



NHS Greater Glasgow & Clyde and GEMAP Hospital Money Advice Service – Initial Service Review (2023-2024)

Julie McGahan, Health Improvement Lead, Poverty/ Financial Inclusion

June 2025

1. Introduction

The purpose of this paper is to provide an initial review of the GEMAP Hospital Money Advice Service. This review takes account of:

- a) the quantitative data provided by GEMAP as the service provider for the 9-month period between June 2023 and March 2024
- b) insights and feedback from the hospital Support and Information Services (SIS) and other hospital staff who have referred patients to the service
- c) a small sample of patient/ client feedback.

2. Background

The NHS Greater Glasgow & Clyde (NHSGGC) and GEMAP Hospital Money Advice Service (“the Service”) launched in June 2023 following a formal commissioning process. The funding allocation was £50,000. The proposed allocation was £31,000 p.a. for the Glasgow Royal Infirmary (GRI) and £19,000 p.a. for the Queen Elizabeth University Hospital (QEUH). The resource allocation was based on an analysis of the number of inpatients and outpatient appointments across NHSGGC hospital sites, with a weighting for number of patients residing in the most deprived SIMD quintile. (See Appendix 1).

2.1 Evidence of Need

In recent years, households across the UK have seen significant increases in home energy costs¹, large rises in the cost of food² and housing costs³. The UK cost of living crisis is placing a significant financial burden on households, is disproportionately affecting those on low incomes, and is expected to increase the number of people who are living in poverty.⁴

¹ [Changes to energy price cap from 1 January 2024 | Ofgem](#)

² [Recent trends in UK food and drink producer and consumer prices - Office for National Statistics](#)

³ [How increases in housing costs impact households - Office for National Statistics \(ons.gov.uk\)](#)

⁴ [The Living Standards Outlook - Summer 2023 Update • Resolution Foundation](#)

For some time Glasgow has had some of the highest rates of poverty in Scotland.⁵ In 2023 it was estimated that there were 27,995 children living in relative poverty, representing more than a quarter of Glasgow's children.⁶

2.2 Evidence of Need – Hospitals

Hospital patients can experience reduced income as a result of their health conditions, for example from being unable to attend work or find or maintain employment. In some circumstances patients will qualify for new or additional social security benefits, charitable grants, or other financial supports, though they are often unaware of this. Patients may be experiencing money worries related to living in poverty, having a low income and debts, which can impact on health and the ability to self-manage health conditions.

Prior to mobilising the GEMAP Hospital Money Advice Service, the QEUH and GRI patients were supported by the Long Term Conditions Macmillan (LTC Mac) Money Advice Service. An LTC Mac Advisor attended onsite weekly at the QEUH within the Spinal Unit, however there was no onsite provision at the GRI. The service at both sites was limited to patients who had been diagnosed with a long term health condition. In 2022-23, the LTC Mac service reported 204 referrals from the GRI and QEUH; 84 clients from the GRI and 120 from the QEUH. These figures reflect the number of referrals the service received, the service provider did not provide a breakdown on the number of referrals who engaged with and were assisted by the service.

3. Service provision

The Service is intended to provide rapid assistance for NHSGGC hospital patients, visitors, and carers at the GRI and QEUH sites who are in need of support with financial inclusion, money advice or welfare rights. The service is also available to NHSGGC staff.

The service covers:

⁵ [Poverty and Deprivation - Glasgow City Council](#)

⁶ [The Current State of Poverty in Glasgow | Glasgow Care Foundation](#)

- Income maximisation- to assess potential entitlement to all benefits and grants, to assist clients with making applications, reviewing decisions and representation at tribunals. Scottish National Standards for Information and Advice Providers (SNSIAP) types 1, 2 and 3
- Debt management- to assist the client in establishing liability, examining all potential debt strategies and supporting the client by negotiating arrangements with creditors
- Financial capability- to help clients examine their financial choices and habits and support them in making appropriate changes or adjustments
- Housing- referring clients to GEMAP partnership with Govan Law Centre which locates a solicitor within GEMAP for direct referrals
- Routine triage to identify additional support needs required from GEMAP or other external agencies.

As an organisation, GEMAP have a long standing track record of delivering financial inclusion services in collaboration with various NHS Departments, dating back to the 1990s. More recent work within NHSGGC Acute sites has been the provision of in-house services to Mental Health wards within Stobhill and within forensic mental health at Rowanbank.

It was agreed that a mix of onsite and remote service provision would work best to cover both hospital sites. Two Advisors were allocated to be onsite; one Advisor at the GRI three days per week and another Advisor at the QEUH two days per week.

Staff can refer a patient to the Service directly via the NHSGGC Money Advice mailbox, or via the NHSGGC Hospital Support and Information Services (SIS). A referral form is used to capture patient information as well as confirm that patient consent for the referral has been received. (See Appendix 2).

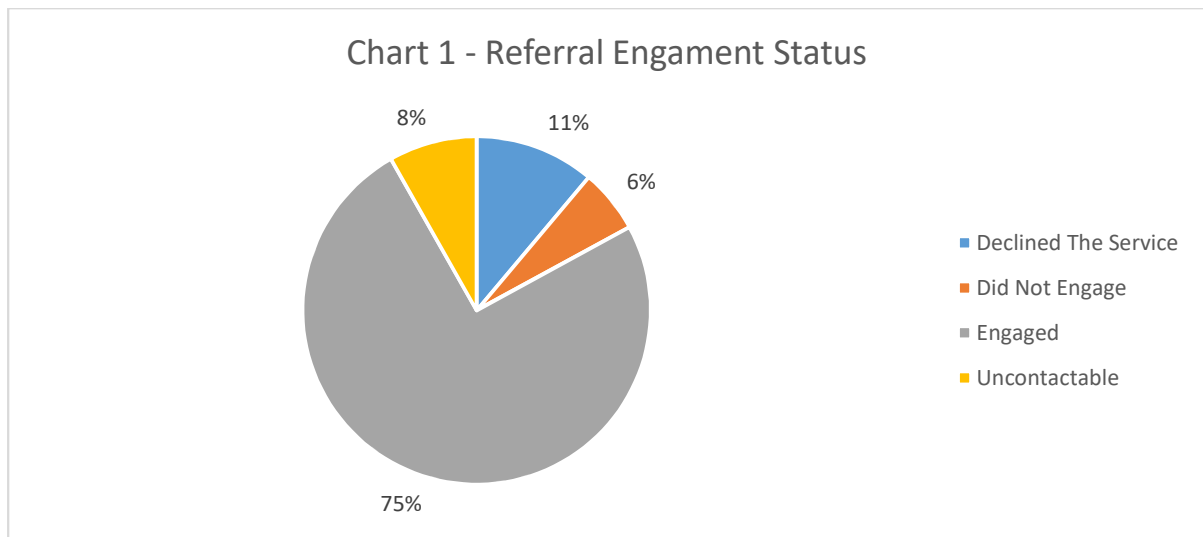
GEMAP and NHSGGC Health Improvement are in regular contact via emails and ad hoc meetings, and also meet quarterly to discuss and review the service delivery.

4. Clients assisted by the service

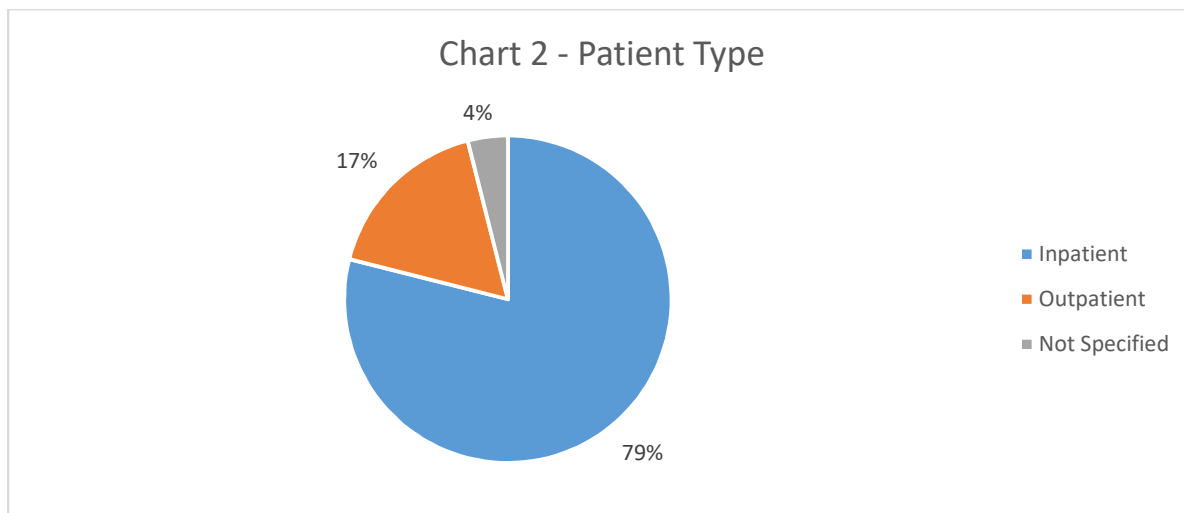
For the 9-month period between June 2023 and March 2024, the Service received referrals for 305 patients and recorded that of these, 228 clients (75%) engaged with the service. There were 398 client cases, giving an average of 1.7 cases per client.

18 (6%) referrals did not engage, meaning the service was able to make contact with the client and schedule an appointment, but the client did not engage after this stage. 25 (8%) referrals were uncontactable, meaning the service was unable to make any contact with the client. The service always makes at least 3 attempts to contact a client before recording the client as uncontactable.

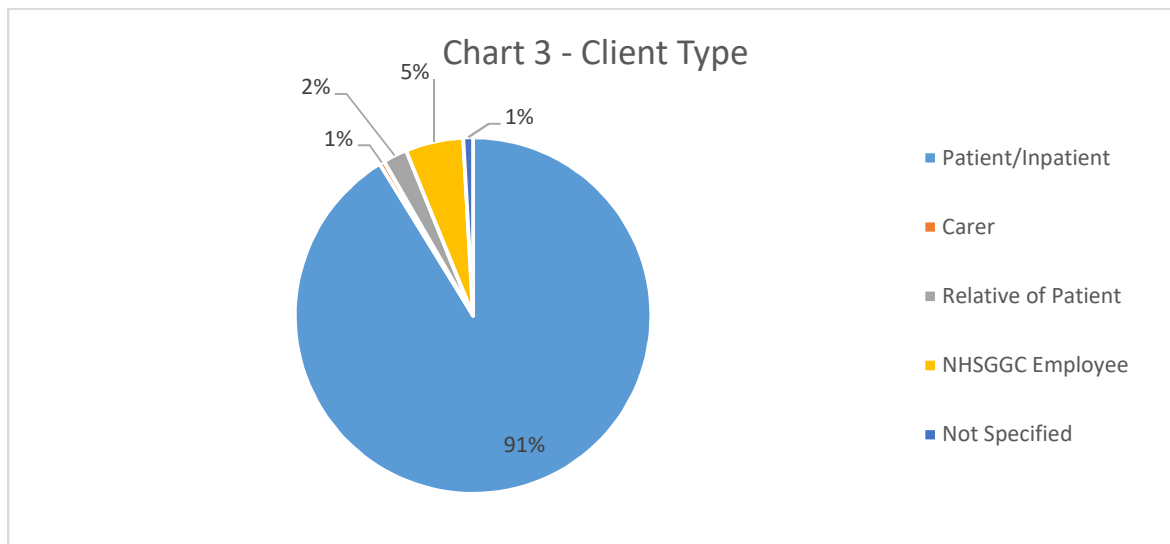
Chart 1 provides a breakdown of the referral engagement status.



Most of the referrals received by the Service were hospital inpatients (180 referrals/ 79%), this is shown in Chart 2.



It is noteworthy that 5% of clients (12 referrals) were NHSGGC employees. A smaller proportion of clients were carers or relatives of patients. This is shown in Chart 3.



Only 1 referral (less than 1%) was a carer of a hospital patient.

Of the clients who engaged with the service, 135 were male (59%) and most were in the 66+ age range (83 clients/ 36%) followed by 56-65 age range (59 clients/ 26%).

The majority of clients indicated their ethnicity as white Scottish (188 clients/ 82%) with small percentages of African, African Scottish or African British (6 clients/ 3%); white other British (7 clients/ 3%); Pakistani, Pakistani Scottish or Pakistani British (4 clients/ 2%) and mixed and multiple or other ethnic groups including other Asian backgrounds, Eastern European and Polish clients. The total of all white identifying

clients is 86%, this compares with 87.1% in the 2022 Census. The percentage of Asian, African, Caribbean or black, mixed or other ethnic clients is 9%, which is lower than the population 12.9% in the 2022 Census.

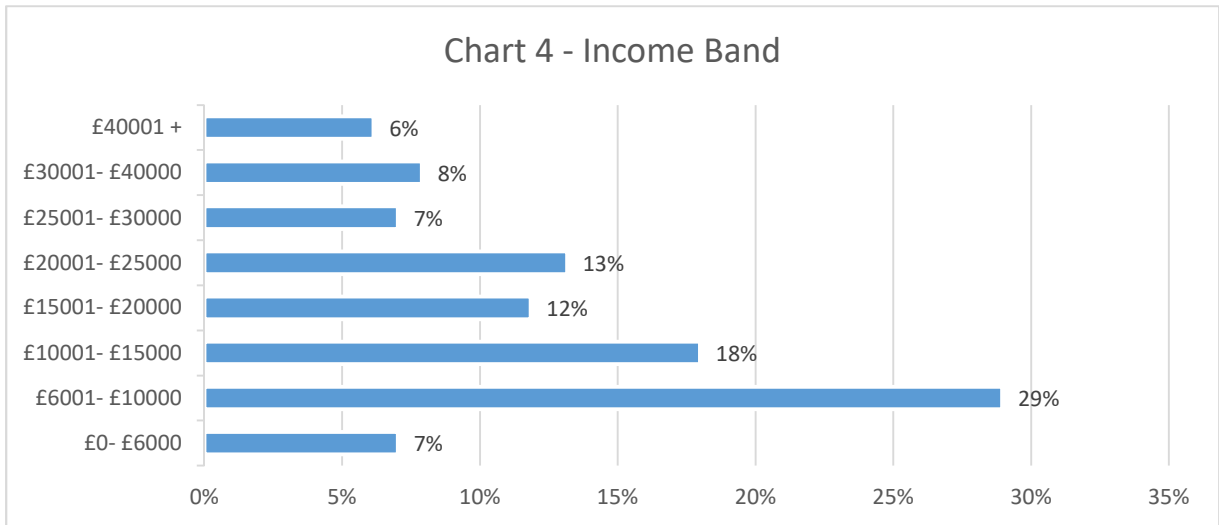
A very high proportion of clients (221 clients/ 97%) stated they had a disability with 23% of clients having a long term illness and a further 23% of clients having mobility or other physical impairment. This is shown in Table 1.

Table 1 – Disability Group

Disability Group	Number of Referrals	%
A long term illness (such as diabetes, cancer, HIV)	57	25%
Dexterity (for example, lifting or carrying object)	9	4%
Disabled Children (under 19 years)	1	0%
Hearing (for example deafness or partial hearing)	1	0%
Learning, understanding or concentrating	1	0%
Memory	4	2%
Mental Ill Health	26	12%
Mobility/Other Physical Impairment	80	35%
None of the above	6	3%
Other Degenerative Condition	3	1%
Socially or behaviourally	3	1%
Stamina, breathing or fatigue	31	14%
Vision (for example partial sight or blindness)	7	3%
Total	229	100%

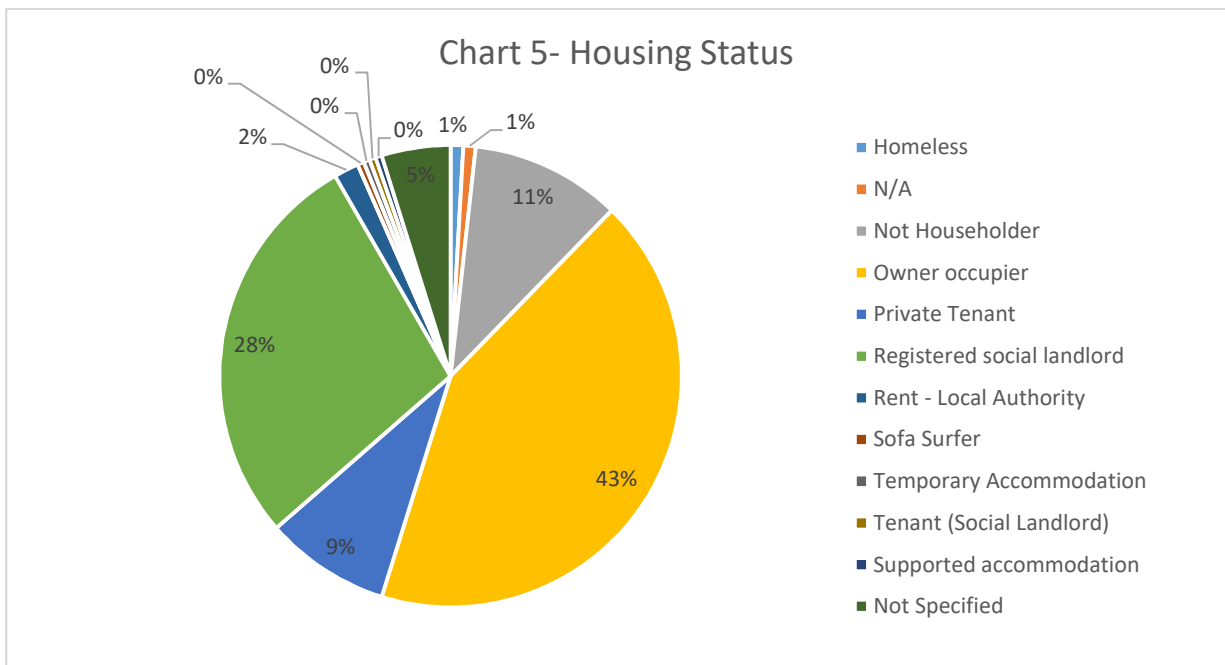
Regarding the clients' economic status, 37% (85 clients) described their status as 'Unfit for work' with 32% (72 clients) being permanently retired. The next highest category was working full time (over 30 hours), (32 clients/ 14%).

Most clients (66 clients/ 29%) were in an income band of £6001-£10,000. The majority of clients assisted by the service (79%) reported their income was under £25,001. A household is considered to be in poverty if their income is less than 60% of the average income for that household type for Scotland, this would be £21,310.80 in 2023. Using this definition, we can estimate that at least 66% or more clients assisted by the service could be considered to be living in poverty. The reported income bands for clients are shown in Chart 4.



The majority of clients were single adults (142 clients/ 62%) followed by couple with no dependent children (59 clients/ 26%).

For housing status most clients (97 clients/ 43%) were owner occupiers. This was a surprising finding from the data, as money advice services more commonly receive clients who are housed in social housing. One hypothesis is that this could be an indicator of impact of the cost of living crisis, which has seen mortgage rates increase rapidly. Client housing status is shown in Chart 5.



5. Outcomes

For the 9-month period between June 2023 and March 2024, the service secured £407,071.51 in financial gains, across 228 clients this equates to an average of £1785.40 per client. In addition, the service has managed £32,373.87 of debt.

Table 2 shows the source of the financial gains for the service.

Table 2 – Source of Financial Gains

Financial Gains	Amount	%
Aberlour Fund	£100.00	0%
Adult Disability Payment	£230,469.20	57%
Attendance allowance	£76,925.05	19%
Carer's Allowance	£9,517.00	2%
Discretionary Housing Payment	£1,462.26	0%
DLA - Care	£1,749.80	0%
Employment Support Allowance	£8,029.32	2%
Fuel Bank Grant	£49.00	0%
Maternity Allowance	£10,890.88	3%
New Style ESA	£15,613.80	4%
Pension Credit	£3,884.92	1%
Scottish Welfare Fund	£305.34	0%
UC50	£9,361.44	2%
Universal Credit	£38,563.50	9%
Warm Home Discount	£150.00	0%
Total	£407,071.51	100%

Table 3 shows the types of debt managed by the service.

Table 3 – Type of Debt Managed

Debt Managed	Number of Debt Types	Amount	%
Bank Overdraft	1	£354.68	2%
Council Tax	2	£783.68	3%
Credit card	7	£11,504.84	53%
Personal Loan	1	£1,000.00	5%
Rent Arrears	3	£5,038.92	23%
Store Card	1	£2,605.37	12%
Not Specified	1	£275.00	1%
Total	16	£21,562.44	100%

GEMAP have provided quarterly written case studies which offer a positive impression of the value of the service to the patients who have accessed it, an example is given below.

Case Study 1

Situation	Male, age 60-69 Admitted to QEUH after a decline in his health, diagnosed with terminal cirrhosis of the liver.
Background	In receipt of Universal Credit and receiving Statutory Sick Pay and a small occupational sick pay. Client was very concerned about the household income now that his occupational sick pay was coming to an end, and he was struggling to find out information while being in hospital.
Action	Acquired both BASRIS and SR1 forms. Assisted client to make a claim for Adult Disability Payment under Special Rules and reported the change in his health to Universal Credit to have Limited Capability for Work Related Activity (LCWRA) added to his award. Identified that client was entitled to additional support for housing costs and helped him make a claim for Discretionary Housing Payment.
Result	Client was awarded enhanced rates for both Daily Living & Mobility components in Adult Disability Payment and received an additional Limited Capability for Work Related Activity (LCWRA) element in his Universal Credit. Carers Allowance was awarded which entitled client and his wife to an additional carer's element to their Universal Credit claim. Discretionary Housing Payment was also awarded.
Outcome	Client had a lot on his mind due to his recent terminal diagnosis and worrying about money was adding to his distress. The income the family now receives allows our client to focus on his physical and mental health, they can now make adaptations to the home to make it comfortable for him. His wife is also now not required to

participate in any work searches which means she can focus solely on caring for her husband.

Financial Gains

Adult Disability Payment	£12,438
LCWRA	£5,850.90
Discretionary Housing Payment	£807.06
Carer's Allowance	£4,912
Carer's element	£9,664.72
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TOTAL	£33,672.68

6. Staff Feedback

Staff feedback on the service has generally been very positive. Some quotes are provided below:

"The GEMAP service is incredibly helpful to the patients of GRI, who have come into hospital with perhaps a life changing situation. To have onsite support for financial/benefits advice is invaluable and gives our patients one less thing to worry about during their recovery".

- Support and Information Service Officer at the GRI

"Having their financial needs addressed is often an individual's most pressing priority, over and above their physical needs, and in the context of life shortening illness, clearly it's important we get this right. The referral form is brief, easy to complete, and I always get a prompt generic acknowledgement email when I send a referral, which is very reassuring".

- Consultant in Palliative Medicine, QEUH

Some staff expressed a desire to know what happens with a patient as a result of having made a referral to the service. The service issues a generic acknowledgement email that the referral has been safely

received, however this does not specify when the client will be contacted and assisted, who is assisting the client specifically, what assistance the client receives, or any outcomes achieved. In some cases the service will make an onward referral to a community based service, for example if a patient is discharged and lives in Highland, the service will pass details on to another appropriate service within that region. Information governance rules would not allow NHSGGC or indeed our partnership service to know what has ultimately happened with a patient once the referral has been passed to a different service, and some staff have expressed a level of disappointment over this.

Currently patient consent and Information Sharing Agreements with the service provider meet the information governance requirements for patient information to be shared for the purpose of referring the patient to the service. These arrangements do not cover the service provider sharing information back to NHSGGC, beyond anonymised collated data reports. These are shared by the service provider quarterly.

However it may be possible to explore a feedback mechanism to let the referrer know when the client has been contacted, and the possibility to provide generalised information and/ or collated/ anonymised data on referrals, by hospital department for example. It should also be possible to share case studies and anonymised client feedback with referrers.

Some staff also expressed a desire for the service to attend MDTs on a more regular basis. The previous service provider LTC Mac regularly attended certain MDTs and it seems that this legacy has created an expectation for this. However this needs to be balanced against the a) the value and b) the potential information governance issues from attending meetings which generally involve detailed clinical discussions about patients, and c) the capacity of GEMAP to deliver the financial inclusion service. It is suggested that this issue warrants some further investigation and discussion to achieve a balance more agreeable to all stakeholders.

Another issue raised by staff which seems important to explore is when referrals are made under urgent circumstances. At present there is no formal mechanism for staff to request priority for a referral. This should be explored with GEMAP.

7. Client feedback

Clients were issued with a survey to capture their experience of the service. This was a relatively recent development for the service and for the time period of this review, there were only 9 responses to the survey. However so far the feedback from the surveys has been positive, with 100% of clients indicating that they were “very satisfied” with the GEMAP money advice service.

100% of respondents said they “strongly agreed” that the service provided the help that they needed and 100% of respondents said that the service made a positive difference to their mental wellbeing.

Some quotes are offered below from survey respondents:

“very helpful when I didn’t know where to start”

“Helps folk that don’t know where and which companies are working with the people who have very little money and advice”.

“Sara [the Advisor] was so patient, helpful and extremely knowledgeable . . . she helped me so much with my ADP application”.

8. Summary and Recommendations

Overall it appears that the service is performing well. The data offers evidence that the service is successfully engaging with people who have one or more disabilities with 97% (221 clients) reporting a disability, and 57% of the financial gains reported were successful applications to Adult Disability Payment. Given the lead time to process applications for this benefit, it is likely that a number of decisions were still outstanding at the time of this data capture, meaning that the true figure is expected to be even higher. With relatively low uptake of the service from non-white patients, consideration should be given on how to improve engagement with BME patients and visitors to the hospitals.

There is evidence that the service is improving the financial situation of the clients with average financial gains per client of £1785.40 and £32,373.87 of debt managed across 16 different categories of debt recorded, the highest proportion (53%) being credit card debt.

Operationally, there have been no significant challenges or complications, engagement between the service and NHSGGC is felt to be effective, the Advisors have been attending the hospitals as scheduled, patient referrals

appear to be picked up in reasonably good time and acknowledged and handled effectively.

As evidenced by client and staff feedback, the number of referrals made and the service uptake, the quality of the service provided is appears to be good and is treating patients well and assisting them as expected. Anecdotally, some patients have expressed high satisfaction with the service, explaining that they had sought assistance from other services previously, but that the intervention with the NHSGGC hospital service is what has ultimately made a difference to their situation. It is hoped that some of this feedback can be captured via the Digital Case Studies project.

Based on staff feedback, the following recommendations are proposed:

- Exploration of the service attending some MDTs more frequently, with the aim of achieving a balance regarding service capacity
- Exploration of a feedback mechanism whereby staff can be informed when a referral has been picked up and what has happened with it. We can explore with Information Governance the level of detail that could be shared, it is likely we would need to use collated/ anonymised data
- Exploration of a mechanism for submitting some referrals as high priority

In order to raise awareness of the service and increase engagement:

- Video recording of patient stories from patients who have benefitted from the service
- Video recording and written testimony from staff referring to the service and benefits to patients
- Consideration of translated promotional materials highlighting that the service is fully accessible and can offer access via interpreting services and scoping of offer of a female advisor to potentially increase engagement with BME groups.

In order to drive service quality:

- Continuation of the client feedback mechanism
- Co-production of a service final evaluation plan with GEMAP.

Appendix 1 – Rationale for Financial Inclusion Resource Allocation on Acute Hospital Sites (2023)



Rationale for
Financial Inclusion Re:

Appendix 2 – Patient Referral Form



GEMAP Money
Advice GRI_QEUH Ref