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From Prescribing to Advising: ‘A Weight Lifted Off My Shoulders’

AN EVALUATION OF CITIZENS ADVICE MANCHESTER’S
GP ADVICE ON PRESCRIPTION SERVICE

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Executive Summary

The project

This report has been commissioned by Citizens Advice Manchester to provide an evaluation of Citizens Advice Manchester GP Advice on Prescription Service. The service is funded by Manchester CCG for four years, and is now in its second year. There is increasing evidence that shows how much of GPs time is taken up supporting patients with non-clinical issues. This is costly in terms of both time and money. In a similar way to a GP prescribing medication to a patient, with this referral process, the GP offers their patient a direct line to an advisor at Citizens Advice Manchester where they can be offered advice and support on the issues that are the possible causes of their ill health. The Advice on Prescription service currently operates within 24 surgeries across the Greater Manchester area and by January 2018, 441 clients had used the service and the service had received 1315 unique referral issues.

The evaluation has been carried out by members of the Manchester Metropolitan University's Q-Step Centre. Adopting a mixed methods approach, quantitative and qualitative data was collected from clients who had used the service. 59 respondents who had used the GP Advice on Prescription service completed a telephone survey and an additional 7 took part in a semi-structured interview. Expert interviews were carried out with three clinicians and practice managers, and two members of staff at Citizens Advice Manchester. Outcomes data from 102 cases was also used, which includes the financial benefits to the client resulting from the advice received.

The key findings from the evaluation show that around a third of clients called had multiple issues for which they required support. In most instances, the issue was resolved quickly and at the point of first contact (64.3% n282). The majority of the issues related to benefits (53% n31). Most clients using the service found it to be beneficial to their health, and stated that they saw improvements to the situation about which they had sought support both from their GP, and Citizens Advice Manchester. Of the cases that had been resolved and were financial in nature, the average increase to the clients was **£3,833.01**. However, the range of this figure is £140 to £17,143.88. For these 102 clients for which there is Outcomes data, the Advice on Prescription service had provided them with a sum total of **£337,305**.

Opinions towards the Advice on Prescription service from the 59 respondents taking part in the survey were extremely positive:

- 92% (n45) were happy with the time taken to be called by from Citizens Advice Manchester;
- 64% (n25) were called back on the same day as they were referred, with a further 13% (n5) being called back the next day;
- 74% (n34) stated that making the call for advice resulted in the issue being resolved.

Reasons for some clients' issue not being resolved at the first point of contact were:

- The need to pass the client on to another organisation;
- The need for a face-to-face meeting at a Citizens Advice office.

Looking at the health implications of using the GP Advice on Prescription service, 83% (n38) of survey respondents stated that the issues they were experiencing were affecting their health. However, looking at respondents' self-reported health after receiving advice, there is a substantial increase for both males and females.

Exploring findings from the expert interviews shows the importance of Citizens Advice continuing to develop and maintain partnerships between themselves and medical practitioners. Part of this work is

to help identify potential barriers to referral by GPs, and ways in which they can be overcome. Doing this will promote the Advice on Prescription service and also build the necessary confidence in the advice service to which GPs are directing their patients.

Recommendations

Project Recommendations:

- Whilst this is a small-scale project, there is good evidence that the Advice on Prescription service can save consultation time for GPs. To support this, we recommend that additional resources be put into developing and maintaining partnerships between GP surgeries and Citizens Advice Manchester
- Rolling the Advice on Prescription service out to other frontline medical professionals and practitioners (e.g. community nurses) will help to reach those people in need of advice but unable to attend their GP surgery.
- Continuing to visit surgeries with low levels of referrals will help to identify any barriers to referring patients, and how these may be best overcome. This could include a reminder of the different referral options for patients as a means to assist surgeries to effectively integrate the Advice on Prescription service into their practice.
- Consider alternative methods of self-referral. E.g. whether a tablet would be feasible to install in a practice where an individual may not wish to speak due to a lack of privacy

Data Recommendations

- To develop a clearer picture, it will be useful to record the number of times a referral is made by an advisor to a third sector organisation partnered with the service. In addition, it will be beneficial to record the occasions where an advisor has a discussion about this with clients, whether or not it leads to a referral.
- It will be useful to get feedback from the third sector organisations referred to by the Advice on Prescription service. Whilst it can be hard to capture data of this nature, if it is possible to identify, anonymously, the number of people who have accessed other third sector organisations after finding out about them through the Advice on Prescription service, this would be important information for the service.
- Due to the nature of the Advice on Prescription service, it might be useful to record the number of new clients who access Citizens Advice for the first time through this service
- Collect data relating to the health and wellbeing of clients at the beginning and end of the advice experience.

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Project Background

This report has been independently produced by Manchester Metropolitan University's Q-Step Centre to provide an evaluation of the Citizens Advice Manchester Advice on Prescription Service. The service has received funding by Manchester CCG for four years, and is currently in year two of its funding. The aim of the service is to provide support to people who might be in need of it, and to make it easier to access this support. Given that there is a link between a person's social circumstances and their health and wellbeing (Marmot, 2010), it is not surprising that GPs report that patients frequently discuss non-clinical issues during consultation times (Caper and Plunkett, 2015). The Citizens Advice GP Advice on Prescription service therefore aims to reduce the number of people who speak to their GP about a non-clinical issue.

In order to do this, Citizens Advice Manchester has put instant access phones into GP surgeries. Where the phone is placed in the surgery depends on the space available: this may be a designated room, the waiting room, or at the reception. To use the phone, rather than having to dial a number, the service is accessed by lifting the receiver, which connects individuals to an advisor. Depending on the preference of the individual making the call, advice can be given at the initial point of contact, or if they would prefer, they can be called back at a more convenient time. An individual can therefore refer themselves into the Advice on Prescription service. However, should they not feel comfortable making the initial call, they can also be referred in by their GP, or by an external third sector organisation partnered with this service. In addition to supporting individuals to resolve their advice needs, the Advice on Prescription Service also, where appropriate, connects people to relevant local organisations for support around other specific needs.

The Advice on Prescription service initially began in nine surgeries in Manchester. It now operates in 24 surgeries across the Greater Manchester area. This report provides an evaluation of the service, and makes recommendations for its future development. It is comprised of anonymised client data captured by Citizens Advice Manchester, combined with survey and interview data captured by the research team at Manchester Metropolitan University.

Context

The link between a person's social circumstances and mental and physical health inequalities is well established (for example see Wilkinson & Marmot, 2003; Marmot, 2010). Taking debt as an example, the Department of Health (2011), reported that 8% of people with no mental health are in debt, compared to 24% of people with depression and anxiety, and 33% of people with psychosis. Jenkins et al (in Parkinson and Buttrick, 2015) identified a link between debt and drug and alcohol dependency: when compared to people with no debt, those in debt have twice the rate of alcohol dependence and four times the rate of drug dependence. Where people receive advice relating to their social circumstances, this has been found to improve their health and wellbeing, and reduce their stress and anxiety (see Cain et al, 2015; Allmark, 2012; Adams, 2006). In addition, Abbott et al's (2005) study of the provision of welfare benefits advice in primary care settings found that income increase leads to a statistically significant decrease in bodily pain. They suggest two possible reasons for this: firstly, that stress and anxiety about money can mean that it is more difficult to tolerate physical pain; and secondly, the reduction or alleviation of concerns about money or other social problems could mean that people are better able to explain their symptoms to medical practitioners, leading to more effective treatment. The issue here is that many of these socio-economic factors are causally linked to a person's health, and their local GP is limited to what she/he can do to support his or her patient with their clinical issues. This is where the notion of social prescribing becomes relevant.

Social prescribing is a catch all term that refers to the idea that patients can be referred to community-based services by their healthcare provider (see South et al, 2008; Cawston, 2011; Nesta, 2013, Dayson and Bennett 2016). Given the link between a person's social circumstances and their physical and mental health, social prescribing offers the possibility of signposting to a community organisation better equipped to help address a person's non-clinical issues. For example, a referral to Citizens Advice could help to address debt or other social issues affecting the individual. By tackling the socio-economic factors surrounding a person's poor health, social prescribing supports medical professionals in taking a more holistic approach to treating the individual, addressing not just the illness or medical condition, but also the potential underlying causes of the patient's ill-health (Chatterjee, Polley and Clayton 2018).

Social prescribing has the potential to have a significant impact on the use of GP's time. A study by Caper and Plunkett (2015) found that in England, GPs spend an average of 18.8% of their consultation time on non-clinical issues such as housing, debt and social isolation, whilst 60% of GPs in England spend up to 29% of their consultation time on non-clinical discussions with patients. This, according to 80% of GPs surveyed, decreases the time available for other patients' clinical issues, with estimates that non-clinical demands cost the NHS at least £395 million per year (Caper and Plunkett 2015). Kimberley (2016) estimates that the social return of social prescribing to be around £1.20-£3.10 for every £1 spent. Referral of patients' non-clinical matters to external agencies therefore has the potential to reduce the amount of time and money spent by GPs on non-clinical matters. One barrier to the success of social prescribing is uptake of GPs and their lack of understanding (Chatterjee, Polley, and Clayton (2018). Given the link between an individual's social circumstances and physical/mental health, this proactive approach means that, with the necessary training and confidence, GPs can signpost their patients to external agencies. In doing so, patients in the care of their GP are empowered to care for themselves, potentially preventing the need for more costly and complex interventions at a later stage.

As well as longer term cost savings to the NHS, social prescribing also offers the potential of improving the health and wellbeing of individuals in a variety of areas. Chatterjee, Polley and Clayton (2018: 18) suggest that this includes 'self-esteem and confidence, improvements in psychological or mental wellbeing, reduction in anxiety and depression, improvements in physical health'. A qualitative

investigation by Moffatt, et al. (2016) also found that their participants, who all experienced multiple and complex health issues, experienced positive health improvements but also improvements in healthier behaviours such as healthier eating, weight loss and increased physical activity. As highlighted above, the simple act of receiving advice has the potential to ameliorate the damaging health impact of issues such as debt.

The current research project will therefore investigate the experiences of those involved in a social prescribing programme, known as Advice on Prescription, developed by Citizens Advice Manchester.

Case Study - Richard

Richard referred himself to Citizens Advice Manchester through the Advice on Prescription service, having seen a noticeboard sign within his GP surgery. Richard and his family had experienced a house fire, and needed 'support services to help us get over what was a traumatic experience'. Richard says that he and his family needed help with 'everything: insurance; counselling; reporting certain things that needed to be reported'. He describes the availability of this service at his GP surgery as 'a nice olive branch', as he had previously been feeling 'like the whole world was against me'. His initial contact with CAM resulted in him having made 'two or three pages of notes', and having been 'put in touch with all sorts of things'. The service, Richard says, 'gave me the boost I needed at that time when we were really down: it was just what we needed, a shot in the arm. It provided me with the networks and services I needed.'

Methodology

Approach

Using a mixed methods approach (Johnson & Onwuegbuzie, 2004), the study utilised both quantitative and qualitative methods. The benefits of using a mixed methods approach arise from being able to triangulate findings from the different types of data. The data came from a range of sources. The quantitative data was collected from all clients who were referred to Citizens Advice Manchester. A smaller sample also completed a short survey that explored the views and experience of using the GP referral service. The qualitative data was generated from semi-structured expert interviews a number of GP surgeries and the Citizens Advice project coordinator. We also carried out follow up semi-structured interviews with a small sample of clients who had used the GP referral service to add further depth to the evaluation.

Recruitment

Clients who were referred to the Advice on Prescription service were asked if they would take part in the survey. They were also asked if they would participate in a follow up semi-structured interview where they could further discuss their advice experience in more detail. In addition, all GP surgeries taking part in the project were invited to participate in a follow up semi-structure interview to discuss their experience of the Advice on Prescription service.

Quantitative Data Collection

Secondary Data Analysis

A statistical analysis was conducted on the project data collected by Citizens Advice Manchester, consisting of 441 unique clients. The dataset was anonymised by Citizens Advice prior to it being accessed by the research team. The data contained details of the service users' advice issues, demographic details, and whether the advice issue was resolved at the initial point of contact. In addition, Outcomes data from 102 clients who had used the GP Advice on Prescription service were used. The data analysed for this report covers the period from 03/07/2017 to 17/01/2018. The data was cleaned and analysed in Excel using descriptive statistics.

Follow-up Survey

A survey was developed by the research team to explore clients views and experiences of using the GP referral service. A team of researchers contacted those clients who had consented to follow-up contact to invite them to participate in the survey. The survey took place over the phone, and while the research team were on the premises of Citizens Advice Manchester. The survey was piloted and amendments were then made to the survey. These data were not included in the analysis. In total, 59 clients participated in the follow-up survey, a copy of which can be found in Appendix 1. The data was analysed using descriptive statistics.

Qualitative Data Collection

Semi-Structured Interviews

Semi-structured telephone interviews took place with key stakeholders on the project. This included seven interviews with clients, three interviews with GPs or practice managers, and two interviews with key members of staff at Citizens Advice Manchester. Client Interviews asked about their views on being referred for advice, and whether this had impacted on their health and wellbeing. The interview questions can be found in Appendix Two. The GPs and practice managers were asked about their involvement in the project and explored their views on how they thought it was working within their surgery. They were also asked for any ideas they might have for its development. The interview questions can be found in Appendix Three. The final two semi-structured interviews were conducted

with key members of staff within Citizens Advice Manchester to help understand the wider nature of the project (see Appendix Four).

Thematic Analysis

Thematic analysis was used to analyse both the qualitative data and quantitative data. To achieve this, analysis of the quantitative data was first completed, which then enabled the analysis of qualitative data to commence by identifying related themes and gaining more insight into reasoning behind the quantitative findings. The thematic analysis of the qualitative data was further used to uncover emergent themes and also develop five case studies of client experiences.

Ethics

Ethical approval for this research was obtained from the Faculty of Arts and Humanities Ethics Committee at MMU, and follows the BSA ethical protocol. Participants' names have been changed to ensure anonymity, and the data has been password-protected and stored in accordance with data protection legislation, on the University's staff computer system. This means that only those involved in the project can access the data. All participants consented to take part in the study and were made aware of how their data would be used. They were also told they could withdraw their data from the study up to the date when the report was published.

Case Study - Peter

Peter contacted Citizens Advice Manchester after being advised to do so by his GP. He had gone to see his GP about his mental health issues, which he felt was getting worse, due to the stress he was experiencing as a result of his Employment Support Allowance (ESA) being stopped. As a result of being taken off ESA, 'the money went down drastically. I found it harder to live on. The money was stopped. All my benefits: housing benefits; council tax, all that had to be re-done.' Peter was therefore getting into debt and as a result of discussing this with his GP, he used the instant access phone to call Citizens Advice Manchester from a private room in the surgery. He felt that he needed help 'with everything', and once in contact with Citizens Advice, 'they got the ball rolling, they kept in regular contact, kept me updated...they helped me as much as they could, filled my form in for me, got the appeal process going'. As a result of this contact, Peter was able to successfully appeal the decision about his ESA benefit. Now the situation has been resolved, he feels that 'it's a massive weight off my shoulders. I feel much better in myself now, especially financially'. Peter describes the Advice on Prescription service as 'a wonderful service'.

Findings and Analysis

Expert Interview Thematic Analysis

Need for referral/Advice on Prescription service

What stands out when analysing the data from those GP surgeries that took part in the Advice on Prescription service was the differing referral rates with some referring many of their patients and others referring very few if any. Nonetheless, the need for an Advice on Prescription service was discussed by all respondents in the GP interviews. Respondents discussed the way in which their surgery, as a trusted place for patients, has typically been their first port of call for support with form-filling, or for help when 'they just don't know where to look'(GP2). Benefits, and specifically changes to benefits, were cited as an example of advice that patients seek from their GP: 'I think it's people's understanding as well of 'what can I claim for?' 'What can't I claim for?' 'Why is it this now?' 'Why have I got to do that?' Moving beyond this however, respondents in the GP interviews all discussed the way in which 'social stress impact on [patients'] wellbeing' (GP3). As a result, people are more likely to speak to their GP about their social circumstances; for example, 'feeling low [because] they may be in debt' (GP2).

Primary care providers are increasingly focusing on the ways in which certain clinical issues can be prevented, and as such an awareness of the broader, social, reasons which might be responsible for a person's illness cannot be ignored. This Advice on Prescription service is therefore seen by respondents as a means of enabling patients 'to take control of their lives' (GP2). The idea of offering an 'alternative' to patients (GP1), supporting them with the non-clinical matters that the surgery is not able to support them with, is seen by all respondents in very positive terms. GP2 stated:

I think it's really good for the patients to be able to take control of their lives, you know, it's alright for us to be able to advise them and everything like that, but for them to be actually able to use that service within general practice as well ... and just knowing that the service is there to be able to help you in some way can actually lift someone's spirits, and I think that's really good for the general people.

Clearly, all GPs in this project see the health and wellbeing benefits of their patients receiving additional support in areas other than their medical needs.

Promotion of service

There was a great deal of discussion around the promotion of the service in the interviews with GPs and practice managers. All respondents noted the importance of promoting the Advice on Prescription service as a means of keeping the service in people's minds, whether they are a GP, a member of staff working in the reception area, or a patient. Two respondents highlighted the relationship and communication between their surgery and Citizens Advice Manchester, for example: a representative comes in every week on a specific day just to promote that service again to patients in the waiting area and just to help patients if they have any questions' (GP1). These surgeries also discussed the range of promotional materials relating to Citizens Advice Manchester and the Advice on Prescription service. This included leaflets: 'so many leaflets provided, so much other information, if we needed extra help from Citizens Advice...just to be able to educate ourselves in terms of what's available' (GP1). In addition, these respondents noted the posters which were put up in the surgery to raise awareness and promote the service to patients. The promotional literature, posters, and reminders by Citizens Advice Manchester serves to 'integrate the service into general practice' (GP2). It was noted however, that all the promotional material was written in English making it potentially difficult for those who do not speak English as their first language.

Barriers to referring

The impact of the austerity measures saw the transition of Citizens Advice Manchester with many of its offices being shut, and a reduced presence within the wider community (Low Commission, 2014). Instead, Citizens Advice has diversified the way in which it offers advice, with a growth in telephone support and online support. For some however, there was a question mark over how much Citizens Advice Manchester were able to continue to support those in greatest need. Two of the respondents in the GP interviews discussed their understanding of what Citizens Advice could do, and how this has been affected by the recent funding cuts:

I saw the funding being cut, we just didn't know if there was Citizens Advice available and because the hubs had gone. Knowing that there was a call centre for example, or a direct dial to them. It was almost educational for us knowing that this service is available for people (GP1).

In addition, GP3, whose surgery has lower rates of referrals, discussed the reasons why they refer to other support services rather than to Citizens Advice Manchester:

I have a feeling that I might not know exactly what Citizens Advice could offer: I have a preconceived idea about what Citizens Advice can offer. I have a more negative feeling that Citizens Advice is limited, that the offices have shut, and where the local office used to offer quite a lot of different things, now you've got phone support. So I couldn't say exactly what they offer (GP3).

Whilst this surgery is still keen to work with Citizens Advice, they also work with other support services which are able to offer face to face support within the surgery on a regular basis. These support services have asked the surgery to identify a lead practitioner in order to help the service to become embedded; for the Citizens Advice Manchester Advice on Prescription service, it may be that this is done within some surgeries but not in others. Moreover, to help support the service in surgeries with lower levels of referrals, GP3 suggested that 'promoting [the person] who is at the other end of the phone to potential referrers' would be a good way forward: 'if we could meet the people who might be on the phone, it makes it more accessible.' It seems that for this GP at least, there was a need to know more detail about the person who s/he was expected to refer their patients to. Without such knowledge, the suggestion was they did not have the confidence to refer patients, instead sticking to the support structures they did know. Moving forward, regular visits to surgeries with lower rates of referrals might help to identify potential barriers, and explore ways to overcome these.

Feedback reports from Citizens Advice Manchester were also discussed by respondents. GP1 reported that it is their role to remind clinicians and staff 'because they can forget'. This process is aided by the feedback the surgery receives from Citizens Advice Manchester 'because they always give us like a specific case scenario of a situation that made a difference for someone...they say "we referred them to this place or this organisation, they were really happy with the result, they were able to get the help they needed"'. This monthly feedback acts as a 'constant reminder' for the surgery: 'So, as soon as a report comes through and I have a look at it and I think okay, we could have improved this month...it prompts me to remind the clinicians again, please use the service, because we've got it in-house' (GP1). Where these feedback reports were received, they were very much valued by surgeries, as they act as reminders and help to inform surgeries about the impact the service has had on their patients. GP3 stated that their surgery had not received any feedback reports: 'maybe that's because we haven't referred many people. If we got a newsletter from Citizens Advice saying 'you've referred zero in', we might be prompted to think of them a bit more'. In an expert interview with a member of staff at Citizens Advice, this respondent (EI1) stated that feedback reports go to those surgeries which have had three or more patients use the service in a month. EI1 continued:

Where surgeries do not get this report, they do still get an email to highlight that people aren't using the service, we try and give a case study from another surgery as well so they can see the potential benefits (E11).

It is unclear why GP3 had not received these reports. However, it may be that building and strengthening relationship with all the GP surgeries who take part in such projects will be beneficial to the longevity of the service, no matter how many referrals are received by Citizens Advice Manchester. Providing this feedback acts as a reminder about the referral service, and also provides the necessary feedback loop for GPs to get to know the work being done and the person carrying out the support service.

Set-up within surgery

The way in which the Advice on Prescription service operates within individual surgeries varies, depending on the surgery and the resources available within it. Some surgeries are able to provide a private room for patients to hold the initial call to Citizens Advice Manchester, for others, a lack of space requires that they have to make creative use of the space available to them. This might mean that, for example, the phone being placed in a 'small corner in the reception area' (GP1) which acts as a self-help area, with leaflets and information relating to other organisations. Other surgeries keep the phone behind the desk in reception so that patients can come to request the phone and take it to a quiet area.

Privacy/stigma

The issue of privacy was discussed in detail by respondents in the GP interviews, and respondents highlighted the stigma that people might usually feel in contacting Citizens Advice for support. GP2 stated that pride might stop people from seeking help:

It's a shame we can't get more people to use it...because some people are very proud people, but what they don't realise is that the service is there for a reason.

Embarrassment in asking for help was a point mentioned by a number of respondents, although respondents felt that the Citizens Advice Manchester Advice on Prescription service has the potential to significantly reduce the amount of embarrassment, or stigma, people might feel by seeking advice. Partly this relates to the idea that surgeries are helping patients to overcome potential embarrassment in different ways. This includes the use of a quiet area to make the initial phone call, offering to ring on someone's behalf, being referred by their GP, and finally, 'being upbeat' about the use of the phone: 'it's not [*whispering*] "Oh the phone's here if you want it"...it's all about being upbeat and being able to make them feel good about themselves and just use it' (GP2).

In addition, the flexibility to 'call whenever you like' (GP1) means that people can call from the surgery when they are ready to do so. This, for GP2, 'really puts the patient in control of how they want to deal with it'. This might also help to reduce any embarrassment people might feel, as they are able to call when they are ready to seek help, not least because at the point of the initial call, the individual can request a call-back from Citizens Advice Manchester, and therefore does not need 'to air their laundry out' (GP1). GP1 also adds that:

What we've also realised as health providers is that when someone needs the help... they're willing to use the phone and not have a qualm about where it's placed because they've got the option of getting a call-back if needed, and they won't refuse the help if it's available.

As can be seen in the accounts above, there is an acknowledgment that privacy and stigma might be an issue for clients as the service is being used but that where possible, systems have been put in place to alleviate this.

Impact on consultation times/benefit to GPs

For those respondents who had been able to integrate the Advice on Prescription service into their practice, the service has had a significant impact on their work. GP1 describes the benefits in their practice:

I think it actually saves time rather than wondering whether it's going to take up your consultation or not. Just being able to say there's this number available for you to call so I think it actually aided, you know, the patient having more time with the doctor to discuss the actual medical issues rather than social issues. And the social issues being forwarded to the appropriate service (GP1).

There is also a sense of relief to medical practitioners to be able to refer patients to one point of contact rather than being unsure where to refer the patient to:

They come with various questions and either we don't know the answers to those questions and all we can say is, you know, contact your council...sometimes they may not even be the correct point of contact and the fact that they can just do that now in one place is great (GP1).

Knowing that they could refer one of their patients to a reliable, informed service was a key feature of why this GP was involved with the service. Similarly, GP2 outlined the 'empowering' nature of the service for both patients and staff within the surgery: for the former, they can perhaps start to gain a sense of control over their social circumstances, which is likely to have an impact on their sense of wellbeing. For the reception staff within the surgery, who are 'not clinically trained and [are] not sure what to say to patients, or what is available to them', the service can give them the confidence to know that they are helping patients by referring them to someone who is qualified to answer their non-clinical questions.

In considering the development of the Citizens Advice Manchester Advice on Prescription service, it will be useful to consider how the service could reach other individuals with an advice need. It may be that providing information to other medical professionals would also be beneficial to the service. This was a point discussed by Expert Interviewee 2, a member of staff at Citizens Advice Manchester:

A lot of clients see their focused care workers within the doctor's surgery, not just the doctor, and if they could use this [service] as well, it will help those clients that don't feel they could come and use the phone.

In addition, and beyond GP surgeries, it may be that training could be provided to other frontline medical professionals who may see people with an advice need; for example, community nurses.

Referrals to other third sector organisations

The idea of accessing support for patients from external organisations from one point of contact (Citizens Advice Manchester) is a feature of the service which was very appealing for respondents in the GP interviews. Where respondents were aware that they could do this, they appreciated the fact that by referring patients to the Advice on Prescription service, the individual could then access support relating to their specific needs from other third sector organisations, through a referral from Citizens Advice Manchester. GP1 discussed how within GP surgeries, 'you only know so much...you don't have the up to date information of the local services available'. Being able to rely on an external organisation such as Citizens Advice Manchester to have the necessary up-to-date information can therefore give the GPs the confidence needed to make such a referral. As a result of this service then, 'a doctor doesn't have to try and search for a specific organisation, a specific area of help that a patient could benefit from, it's cut that time basically because...they can just say, "call this number and they can help you to the best of their ability"' (GP1).

In a discussion of the process of referring individuals to other third sector organisations, Expert Interviewee 2 (EI2) noted that the advisor has to use their judgement about whether it is appropriate

to talk about other organisations and what they do. This judgement is based on the nature of the client's enquiry; whether this is something clients want to discuss, and whether clients already have help from existing organisations. Where appropriate, the discussion begins with 'a health chat with [clients] about what support they get, or what they'd like to be doing differently in their lifestyle' (E12): E12 estimates that discussions relating to other third sector organisations takes places with around 40% of clients. Whilst we do not have the data relating to direct referrals from Citizens Advice Manchester to other third sector organisations, E12 suggests that these referrals are made 'probably once every couple of months...Sometimes clients can self-refer to the organisation and would prefer to do that'. E12 noted that the advisor will always offer to make the referral on the client's behalf, if they are able to. One difficulty with referring the client on was highlighted in the quantitative survey free text where one respondent stated how she did not have the confidence to contact the third party meaning her issues were not resolved. In the development of the Advice on Prescription service, it will be useful not just to record the number of times conversations around other third sector organisations take place with clients, as well as the number of times a referral is made by Citizens Advice Manchester. In addition, it will be useful to receive feedback from those external organisations on the numbers of individuals who have either been directly referred to the organisation by Citizens Advice Manchester or they have recommended that clients make contact. Whilst it can be hard to capture data of this nature, if it is possible to identify, anonymously, the number of people who have accessed other third sector organisations after finding out about them through the Advice on Prescription service, this would be important information for the service.

Noor

Noor self-referred to the Advice on Prescription service after being told about it by his GP, who advised him to contact Citizens Advice Manchester as a result of the amount of stress he was under. At the time he was in the process of getting divorced, trying to get custody of his children, whilst also dealing with 'the mortgage and the childcare and everything along with my work'. He made the initial call from the surgery, and requested a call back from an advisor, which he received within two hours. Whilst parts of the issue are still being resolved, and are also being dealt with by a solicitor, he is 'able to work now, I'm able to look after the kids now'. As part of the advice he received by Citizens Advice, he was 'given a few numbers' of external organisations to contact, one of which was a referral to a counselling service, and the advisor 'gave me information about this and how it would work'.

Citizens Advice Manchester Advice on Prescription data - Headline figures

Having explored the feedback from GPs and Expert Interviewees at Citizens Advice Manchester, the rest of the analysis section will focus on the clients of the Citizens Advice Manchester Advice on Prescription service. This section will begin by outlining the demographics of individuals who have participated in the Advice on Prescription service; this data comes from analysis of the Advice on Prescription data held by Citizens Advice Manchester. A full analysis of this data can be found in Appendix Five.

- Between July 2017 and January 2018, Citizens Advice Manchester’s Advice on Prescription service handled 1315 unique referral issues from 441 unique clients.
- The gender make up was 59% (n255) female and 41% (n177) male.
- The average age of clients referred to this service was 49 years old with an age range of 16 to 90 years. Those in their 50s had the highest number of referrals with 26.8% (n114). There were only 0.9% (n4) under 20 years old; and only one referral to someone over 90 years old.
- Those who identify as White British received the highest referrals (55.3% n215) followed by Black or Black British – African (9.5% n37) and then Asian or Asian British – Pakistani (8.7% n34).
- Nearly 50% of clients reported that they experience Long-Term Health Conditions (47.7% n195) with a further 15.6% (n64) reporting they had a disability. Of those reporting a disability or long-term health condition, 32% (n24) were experiencing mental health issues with 25.3% (n19) experiencing multiple impairments.

Turning now to an analysis of advice issues, the majority of issues related to benefits issues (54.4% n716 when combining Universal Credit with Benefits and Tax Credits). The second highest issue was housing standing at 11.6 % (n153) followed by debt (11% n145). Two thirds of service users (67% n294) were referred to Citizens Advice Manchester with a single issue. However, 25% (n110) came to the service seeking advice about 2 issues, leaving 7% (n33) coming with 3 issues and 1% (n4) being referred with 4 separate issues.

Table 1 below shows the number of issues that participants were referred with by gender, with females being slightly more likely to refer with 2 or more issues (26.7%, n68) when compared to men (22%, n39). The number differs from the headline figure due to some missing data.

Table 1 - Number of issues by Gender

Number of issues	Female	Male	Grand Total
1 issue	63.5% (n162)	71.2% (n126)	66.7% (n288)
2 separate issues	26.7% (n68)	22.0% (n39)	24.8% (n107)
3 separate issues	8.6% (n22)	6.2% (n11)	7.6% (33)
4 separate issues	1.2% (n3)	0.6% (n1)	0.9% (n4)
Grand Total	100.0% (n255)	100.0% (n177)	100.0% (n432)

As can be seen in table 2 below, the majority of clients had their issue resolved at the initial point of enquiry (64.3% n282). The remaining 35.6% (n156) required either referring on to a different service provider or needed to be referred to another advisor within Citizens Advice for further support.

Table 2 - Next Step

Next Step	
Casework	0.7% (n3)
Detailed	34.9% (n153)
Discrete	4.3% (n19)
Information	60.0% (n263)
Grand Total	100.0% (n438)

Outcomes data

The Citizens Advice Manchester data recorded the outcomes of 102 clients who had used the GP referral service. Of the 102 clients, 94% (n96) of the clients saw an improvement to their financial situation.

Table 3 - The Outcomes from referral

Outcomes	
Benefit / tax credit gain	77% (n79)
Benefit / tax credit maintained	13% (n13)
Improved health / capacity to manage	3% (n3)
Other (financial)	4% (n4)
Other (non-financial)	3% (n3)
Grand Total	100% (n102)

Of the cases that had been resolved and were financial in nature, the average financial increase to the clients was **£3,833.01**, ranging from £140 to £17,143.88. For these 102 clients for which there is Outcomes data, the Advice on Prescription service had provided them with a sum total of **£337,305**.

Case Study - Anne

Anne contacted Citizens Advice Manchester for the first time after speaking to her GP to ask for support, having had a fall which left her with a disability. As a result of the disability she was no longer able to do her job, and was struggling to cope both emotionally and financially. She was also 'trying to deal with the trauma of the accident.' Anne says that her doctor told her that 'you're being referred because you've had enough to deal with after a traumatic accident and we've got to get things sorted out.' She contacted Citizens Advice Manchester from the surgery, and 'as soon as I rang, I was told I was eligible for Personal Independence Payments...and that opened the doors for me to get financial help... I'm a lady of 60 and I've worked since I was 15, I don't know about benefits.' Anne says that, had she not been advised by her GP to contact the Advice on Prescription service, 'I would be sitting here probably being evicted from my house because I don't know how I would manage now.' Having this service in place at her GP surgery 'has been the best thing ever, it's got me through it, definitely.'

Client Survey Data Analysis

As discussed in the methodology, a phone survey was conducted with clients of Citizens Advice Manchester who participated in the Advice on Prescription service. Following the initial piloting phase, 59 survey responses were collected by the research team. This section will detail the key findings from the survey data.

Of those who answered the question, 42% (n25) were female with 58% (n34) male. The majority of referrals related to benefits/tax credits standing at 53% (n31), with the next highest referral being for housing (12%, n7). Participants could select more than one reason for referral with four participants being referred with multiple issues. The list of advice issues can be seen in Table 4 below.

Table 4 - Reason for Referral

Reason for referral	
Benefits/Tax Credits	53% (n31)
Debt	8% (n5)
Employment	10% (n6)
Housing	12% (n7)
Legal advice	5% (n3)
Other (please state)	3% (n2)
Relationships/Family law	8% (n5)
Grand Total	100% (n63)

Calling from Surgery

Referrals to Citizens Advice Manchester's Advice on Prescription service are via a phone, which is located within the GP Surgery. Due to a lack of space in some surgeries, the phone could be situated in a public place meaning there could be an issue of privacy. However, 89% of clients (n42) stated they were 'comfortable' with this arrangement (see table below). Further to this, 89% (n41) stated they were happy with the phone's position within the surgery (see table 5 below).

Table 5 - Comfortable calling from GP Surgery

Comfortable making call from surgery?	
Not sure	2% (n1)
Uncomfortable	9% (n4)
Comfortable	89% (n42)
Grand Total	100% (n47)

Table 6 - Happy with Phone Position

Happy phone position	
No	11% (n5)
Yes	89% (n41)
Grand Total	100% (n59)

Table 7 - Happy with Call Back Time

Happy with call back time?	
No	8% (n4)
Yes	92% (n45)
Grand Total	100% (n49)

Call-back Time

The majority of service users (92% n45) indicated that they were happy with the time it took to call them back from Citizens Advice Manchester. The time taken ranged from the same day to a few weeks. Importantly, 64% (n25) of survey respondents stated that they were contacted the same day by their advisor.

Table 8 - Time taken to call client back

How long did it take	
Contacted same day	64% (n25)
Next Day	13% (n5)
A few days	5% (n2)
Less than a week	10% (n4)
More than a week	8% (3)
Grand Total	100% (n40)

One participant whose advice issue related to Relationship/Family Law stated that they did not receive a call-back, and as a result their responses on the survey reflected the dissatisfaction felt as a result of this. Of course, we cannot infer from this response that there was no attempt to call the client back, as the participant may simply have missed the call. Whilst this may be unavoidable in some cases, it may be that some safeguards could be put in place to try to ensure wherever possible that the client knows that an advisor has tried to contact them a number of times.

Was the issue resolved by calling Citizens Advice Manchester from GP surgery?

Table 9 - Advice Issue Sorted by Call?

Advice issue sorted by call?	
No	26% (n12)
Yes	74% (n34)
Grand Total	100% (n46)

The above table shows that the majority of people who called Citizens Advice Manchester had their issues resolved in the first instance (74% n34). Asked how this came about, a typical response was that they had received the information they needed to move forward. One participant stated that he was given assurances that subsequently provided him with a degree of independence (Benefits/Tax Credits issues). In addition, another participant stated that the advice received '*gave me the tools to do the job*' (male calling for advice on housing issue).

Of those who were not able to resolve their advice issue in the first instance, the reasons included the need for a further appointment with Citizens Advice Manchester to help resolve the issue, along with referrals to other support organisations which could more appropriately support the client's specific issue. In one instance the participant reported that the GP had had to resolve the issue.

94% of clients felt that the information they had received was clear and easy to understand. For some, it was because they had received the support with form-filling that they needed. For one respondent, they received information which was not positive, in that they learned that they could not resolve the advice issue in the way they had hoped. Nonetheless, they recognised that it was important information which they needed to hear, and as a result, they continued to feel the information was easy to understand (Male needing advice on Benefits/Tax Credits).

Advice as a means to resolve issue

Participants were asked if they felt the advice issues had been resolved by the advice they had received from the Advice on Prescription service.

Table 10 - Advice sort out problem

Advice sorted problem?	
No	29% (n14)
Not sure	4% (n2)
Yes	67% (n32)
Grand Total	100% (48)

As the table above illustrates, two thirds of the participants did feel their problems were resolved due to them calling Citizens Advice Manchester. However, this leaves one third who either were not sure or who stated that their problem was not resolve as a result of the call. Of those who did not feel their problem was resolved, 5 of the 14 (35%) stated that it was because they had multiple and complex issues, and as a result their issue had not as yet been resolved. Two participants (14%) thought it took Citizens Advice Manchester too long to resolve, and one thought that Citizens Advice Manchester did not have the necessary expertise to resolve her Benefits/Tax Credit issues. A few cases also illustrated that the client's issues were not resolved due to their own actions. For example, one female participant seeking housing advice stated that she did not have the necessary confidence to contact the third parties. Another female requesting advice for Relationships/Family Law did not get her issue resolved as she did not follow the advice given to her (see Tables ** in Appendix **).

Health

As the participant was being advised to call from their GP surgery, the survey also asked them if they felt their problems were having a negative effect on their health and wellbeing.

Table 11 - Issues Effecting Health

Issue affecting health	Female	Male	Grand Total
No	9% (n2)	25% (n6)	17% (n8)
Yes	91% (n20)	75% (n18)	83% (n38)
Grand Total	100% (n22)	100% (n24)	100% (n46)

Of those responding to the question on health, 83% (n38) stated that their issues had resulted in poor health outcomes. Exploring the data by gender reveals a slight difference between men and women: 91% (n20) females compared to 75% (n18) stated that their non-health related issues was effecting their health.

The reported impact of advice on health and wellbeing

The participants were asked to rate their health and wellbeing out of 10 both before they called Citizens Advice Manchester and after they had received the advice.

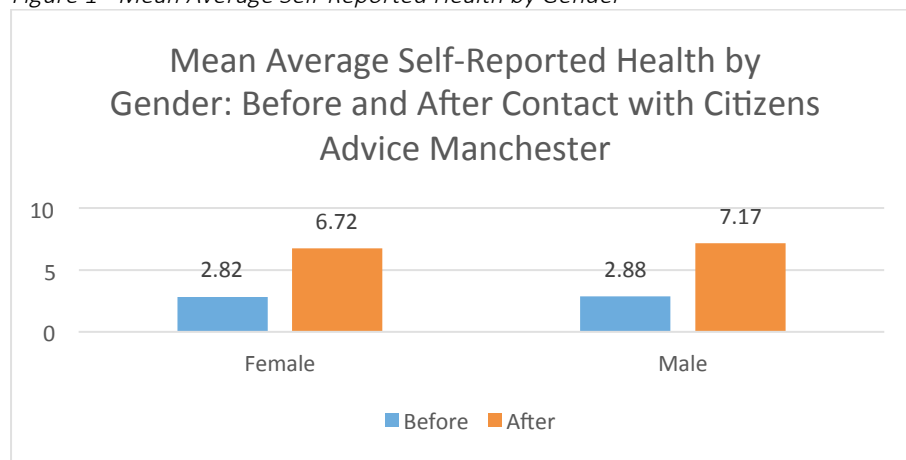
Table 12 - Health and Wellbeing Self-Reported Scale before and after contacting Citizens Advice Manchester

Average health and wellbeing rating out of 10	Male		Female	
	Before	After	Before	After
Mean average	2.88	7.17	2.82	6.72
Range	0-8	0-8	0-10	0-10

The table above shows the average self-reported scores clients gave before and after receiving support from Citizens Advice Manchester. The average before receiving advice for males was 2.88

which increased to 7.17 after the support. Similarly for females, the average was 2.82 before and 6.72 after. This data is also shown in the chart below.

Figure 1 - Mean Average Self-Reported Health by Gender



Of these, 95% (n20) felt that the advice received had had a positive effect on reducing their stress levels, whilst 75% (n11) stated that their debt levels had improved as a result of the call. Further, of those survey respondents who stated that they referred themselves via the Advice on Prescription service, all responded that it had helped them a great deal.

Promoting resilience

66% of clients (n27) stated that they would know how to deal with the situation, if a similar situation was to arise in future.

Table 13 - Know what to do next time

Know what to do next time?	Female	Male	Grand Total
No	42% (n8)	27% (n6)	34% (n14)
Yes	58% (n11)	73% (n16)	66% (n27)
Grand Total	100% (n19)	100% (n22)	100% (n41)

The table above shows that one third of participants felt they had gained important skills in how to deal with new situations that could arise in the future as a result of the advice received from Citizens Advice Manchester. However, it is not clear whether this relates to new or similar situations. As one female who had called for benefits advice:

Probably because benefits changes all the time, but if it was the same then I'd be able to sort it myself (F Benefits/Tax Credit advice).

Yet there is evidence to suggest that clients were better informed about the particular issue they had called about. One client had helped others with the same issue, others talked about being more informed, being better able to fill in forms, and knowing what questions to ask. Of those who stated they would not know what to do next time, there was a discourse that Citizens Advice Manchester have more 'clout' and are better equipped than the individual, for example, knowing who to contact. In addition, there was a lack of confidence from respondents about their ability to resolve their issues: this was largely related to form-filling.

As a result of their experience the vast majority of survey respondents (96%, n46) would use the service again should they need to, whilst 96% (n46) would refer the service to others. Survey respondents were overwhelmingly extremely positive about the Advice on Prescription service, with 94% (n48) stating that it is a good idea.

Case Study - GP1

'I think in terms of reducing workload, it starts basically from reception point of contact with the patient. Instead of reception taking a form, for example, from patients and wondering whether it can be completed by a doctor or not, or wondering what type of form a specific form is, or what sort of information to give patients, at that point at reception they can just say, contact these people, they can help you. And even in the clinical room it's so much easier to be able to say "there is help available for you and you don't have to call four different numbers, or three different numbers, and wonder will you ever get in touch with someone, there's a direct line available." Sometimes [patients] won't have [phone] credit and things like that, they can't call people or they're not sure what to do, and you can imagine how daunting it must be for people who are struggling with so many issues, to have such a plethora of possible numbers to call, wouldn't do it. So, having that available so readily in the practice is definitely amazing.'

Thematic Analysis - Findings from Client Interviews

Awareness of service

Clients found out about the service in different ways. Four of the interview respondents were told about the Advice on Prescription service by their GP as a result of their consultation, and were advised to refer themselves to Citizens Advice Manchester. Anne describes her doctor's recommendation that she speak to Citizens Advice Manchester as 'the best advice I've ever been given'. The remaining three respondents were made aware of the service through the promotion of the service in the surgery. This occurred in a number of ways: for one respondent it was through promotional materials on the noticeboard; for another respondent, staff from Citizens Advice were present in the surgery on that day to promote the service; and for the third respondent, the phone was positioned 'right near the reception desk, so I couldn't miss it' (Clare).

On this point of the promotion of the service, it is evident that the experience differs across surgeries. As noted above, the position of the phone, or leaflets on the noticeboard, means that some surgeries are opting to make this information available to patients in different ways, whilst others do not promote the service and instead allow GPs to 'use their initiative if they feel someone is going to benefit' (Anne). For this respondent, it was for 'obvious' reasons that her surgery 'don't put notices up, they don't advertise' the service, whilst for another respondent (Richard), the service 'needs more advertising' as this would 'raise the profile [of the service] so people are more aware that the service is there. I think it would be beneficial to the service and beneficial to the public.' It is currently unclear whether the way in which the service is promoted has an impact on the number of referrals from the surgery, and whether these are self-referrals or referrals from the GP; however, these may be useful data to collect and analyse when considering future roll-outs of the service.

Of the seven respondents, three had not used the advice service previously, and claim that they would not have done so had they not been recommended to use the phone to contact Citizens Advice Manchester to seek advice about their circumstances. An additional respondent, who had used Citizens Advice Manchester in the past, stated that seeing the information about the service in her surgery gave them a 'nudge' to contact Citizens Advice Manchester again. In this way, the Advice on Prescription service can be a way of raising the profile of Citizens Advice Manchester in the minds of clients, and raising awareness of the organisation for those who have not previously had contact with it.

Need for advice

As with the quantitative survey responses, the reasons interview respondents contacted Citizens Advice Manchester was often benefit-related, resulting from their personal or social circumstances. Interview respondents discussed their health and wellbeing prior to contacting Citizens Advice Manchester. One described the 'life-changing' effects of a fall which resulted in a disability, and led to her losing her job; leaving her 'trying to cope not just emotionally but also financially and deal with the trauma of the accident'. Several respondents spoke of stress, worry, and anxiety, created by their advice issue; for example Susan described how 'I suffer with depression and anxiety, so it made it go through the roof'. Andrew described how waiting for a letter from the DWP made him feel like he was 'on pins all the time – it's like waiting to fall off a cliff'. Several respondents also outlined how they felt they needed help 'with everything' This theme was also salient within the quantitative survey free text. For instance, one respondent stated:

You go in feeling a bit down, you see the doctor, they say you're depressed, but 9 out of 10 times it's related to housing, finance etc. We don't have time to go and phone, but you see the doctors and they say here's the anti-depressants, now go and phone Citizens Advice to get the other stuff sorted.

Another respondent suggested how both the GP surgery and Citizens Advice are places people go to when they are feeling vulnerable. There is clearly a need for the Advice on Prescription service as highlighted in the quantitative analysis, with 94% (n48) stating they considered it to be a good idea. Indeed, one interview respondent viewed Citizens Advice services as 'going hand-in-hand with being at a doctor's surgery' (Richard).

Impact of advice

Having contacted Citizens Advice Manchester through the Advice on Prescription service, interview respondents described the impact this had on their circumstances, as well as their health and wellbeing. This included the discovery that they were eligible for benefits they did not realise they were entitled to; the successful appeal against a decision made about their benefits; and the establishment of a payment plan to repay the arrears to a utilities company. These findings certainly echo those from the Outcomes data, which shows that financial support was either maintained or increased a result of using the GP referral service.

These outcomes from using the service have had a significant impact on clients' sense of wellbeing, with the advice being described as 'life-changing' (Anne), and 'a massive weight off my shoulders' (Peter). For Peter, part of this sense of relief was due to the support he received from Citizens Advice Manchester:

They do loads for you; they come in and take over almost, there's not much you have to do, you just have to keep up with any appointments, I gave them my phone number and if they need to contact you for anything they just get in contact. They always keep you in the loop. They're great. It takes a massive pressure off you.

This feeling of support was shared by other respondents, who spoke of the sense of relief they felt at having discussed their problem: 'just speaking to my GP made me feel better and then when I spoke to Citizens Advice Manchester, I was on top of the world' (Anne). These sentiments were echoed in some of the free text included in the quantitative survey. One respondent talked of needing this type of support when feeling lost. Another respondent stated:

I would have been buggered without them, but now I know what to do and I have stepping stones for what to do now

While another stated that:

If it wasn't for CAB I would be in crap street. Was at GP and a CAB was there and helped get the ball rolling

Two of the interview respondents were referred by Citizens Advice Manchester to external organisations for additional support. These respondents both specified counselling as one of a number of services they were referred to. Additionally, any form of follow-up contact was seen in positive terms by interview respondents. Again, this gives the sense of support to people who may have felt quite alone in trying to deal with their issue, and adds a personal element to the service.

Privacy

For interview respondents, the level of detail they provide during the initial phone call can depend on the location of the phone. Where private rooms are available, interview respondents stated that this made them feel more comfortable, due to the privacy they were offered to make the call, and due to the fact that 'all and sundry are not listening in' (Anne). Again, this was a finding that arose in the quantitative analysis with 89% (n41) stating that they were happy with the position of the phone; with a further 89% (n42) saying how they were comfortable calling from the GP surgery. Of course, it is not possible to offer a private room in all surgeries, but even where that is not the case, it seems that surgeries are using the space available to them to allow their clients a degree of privacy to encourage them to make the initial call. One respondent (Maureen) noted that she was given the phone 'around the corner out of everybody's way where no one is listening', so that even though people were

'walking past occasionally ... it wasn't too bad'. She requested a call-back to be made when she was at home, but the level of privacy she was offered was sufficient to encourage her to make the contact. Even where no privacy was available, respondents were still calling from the surgery, but they appreciated the opportunity where it was possible for 'a bit of discretion'. Respondents also appreciated the opportunity to make the call 'at a time that suited me' (Anne) as this links in with the idea of clients being ready to use the service, and at a time that is convenient for them.

Case Study - Susan

As a first-time user of Citizens Advice Manchester, Susan wouldn't have thought to use the advice service had it not been recommended by her doctor. She was experiencing a great deal of worry, as she had fallen behind with a utilities bill, and as she suffers with depression and anxiety, this situation 'made it go through the roof'. She used the phone in her GP surgery to call Citizens Advice, where the advisor helped her to address her arrears by setting up a payment plan. Susan has felt the benefit both financially and to her mental wellbeing, and she says that a 'weight has been lifted from my shoulders'.

Discussion

The headline figures from all the data collected point to the positive impact of a social referral service. For GPs, they have a trusted secondary source of information they can direct their patients to. For patients, they have the opportunity to receive the appropriate advice needed to, on the one hand, help them deal with their life circumstances, and on the other, begin to improve their health and wellbeing. Citizens Advice Manchester is also able to provide support to new clients that would not have been reached without this service.

Reaching new clients

The Advice on Prescription service operated by Citizens Advice Manchester has, from the evidence available for this research, meant that new clients are accessing advice, who would not have otherwise contacted Citizens Advice Manchester. Several interview respondents stated that they had not used Citizens Advice previously, and nor would they have done so had it not been for being told about the service by their GP. This is very positive for the Advice on Prescription service. As the project develops, it would be interesting to track, within the Citizens Advice data, the number of new clients that have received advice through the Advice on Prescription service.

Impact of the service

The Advice on Prescription service provides instant access support to people via their GP surgeries. 64.3% of clients had their issue resolved as part of the initial discussion with their advisor; those with more complex support needs were referred to another advisor for either generalist or specialist advice. As the literature shows, the act of receiving advice has the potential to ameliorate the relationship between poor health outcomes and issues such as debt (Cain et al, 2015; Allmark, 2012; Adams, 2006). This was clearly a result in the current study.

All the data point to the clients' improved circumstances as a result of using the service. In monetary terms, the financial gain is significant with an overall £337,305 gain so far, with an average of **£3,833.01 per client**. However, there is also a significant gain in terms of clients' perceptions of their overall health and wellbeing, with 77% of clients feeling better as a result of receiving advice through the Advice on Prescription service. Respondents spoke of having a *weight lifted off their shoulders*, which allowed their 'normal functioning' to resume.

Where GPs had integrated the Advice on Prescription service into their practice, it was reported to have a significant impact on their workload. Being able to refer patients to a central point of contact was reported as saving consultation time for GPs, so that more time could be spent discussing the clinical issues. In addition, it was reassuring for both GPs and reception staff within surgeries to refer patients to the Advice on Prescription service, knowing that they were referring them to an organisation equipped to support them with their advice needs. For a number of the clients who participated in interviews, this connection between their GP surgery and Citizens Advice was logical, as both provide support when it is needed. In addition, the ability to link patients to local community groups and third sector organisations via Citizens Advice is very appealing to GPs and surgeries, and the Advice on Prescription service therefore provides a single point of contact, from which further support is available.

Promotion of the service – building relationships

The interviews with GPs evidenced the way in which the Advice on Prescription service was operating in different ways within surgeries. Some surgeries have embedded the service within their practice, referring clients to Citizens Advice via the instant access phone, and in addition Citizens Advice operate a regular drop-in within the surgery. By comparison, others have the instant access phone but choose not to use it. This points to a diversity of delivery which could act as a potential barrier to clients accessing the service. Perhaps an exploration of other means of communicating could be

explored (such as using tablet computers, WhatsApp or SMS text messaging). Moving forward, regular visits to surgeries with lower rates of referrals might help to identify potential barriers to use of the phone (or other medium), and explore ways to overcome these. In addition, the identification of a 'lead' person (or a specific point of contact) in surgeries joining the project could help to embed the service more quickly in some surgeries.

The success of social prescribing can be determined by the extent to which GPs understand the project, and who they might be referring patients to (Chatterjee, Polley, and Clayton 2018). This is likely to be a matter of continuing to cultivate partnerships between GPs surgeries and Citizens Advice. As the project develops, it will be crucial to ensure that GPs understand the role of Citizens Advice, and the type of support it can provide. In addition, introducing the advisor(s) to the potential referrer is likely to be a positive step, as it could encourage referrals from GPs. The development and maintenance of new and existing partnerships with GP surgeries is undoubtedly resource-intensive, and is likely to require additional members of the Advice on Prescription team in order to have the capacity to do this. However, as the project develops, it is this area that could make the difference to the success of the service.

Turning to the promotion of the Advice on Prescription service within surgeries, it may be that some surgeries have an understandable concern that, if they promote the service, people will come in simply to use the phone rather than to access medical support. However, promotion of the service was seen in very positive terms by the majority of respondents, both clients and GPs. In addition, as Citizens Advice (Manchester and nationally) no longer has the same community presence as in the past, having this service could be the most cost effective way in which those with the greatest need receive appropriate support. Here the potential to reach new clients (those who have not previously used Citizens Advice) is also increased. As such, the focus needs to be on building relationships between the client (those in need); the GP (and other health practitioners such as community nurses); and Citizens Advice.

It was not the remit of this research to explore the monetary value of the Advice on Prescription Service, although the findings from this evaluation show that Advice on Prescription as a model offers huge benefits to the client who is in need of support and who use it. Their self-reported health and wellbeing shows a real improvement and they have very positive opinions of the service they receive from the Citizens Advice Manchester. As a result, there is the potential that individuals who make use of the Advice on Prescription Service might visit their GP less frequently, which as a result could help to reduce the strain on the resources of primary care providers.

Recommendations

Project Recommendations:

- Whilst this is a small-scale project, there is good evidence that the Advice on Prescription service can save consultation time for GPs. To support this, we recommend that additional resources be put into developing and maintaining partnerships between GP surgeries and Citizens Advice Manchester
- Rolling the Advice on Prescription service out to other frontline medical professionals and practitioners (e.g. community nurses) will help to reach those people in need of advice but unable to attend their GP surgery.
- Continuing to visit surgeries with low levels of referrals will help to identify any barriers to referring patients, and how these may be best overcome. This could include a reminder of the different referral options for patients as a means to assist surgeries to effectively integrate the Advice on Prescription service into their practice.
- Consider alternative methods of self-referral. E.g. whether a tablet would be feasible to install in a practice where an individual may not wish to speak due to a lack of privacy

Data Recommendations

- To develop a clearer picture, it will be useful to record the number of times a referral is made by an advisor to a third sector organisation partnered with the service. In addition, it will be beneficial to record the occasions where an advisor has a discussion about this with clients, whether or not it leads to a referral.
- It will be useful to get feedback from the third sector organisations referred to by the Advice on Prescription service. Whilst it can be hard to capture data of this nature, if it is possible to identify, anonymously, the number of people who have accessed other third sector organisations after finding out about them through the Advice on Prescription service, this would be important information for the service.
- Due to the nature of the Advice on Prescription service, it might be useful to record the number of new clients who access Citizens Advice for the first time through this service
- Collect data relating to the health and wellbeing of clients at the beginning and end of the advice experience.

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Appendices

Appendix one - CAM GP survey

Q1 Hello, I am (name) calling on behalf of Citizen's Advice Manchester. We are doing a follow-up survey about the Citizen's Advice GP telephone referral service and I would like to ask you a few questions about your experience of it. I am contacting you because you agreed to take part in follow-up research about your experience. Is now a good time to talk? We have a few questions we would like to ask you about the service. If agree, do below:

Before we start, I need to ask you for informed consent – (Summarise the information sheet about the research) You do not have to answer any question you don't want to, and you can end this call at any time. The survey will take about 15 minutes, and any information you provide will be confidential. If you have questions about this survey, I can provide you with a telephone number at the end for you to call. Are we ok to continue or do you have any questions you would like answering before taking part in the survey?

Q35 Gender

- Male (1)
- Female (2)

Q2 Why were you referred by your GP to use the Citizens Advice telephone service?

- Benefits/Tax Credits (1)
- Debt (2)
- Employment (3)
- Relationships/Family law (4)
- Housing (5)
- Legal advice (6)
- Other (please state) (7) _____

Q3 Did you call Citizens Advice from within your GP surgery?

- Yes (1)
- No (2)
- Advice received but issue not resolved (3)

Skip To: Q4 If Did you call Citizens Advice from within your GP surgery? = Yes
Skip To: Q7 If Did you call Citizens Advice from within your GP surgery? = No

Q4 Would you say you were comfortable making a call to Citizens Advice from within your GP surgery?

- Very comfortable (1)
- Uncomfortable (2)
- Not sure (3)

Q5 Were you happy with where the phone was placed in the surgery?

- Yes (1)
- No (2)

Q6 Did the phone call help you to sort out your advice issue?

- Yes (1) _____
- No (2) _____

Display This Question:
If Did you call Citizens Advice from within your GP surgery? = No

Q7 Why didn't you call Citizens Advice from the GP surgery? (please add to with other experiences once we have them):

- Did not have time in GP surgery (1)
- Lack of privacy in surgery (2)
- Phone not in a quiet place (3)
- Too many people around (4)
- Did not feel comfortable (5)
- Wanted to do it at a different time (6)
- Needed to think about it (7)
- Wasn't aware of the phone (8)

Q8 Were you happy with the time it took for Citizens Advice to get back to you?

- Yes (1)
- No (2)

Q9 How long did it take?

Q10 Was the information you received from Citizens Advice clear and easy to understand?

- Yes (1) _____
- No (why is that?) (2) _____

Q11 Was your problem sorted out as a result of receiving advice?

- Yes (1)
- No (2)
- Not sure (3)

Skip To: Q12 If Was your problem sorted out as a result of receiving advice? = No
Skip To: Q14 If Was your problem sorted out as a result of receiving advice? = Yes
Skip To: Q14 If Was your problem sorted out as a result of receiving advice? = Not sure

Q12 If no, please explain why (responses related to issues with Citizens Advice)

- Lack of expertise/knowledge (1)
 - Multiple/complex issues (2)
 - Took too long for CAB to resolve it (3)
 - Additional issues emerged after speaking with CAB (4)
 - There were 3rd parties who prevented it from being resolved (5)
 - Sorted Itself Out (6)
 - Other issue with Citizens Advice (7)
-

Q13 If no, please explain why (responses related to issues with individual)

- Didn't understand advice given (1)
 - Did not follow up on advice (2)
 - Lack of resources (3)
 - Language Barrier (4)
 - Lack of confidence affecting service users ability to contact 3rd parties (5)
 - Other issues with the individual (6)
-

Q14 Before receiving advice, do you think your situation was affecting your health?

- Yes (1)
- No (2)
- Not sure (3)

*Skip To: Q17 If Before receiving advice, do you think your situation was affecting your health?
= No*

Q15 Before receiving advice, on a scale of 0-10, where would you have rated your overall health and wellbeing, with 0 being very poor and 10 being very good?

Q16 After receiving advice, on a scale of 1-10, where would you have rated your health/wellbeing?

Q17 Did receiving the advice help you in other areas of your life for the better, for example, reducing stress

- Yes (1)
- No (2)
- Not sure (3)

Skip To: Q25 If Did receiving the advice help you in other areas of your life for the better, for example, reduc... = No

Q18 helped you reduce stress

- not at all (0)
- 2 (1)
- 3 (not sure) (2)
- 4 (3)
- helped a great deal (4)

Q19 has it helped improve Family/Relationships

- 1 - not at all (0)
- 2 (1)
- 3 (not sure) (2)
- 4 (11)
- 5 (helped a great deal) (12)

Q20 helped you with any debt issues

- 1 - not at all (1)
- 2 (2)
- 3 (not sure) (3)
- 4 (4)
- 5 (helped a great deal) (5)

Q21 helped with your physical health

- 1 - not at all (1)
- 2 (2)
- 3 - not sure (3)
- 4 (4)
- 5 - helped a great deal (5)

Q22 Helped with housing

- 1 not a lot (1)
- 2 (2)
- 3 not sure (3)
- 4 (4)
- 5 helped a great deal (5)

Q23 Employment

- 1 not at all (0)
- 2 (1)
- 3 not sure (2)
- 4 (3)
- 5 helped a great deal (11)

Q25 Would you say that as a result of the service provided from Citizens Advice, overall how are you feeling now?:

- Better (1)
- The same (2)
- Worse (3)

Q26 Now that you've had this advice, if you had the same issue, would you know how to deal with it without Citizens Advice helping you?

- Yes (why) (1) _____
- No (why) (2) _____
- Don't know (3) _____

Q27 Would you use the Citizens Advice service again?

- Yes (1)
- No (2)

Q28 Would you recommend Citizens Advice to others?

- Yes (1)
- No (2)

Q29 Do you think that the GP referral system is a good idea?

- Yes (0) _____
- No (1) _____

Q30 How satisfied were you with the overall service of Citizens Advice using a scale of 0 to 10?

Q32 Would you be willing to take part in a follow-up interview to discuss your experiences in more detail? If so, could you please let us know your preferred method of contact (phone/email) When would be a good day/time to ring you?

Appendix Two: Advice on Prescription Client Questions

1. Gaining Access to the Service

1.1 Were you encouraged to contact CAM? (if not CAM, explore who they found out about the service – skip questions about phone in GP surgery)

- Who advised you to contact CAM?
- Why were you advised to contact CAM?
- What were you told about the advice service?
- Did you call CAM from the special phone provided in the GP surgery?

1.1 Phone in surgery

1.1.1 How easily were you able to find and use the phone?

1.1.2 Were there any instructions around the phone and if so, how helpful were they?

1.1.3 How did you feel about making the call from within the GP surgery? Was privacy an issue?

1.2 Phone not in surgery

1.2.1 Why did you not use the phone in the surgery? (Where did you call from instead?)

2. Reasons for Using the Service

2.1. Is this the first time you have got advice from Citizens Advice?

2.2. We know from the survey you contacted CAM about (XXXX – go back to the survey before we call them) can you tell me a bit more about this situation?

- How was this issue affecting you? e.g. home, health, well-being/quality of life

2.3 What type of advice did you expect to get from CAM?

2.4 What advice and were you actually given?

2.5 In addition to contacting Citizens Advice, did you go anywhere else for information and/or advice?

3. Satisfaction with the Service

3.1 How much of a difference did the advice make to your situation?

3.2 Has the advice you received made any difference to your health/well-being/quality of life/circumstances?

3.3 Would you say you were satisfied with the service you got or are there any part that you would say could be improved?

4. The Outcome of your Case

4.1 Has the original issue been resolved as a result of your contact with Citizens Advice Manchester?

4.2 Did you follow the advice you were given?

Was this straightforward and manageable for you? Any problems/barriers?

4.3 Would you have contacted CAB in a different way if you hadn't been advised about and used the direct telephone line to them? (probe why)

4.4 How are things now?

Any changes in your lifestyle/circumstances?

(If in better situation) do you think the advice helped you to move forward?

4.5 Would you recommend the GP CAB service to other people?

Appendix Three: GP Expert Interview Questions

1. Involvement in the Project

- 1.1 How long have you been involved with this project?
- 1.2 Why did you become involved in the project? I.e. were you approached by CAB or other health/social care professionals?
- 1.3 What did you see as a potential benefit to your practice and time commitment?
- 1.4 What is your role on the project? I.e. what is the process and how do you manage it?

2. Perceptions of the Service

- 2.1 How well do you think the service has been working?
 - I.e. organisationally in terms of process
 - also culturally in terms of acceptance of this new type of referral?
- 2.2 What were your initial thoughts about how the Advice on Prescription service would fit in with your current role? I.e. time/resources/available support
- 2.4 Did you have any concerns about the service and how this may influence your workload and consultations times?
- 2.5 How straightforward is it to refer patients to Citizens Advice Manchester?
- 2.6 Did you receive any training to be involved with the Advice on Prescription service?
 - Probe – did you need any?

3. Clients

- 3.1 Have you noticed any trends amongst the referrals? I.e. Type of issue/advice needed/client's needs?
- 3.2 What kind of information did your surgery give to the patients about the CAB service?
 - Probe: how have patients responded to the service?
 - Probe: Did any get upset, relieved?
- 3.3 Can you think of any reasons that influence whether you refer patients to CAB?
 - Probe: why would you?
 - Probe: why wouldn't you refer?

4. Access to CAB

- 4.1 What did you do before the CAB GP service was available? For example, did you refer patients to other similar services?
- 4.2 To what extent do you think that the CAB GP service may have improved access for some groups of people?
- 4.3 What in your opinion are the barriers to GP referring patients to the CAB service?
 - Probe: How does it work within your surgery – do you have the space/room for the clients to use the phone?
 - Does this impact on the referral rate/the take-up rate?
- 4.4 What in your opinion are the barriers to patients using the CAB service?
- 4.5 Have you seen any benefits to patients who have used the service?

Have you seen any benefits to your practice from referring patients to the service

5. Future Project Development

- 5.1 What would you say are the strengths and weaknesses of the service?
- 5.2 Are there any gaps in the service that is being provided? If so, how could these best be filled?
- 5.3 How would you like to see the project develop?

Appendix Four: Questions for Citizens Advice staff

1. How long have you been involved (Were you involved in the development of this project?)
2. How has the project developed?
3. How do you think this service has been working?
4. How does the referral to other third sector organisations work?
5. Strengths/weaknesses of the service?
6. Are there gaps in the service provided? If so, how could these best be filled?
7. How would you like to see the project develop?
8. What would you like to see happen as a result of this research?

Appendix 5 - Headline figures from Citizens Advice Manchester data

Between July 2017 and January 2018, Citizens Advice Manchester's Advice on Prescription service handled 1315 unique referral issues from **441** unique clients. The gender make up was 59% (n255) female and 41% (n177) male.

Table 14 - Gender

Gender	
Female	59%
Male	41%
Grand Total	100.00%

The average age of those referred was 49.27 years old with an age range of 16 to 90 years. Those in their 50s had the highest number of referrals with 26.8% (n114). There were only 0.9% (n4) under 20 years old; and only one referral to someone over 90 years old.

Table 15 - Age Group

Age Group	
15-19	0.9% (n4)
20-24	2.1% (n9)
25-29	6.1% (n26)
30-34	7.3% (n31)
35-39	12.0% (n51)
40-44	11.1% (n47)
45-49	9.6% (n41)
50-54	12.7% (n54)
55-59	14.1% (n60)
60-64	9.4% (n40)
65-69	7.1% (n30)
70-74	2.6% (n11)
75-79	2.4% (n10)
80-84	1.9% (n8)
85-89	0.5% (n2)
90-94	0.2% (n1)
Grand Total	100.0% (n425)

Table 16 - Age group (ii) with issues (ii)

Age group with Issues	Under 20	20-39	40-49	50-66	67+	Grand Total
1 issue	75.0% (n3)	63.2% (n74)	65.9% (n 58)	64.5% (n109)	78.7% (n37)	66.1% (n281)
Multiple issues	25.0% (n1)	36.8% (n43)	34.1% (n30)	35.5% (n60)	21.3% (n10)	33.9% (n144)
Grand Total	100.0% (n4)	100.0% (n117)	100.0% (n88)	100.0% (n169)	100.0% (n47)	100.0% (n425)

Table 3 above shows age group with by the number of issues they present to Citizens Advice Manchester with. The age groups have been reduced to account for how those over 66 are of retirement age.

Table 17 - Ethnicity

Ethnicity	
Asian or Asian British - Bangladeshi	0.5% (n2)
Asian or Asian British - Chinese	0.5% (n2)
Asian or Asian British - Indian	1.0% (n4)
Asian or Asian British - Other	2.3% (n9)
Asian or Asian British - Pakistani	8.7% (n34)
Black or Black British - African	9.5% (n37)
Black or Black British - Caribbean	3.6% (n14)
Black or Black British - Other	2.3% (n9)
Mixed - Other	0.8% (n3)
Mixed - White & Asian	0.3% (n1)
Mixed - White & Black African	0.5% (n2)
Mixed - White & Black Caribbean	0.5% (n2)
Other - Any Other	4.4% (n17)
Other - Arab	1.0% (n4)
White - British	55.3% (n215)
White - English	5.7% (n22)
White - Irish	0.5% (n2)
White - Other	2.6% (n10)
Grand Total	100.0% (n396)

Those who identify as White British received the highest referrals (55.3% n215) followed by Black or Black British – African (9.5% n37) and then Asian or Asian British – Pakistani (8.7% n34).

Table 18 – Disability and Long-Term Health Condition

Disability	
Disabled	15.6% (n64)
Long-Term Health Condition	47.7% (n195)
Not disabled/no health problems	36.7% (n150)
Grand Total	100.0%

Nearly 50% of referrals went to people who were experiencing Long-Term Health Conditions (47.7% n195) with a further 15.6% (n64) reporting they had a disability. Of those reporting a disability or long-term health condition, 32% (n24) were experiencing mental health issues with 25.3% (n19) experiencing multiple impairments.

Table 19 - Type Of Disability or Long-Term Health Condition

Type Of Disability or Long-Term Health Condition	
Cognitive Impairment	1.3% (n1)
Hard of hearing	2.7% (n2)
Learning Difficulty	5.3% (n4)
Mental Health	32.0% (n24)
Multiple Impairments	25.3% (n19)
Other Disability or Type Not Given	9.3% (n7)
Physical Impairment (non-sensory)	20.0% (n15)
Visual Impairment	4.0% (n3)
Grand Total	100.0% (n75)

Number of issues referred for

Two thirds of service users (67% n294) were referred to Citizens Advice Manchester with a single issue. However, 25% (n110) came to the service seeking advice about 2 issues, leaving 7% (n33) coming with 3 issues and 1% (n4) being referred with 4 separate issues.

Table 20 - number of different issues clients were referred with.

Number of issues	
1 issue	67% (n294)
2 separate issues	25% (n110)
3 separate issues	7% (n33)
4 separate issues	1% (n4)
Grand Total	100% (n441)

Table 21 - number of issues by Gender

Number of issues	Female	Male	Grand Total
1 issue	63.5% (n162)	71.2% (n126)	66.7% (n288)
2 separate issues	26.7% (n68)	22.0% (n39)	24.8% (n107)
3 separate issues	8.6% (n22)	6.2% (n11)	7.6% (33)
4 separate issues	1.2% (n3)	0.6% (n1)	0.9% (n4)
Grand Total	100.0% (n255)	100.0% (n177)	100.0% (n432)

Table 8 above shows the number of issues that participants were referred with by gender. The number differs from the headline figure due to some missing data.

Table 9 below details the unique referral issues that the clients came to Citizens Advice Manchester for support and advice.

Table 22 - Unique Referral Issues

Unique referral issues	
Benefits & tax credits	52.2% (n687)
Benefits Universal Credit	2.2% (n29)
Consumer goods & services	0.8% (n10)
Debt	11.0% (n145)
Discrimination	1.3% (n17)
Education	0.5% (n6)
Employment	3.3% (n44)
Financial services & capability	0.4% (n5)
Health & community care	4.0% (n52)
Housing	11.6% (n153)
Immigration & asylum	1.6% (n21)
Legal	1.5% (n20)
Other	2.8% (n37)
Relationships & family	3.9% (n51)
Tax	0.4% (n5)
Travel & transport	1.6% (n21)
Utilities & communications	0.9% (n12)
Grand Total	100.0% (n1315)

As can be seen on table 9, the majority of issues related to benefits issues (54.4% n716 when combining Universal Credit with Benefits and Tax Credits). The second highest issue was housing standing at 11.6 % (n153) followed by debt (11% n145).

Table 23 - Local Authority

Row Labels	Local Authority
Bury	0.2% (n1)
High Peak	0.7% (n3)
Manchester	88.9% (n378)
Oldham	0.5% (n2)
Salford	0.5% (n2)
Stockport	0.5% (n2)
Tameside	3.3% (n14)
Trafford	2.8% (n12)
Warrington	0.2% (n1)
Wigan	2.4% (n10)
Grand Total	100.0% (n425)

The table above shows the vast majority of referrals came from the Manchester area (88.9% n378).

Table 24 - Next Step

Next Step	
Casework	0.7% (n3)
Detailed	34.9% (n153)
Discrete	4.3% (n19)
Information	60.0% (n263)
Grand Total	100.0% (n438)

As can be seen in table ? above, the majority of clients had their issue resolved at the initial point of enquiry (64.3% n282). The remaining 35.6% (n156) required either referring on to a different service provider or needed to be referred within the Citizens Advice Manchester for further support.

Table 25 - Channel

Channel	
Adviceline Phone	3.2% (n14)
In person	0.9% (n4)
Letter	0.2% (n1)
Telephone	95.7% (n410)
Grand Total	100.0% (n438)

As is illustrated in table 12, 95.7% (n410) used the telephone to access the services.

Outcomes

The Citizens Advice Manchester system recorded the outcomes from 102 of clients who had used the GP referral service. Of the 102, 94% (n96) of the clients saw an improvement to their financial situation.

Count of Outcome	
Benefit / tax credit gain	77% (n79)
Benefit / tax credit maintained	13% (n13)
Improved health / capacity to manage	3% (n3)
Other (financial)	4% (n4)
Other (non-financial)	3% (n3)
Grand Total	100% (n102)

Of the cases that had been resolved and were financial in nature, the average increased to the clients was £3,833.01. However, the range of this figure is £140 to £17,143.88. For these 102 clients for which there is Outcomes data, the Advice on Prescription service had provided them with a sum total of £337,305.