

Tower Hamlets – Co-located advice in primary care settings

BACKGROUND

The Tower Hamlets Health Advice Links project has been running since 2004, commissioned initially by the then Primary Care Trust and now by the Clinical Commissioning Group. Over time, the project has expanded and now provides social welfare advice to the patients of 28 of the 36 practices in the borough - 17 have an advisor providing services directly in-house, with 11 able to refer in. The service has a presence in every primary care network and provides advice on issues including welfare benefits, housing and debt.

The overall contract is held by [Social Action for Health](#), a charity working to address health inequalities in East London, and the service is provided by four delivery partners including the [Bromley by Bow Centre](#) who shared their experience of delivering advice in primary care for this case study.

THE APPROACH

The approach has a number of key characteristics:

Straight forward referral processes

The service predates the introduction of social prescribing and so originally worked in such a way that GPs and other health professionals and practice staff could directly book patients into appointment slots with an advisor. This has continued to be an option for staff, though now many referrals come via social prescribing link workers. Advisors report that this has led to an increase in the volume of referrals, and has also helped to improve the quality of referrals, with more information provided on patients' situations as well as communication preferences meaning that they are able to better tailor the support they provide.

TOP TIPS

- Focus on building relationships, particularly in the early stages of delivery, and many other things will fall into place through this.
- Make referral processes as straightforward as possible to incentivise referrals.
- Think carefully about the kind of information and evidence needed to make the case for continuation of the service, considering benefits for patients, practices and advisors.

Evidencing impact

The project has always had a strong focus on demonstrating impact. In 2015 [an evaluation was commissioned](#) which showed that many GPs in practices where services were delivered had experienced a reduction in non-clinical demands on their time. Many also reported feeling that the service improved the quality/efficiency of consultations and provided enhanced opportunities to take a whole person approach to care. GPs and patients also reported that they felt there were improved health outcomes for those accessing the service.

On a day-to-day basis, monitoring information is collected to look at the kinds of issues the service is supporting patients with, as well as outcomes and impact. This regularly shows that patients report improvements in their ability to manage their finances and access benefit entitlements and that this has a knock-on effect on their health and wellbeing. In the most recent quarter, almost three-quarters (73%) reported a reduction in stress relating to finances and four-fifths (81%) said that their visits to their GP had reduced. Two-thirds (66%) stated that if the service wasn't available, they would have sought advice on the issue from other practice staff (clinical or administrative) rather than elsewhere (e.g. an advice agency), suggesting that the service is reducing strain on the system.

“Patients trust their GP and so they trust us.”

- Shah Miah, Social Welfare Advisor

CASE STUDY CONTACT

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ABOUT THIS DOCUMENT

This case study has been produced by the [Bromley by Bow Centre](#) and [Greater London Authority](#) who are working together to support the development of social prescribing in London.

THE APPROACH (continued)**Integrated working**

As the project has developed, there has been more and more integrated working between practice teams and advisors, as the understanding of the support provided has increased. Relationships have been key, with consistency in the staff team helping to build trust and rapport. The advisor team regularly refer back to social prescribing for wider needs and make themselves available to link workers for an hour each week to discuss cases and support them to help with straightforward issues e.g. Blue Badge applications, themselves.

In some practices, access to EMIS has been provided to advisors and accessing medical information has been found to be hugely helpful for benefit applications, also saving GPs time as advisors are able to draft evidence letters for them to sign off, ensuring information provided is relevant to benefit assessment criteria. Advisors report that having access to medical records means they can build a strong picture of the client's situation, and in some cases have also been able to encourage clients to access medical care for previously undisclosed conditions.

Accessibility

Providing advice within GP practices has been found to improve the accessibility of advice, particularly for elderly and frail patients, and to prevent the drop off from referral to attendance. During the pandemic, the trusted referral has still been found to help ensure patients access support remotely.

THE BENEFITS

Key benefits have been:

- Fast and appropriate referrals to advice
- Smooth journeys through support for patients with less opportunity for drop-off
- Securing continuity of service through evidencing of impact

THE CHALLENGES

The main challenges have been:

- Building trusting relationships takes time and this has been a vital part of developing the service.
- Capacity can be a challenge, with advisors having only one day per week or fortnight allocated per practice, with roughly half this time spent on casework rather than directly seeing patients.

THE OUTCOME

The service has demonstrated in its 17 years of operation that this approach has significant benefits for advisors, practice staff, and most importantly for patients themselves. Advisors report being able to work more effectively and efficiently within this project than when delivering advice in other settings, particularly where they are able to access medical records, and believe this model should be utilised more widely.

RESOURCES**Social Action for Health**

To read more about Social Action for Health, click [here](#).



For information supporting the voluntary and community sector to deliver on social prescribing please click [here](#).

Bromley by Bow Centre

To find out more about the Bromley by Bow Centre, click [here](#).



For information on support for social prescribing schemes offered by the Bromley by Bow Centre, please visit: <https://www.bbhc.org.uk/insights/>

Health Advice Links

To read more about the Health Advice Links project, click [here](#).



For information on how to join the London Plus social prescribing network [click here](#).

Evaluation report

To read the 2015 evaluation, click [here](#).

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