citizens advice Sheffield

'Advice in Primary Care'

Evaluation Report

December 2024

Contents

Introduction

The Advice in Primary Care Project delivered by Citizens Advice Sheffield (CAS) was designed to address systemic issues that affect both patient health outcomes and healthcare service efficiency. This evaluation report provides a comprehensive review of the project's key findings and its impact on individuals, practices, and the healthcare system. The project aimed to mitigate social determinants of health and ensure that care services better reflect the holistic needs of communities in South Yorkshire.

Drawing on survey data, stakeholder interviews, and practice feedback, this report explores the successes, challenges, and areas for improvement. A robust methodology ensured that both quantitative and qualitative measures captured the project's full scope of impact.

The collaboration between CAS and NHS South Yorkshire sought to improve access to advice services for individuals in deprived areas, addressing health determinants through holistic, community-based support. This integration model aimed to alleviate social barriers while easing the strain on healthcare services, ultimately delivering more efficient and patient-centred care.

Intended Project Outcomes

- **Improved Patient Well-being**
  Support patients in addressing key social issues like housing, debt, and benefits, reducing stress and improving overall quality of life.

- **Enhanced Access to Services**
  Provide tailored advice to underserved populations by embedding CAS advisors in GP practices and strengthening referral pathways.

- **Reduction in GP Workload**
  Minimise the burden of non-clinical cases on healthcare professionals by redirecting these issues to CAS advisors.

- **Early Intervention and Prevention**
  Prevent the escalation of crises by delivering timely advice and support, especially for patients at risk of severe financial distress or housing insecurity.

- **Evidence for Integrated Models**
  Generate data and insights to demonstrate the effectiveness of integrating advice services in healthcare settings, informing potential replication across other NHS regions.

Executive Summary

The integration of CAS services within GP practices has delivered significant measurable benefits:

Improved Access: CAS reached vulnerable and underserved communities, addressing key social determinants of health such as housing instability, financial insecurity, and employment challenges.

Patient Well-being: Survey data revealed that 85% of patients reported reduced stress and improved mental health, with many experiencing enhanced quality of life.

Reduction in GP Workload: The project alleviated pressure on practice staff, with 75% of surveyed staff noting significant reductions in time spent managing non-clinical cases.

Crisis Prevention: Early interventions through CAS are estimated to have prevented the escalation of issues, with over 303 crises averted*.

Cost-effectiveness:

- The direct ROI, based solely on financial savings, was 409.3%, reflecting that the direct financial savings fully offset the project cost of £233,000 at the time of writing (period up to October 2024).
- Furthermore, as a community project, when including broader societal benefits such as improved well-being and productivity, the expanded ROI reached an impressive 5,615%, demonstrating the systemic and societal value of the initiative.

These outcomes clearly indicate the importance of integrating social support services into healthcare, not only for addressing immediate patient needs but also for generating long-term societal benefits. The findings from this evaluation provide compelling evidence to support scaling such models across other NHS regions.

Despite these successes, the project encountered some challenges, including:

- Potential underutilisation in some areas i.e. SAPA5 PCN uptake being lower than other areas
- Data-sharing restrictions that slowed referral processes.

Key recommendations focus on expanding capacity, enhancing promotional efforts, and streamlining data-sharing systems.

* evidence base for crisis prevention included on page 17

Methodology

The evaluation employed a mixed-methods approach, incorporating both qualitative and quantitative data collection methods to provide a comprehensive assessment of the project's impact. This research was designed to measure progress against the project's objectives, focusing on access to advice, patient outcomes, staff workload, and healthcare improvement.

Data Collection Methods

Qualitative Data

18 in-depth interviews were conducted with project beneficiaries using semi structured format. These interviews explored the personal impact of the service on clients' health and well being, as well as its effectiveness in terms of delivery.

1 telephone interview was carried out with a Care Coordinator and due to time constraints and availability, additional 14 social prescribers, GPs, and practice staff completed a questionnaire which followed the same structure to evaluate the service's integration and its effect on workflows.

Quantitative Data

Combined the findings with a thorough analysis of service users statistics provided by CAS. Data gathered on all 605 of participants included: issues faced, demographics and financial outcomes.

Return On Investment (ROI) Analysis

Financial data and outcomes were analysed to calculate the Return on Investment (ROI) for the project, incorporating both direct financial savings and soft outcomes.

Evaluation Framework

The evaluation was guided by the following key questions:

- To what extent did the service improve access to advice for target communities?
- How did the service impact patient outcomes, such as stress reduction and stability?
- What effect did the service have on GP workloads and practice efficiency?
- How did the service align with or add value to existing social prescribing initiatives?
- What factors contributed to the service's successes and challenges?

Sampling

The evaluation used purposive sampling to ensure diverse representation from both service users and stakeholders. The sample was carefully selected to reflect the demographics and operational context of the project.

Service User Sample

- **Participants**: 605 clients who accessed CAS services were considered for inclusion, with a focus on engaging those from target communities in areas of high deprivation.
- **Interview Sample**: 18 clients participated in semi-structured interviews, ensuring a balance of locations and links to GP practices across the 3 PCN areas.

Stakeholder Sample

- **Participants:** GPs, social prescribers, and practice staff who interacted with CAS services during the project.
- **Interview Sample**: 1 stakeholder was available for an interview, and an additional 14 completed a questionnaire following the same structure , collectively representing a mix of professional roles and practice support staff

Rationale for Sample Design

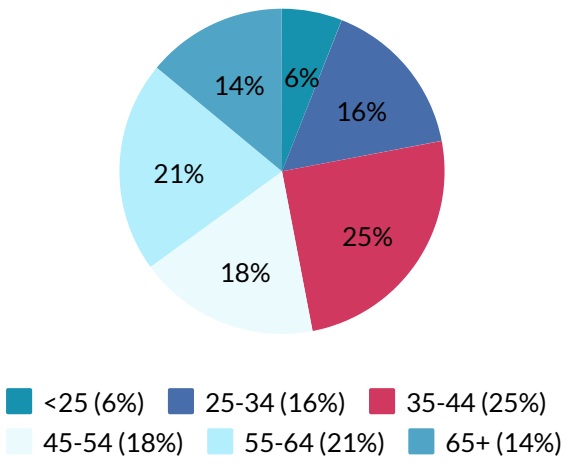
The purposive and then randomised sample ensured honest feedback from patients across the Primary Care Networks (PCNs).

The emphasis on qualitative methods provided rich, contextual data to complement quantitative survey findings.

Beneficiary Demographics

A major focus of the project was to improve access for individuals facing social and financial barriers.

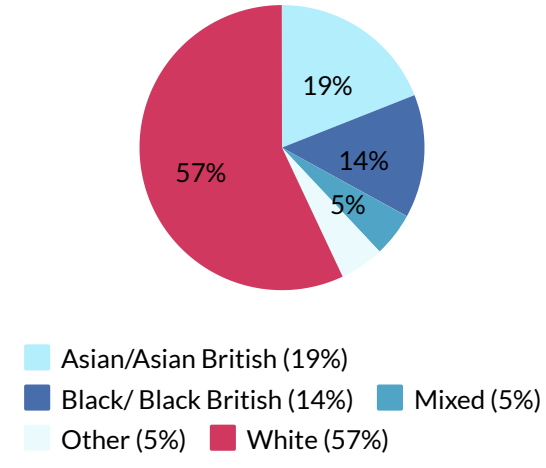
Age of beneficiaries



Age Distribution
The majority of clients fell within the 35-44 age group (25%), followed by the 55-64 age group (21%).
Other significant age groups included:

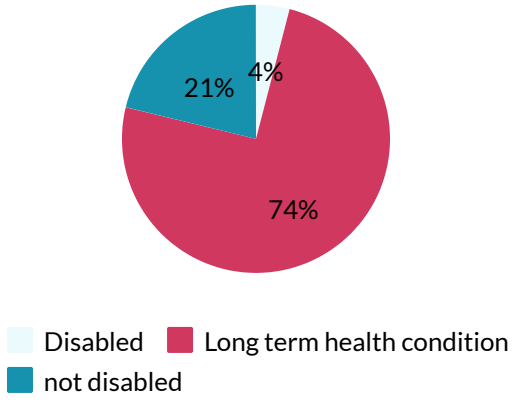
- 45-54 years: 18%
- 25-34 years: 16%
- Clients under 25 years and over 65 years were the smallest groups, making up 6% and 14% respectively.

Ethnicity



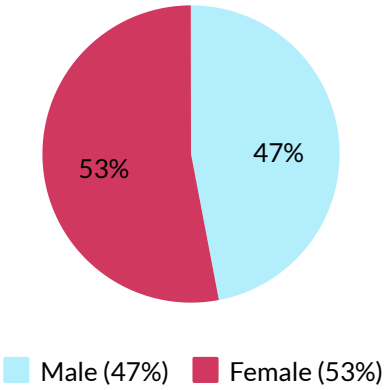
57% identified as White, with 43% from minority ethnic backgrounds, including Asian/Asian British (19%) and Black/Black British (14%)

Disability



The higher percentage of those with long term conditions among CAS clients suggests the service effectively reached individuals with greater health challenges.

Gender Split



Improving Access to Advice

A major focus of the project was to improve access for individuals facing social and financial barriers. Data collected from over 605 service users revealed key insights:

Demographic Reach

CAS advisors served predominantly lower-income families and individuals living in the top deciles of deprivation indices in Sheffield.

Referral Pathways

GP referrals accounted for 60% of all cases, with remaining patients self-referred or referred through social prescribing link workers.

Access Gaps

Stakeholders within the practices and quantitative data gathered identified geographical differences, with some areas taking up more of the CAS support than others

Patient Reach

605 patients were supported by CAS during the period of November 2023 - end of October 2024.
55% of surveyed patients were previously unaware of where to access support for their non-clinical needs.

Timeliness of Support

78% of cases were resolved within two weeks, ensuring rapid intervention for urgent issues.

Patient Feedback

I didn't know where to turn, but the CAS advisor listened and helped me find a way forward. I finally feel hopeful about the future.

Patient Feedback

This service made me feel heard for the first time. I can now manage my bills and focus on my health.

Patient Feedback

The advisor didn't just help with my housing issue; they gave me back my peace of mind. I can finally sleep at night.

Patient Feedback

Before this service, I was overwhelmed. Now I have a plan, and I know where to go for help.

Patient Impact

The CAS integration within GP practices had a significant and measurable impact on both patients and practice staff, delivering benefits across multiple dimensions

- **Improved Well-being**:
  - **85%** of patients reported reduced stress or anxiety after receiving CAS support.
  - **70%** indicated that advice on financial or housing issues led to **improved mental health** and overall stability.
- **Empowerment:**
  - Patients felt more in control of their situations, with **67% reporting improved confidence** in managing future challenges.
- **Crisis Prevention:**
  - CAS is presumed to have helped prevent the escalation of 303 crisis situations, providing timely interventions that averted severe consequences, such as eviction or prolonged financial distress.
  - 78% of cases were resolved within two weeks, ensuring rapid support.

> Staff Feedback
>
> We've seen a noticeable difference in patient outcomes. They leave feeling supported, which makes our job easier.

> Staff Feedback
>
> It's not just about advice—it's about giving patients hope and the tools to move forward.

> Staff Feedback
>
> The CAS service has been a game-changer for our patients. It's given them support that we, as clinicians, weren't equipped to provide.

> Staff Feedback
>
> Having an advisor in-house means our patients get help quickly, and we can concentrate on their medical care.

Healthcare Professionals Impact

- **Workload Reduction**
  - Staff reported a **40% decrease in time spent** handling non-medical patient issues.
  - **75%** of GPs and staff expressed that the CAS service allowed them to focus on clinical responsibilities.

- **Collaboration and Efficiency**
  - **60%** of cases were directly referred by GPs, reflecting the seamless integration of CAS advisors into the practice workflow.
  - **75% of stakeholders** highlighted the ease and clarity of the referral process as a key strength.

- **Collaboration and Professional Development**
  - Social prescribers noted stronger collaboration with CAS advisors, enabling them to address complex patient needs more effectively

Healthcare Professionals - Differences in Perspectives

SOCIAL PRESCRIBERS

Social prescribers generally reported a stronger links between the Citizens Advice Sheffield (CAS) service and their professional responsibilities. Their role focuses on addressing social determinants of health, and CAS was seen as an essential extension of this work. Many highlighted that CAS enabled them to focus on more complex aspects of patient care by providing a reliable referral pathway for non-clinical issues. One respondent noted, "Knowing I can refer to CAS allows me to focus on patient-specific needs without juggling multiple agencies." Regular communication and updates from CAS advisors were particularly valued, with another respondent stating, "The weekly meetings with CAS advisors have been invaluable for discussing patient cases in detail." Social prescribers also emphasised the holistic value CAS brought to patient care, describing it as integral to their efforts in achieving better patient outcomes.

PRACTICE STAFF & GPs

In contrast, GPs, nurses, and practice staff viewed CAS primarily through an operational lens, appreciating its role in reducing their workload. Many praised the service for handling administrative burdens, such as form-filling and addressing non-clinical patient concerns, which previously consumed clinical time. A GP remarked, "CAS helps significantly with administrative burdens like form-filling, which used to take up valuable clinical time." However, some practice staff reported limited familiarity with the full scope of CAS services, which may have affected their engagement with the service. One staff member commented, "I know CAS helps patients, but I'm not entirely sure about the process or outcomes." Unlike social prescribers, GPs and practice staff generally had fewer direct interactions with CAS advisors, which may explain their less detailed feedback about the service's integration.

Both groups identified shared challenges, including capacity constraints and systemic barriers such as data-sharing limitations. Stakeholders from all roles recognised the strain on CAS appointments, with high demand often resulting in longer waiting times for non-urgent cases. One stakeholder shared, "We could definitely use more CAS appointments to serve our patient base." Data-sharing barriers, including GDPR compliance issues, were consistently flagged as areas requiring improvement. Despite these challenges, stakeholders agreed that CAS provided substantial benefits to patients. A staff member summarised the service's value by saying, "Patients who have used the service find it extremely helpful."

Value for Money

The Citizens Advice Sheffield (CAS) integration within NHS South Yorkshire GP practices demonstrates substantial value for money, combining direct financial savings, income generated for clients, and broader societal impacts. This evaluation highlights the service's cost-effectiveness by assessing its return on investment (ROI) across financial, operational, and qualitative dimensions.

By addressing over **3,009 issues** for **605 clients**, CAS alleviated healthcare pressures while delivering tangible financial benefits to patients and the healthcare system. This section provides a comprehensive analysis of the project's value for money, including direct and indirect ROI calculations, as well as the rationale for their methodology.

Direct ROI

The calculations are based on the total client number of 605 and assume that CAS services addressed systemic inefficiencies in healthcare and supported patient well-being. Here's the breakdown:

- **GP Appointments Avoided**:
  - Studies indicate 30%-50% of GP appointments involve non-clinical issues (e.g., housing, debt, benefits).
  - Assuming **three appointments avoided per client*** due to advice resolving these issues:
    - 605×3=1,815 appointments avoided.
  - NHS data suggests an average cost of **£30 per GP appointment**, leading to a direct saving of **£54,450**.

- **Crisis Prevention Savings**:
  - Prevented **303 crises**, such as evictions or homelessness, at an average cost of £150 each, saving **£45,450**.
- **Total Direct Savings**:
  - £54,450+£45,450=£99,900

- **Income Generated for Clients**:

  - CAS secured **£1,086,770** in benefits income for clients, providing significant financial relief and improving household stability.

ROI=(£99,900+£1,086,770−£233,000) / £233,000 ×100=409.3%.

* evidence base for missed appointments calculation included on page 17

Value for Money

Rationale for calculations

- **Cost Inputs**
  - The service's total cost to end of October 2024 of **£233,000 was based on the funding provided to CAS for delivery across GP practices.** Please note, £400,000 was the total amount awarded which will be fully spent after this evaluation has been completed.
- **Savings Assumptions**
  - NHS cost benchmarks (e.g., £30 per GP appointment, £150 per crisis intervention) were used to quantify savings.
- **Client Income**
  - The **£1,086,770** in secured benefits reflects the tangible financial impact of the service for patients, calculated from project-reported data.
- **Soft Outcomes**
  - QALY values of **£20,000 per person,** as recommended by NICE, and productivity metrics based on ONS earnings data provided a framework for estimating societal impacts.
- **Comprehensive View**
  - This two-tiered approach ensures the financial analysis reflects both immediate savings and long-term, systemic value.

Indirect ROI

The indirect ROI captures the broader societal and qualitative impacts of the service, often referred to as "soft outcomes."

- **Well-being Improvements**:
  - **85% of clients (515)** reported reduced stress or anxiety, with a QALY (Quality-Adjusted Life Year) valuation of £20,000 per person, translating into **£10,300,000** in societal health benefits.
- **Productivity Gains:**
  - **10% of clients (61)** returned to or maintained employment, generating **£1,830,000** in productivity gains, assuming an average annual productivity value of £30,000.

Indirect ROI Calculation:
Combined indirect benefits:
£10,300,000+
£1,830,000=£12,130,000

ROI=(£12,130,000+£99,900+
£1,086,770−£233,000) /£233,000
×100=5,615.3%

Satisfaction with the Service

Patient Satisfaction

85% reported reduced stress and anxiety as a direct result of the advice received

89% of patients rated the service as "excellent" or "very good."

70% indicated an overall improvement in their quality of life, with many citing increased financial stability as a major factor

- **Key Themes:**
  - **Accessibility**: Patients appreciated the ease of accessing the service through their GP practice. "I didn't know where to turn before, but this service made everything straightforward."
  - **Empowerment:** Many patients felt better equipped to manage their challenges after engaging with CAS. "I now feel confident about managing my finances and knowing where to go for support."
  - **Timeliness: 78% of cases** were resolved within two weeks, leading to quick relief for patients in urgent situations.

Stakeholder Satisfaction (GPs, Nurses and Practice Staff)

- **Key Themes:**
  - **Workload Relief**: Many stakeholders noted that CAS alleviated administrative and non-clinical burdens. "CAS allows us to focus on medical care, knowing our patients' other needs are being handled professionally."
  - **Operational Integration**: While most found the referral process efficient, some suggested improvements in data-sharing protocols to streamline collaboration further.

75% described the service as "valuable" or "indispensable" to their practice

68% agreed the CAS service significantly reduced time spent on non-clinical issues

Social Prescribers Satisfaction

- **Key Themes from feedback:**
  - **Collaboration: Social prescribers highlighted the value of regular communication with CAS advisors.** "The close working relationship with CAS has been instrumental in delivering holistic care to patients."
  - **Patient Outcomes**: They reported witnessing significant improvements in patients' well-being and engagement with healthcare plans as a result of CAS interventions.

80% rated it as excellent

90% felt that the service significantly enhanced their ability to support patients

Challenges

The integration of Citizens Advice Sheffield (CAS) within GP practices demonstrated several significant successes, positively impacting patients, staff, and the healthcare system. But while the project delivered substantial benefits, some challenges emerged during delivery.

Capacity Constraints:

- With **605 clients presenting 3,009 issues**, the demand for CAS services often exceeded advisor availability. This occasionally led to delays, with non-urgent cases waiting up to **three weeks** for assessments.
- These delays, although manageable for some patients, may have resulted in missed opportunities for early interventions.
- "We could definitely use more CAS appointments to meet the growing demand" noted one of the stakeholders interviewed.

Awareness Gaps:

- **Despite the success of CAS in reaching vulnerable populations, 55% of patients** were unaware of the services provided by CAS in general before being referred. However, the purpose of this service was to reach target groups who are underrepresented and therefore the service has proven to reach that demographic.
- Stakeholders, along with quantitative data gathered through our research, highlighted noticeable geographical differences in service utilisation. For example, the number of patients accessing the service in **SAPA5 PCN** was over **60% lower** compared to **Foundry PCN**. Several factors may contribute to this discrepancy, including the level of promotion, the presence (or absence) of on-site advisors, and variations in how social prescribing pathways are structured. However, the available data does not provide a definitive conclusion on the specific causes of these differences and further research would be required to asertain the cause of those differences.

Data-sharing Limitations:

- GDPR compliance posed significant barriers to seamless communication between CAS and GP practices, delaying follow-ups and hindering efficiency.
- Stakeholders highlighted a lack of integrated digital systems to support secure and efficient data-sharing.
- "We need better tools to share information while adhering to data protection rules," one GP remarked, pointing to this as a critical area for improvement.

Resource and Sustainability Challenges:

- While the project demonstrated substantial value, securing £1,086,770 in benefits income and achieving a **409.3 ROI**, questions remain about the sustainability of funding.
- As demand continues to grow, maintaining service quality and availability will require ongoing investment and sustainable funding.
- Stakeholders emphasised the importance of long-term funding to expand advisor capacity and meet the needs of a growing patient base.

Recommendations

To build on the successes of the Citizens Advice Sheffield (CAS) integration and address identified challenges, the following recommendations are proposed:

Increase capacity

Expand CAS advisor availability to meet the growing demand, particularly in practices with higher patient volumes. This will help reduce waiting times and ensure timely support for non-urgent cases

Better promote the service

Develop targeted campaigns to raise awareness of CAS services among patients and practice staff. This could include posters, leaflets, and digital resources in GP practices and community spaces.

Streamline data-sharing processes

Address GDPR-related barriers by implementing secure data-sharing protocols and technology solutions to improve referral efficiency and follow-ups between CAS and GP practices.

Offer more training

Provide additional training for practice staff on CAS services, referral processes, and outcomes to ensure seamless collaboration and better patient engagement.

Assumptions and Supporting Evidence

1. Prevention of case escalation

The assumption that 50% of Citizens Advice clients face issues that could escalate into crises without timely intervention is supported by several studies and reports highlighting the precarious financial situations of many individuals and the effectiveness of social prescribing in mitigating such risks.

Firstly, research conducted by Citizens Advice revealed that **a third of UK adults are just £20 away from financial crisis**, indicating that a significant portion of the population is on the brink of severe financial hardship (Citizens Advice, 2021). This underscores the importance of timely interventions to prevent the escalation of issues.

Additionally, the National Academy for Social Prescribing (NASP) has compiled evidence showing that social prescribing can lead to substantial reductions in avoidable GP appointments, hospital admissions, and A&E attendances. This demonstrates that social interventions can play a critical role in preventing minor issues from escalating into serious crises (NASP, 2023).

Finally, the 2020/21 Citizens Advice Impact Report highlights the organisation's effectiveness in helping clients manage debt and access benefits. These interventions have been shown to prevent severe outcomes such as homelessness or extreme financial distress, further validating the assumption (Citizens Advice, 2021).

2. Prevention of missed appointments

The assumption that the Citizens Advice Sheffield (CAS) service prevented an average of three GP appointments per client is supported by evidence indicating that **20-40% of GP appointments** often involve non-clinical issues, such as social or financial concerns (NHS England, 2020). By resolving these issues through advice services, CAS effectively reduced the need for patients to seek repeat GP consultations for the same problems.

Social prescribing interventions have been shown to reduce GP appointments by an average of **28%**, according to a report by the University of Westminster (Polley et al., 2017). This aligns with CAS's impact in addressing social determinants of health, where patients often required multiple appointments to manage interconnected issues before accessing advice.

In the absence of CAS, each client would likely have required multiple GP consultations to address their social concerns indirectly. Estimating an average of three appointments per client reflects a conservative figure within this evidence base.

References

Citizens Advice (2021) A third of UK adults just £20 away from falling into crisis warns Citizens Advice. Available at: https://www.citizensadvice.org.uk/about-us/media-centre/press-releases/a-third-of-uk-adults-just-20-away-from-falling-into-crisis-warns-citizens-advice/ (Accessed: 5 December 2024).
Citizens Advice (2021) Impact Report 2020/21. Available at: https://www.citizensadvice.org.uk/Documents/CA_IR-20-21-WEB%20%282%29.pdf (Accessed: 5 December 2024).
NASP (2023) Read the Evidence. Available at: https://socialprescribingacademy.org.uk/read-the-evidence/ (Accessed: 5 December 2024).
NHS England (2020) Addressing Non-Clinical Determinants of Health. Available at: https://www.england.nhs.uk (Accessed: 5 December 2024).
Polley, M., Fleming, J., Anfilogoff, T. and Carpenter, A. (2017) Making Sense of Social Prescribing. University of Westminster. Available at: https://westminster.ac.uk/research/social-prescribing (Accessed: 5 December 2024).

Acknowledgements

We would like to extend our heartfelt thanks to everyone who made this project and its evaluation possible.

We are deeply grateful to **NHS South Yorkshire** for their forward-thinking vision and generous funding, which enabled this innovative integration of advice services into GP practices. Your commitment to addressing the social determinants of health has achieved real, tangible positive impact in our city.

Our sincerest appreciation goes to the **patients and practice teams** who shared their time, insights, and experiences during this evaluation so openly. Your voices were invaluable in helping us understand the real impact of this service and identifying areas for improvement.

Our gratitude extends to the **wider stakeholders**, whose contributions added depth and expertise to the project, as well as the **Citizens Advice Sheffield advisors and delivery teams**, who worked tirelessly to provide impactful and compassionate support to patients facing challenging circumstances.

Thank you for trusting us to help you tell your story.

SOCIAL RESEARCH BUILDERS

This research has been carried out by Social Research Builders LTD, contracted by the Citizens Advice Sheffield in October 2024 to carry out an independent evaluation of the effectiveness of the 'Advice in Primary Care' programme.

Social Research Builders are dedicated specialists in evaluating social impact initiatives within health, community, and advice service sectors. With extensive experience in mixed-methods research, we provide robust evaluations that combine quantitative data analysis with rich qualitative insights to highlight real-world impact of projects.