

Crossing barriers – and hitting a brick wall

An imaginative project found a cheap way to make sure patients receive the disability benefits to which they are entitled. So why don't policy makers implement it, asks *John Kirwan*, Professor of Rheumatic Diseases?

Arthritis is the most common physical reason for people, especially the elderly, becoming disabled. Overcoming such problems involves extra costs, but disabled people often have low incomes. You might think therefore, that doctors and nurses who look after people with arthritis would encourage their patients to apply for benefits, but they are often unaware of the details of their patients' functional difficulties and are unclear whether they would qualify under the complex social security legislation.

inappropriately, nor to flood the Department of Work and Pensions with inappropriate claims).

- 2 Filling in the long and complicated application forms, for which many people need advice and which can take up to two hours to complete.
- 3 The psychological barrier faced by many, especially the elderly, of feeling they are asking for charity and moving into unfamiliar territory.

In collaboration with colleagues at the University of the West of England and GPs in Bristol's Air Balloon Surgery, Kirwan and his team in the University's Academic Rheumatology Unit tested out a way of breaking down all three barriers at the same time. First, they used a simple, five-minute, 20-item questionnaire (called the Health Assessment Questionnaire or HAQ) to try to identify those patients with a high likelihood of success if they applied for benefits. Second, they offered high-scoring patients an appointment with a Welfare Advice Worker (often a Citizens Advice Bureau volunteer) to help them complete the application form, and third, this service was provided at the Outpatient Department attended by the patient, or at their GP's surgery.

big cities? A much larger study, planned and coordinated from Bristol, was tested out in four other hospitals and ten general practices in other parts of the West Country. The preliminary results of the pilot study were confirmed and strengthened, and 163 people were awarded benefits within three months of applying. In total, more than £350,000 a year is now being paid to patients who were previously unaware that they qualified for benefits. It's not often that a research project actually produces an income for the participants!

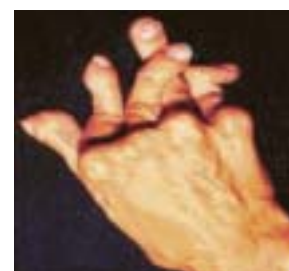
A conference of interested parties was convened, including the GPs and rheumatologists who took part, the Nuffield Foundation, and the Department of Work and Pensions. It took a hard look at the results and concluded that the system should be widely implemented. However, there is a catch: it costs money to provide the space, advice and administration. The NHS is strapped for cash and cannot find resources to support social benefits. An economic analysis was undertaken as part of the research project, and found that the cost of providing the whole system was less than one week of benefit payments for each patient. This is not much →

Disability benefits are not claimed by approximately half of those who are eligible

There are three important barriers to claiming Disability Living Allowance and Attendance Allowance, the main disability benefits.

- 1 Identifying patients who are likely to succeed in gaining an award if they apply (after all, we don't want to raise patients' expectations

A pilot study was conducted at the Bristol Royal Infirmary and the Air Balloon Surgery. More than three quarters of patients identified as being eligible, applied for, and were awarded, disability benefits. These initial results were encouraging, but would the same system work in other places outside teaching hospitals and



Severely damaged hands from rheumatoid arthritis

This looks like a case of joined-up thinking by the researchers, but where is the joined-up thinking from the policy makers?

→ to ask when patients will probably be on benefits for life. Perhaps the Department for Work and Pensions could fund the exercise, as it is certainly committed to encouraging uptake of benefits? But it seems the Department is only allowed to pay out benefits, not pay out to help people apply.

So there we have it: an imaginative collaborative research project, which surmounted the barriers between hospital and general practice, between health and social care, and between the public sector and the voluntary sector. It found a way to help the right people take up the benefits they deserve, in line with government policy. But it cannot find a way to be

implemented. This looks like a case of joined-up thinking by the researchers, but where is the joined-up thinking from the policy makers? ■



ReproMED – *re*:searching use of the internet in reproductive medicine

About one in six couples seeks specialist help because of a difficulty in conceiving. Since 1995 ReproMED has pioneered use of the internet to support a range of initiatives in the field of reproductive medicine.

ReproMED's website (www.ReproMED.org.uk) initially provided information for professionals working in reproductive medicine. However, it became increasingly apparent that there was also a need for authoritative information for infertile

couples. Thus, in January 1999, a website was launched specifically for patients (www.ReproMED.co.uk). Subsequent research into patients' requirements and preferences through questionnaires, focus groups and server log files has shaped the development of this website, such as the addition in July 2003 of a discussion forum (www.ReproMED.co.uk/forum).

In the forum couples can discuss treatments and feelings with other couples. The comments are displayed on web pages to which replies may be posted. A survey revealed that most patients attending the University's Centre for Reproductive Medicine in 2004 had visited the ReproMED site and that the majority felt that online support was useful. The number using it has now increased to over 450 patients, with specific forums being added in response to patient requests.

Other features offered on this part of the site include a fertility calculator and links to support groups.

ReproMED has also researched use of the internet to support distance learning for training junior doctors, leading to a prize-winning educational website (www.swot.org.uk). In addition, it provides a range of educational programmes using workshops integrated with distance learning delivered over the internet for hospital doctors, general practitioners and scientists. In 2001 this led to the launch of a highly successful MSc course in Reproduction and Development taught principally over the internet, attracting students from all over the world (www.ReD-MSc.org.uk).

ReproMED is based in the University's Department of Obstetrics and Gynaecology. ■

