encourage screening for established cerebrovascular risk factors in this high-risk, vulnerable group.

Conclusion Current NHS Health Checks implementation appears neither equitable nor cost-effective. The addition of structural policies proved equitable and cost saving. Future research might now seek to identify the optimal combination of structural policies at local level.

SSM annual scientific meeting 2017
Plenary (PL) presentations

PL01 THE IMPACT OF CO-LOCATED WELFARE ADVICE IN PRIMARY HEALTHCARE SETTINGS ON MENTAL HEALTH AND HEALTH SERVICE USE: A MIXED METHODS EVALUATION

Background Co-locating welfare advice services in primary healthcare settings has been one approach to tackling health inequalities by increasing income among socially deprived individuals. It is also hoped to relieve pressure on general practices in supporting patients with ‘non-clinical’ needs. Previous evaluations have been methodologically limited and lack theoretical underpinning. We aimed to examine the impact of co-located welfare benefits and debt advice on mental health and primary care service use, and to develop theory linked to pathways of effect.

Methods A prospective, controlled quasi-experimental study with an embedded qualitative component was carried out (December 2015–December 2016) in eight intervention and nine comparator sites across North Thames, London. Before-and-after quantitative data were collected via self-report questionnaires. Comparison group members were propensity score weighted for analyses. Outcomes included change in symptoms of common mental disorder (CMD) (12-item General Health Questionnaire), well-being (Shortened Warwick and Edinburgh Mental Well-being Scale), three-month GP consultation rate, and financial strain. Data from qualitative interviews with 24 primary care staff, funders and advice providers were analysed using a modified realist evaluation approach to understand how co-located welfare advice could influence practice outcomes.

Results For the quantitative study, n = 285 and n = 633 individuals were recruited into advice and comparison groups respectively at baseline. 72% and 84% were retained at 3 month follow-up. Relative to controls, CMD caseness reduced significantly among female and Black/Black British advice recipients. Individuals whose advice resulted in positive outcomes demonstrated significantly improved well-being scores. Significant reduction in financial strain overall but no change in three-month consultation rate was found. Per capita, advice recipients received £15 per £1 of funder investment. Qualitative findings were used to inform underlying theory linking service activity to general practice outcomes. These were reduced GP consultations for ‘non-clinical’ issues and reduced practice staff time supporting patients with such issues. The findings revealed key implementation, context and agency factors that facilitated or hindered the potential for co-located advice to influence these outcomes.