Brown paper – Service impacts

- Primary care is in the front line in relation to health detriments arising from the Welfare Reform Act.
- GPs in Scotland's most deprived communities have reported significantly increased pressures as a result of wider welfare reforms and other austerity measures prior to the introduction of the Welfare Reform Act.
- Pressures are likely to be seen initially across primary care, diagnostics and pharmacy services, but will feed through to pressures on secondary services later.

There are likely to be impacts right across NHS services.

However, the gatekeepers to services are those in Primary Care and, other than the patients themselves, it is likely that they will be most immediately affected by additional ill-health arising from the Welfare Reform Act.

The *GPs at the Deep End* initiative has collected and collated responses from 100 GPs working in the most deprived general practices in Scotland to the question "how have the current austerity measures affected your patients and your practice in the last week?" The week referred to was the week beginning 20th February 2012. This is prior to the measures outlined within the Welfare Reform Act being introduced, but will have reflected many of the wider welfare reform measures already implemented, including the transfer of Incapacity Benefit to Employment and Support Allowance and the introduction of occupancy rules for those in the privately rented sector claiming Housing benefit.

There were increasing numbers of patients with mental health problems and (in those with preexisting mental health conditions) deteriorating mental health. In terms of physical health, GPs report detrimental effects of increase alcohol and drug usage amongst patients. Patients were also increasingly presenting late, job security having created concerns about taking time off work to see a GP. The effects of fuel poverty are also being felt, with patients reporting choices between heating and eating.

"practices reported cases of an elderly patient going to a friend's house in order to wash; families relying on relatives to pay for food and cigarettes (unable to stop smoking due to stress) and a mother resorting to prostitution to feed herself and her family." (Blane and Watt 2012)

The practice impacts were in terms of changing workload – with patients asking for letters of support in appeals for people with chronic conditions who had been deemed "fit for work" in Work Capability Assessments (WCAs). As the Welfare Reform Act will see many of those currently in receipt of Disability Living Allowance (DLA) transferred to this system, this workload is likely to increase.

Access affected – there was pressure on appoints and appointment length due to an increasing volume of unscheduled appointments

Staff morale was reduced as they struggled to cope with increasing pressures.

Secondary care and support services affected included: patients transport, delay of discharge letters, increased funding and access barriers to residential detoxification, pressures on addition workers, rehabilitation services, occupational therapy and heart failure nurses being harder to access. (Blane and Watt, 2012).

Though the Deep End report makes no reference to it, there must be an assumption that prescribing and referrals for testing will increase, creating pressures within pharmacies, laboratories, and diagnostics in a variety of specialisms.

The service impacts in secondary care from the wide range of conditions which are likely to be precipitated by falling income, increasing income inequalities, fuel poverty, housing insecurity, unmet disability needs, reductions in the availability of unpaid, familial carers, food insecurity and so on will be further down the line; but they are on their way and they will create significant additional cost for the NHS.

References:

Blane D. and Watt G. (2012) *GP experience of the impact of austerity on patients and general practices in very deprived areas.* Glasgow: Institute of Health and Wellbeing, Glasgow University