

## **Scottish Rural Fuel Poverty Task Force Meeting – 23 February 2016**

### **Update - Craigmillar Medical Group and Home Energy Scotland South East Pilot**

#### **1. Background**

At their meeting held on 9 December 2015 the Task Force were provided with details of the pilot scheme Home Energy Scotland (HES) were running at a GP's surgery in Craigmillar, Edinburgh where a high proportion of the population suffer from fuel poverty. The Task Force asked that an evaluation of the Craigmillar project was circulated when finalised.

This paper provides an update provided by HES on the evaluation to date.

#### **2. Overview**

Home Energy Scotland (HES) approached the Craigmillar Medical Group to run an energy advice pilot; to provide advice within a medical practice, to understand if there are any positive correlations between energy advice and health and to reach customers who had not previously accessed the HES service. Craigmillar was approached based on there being high levels of fuel poverty in the area.

From 19<sup>th</sup> October until 13<sup>th</sup> November an energy advisor was based within the waiting room of the Craigmillar Medical Group.

The pilot was developed following discussions at Health and Social Care Integration Joint Board, and the City of Edinburgh Council and HES partnered to explore options for a project that could more closely link housing and health.

A comprehensive report will be available in April 2016.

#### **3. What did the pilot set out to do?**

The pilot looked to investigate if there are potential health benefits to patients from advice and practical support provided by HES, with the following objectives:

- Provide tailored advice to patients to improve their homes and reduce their energy costs.
- Understand the impact of the advice on patients' health and wellbeing.
- Support patients to take on straightforward behaviour changes tips to improve how they use energy in their homes.
- Work with the practice team to identify patients where there is a potential improvement to their health through accessing HES advice and services.
- Reach customers who are unlikely to contact the HES advice line.
- Understand the benefits of providing energy advice in conjunction within a medical centre.
- Develop practical ways which support medical staff to refer to HES.

- Learn best practice methods for advising patients.
- Develop a model that can be replicated within other medical practices.

#### **4. How was the advice pilot delivered?**

An energy advisor had an advice desk within the waiting room.

Patients were approached by the advisor and asked to complete a behaviour change quiz and a survey relating to their health and energy, while they were waiting for their appointment.

Once they had completed the survey and quiz, the advisors would then address any questions or provide advice. Patients were also offered a phone call from the advice line to discuss any needs in more depth. All patients were then provided with the behaviour change advice tips from the quiz and encouraged to implement them at home.

Behaviour change quizzes and business cards with HES contact details were available on the tables within the waiting room for those who may not wish to speak with our advisor but would like to engage with us at another time.

For children, there were colouring sheets and crayons of our iconic mascot, Doug the caterpillar.

All patients who provided contact details were provided with a behaviour change factsheet which was emailed or posted– this included a number of simple and straightforward tips that are easy to implement regardless of tenure.

All patients who provided us with contact phone numbers were then called to explore what other advice or services we could provide them with.

#### **5. What were the initial outcomes?**

- We engaged with 656 patients in the medical practice waiting room with 603 patients providing contact details.
- 525 patients provided contact details that enabled us to attempt to provide further advice.
- 78 contact detail sections within the quiz were incomplete or incorrect therefore could not be provided with further advice.
- 371 (74%) patients were new to the HES service since and not previous been in contact since its inception in 2008.

#### **6. Conclusion**

A full report of the evaluation will be circulated to the Task Force in April 2016

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