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Providing citizens' advice in general practice

Would meet much unmet need

Recent changes to community care have further complicated the entitlement to benefits of patients needing residential care. Over the past year many patients will have taken the lengthy claim form for disability living allowance for their doctor to sign. Many of these will still be awaiting a definite decision on their claim. With these the latest changes to the benefits maze, it remains true that "many doctors and others feel themselves ill equipped to understand the financial position their patients are in, let alone advise or help them find their way through the system."[1]

The study by Paris and Player in this week's journal on providing citizens' advice in general practice is timely (p 1518).[2] It accepts that most doctors do not understand the benefits system well enough to advise patients but exploits the unique opportunities offered to the primary health care team to advise patients on the many aspects of the benefits system relevant to ill health and disability.

Placing skilled advisers in general practice, who accepted referrals from doctors and other members of the practice team, produced results that are either startling or predictable, depending on your familiarity with the extent of unclaimed benefits. About one quarter of the study group were not claiming their full entitlements; after advice some £58 000 was claimed on behalf of only 39 patients.

In addition, patients received advice on many other problems. The study was successful and popular with patients—clearly they benefited considerably, both financially and by having other worries eased, which must have improved their wellbeing. Is this a model for how general practice should develop?

The pilot scheme's success relied on several key factors: the commitment of the practices to the scheme and their willingness to include the adviser as a full member of the practice team; the existence of adequate facilities in the practice premises to run an advice service; the availability of funding for the project; and the support and back up provided by the Citizens Advice Bureaus. Arguably all these elements were crucial for the scheme's success.

Would developing such schemes merely reduce the demand for advice services elsewhere? More than one third of the sample had previously sought advice on the same problem from another agency, including the local council or the Benefits Agency, although none had previously consulted a Citizens Advice Bureau. This shows the extremely variable quality of advice offered on benefits and related matters by many agencies, including the legal profession and those responsible for administering the benefits. But no one with any experience of the scale of unmet need for good advice will be surprised by the view of the manager of a local Citizens Advice Bureau that this project had no visible effect on the numbers seeking advice at the local bureaus.

Birmingham Family Health Services Authority has recognised advice provided by Citizens Advice Bureaus as health promotion and has funded 15 practices in Birmingham to offer this service. It must be hoped that new regulations on health promotion in general practice will not put such schemes at risk. Certainly local authorities—traditionally the funders of Citizens Advice Bureaus and other independent advice agencies—are unlikely to be a ready source of finance in the current financial climate.

Perhaps the solution lies in the community care reforms, whereby the provision of services to sick, disabled, and elderly people is meant to be integrated, crossing agency boundaries. Funding projects to provide advice within primary health care is logical and efficient if the end result is an improvement in people's physical and mental wellbeing. Social workers and community care managers are spending increasing amounts of time checking clients' entitlement to benefit, both to maximise clients' incomes and to minimise the costs to social services by enabling clients to contribute a greater proportion of the costs of their care.

Providing advice on benefits within general practice is a far more effective and proactive way of meeting at least some people's needs. Joint funding by health authorities and social services of advice services based in general practice would be an intelligent and far sighted response to community care needs.

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