



Advice in Wandsworth Community Health Settings

Experience from the Advice Services Transition Fund
(ASTF) Outreach Advice Pilot Projects



Disability and Social Care Advice Service

Wandsworth Carers' Centre



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Outreach Advice Pilot Projects

Description of Advice Pilot Projects

Regular Adviser presence was provided by Age UK, Wandsworth Carers' Centre and DASCAS in 4 different health settings; Putneymead Group Medical Practice, Bedford Hill Family Practice and Earlsfield Practice, and St John's Therapy Centre respectively, weekly or fortnightly for two years.

These projects will finish at the end of September. What has been learned?

- **Uptake** was slow and it took the full two years to build up public and professional awareness of the service in the Health Centres with the exception of one practice approached later but where the staff welcomed and valued the service and made the appointments from the outset.
- **Promoting the service** Many methods were tried:
 - Posters on the Health Centre notice boards (but these tended to get buried). Also, in one case, local pharmacies and Sheltered Housing.
 - Leaflets handed out by Receptionists or Adviser to targeted patients attending the centre- more effective.
 - Message on the waiting room video screen
 - Regular weekly (as opposed to fortnightly) Adviser presence increased awareness
 - Display stand offering open access attracted passing Health Centre traffic for brief advice which could be followed up with an appointment
 - Feed back to Health Staff re outcome of referrals encouraged use
 - Attendance at Practice/Health Centre meetings gave health professionals an outline of benefits system and other advice options and when to refer.
 - Presentation to receptionists' and GPs team meetings
 - Advertisement at the local MP surgery
- **Referral systems**
 - Advice appointments on GP "emis" appointment system which were entered directly by the GP/health staff during patient consultation worked better than reliance on the patient asking the receptionist afterwards.

Confidential appointments of appropriate length made after short triage exchange in more public space with Adviser who then made appointments used time well
Some clients referred by GPs did not, for reasons such as dementia, know why they had been referred for advice

- **Commitment of medical staff**

It varied from setting to setting. Negatively constrained in a Health Centre where limited to only accepting referrals from GP's. Advice sited in a larger Health Centre effectively extended the range of referrers to Practice Nurses, OTs, CMHT, as well as GPs

Med staff emis booked referrals did not specify the nature of the problem so Adviser still needed time to diagnose the nature of advice required

Some NHS staff used the Adviser as an informal source for information which they conveyed directly to patients themselves

Liaison with GPs was often difficult even though based in their Health Centre

- **Resources used/desirable in Health Centre for Advice sessions**

1. Access to a private room for confidential interviews
2. Appointment slots need 45mins
3. Telephone. Use of landline in interview rooms and adviser mobiles- but poor mobile signal St John's during Open Access session
4. Internet access. Too slow to search for information on line when with a client. Used a Dongle in St Johns where there was no access to Centre broadband systems. Where Advisers were permitted to use emis patient systems their access was mostly limited use for appointment making and patient contact details -no substantive access to reasons for referral or medical information
5. Reception services via GP reception or at St John's Centre Administrator to make appointments and organise flow.

- **Nature of Advice provided** Standard package was a 'welfare check' exploring any concerns about money, housing, unmet care needs, social connections, and wellbeing.
Specifics (in order of frequency)

Benefits with good outcomes for Attendance Allowance and other claims.

Housing (Repairs and arears)

Debt

Many sessions were mainly diagnostic with referral on to appropriate specialist organisations

In one Health Centre there was a higher proportion of elder care issues probably reflecting patient demographic and adviser skills

General information eg clubs, gardening etc. Advisers used leaflets which could be handed out on then and there or sent information to the client after an internet search. On the spot internet searches took too long and nor were there printer facilities available.

- **Observations about Advice sessions in Health Centres**

Little/no feedback from specialist casework agencies when referred on so not clear if clients were satisfied or did reach them

Clients were often reluctant to go beyond their own locality to specialist service.

Once in contact with an Adviser clients reluctant to change to another

Positive feedback to GPs promoted more use of service

Advisers increased medical staff's knowledge of benefits and services -often in ad hoc contact but also attendance at meetings.

In the main, modern and comfortable settings

Wandsworth Age UK felt that their outreach referral patterns which were more focused on care might reflect the professionals' expectations of this well-known national brand.

Both Age UK and DASCAS found that the Outreach resulted in more clients being fed into their mainstream services but this was reported as less evident in the case of the Carers' Centre.

- **Outcomes**

Mostly very positive feed back

Access for patients who would have been unlikely to seek help through existing advice agencies

Able to cover a wide agenda of later life issues such as care at home

Clients were given a lot more time than they would have received from GPs alone.

Offered access to a range of third-sector, and statutory, services that the NHS staff may often not be familiar with.

Cost-effective approach for the NHS, to the non-medical issues of health and wellbeing.

Advice *Through* or *In* Health Settings?

Health Centre based Advice

<u>Advantages</u>	<u>Disadvantages</u>
Easy local access for patient	Adviser time wasted when sessions are not used or patients default on appointments
More interaction between Health and Advice personnel easier casual information sharing	Away from base office Adviser does not have access to a full range of advice information resources
Client/referrer does not need to be able to identify appropriate specialist advice agency because Generalist Adviser provides triage	Advice mostly limited to generic diagnostic intervention not specialist
Opportunities to raise awareness of health staff re non- medical benefits and services	Often requires further referral to specialist agency anyway
Skilled triage to other agencies	Sessions vulnerable to staff absences no flexible cover
Some access to patient emis systems to provide contact details and appointments	Limited access to internet and patient emis systems

Alternative HUB system

<u>Advantages</u>	<u>Disadvantages</u>
For busy Medical staff -easy referral to one point, but they would need to specify the nature of advice required.	Patients/clients easily lost when passed from agency to agency
Direct referral to the appropriate agency only one appointment for client	Less easy information sharing with Med staff
Expert advice first time	Not a local service -patients less likely to attend agencies far from home
Adviser would have access to all appropriate resources	Fewer opportunities for education of Med staff re non-medical benefits and services ,
Adviser has cover and back up support available	Triage input required from Hub
Client has a contact point between sessions	