

Cambridge Local Health Partnership

30 January 2014

Supporting Information for presentation by Cambridge and District Citizens Advice Bureau (CAB)

The impact of CAB Advice Services on Health and Well Being.

- We welcome an opportunity to bring to the discussion this subject and an opportunity to clarify what various agencies bring to the table.
- CAB is an agency that deals in quality controlled legal advice across a wide range of topics - broadly 14 areas with the highest demand being Benefits, Debt, Housing, Employment, Relationships/family. The largest amount of work we do is round Benefit, debt and housing work.
- We have always known that there is a direct correlation between sorting peoples problems and improving not only their immediate health issues (often around stress and mental health), but also helping people to find “space” to adopt more healthy living styles e.g. giving up smoking. We have research and other hard evidence to support this from projects and work in other NHS/GP practices in other areas to make our case for the need to imbed CAB advice into the daily business of health care here. (Research evidence has been supplied to Graham Saint who is summarising this. We are of course happy to supply all the data to you if you would like it but it is slightly indigestible – there is a lot of it !)

Community Navigators:

- The question has been raised – “why do we need this when there is this new Community Navigator scheme funded by the County Council”?
- Community Navigators are “sign posters”. They have no capacity/skills to deal with often complex benefit/debt/relationship etc problems. That is what CAB does.
- Navigators “point” people to various activities in the community that may be of help to them and that is a great bonus (keeping people linked to activities), but it is not about sorting out peoples immediate issues.

Summary of what we would like to raise with at the LHP meeting:

- Impact of CAB advice on GP and other services (based on current evidence e.g. Derby NHS CAB on Prescription and other university evidence)
- Financial impact of CAB intervention at surgeries (Based on research evidence)
- Reduction of GP appointments and prescription costs (also based on research evidence)

Example of Good Practice

Background

The Citizens Advice Bureau in Sefton offers outreach sessions in GP surgeries. People are referred who have a variety of health problems relating to both physical and mental health.

The main issues that are discussed are benefits and debt. Nine practices participate in the CAB Health Outreach service with Sefton and a total of 250 patients were referred to CAB staff during the period April to September 2009. Within these nine practices there are 42 GPs, ranging from single handed to 13 GPs per practice (27.5 FTEs). The practice list sizes range from 1,728 to 16,558, average 6,269, covering a total of 56,419 patients. There are slight variations in the service between practices, relating to self-referral, access to medical records and the duration and number of appointments available.

Evaluation

An evaluation of the impact on GP surgeries of the Citizen's Advice Bureau Health Outreach Service was carried out in 2010 by NHS Sefton. The following shows some of the main findings from the evaluation.

Practice managers, GPs and CAB staff all agreed that the service was beneficial to patients, and none felt that the service had any adverse impact on any other services provided by the practices. The CAB service provides advice on problems outside of the GP's expertise and there was a belief that it may reduce GP workload. The service was considered to be open and accessible and reached a different client group from those using the regular CAB drop-in service, including many with mental health problems.

Some interviewees from all groups felt that there was a need for more service availability and that greater publicity may be useful to encourage more self-referral. Both GPs and CAB staff felt more training was required on what the CABHO service could offer to potential clients and who to refer, although most practice managers felt that sufficient information was available. Data was gathered from 148 patients from six practices on use of health services six months before and six months after first appointment with the CAB service. These showed statistically significant reductions in the number of GP appointments and prescriptions for hypnotics/anxiolytics, non-significant reductions in nurse appointments and prescriptions for antidepressants, but no change in appointments or referrals for mental health problems.

Conclusions

The CABHO service demonstrates actual and perceived benefits to the NHS in terms of staff time and prescribing costs. Expansion of the service and further training of practice staff in referring to the service should be considered.