

An Evaluation of Advice on Prescription

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What good does it do to treat people and send them back to the conditions that made them sick? ...if we do not tackle these everyday practical issues then we are fighting the clinical fight with one hand tied behind our back".

Prof. Michael Marmot

Background

The Advice on Prescription service has been commissioned by Liverpool Clinical Commissioning Group (LCCG) for GPs and Primary Care staff. It is a treatment option for GP teams to support patients with non-medical i.e. practical needs. This an anti-poverty initiative that reduces non-medical presentations by targeting those most vulnerable to mental distress. The service covers a population of 514,000 and covers 93 practices with 400 GPs, and targets patients who have combinations of long term conditions, mental distress and social hardships.

We know that up to 20% of presentations to GPs are for non-medical matters and that the majority of GPs feel unable to respond adequately to requests for advice and support in relation to non-clinical issues

Long-term conditions are associated with social class and type of education and people in the poorest communities have a 60% higher prevalence of long term conditions than those in the richest. Low income, rising debt, poor housing and insecure employment exacerbate ill health.

National figures cited by the Royal College of Psychiatry indicate that :

- One in four adults will have a mental health problem at some point in their life
- One in two adults with debts has a mental health problem.
- One in four people with a mental health problem is also in debt.

£ £580,000 annually

Staff team of 13 WTE

190 Advice Clinics a month providing 760 appointments

Income maximisation is achieved through a combination of ensuring that all appropriate and eligible income is secured and that this is spent in the most efficient and effective way.

Summary of Key Findings

- The service is designed and implemented in line with evidence of best practice
- The service is well-used, wanted and needed. Reported GP satisfaction is high and feedback from service users is positive
- Household incomes are significantly increased, with correlating increase in self-reported wellbeing, indicating the service is helping to mitigate the impact of poverty on (mental) health outcomes.
- The service targets those with greatest need and complexity. Service users are less likely to use high street bureaux, and present with higher levels of need
- People attending the service have a wide range of mental health needs and social/financial problems to resolve.
- The service needs to be flexible in terms of accessibility and response.
- Referrals increase and decrease in line with dedicated promotions by AoP service liaison worker
- Importance of developing meaningful links, agreed protocols and inter referral relationships with Trusted Partners from the 'Communities of Practice'

Evaluation Methods :

The purpose of the evaluation is to assess the quality and impact of the intervention at each stage of the pathway in terms of alleviating poverty experienced by the target population and mitigating its impact on mental health outcomes.

A full case-study of the project, including its design and implementation, service model, activities and reach, outcomes for people accessing the service and outcomes for communities and systems.

Three phase approach incorporated :

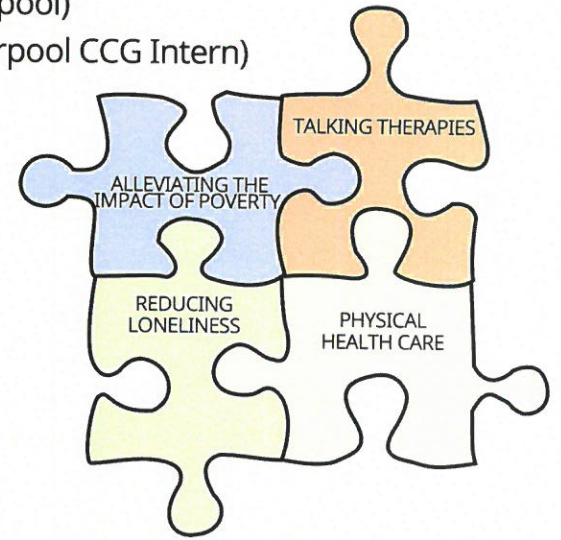
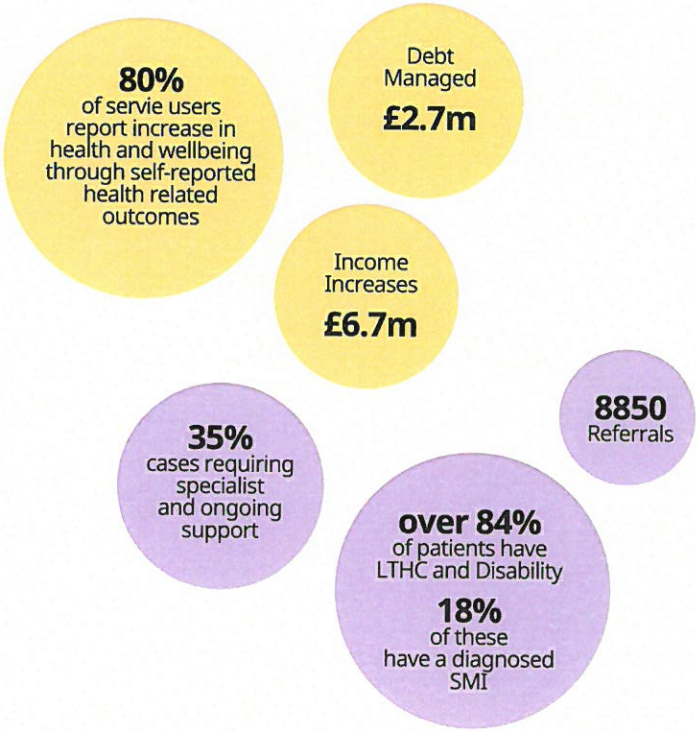
- Review of literature, including research evidence, grey literature and previous evaluation reports, and other documents relating to service delivery.
- Desk top analysis of records pertaining to the project including investment of financial and human resources, service delivery model, performance data and routine outcome monitoring, steering group meetings etc.
- One-to-one interviews with people who have used the service.

Next Steps

- Service Users Interviews
- Further Detailed Analysis
- Discussion of interim findings

References

1. Joining the Dots Integrating practical support in mental healthcare settings in England Mette Isaksen and Richard Williams 2017
2. Marmot M, Atkinson T, Black C, Broadfoot P, Cumberledge J, Diamond I. Strategic Review of Health Inequalities in England post-2010: The Marmot Review. UCL Institute of Health Equity, 2010.
3. Royal College of Psychiatrists July 2017

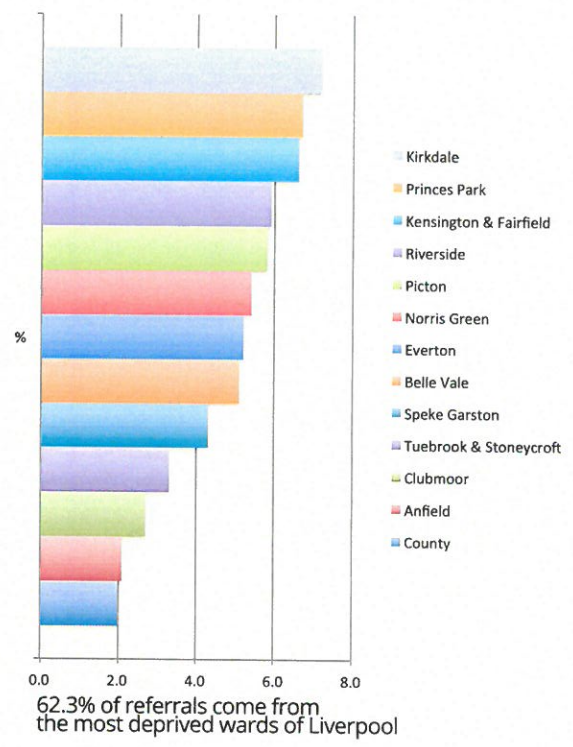
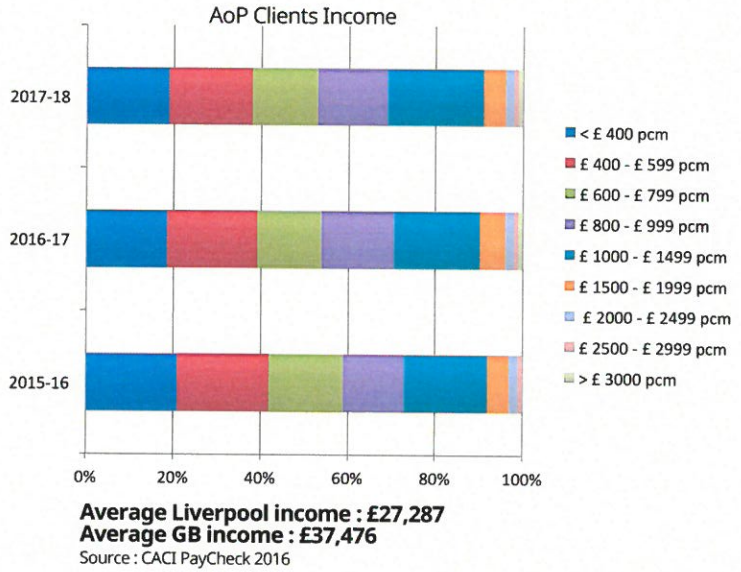
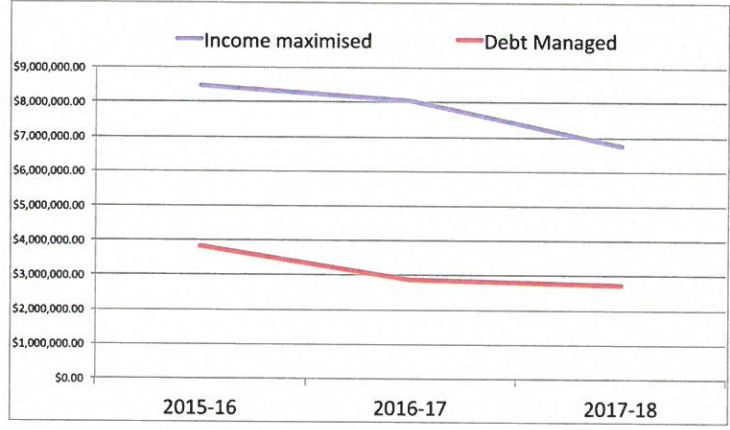


"It can reduce the need for patients to keep returning for GP appointments about practical issues... when a patient can go to the appropriate service to discuss various problems this in turn frees up valuable consulting time, & enables the GP to see more patients."

Liverpool GP

"Advice on prescription is a valuable addition to the range of services available in primary care and has helped some of our most vulnerable patients. It is difficult to imagine now being without this support."

Liverpool GP



"This service has ... made a real difference in what we can offer people who are struggling and anxious who otherwise would really struggle to access appropriate support".

Healthwatch Liverpool

"I couldn't cope and the housing were after me to pay the rent arrears, I didn't know what to do, I couldn't focus and the fear of losing my home was making me feel sick. My GP referred me to APP for support and they helped me with my debts..."

"When my Mum was diagnosed with terminal cancer, I knew that I would care for her, but I didn't know how I could afford to give up work. With the help of the APP worker, I was able to claim Carers Allowance and budget for the next 3 months. They also helped my Mum to claim health benefits and this helped so much"