

A truth universally acknowledged:

moving to Universal Credit leads to large debt and poor mental health

As GPs working or supporting those at the Deep End in Sheffield,¹ we are bracing ourselves on behalf of patients for the introduction of Universal Credit over the coming winter. At the most difficult time of the year to be living in poverty, Citizens Advice has told us that the transition will affect 63 000 Sheffield residents.

We know, from areas where Universal Credit has already been introduced, that the process is likely to incur delays for claimants, with subsequent increased debt for some of our most vulnerable patients.² This has been backed up by the National Audit Office, who describe people who ‘... have suffered difficulties and hardship during the rollout of the full service’.³ It also reflects some of our patients’ chaotic experiences who have been part of the early rollout (3000 Sheffield residents). We have heard from a trusted community group that a ‘loan shark’ has already moved in to one estate in the city and is getting ready for new customers who have had their benefits stopped or delayed. Organisations such as the Trussell Trust report that the ‘universal support’ system is not reaching the most vulnerable claimants, who often need help to negotiate the online system: ‘Debt is not only an outcome of Universal Credit’s design, but a feature of it.’⁴ Sadly, the local ‘sharks’ are likely to have easier access than ‘universal support’, with dire consequences for their clients.

PATIENTS WILL NEED US EVEN MORE

We predict that demand for appointments will be even higher than normal this winter during the transition to Universal Credit: Deep End GPs know that patients need more support when there is a problem with their benefits. We can be a trusted, accessible port in a storm. Sometimes we are of practical help and can signpost to community organisations such as food banks, Citizens Advice, and credit unions (<https://sheffieldcreditunion.com>). Sometimes we do what Deep End GPs do: listen and try to ameliorate the physical and mental health impacts of stress, fear, and poverty.

A particular challenge for us is the request

for a letter to support a benefit application or appeal. Our local LMC has advised us not to write these letters.⁵ However, patients, judges, and local charities have said that these letters are invaluable to make a decision; we can describe the impact of a condition or illness on patient function, even if it is just to say how they walked in the room or got on the examination couch. We struggle not to advocate for the patient sat in front of us when asked, even though we know our workload is rising and this will create more work for us. Some practices charge for letters or refuse to write them. We understand this as we know that practice income and workload are not fair; the extra workload of working in deprived areas is not recognised. However, we are not sure that it is fair to shift the unfairness of practice pay and a broken benefits system to our poorest patients. Perhaps we should demand more from the Department of Work and Pensions instead? Could we devise a template or proforma that would be easier to complete?

Finally, if we decide not to provide support for patients as they navigate the complex benefits system, are we not going against our duties as doctors? The GMC tells us to ‘Give patients the information they want or need in a way they can understand’ and to ‘Work with colleagues in ways that best serve patients’ interests.⁶ In the meantime, some of us will continue to advocate for our patients and know we will be writing many more letters this winter. We are also thinking of how we can help support our patients in what may be the hardest winter we have seen in our working lifetime. Sadly, we predict that the mortality rate that was shown to have risen this year⁷ is likely to be even higher next year.

Elizabeth Walton,

Academic Unit of Primary Medical Care, School of Medicine and Biomedical Sciences, University of Sheffield, Sheffield.

Email: e.walton@sheffield.ac.uk

@DeepEndGP_YH

@NorthernGP

Acknowledgements

Inspired by the Deep End Group in Scotland, with

Professor Graham Watt’s approval we have started a Deep End Movement in South Yorkshire. We have been holding educational meetings relevant to GPs working in the most deprived areas of the city. This article was inspired by a meeting where we welcomed a representative from Sheffield Citizens Advice who warned us of the impact of Universal Credit on our patients’ health. The following GPs support this article: **Lou Millington**, GP, Pitsmoor Surgery, Sheffield; **Patricia Evans**, GP, Page Hall Medical Centre, Sheffield; **Charlotte Bryson**, GP, Burngreave Surgery, Sheffield; **Kate Bellingham**, GP, Page Hall Medical Centre, Sheffield; **Lizzie Martinez**, GP, Burngreave Surgery, Sheffield; **Rachel Steen**, GP Leadership Fellow in Health Inequalities, Health Education Yorkshire and the Humber, Sheffield; **Alice Deasy**, GP Specialist Trainee, Page Hall Medical Centre, Sheffield; **Kristina Irwin**, GP, East Bank Medical Centre, Sheffield; **Ben Jackson**, Senior Clinical University Teacher and GP, University of Sheffield; and **Caroline Mitchell**, Senior Clinical University Lecturer, Clinical Academic Programme Lead and GP, University of Sheffield.

DOI: <https://doi.org/10.3399/bjgp18X699977>

REFERENCES

- Walton E, Ratcliffe T, Jackson B, Patterson D. Mining for Deep End GPs: a group forged with steel in Yorkshire and Humber. *Br J Gen Pract* 2017; DOI: <https://doi.org/10.3399/bjgp17X688765>.
- Anonymous. Universal credit creates a conveyor belt of desperate people we staff can’t help. *Guardian* 2017; **4 Nov**: <https://www.theguardian.com/public-leaders-network/2017/nov/04/universal-credit-desperate-people-staff-cant-help-dwp-benefits-welfare-cuts> (accessed 15 Oct 2018).
- National Audit Office. *Rolling out Universal Credit*. Department for Work & Pensions. 15 June 2018. Section 10. <https://www.nao.org.uk/wp-content/uploads/2018/06/Rolling-out-Universal-Credit-Summary.pdf> (accessed 7 Nov 2018).
- Jitendra A. ‘You can’t live on thin air’: the wait for universal support. 2018. <https://www.trusselltrust.org/2018/05/22/cant-live-thin-air-wait-universal-support/> (accessed 7 Nov 2018).
- Sheffield LMC. *Requests for medical evidence in support of employment support allowance (ESA) Claims and Appeals. Guidance for Sheffield GPs*. 2018. [http://www.sheffield-lmc.org.uk/website/IGP217/files/ESA%20Claims%20&%20Appeals%20\(Feb18\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/ESA%20Claims%20&%20Appeals%20(Feb18).pdf) (accessed 7 Nov 2018).
- General Medical Council. The duties of a doctor registered with the General Medical Council. 2018. <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/duties-of-a-doctor> (accessed 15 Oct 2018).
- Hiam L, Dorling D. Rise in mortality in England and Wales in first seven weeks of 2018. *BMJ* 2018. **360**: k1090.

“... if we decide not to provide support for patients as they navigate the complex benefits system, are we not going against our duties as doctors?”