewees were acutely aware of the demands on health providers. They recognised that a key factor in the success of these service models was understanding the needs of health providers and ensuring advice delivery complemented the way they work. It was seen as essential that advice became an integrated and visible part of the care pathway for patients without creating unnecessary administrative burdens for already pressured health workers and GP staff.

Ensuring the advice service is receptive to the needs of GPs and staff in the surgeries is a vital component of a well used service.

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<sup>10</sup> Citizens Advice 2017. The difference we make: our impact in 2016/17



## Conclusions

This research has given us valuable further evidence about the role for advice services to address patients' 'non-clinical' issues, and the benefits of integrating practical support within health settings.

This has reinforced previous findings that 'non-clinical' issues continue to place demands on already stretched GP time, and that most GPs don't feel equipped to deal with these issues on their own. Resolving patients' 'non-clinical' issues requires support that can meet their varied needs. Advice is one important component among a range of support options. We know there are lots of services, both in our own advice network and beyond, that are working to address the needs of patients and health providers.

The combined research has produced supporting evidence that providing advice within health settings or pathways, can help people access practical support, which can then lead to improvements in their health and wellbeing. Our findings suggest the integration of this support, through co-locating services, is an important factor in whether GPs that providing advice to patients leads to positive effects on the efficiency of consultations and the demands on their time.

Qualitative evidence from the case studies showed that for advice within health setting to be effective, two essential components are developing strong working relationships and a service model that works for health providers and practice staff as well as patients.

We are undergoing a service design process to further understand patient experiences and the factors that help successfully integrate advice into health settings. We welcome further research and testing of services to strengthen evidence about what makes effective referral and social prescribing pathways, especially approaches that enable organisations understand more about the health outcomes for patients who receive practical support.

# Advice in practice

## Understanding the effects of integrating advice in primary care settings



Free, confidential advice. Whoever you are.

We help people overcome their problems and campaign on big issues when their voices need to be heard. We value diversity, champion equality, and challenge discrimination and harassment.

We're here for everyone.

Citizens Advice is an operating name of The National Association of Citizens Advice Bureaux. Registered charity number 279057.



Royal College of  
General Practitioners

The RCGP is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 52,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. RCGP is an independent professional body with expertise in patient-centred generalist clinical care. Registered charity number 223106.

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