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Gillian Martin MSP  
Health, Social Care and Sport Committee  
The Scottish Parliament  
Edinburgh  
EH99 1SP

16 August 2022

Dear Gillian,

Thank you for sharing the Health, Social Care and Sport Committee's Report on its inquiry into alternative pathways to Primary Care and the opportunity to give evidence to the Committee earlier this year.

I enclose the Scottish Government's response to the key points made by the Report in its Executive Summary and welcome further dialogue on this important subject. The record expansion of multi-disciplinary teams to support General Practice and dealing with the Covid pandemic makes the importance of ensuring patients can access the right health care professional, at the right place and the right time even more critical. Alternative pathways to Primary Care are a key part of this.

Kind regards,



**HUMZA YOUSAF**

## Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report

Area of Report	Summary Point	SG Response
<b>Patient Perspective</b>	2. The Committee is concerned that responses to the inquiry highlight limited public awareness of primary care reform, resulting in much of the general public not understanding how or why general practice is changing.	Regarding care navigation, the Scottish Government has invested significantly in marketing campaigns to help members of the public understand how to access Primary Care services. This includes ‘Right Care, Right Place: A Guide to NHS Scotland Services’ booklet, which was sent to all households across Scotland in January 2021. Following on from this, we developed a marketing campaign designed to communicate to the public the important role of General Practice receptionists as care navigators, signposting patients to the right care, in the right place. This work began in December 2021 and culminated in the campaign which launched on Thursday 3rd March on TV, radio and press. This campaign was developed with key stakeholders including the National Practice Managers Network, professional bodies and the public. We considered qualitative research to develop this campaign, which identified a range of concerns and misunderstandings which the general public have regarding General Practice receptionists and care navigation.
<b>Patient Perspective</b>	3. The Committee welcomes public information campaigns the Scottish Government has so far undertaken but believes more must be done to increase the general public's understanding of changes to primary care. As part of its Covid recovery strategy, the Committee calls on the Scottish Government to set out a coordinated communications plan that aims to increase awareness of primary care reforms. This should include targeted national and local elements and be accompanied by a robust methodology for monitoring and evaluation.	<p>The Scottish Government continues to work alongside our marketing colleagues and core Primary Care stakeholders to improve the public's understanding of changes to Primary Care services. We recognise the importance of monitoring and evaluating SG public information campaigns. For example, a robust internal campaign evaluation of the Receptionist campaign was undertaken with Progressive Partnership and the Scottish Government's Strategy and Insight Unit, with the findings made available to us in May 2022. The campaign performed well – all SMART objectives around campaign recognition, engagement and action were exceeded, and there were positive signs in terms of the impact of the campaign on attitudes and behaviour. We will consider the feedback from this campaign and others to inform future marketing material on accessing Primary Care services.</p> <p>It is worth noting that many decisions about how to deliver primary care reforms are decided locally in line with local needs and existing services. While national awareness campaigns work well for changes like the evolving roles of receptionists/care navigators and the general messaging in the ‘Right Care, Right Place’ booklet, local communication plans may be more appropriate for some changes.</p>

## Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report

<p><b>Patient Perspective</b></p>	<p>4. To improve patient uptake of alternative pathways to primary care, the Committee calls on the Scottish Government to work with territorial health boards across Scotland to develop best practice guidance on communicating the benefits of alternative pathways and addressing popular misconceptions about these. The Committee recommends that such guidance must be developed in close coordination with measures to improve accessibility and navigability of alternative pathways to primary care, as set out later in this report.</p>	<p>The Scottish Government is aware of the importance of accurate and appropriate signposting and frequently disseminates resources to general practices to support staff to ensure this. As noted above, many decisions about service delivery should be locally driven, including communication that reflects local pathways into services. The role of the receptionist to shift attitudes and communicate pathways to the public is consistently important across Scotland, which was partly why a national approach was appropriate there. Work is also underway to understand the Scottish Government’s capacity to standardise training for admin staff within general practices (and wider Primary Care). If implemented, this will secure more professional and uniform admin staff training and skills across Scotland, improving patient-admin staff relationships, resulting in better outcomes for patients and a workforce which feels more valued.</p>
<p><b>Self-Referral</b></p>	<p>5. The Committee has received evidence that shows public awareness of the option to self-refer varies significantly across different areas of Scotland and between different categories of non-GP practitioner. For instance, while the option to self-refer to pharmacists, opticians and dentists is reasonably well understood, there is far less public awareness of the option to self-refer to other services such as audiology or mental health services.</p>	<p>Promoting self-referral to appropriate support will be one element of new multidisciplinary mental health and wellbeing services in primary care which will be implemented from 2022. As part of their proposals for these new services, Integration Authorities have been asked to develop plans for communicating with the public. Self-referral options will depend on the local model adopted for the new service but national guidance requires the service to be accessible without the need for a referral from the GP.</p> <p>We noted that, should it be re-run, the national receptionist campaign could be improved by strengthening messaging on the benefits of alternatives services to the GP doctor.</p> <p>Specifically on audiology, patients enquiring with their local Service are provided with a local response in regard to waiting times and options for appointments (e.g. where the Service operates over multiple sites and whether there are shorter waits at certain sites). As we continue to develop a new model of care for community hearing, an NHS community hearing service would aim to reduce GP contact time, whilst retaining close links with the GP service, operating as a part of the multi-disciplinary team. We would also provide specialised local and national/central web sites (over and above that of NHS Inform) that would be accessible by patients/public.</p>

## Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report

<p><b>Self-Referral</b></p>	<p>6. The Committee calls on the Scottish Government to work with GP practices, the RCGP and professional bodies representing non-GP primary care practitioners to develop and deliver a targeted public information campaign that provides practical advice to patients about self-referral across all categories of non-GP primary care practitioner, encompassing the full range of services they are able to offer. This campaign should also address the particular needs of patients with poor health literacy.</p>	<p>We have considered the outcomes from the latest Receptionist marketing campaign. Overall feedback demonstrates that the main messages of the campaign would suggest that this campaign was in keeping with the key issues of the Right Care, Right Place initiative (i.e. directing people to the most appropriate healthcare professional for their needs). The main findings suggest that the campaign could be re-run as it was responded to positively and actions were taken as a result. In future, ways of targeting older people, disabled people, and people living in rural areas should be considered as these are groups associated with challenges accessing primary health and social care, but they were no more likely to recognise or be engaged with the advertising than average. We noted lower levels of recall for lower socio-economic groups, suggesting that media planning could consider better targeting of this group in future. This includes those with poor health literacy. We have noted that if it were to be re-run, it would be improved in sharing the benefits of using alternative services to the GP doctor or the number of referrals made by general practice receptionists on average, and the time taken to receive treatment.</p>
<p><b>Self-Referral</b></p>	<p>7. The Committee has heard evidence that patients are currently unable to self-refer to certain categories of NHS primary care service such as audiology while private alternatives are freely available for self-referral. It is concerned that this situation is exacerbating health inequalities between those who can afford to pay for private services and those who cannot, as well as placing additional unnecessary pressure on GP practices. The Committee calls on the Scottish Government to clarify why self-referral to NHS audiology services is not currently available and what work will be undertaken to make this possible.</p>	<p>Currently self-referral is standard practice in all Audiology Services for patients known to the Service. For first time referral, most Services still require this to be initiated through a General Practitioner. However this is likely to change in the coming months as Audiology Services increasingly allow patient self-referral for first time attendance, subject to specific criteria. GPs have themselves reduced contact time as a result of the changes in how they operate. Whilst services are still impacted by COVID and the availability of staff, most if not all Services have increased activity and offered additional hours to staff for extra sessions. Many services may employ locums or contractors on National Procurement Frameworks to provide additional activity. There is also scope for Services at a local level to look to other providers.</p> <p>In developing a new model of care for community hearing we have been working with the NHS health boards, social care and the third sector to develop a proposal which shifts the balance of care from secondary to primary care, whilst delivering a fully integrated and sustainable audiology service closer to the communities it serves. In</p>

**Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report**

		<p>developing a community-based, multi-agency approach to support the delivery of integrated care, we will improve access to care and treatment by changing the location of services and by providing a wider range of diagnostic procedures and specialist services in communities. We expect to see changes in acute hospital activity as we develop the community infrastructure. Additionally, as patients increasing self-refer to this new service, the demands on general practices for audiology care, should decrease. This will allow services to be delivered in a way that is convenient and makes sense to service users and will enable us to get a better balance between planned and unscheduled care. Officials are working to produce a more uniform, safe and equitable solution for ear wax management across primary, community and secondary care in Scotland. A fully-integrated national pathway for the safe and effective management of ear wax will provide consistent patient outcomes.</p>
<p><b>Self-Referral</b></p>	<p>8. The Committee also highlights high rates of self-referral to primary care mental health teams in Glasgow and calls on the Scottish Government to examine how this successful approach can be replicated elsewhere with a view to increasing rates of self-referral to mental health services in other parts of Scotland.</p>	<p>As frontline practitioners, GPs and their teams are often the first port of call for those seeking mental health and wellbeing support. From 2022, and on the basis of local plans submitted by Integration Authorities, we will start providing funding to begin national implementation of a new model for Mental Health and Wellbeing in Primary Care Services. Individuals should be able to access their MHWPC Service without the need for a referral from a GP or other medical professional. Individuals will normally access their MHWPC service through their General Practice appointment system. All members of the Primary Care team should be able to arrange appointments with the MHWPC Service for patients when deemed appropriate. We have committed to new multidisciplinary mental health and wellbeing services in primary care, which will build on Primary Care Improvement Fund (PCIF) investment, including the successes of Community Link Workers (CLWs). These teams are expected to include social prescribing and social support alongside mental health and wellbeing treatment, assessment and support. The Scottish Government has allocated funding to support planning in 2021-2022 and provide significant investment to support implementation. We are already supporting Primary Care Mental Health Services through Action 15 of the Mental Health Strategy 2017-27 and PCIF.</p>

**Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report**

<p><b>Self-Referral</b></p>	<p>9. More broadly, the Committee calls on the Scottish Government, in responding to this report, to set out what health boards are doing to improve opportunities for patients to self-refer to those categories of NHS primary care service that currently require prior GP referral.</p>	<p>A key aim of the 2018 GP contract is to enhance and extend the primary care multidisciplinary team to support patients being seen by the right professional at the right time in the right place.</p> <p>The GP contract and supporting MoU gives scope to local areas to determine and set out service provisions depending on local priorities, including opportunities for self-referral, where appropriate.</p> <p>Self-referral may not be appropriate for all primary care services but the Scottish Government will consider what more can be done to support local areas to improve and further promote opportunities for patients to self-refer.</p> <p>In addition, the SG Primary Care Directorate and the Centre for Sustainable Delivery are co-funding an enhanced interface bid from RCGP. The 3-year project will look at all aspects of interface between Primary/Secondary Care and identify new opportunities for redesign of ways of working that can be applied nationally to challenges across the interface. Potential examples for scoping may include referral guidelines, IT, Community Treatment and Care centres and unscheduled care. We recognise that Primary Care holds enormous potential in terms of improving the appropriateness of referrals to secondary care services, supporting the prevention public health agenda and reducing variation in healthcare delivery across Scotland. Clinicians from both Primary and Secondary Care place high value on interface working, and there are lots of good examples where this is happening e.g. referral management pathway groups in Lothian, Grampian and Tayside, technology supported care for quick phone access to specialist advice (consultant connect), and interface groups. Developing and growing interface working is also a key enabler to successful NHS recovery and remobilisation.</p>
<p><b>Self-Referral</b></p>	<p>10. In circumstances where a patient self-refers to a practitioner other than their GP, the Committee calls on the Scottish Government to examine how health boards could streamline the process that would enable that patient to be referred back to their GP if the non-GP practitioner concludes their pathway is not the best pathway to treatment.</p>	<p>A key principle of the MDT approach is person-centred care, with the patient at the centre of a single care pathway, and team members working together to provide holistic, joined up care. If GP input is required on clinical matters, MDT staff can (re-)direct the patient to the GP (e.g. if a CLW, through their interactions with a patient,</p>

**Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report**

		<p>uncovers clinical concerns requiring assessment they should help the person access GP support).</p> <p>The services that have been prioritised for MDT working will be designed locally, taking into account local population health needs, existing community services as well as what brings the most benefit to practices and patients. To support implementation of the MDT approach, the Scottish Government has worked with partners to amend regulations, develop directions and establish strong governance at a national level across key priority services.</p> <p>HSCPs also produce annual primary care improvement plans, signed off by integration joint boards in collaboration with GP representatives, covering plans for MDT recruitment and development, ensuring close co-operation and co-ordination across professional groups, leading to synergies between services and patient pathways.</p>
<b>GP Contract and the MDT</b>	11. The Committee recognises the ambition behind the 2018 GP Contract in encouraging the creation of multi-disciplinary teams and the potential this offers to ease existing significant work pressures on GPs and to promote greater use of alternative pathways to primary care.	We welcome the Committee’s recognition of the commitments in the 2018 GMS Contract to create multi-disciplinary teams in GP practices and Primary Care services.
<b>GP Contract and the MDT</b>	12. The Committee understands the pandemic has contributed to delays in the implementation of certain aspects of the GP Contract, but notes the resulting effect this has had on staff morale and the ability to recruit staff across a range of primary care professions. The Committee believes this will, in turn, have hampered progress in improving access to and availability of alternative pathways to primary care.	The Scottish Government recognises the impacts of the COVID-19 pandemic on our Primary Care workforce. Staff recovery is critical to our collective ambitions for renewing our NHS and is supported by an investment of £8m this financial year in measures to support the physical, mental and emotional needs of the workforce. We are significantly investing in a range of recruitment and retention initiatives so that being a GP remains an attractive career choice, as well as having launched our GP recruitment marketing campaign in June this year. As part of the 2018 GP contract, we have recruited over 3220 multi-disciplinary team members. The recruitment of these pharmacists, advanced practitioner nurses, mental health workers, MSK Physios and CLWs is helping create additional capacity in practices.

**Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report**

		<p>It should also be acknowledged that the pandemic accelerated certain areas of reform - e.g. enhanced digital access offers many people a wider choice of consultation/communication modes with a wide range of professionals; and some staff have also been able to adopt more flexible working patterns.</p>
<p><b>GP Contract and the MDT</b></p>	<p>13. The Memorandum of Understanding advises the National GMS Oversight Group will review progress with implementation of the GP Contract in March 2022. The Committee would welcome details of any findings of this review that may be relevant to this inquiry. In particular, the Committee requests an update on plans to recruit additional practitioners across multiple disciplines including mental health workers, advanced nurse practitioners, Link Workers and additional pharmacy support and the implications of any delays to these plans for the delivery of alternative pathways to primary care.</p>	<p>As part of the 2018 GP contract, we have recruited 3220 Multi-Disciplinary whole-time equivalent team members in total, with a record increase of 793 in 2021-22. The recruitment of these pharmacists, advanced practitioner nurses, mental health workers, MSK Physios and CLWs is helping create additional capacity in practices.</p> <p>To support continued expansion of the MDT, the Scottish Government is increasing the funding available for investment through the PCIF from £155m in 2021-22 to £170m in 2022-23.</p> <p>We have also committed to new multidisciplinary mental health and wellbeing services in primary care, which will build on PCIF investment, including the successes of CLWs. These teams are expected to include social prescribing and social support alongside mental health and wellbeing treatment, assessment and support. The implementation of these multi-disciplinary services will ensure better and more timely access to assessment, support and treatment for mental health, distress and wellbeing.</p>
<p><b>Workforce and Capacity</b></p>	<p>14. The Committee has been concerned to receive evidence that, in the short term, workforce constraints and delays to recruitment across a number of primary care professions other than GPs are likely to limit the capacity for a significant increase in referrals and self-referrals to alternative pathways to primary care.</p>	<p>We increased the PCIF to recruit multi-disciplinary teams from £155 million in 2021-22 to £170m in 2022-23. As part of the 2018 GP contract, we have recruited over 3220 Multi-Disciplinary team members. The recruitment of these pharmacists, advanced practitioner nurses, mental health workers, MSK Physios and CLWs is helping create additional capacity in practices.</p>
<p><b>Workforce and Capacity</b></p>	<p>15. In this context, the Committee believes urgent action is needed to accelerate planned recruitment and increase workforce capacity across the professions in question and warns that, until these issues have been resolved, the extent to which patients will be able to make use of alternative pathways to primary care, and can be actively encouraged to do so, will be limited.</p>	<p>We have issued the General Practice Workforce Survey to all practices in May 2022 to ensure we have the most up-to-date information and are committed to running it annually thereafter. This will allow us to analyse our current workforce capacity.</p>



## Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report

<p><b>Workforce and Capacity</b></p>	<p>16. The Committee recognises the significant progress made, under the new GP Contract, towards establishing pharmacotherapy services in GP practices throughout Scotland. At the same time, it has heard evidence that there continues to be substantial variability in the level of service available in individual practices and that workforce capacity and physical workplace capacity continue to constrain service provision in many cases. The Committee calls on the Scottish Government to set out what action it will take to improve workforce planning for pharmacists and pharmacy technicians and to overcome these continuing constraints on service provision.</p>	<p>Since 2015/16, over £85.5m has been invested in putting Pharmacists with clinical skills into GP practices. Investment has seen Pharmacists and Technicians take up posts in GP practices across Scotland, and around 90% of all GP Practices now have full or partial access to pharmacy team support. The number of NHS funded pharmacist training posts has been increased to 235 for 2022/23. This reflects the commitment within the Integrated Health and Social Care Workforce Plan to create up to 120 more Pharmacists to work in Primary Care settings. We are also currently increasing Pharmacy Technician training places. A new Scottish Government recruitment programme announced on 7 March will see 150 apprentice Pharmacy Technicians trained and recruited across Scotland this year. To further support the implementation of the Pharmacotherapy service, Health Board Directors of Pharmacy commissioned the Scottish Pharmacy Practice and Prescribing Advisers Association to develop a Pharmacotherapy Service Specification. The service specification aims to outline how the pharmacotherapy service can be delivered working within the competencies of pharmacy professionals and resources available. Furthermore, the Chief Pharmaceutical Officer has set up a Workforce Forum to look at the workforce challenges and bring together stakeholders from pharmacy education and pharmacy service provision to set a strategic workforce plan for the profession. The Forum met for the first time in June 2022.</p>
<p><b>Workforce and Capacity</b></p>	<p>17. The Committee is encouraged by evidence that optometrists have the potential to offer a wider range of services, including the provision of at-home services and diagnostic and treatment services, which would further ease pressure on GPs. It further notes that Grampian already offers an example of best practice in this regard. The Committee therefore calls on the Scottish Government to assess whether optometry can be funded to fulfil this potential and how existing examples of best practice can be replicated more widely across Scotland.</p>	<p>As set out in the <a href="#">NHS Recovery Plan</a>, we are reforming the way in which eye care services are delivered, with a focus on managing significantly more patients in the community to reduce hospital waiting times pressures and reduce demand on GPs. This includes a new national service to safely discharge lower risk glaucoma patients into the management of accredited community optometrists and increasing the role of independent prescribing optometrists within community practices.</p>
<p><b>Workforce and Capacity</b></p>	<p>18. As a first priority, the Committee calls on the Scottish Government to bring forward a targeted action plan to address current staffing challenges that avoids transferring mental health practitioners between settings in a way that only displaces staffing problems rather than sustainably resolving them.</p>	<p>As frontline practitioners, GPs and their teams are often the first port of call for those seeking mental health and wellbeing support. We have committed to new multidisciplinary Mental Health and Wellbeing in Primary Care Services, which build on PCIF investment, including the successes of CLWs. These teams are expected to include social prescribing and social support alongside mental health</p>

**Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report**

		<p>and wellbeing treatment, assessment and support. From 2022/23, we will start providing funding for national implementation of the new model based on plans developed by Integration Authorities. An important principle of the new model is that it should create additionality in services.</p>
<p><b>Workforce and Capacity</b></p>	<p>19. The Committee firmly believes that better recruitment and retention of workforce across MDTs are crucial to success in promoting greater use of alternative pathways to primary care. To address this, the Committee calls on the Scottish Government to set out what it is doing to assist health boards to develop an integrated approach to workforce planning across professions in the multidisciplinary team and to overcome key obstacles to recruitment and retention within these professions, including:</p> <ul style="list-style-type: none"> <li>• Addressing variable salary structures and terms and conditions, for example for general practice nurses;</li> <li>• Resolving particular recruitment challenges in remote and rural areas while maintaining viability of services;</li> <li>• Employing Community Link Workers on more stable, long-term terms of employment;</li> <li>• Addressing revised expectations of employees around flexible working resulting from the experience of the pandemic;</li> <li>• Improving recognition of the distinct role of different professions within the multi-disciplinary team;</li> <li>• Increasing and improving capacity for non-GP health practitioners to co-locate in GP practices and primary care hubs;</li> <li>• Ensuring that recruitment plans are successful in creating additional capacity rather than simply displacing workforce capacity issues from one area to another.</li> </ul>	<p>We recognise the importance of recruiting and retaining strong multi-disciplinary teams within GP practices and Primary Care settings.</p> <p>We are increasing the Primary Care Improvement Fund to recruit multi-disciplinary teams from £155 million in 2021-22 to £170m in 2022-23.</p> <p>As noted previously, HSCPs produce annual primary care improvement plans, signed off by integration joint boards in collaboration with GP representatives, covering all the different areas of multi-disciplinary team recruitment, ensuring better planning and consideration of synergies between services, and consideration of skill mix required to support rewarding roles, leading to greater retention.</p>
<p><b>Signposting and the Role of GP Receptionists</b></p>	<p>20. The Committee recognises the importance of effective signposting in helping to reduce the burden on GPs and allow them to fulfil their role as expert medical generalists. At the same time, it recognises that inappropriate signposting could result in poorer outcomes for patients and the need for them subsequently to return to their GP.</p>	<p>The Scottish Government is aware of the need for accurate and appropriate signposting and frequently disseminates resources to general practices to support staff to ensure this. It is important that this is supplemented by shifting attitudes and understanding on the part of the public regarding the role of a receptionist. Work is also underway to understand the Scottish Government’s capacity to standardise training for admin staff within general practices (and wider primary care). If implemented, this will secure more professional and uniform admin staff training and skills across Scotland, improving patient-admin staff relationships, resulting in</p>

**Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report**

		better outcomes for patients and a workforce which feels more valued.
<b>Signposting and the Role of GP Receptionists</b>	21. With a view to further improving signposting practice across the country, the Committee calls on the Scottish Government to make additional efforts to ensure Healthcare Improvement Scotland's 10-step guide and other key learnings from the Practice Administrative Staff Collaborative are systematically disseminated to all GP Practices.	On 3 March the Scottish Government launched its receptionist awareness raising campaign across Scotland. This was aimed at the general public to raise their awareness of the important roles that receptionist play within General Practice, specifically around care navigation / signposting. The Developing Roles Short-Life Working Group (SLWG) held a joint workshop with NHS Education for Scotland in June to scope out the roles, training and education needs for Practice Managers and practice administrative staff. This meeting was attended virtually by over 120 Practice managers, Admin staff, GPs, Health board reps and other key stakeholders. The SLWG, chaired by Fiona Duff, Senior Advisor to the Primary Care Directorate, will meet in early September 2022 to take this work forward and will focus on the development and future needs of the GP Practice Manager and administrative staff workforce. The roles of Practice Managers and administrative staff have changed over time and particularly in the past 24 months as General Practice responded to the pandemic highlighting the importance of this work to ensure resilience and sustainability. There is a need to make sure that receptionist staff across Scotland are full trained to meet the needs of patients. We have identified that there is a lack of proper training and learning materials available to GP receptionist and that will be a priority for the SLWG. Identifying areas for training for receptionists to support this campaign will be a priority and is likely to include training and resources to support care navigation, communication skills, conflict management and managing violence and aggression. Training for practice managers to implement care navigation will also be a priority.
<b>Signposting and the Role of GP Receptionists</b>	22. The Committee recognises the critically important role GP receptionists have to play as part of the planned transformation of primary care, particularly in effectively signposting patients. Working in conjunction with frontline staff, the Committee suggests it should be possible to define a more appropriate job title that better reflects their role.	Although general practices are at liberty to name the role, discussions are ongoing to promote wider adoption of the title ‘care navigator’.
<b>Signposting and the Role of GP Receptionists</b>	23. The Committee pays tribute to the vital role of GP receptionists and has therefore been concerned to hear evidence of public frustration with them, sometimes resulting in aggressive or abusive behaviour by patients, and a common misconception that their	The Scottish Government continue to appreciate the continued hard work of GPs and Practice Teams during the COVID-19 pandemic. We agree with the Committee’s view in that there is no place for

## Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report

	<p>principal role is to act as gatekeepers who control access to GP appointments. The Committee is strongly of the view that such behaviour is never acceptable and supports any measures that can be taken to improve patients' understanding of the GP receptionist's role as well as the significant pressure they are often under.</p>	<p>aggressive or abusive behaviour in practices, especially towards receptionists. The Cabinet Secretary for Health and Social Care, Humza Yousaf MSP, as well as the BMA, have publicly condemned the increasing abuse that has been directed towards General Practice staff in their Joint Statement, published on 5 October 2021. We have considered the outcomes from the latest Receptionist marketing campaign. Overall feedback demonstrates that the main messages of the campaign would suggest that this campaign was in keeping with the key issues of the Right Care, Right Place initiative (i.e. directing people to the most appropriate healthcare professional for their needs). The main findings suggest that the campaign could be re-run as it was responded to positively and actions were taken as a result.</p>
<p><b>Signposting and the Role of GP Receptionists</b></p>	<p>24. The Committee welcomes recent efforts by the Scottish Government, notably through the Right Care Right Place - Receptionist Campaign, to improve patient awareness and understanding of the expanded role of GP receptionists in the context of the Scottish Government's planned primary care reforms.</p>	<p>We acknowledge the Committee's welcoming of the Receptionist Campaign. We will consider the feedback from this campaign and others to inform future marketing material on accessing Primary Care services.</p>
<p><b>Signposting and the Role of GP Receptionists</b></p>	<p>25. In recognising how the role of receptionists has developed, the Committee highlights the need for receptionist-patient interactions to be improved from both sides and calls for a greater focus on actions to achieve this. Following completion of the Right Care Right Place Campaign, the Committee calls on the Scottish Government to provide an evaluation of its impact and to set out any further measures it plans to take to improve receptionist-patient interactions.</p>	<p>A robust internal evaluation of the Receptionist Campaign was undertaken with Progressive Partnership and the Scottish Government's Strategy and Insight Unit, with the findings made available to us in May 2022. The campaign performed well – all SMART objectives around campaign recognition, engagement and action were exceeded, and there were positive signs in terms of the impact of the campaign on attitudes and behaviour. We will consider the feedback from this campaign and others to inform future marketing material on accessing Primary Care services.</p>
<p><b>Signposting and the Role of GP Receptionists</b></p>	<p>26. The Committee calls on the Scottish Government to provide an update on the work of the Short Life Working Group on the role of GP receptionists. On the back of that, it further calls on the Scottish Government to work with NHS Education Scotland and the RCGP to develop additional best practice guidance that will support GP practices to prioritise ongoing development and training of GP receptionists that assists them in fulfilling their signposting role and makes them feel suitably valued as an integral part of the multi-disciplinary team.</p>	<p>The Developing Roles SLWG held a joint workshop with NHS Education for Scotland in June to scope out the roles, training and education needs for Practice Managers and practice administrative staff. This meeting was attended virtually by over 120 Practice Managers, administrative staff, GPs, Health Board representatives and other key stakeholders. The SLWG, chaired by Fiona Duff, Senior Advisor to the Primary Care Directorate, will meet in early September 2022 to take this work forward and will focus on the</p>

## Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report

		development and future needs of the GP Practice Manager and administrative staff workforce.
<b>The Role of CLWs</b>	27. The Committee heard substantial evidence on the positive role CLWs play in communities where they work, and how they enable and empower individuals to proactively take control of their lives, as well as the particularly valuable role they fulfilled during the pandemic.	We agree with the Committee evidence that CLWs proved invaluable in many communities during COVID-19 and demonstrated their adaptability to shifting demands and practicalities, supporting people with issues such as debt, social isolation and housing. The Committee may wish to note that several recent, published research and evaluation studies have already demonstrated the impact of the CLW role and what works well. These studies include: an independent evaluation by Glasgow University of the CLW pilot in Glasgow, a review of evidence from across the UK drawing out relevant points for the Scottish context and a qualitative study of early adopters of CLWs in General Practice by Public Health Scotland. The long-term impact of COVID-19 on unemployment, mental health and health inequalities means the role of CLWs are key to our recovery plans.
<b>The Role of CLWs</b>	28. The Committee notes that, as of October 2021, the Scottish Government had yet to meet its target to recruit at least 250 CLWs to work in GP surgeries in Scotland's most deprived communities. Given the extensive evidence it has heard of the positive role CLWs have to play in facilitating access to alternative pathways to primary care, the Committee calls on the Scottish Government to evaluate each health board's progress in bringing forward updated recruitment plans with a view to expanding the provision of CLWs to every GP practice in Scotland.	We acknowledge that at October 2021, we had yet to meet our target to recruit at least 250 CLWs. However, as at 31st March 2022, we now have over 300 CLWs across Scotland funded through the PCIF. These CLWs continue to be at the forefront of our efforts to tackle health inequalities and are now an established component of multi-disciplinary teams in Primary Care. The new Mental Health and Wellbeing in Services will also see the recruitment of additional CLWs as core members of the new mental health MDTs in line with local priorities for these services. They are central to ensuring that people get the right care at the right time.
<b>The Role of CLWs</b>	29. The Committee highlights the work being undertaken by Voluntary Health Scotland to review the support and training needs of CLWs and to develop a national network of CLWs to enable sharing of best practice and peer-to-peer support. The Committee calls on the Scottish Government to review any additional funding it can make available to support this work.	The experiences and insight of CLWs are crucial in helping us to plan future policy, which is why, in 2021, the Scottish Government commissioned Voluntary Health Scotland (VHS) to develop a new national network and community of practice for CLWs. VHS are currently recruiting an extra member of staff for this work, using funding provided by Scottish Government.
<b>ALISS</b>	30. The Committee acknowledges the critical importance of reliable, up-to-date information about locally available community services for effective signposting to alternative pathways	The ALLIANCE is funded by the Scottish Government to deliver A Local Information System for Scotland (ALISS). This web-based

## Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report

	<p>to primary care as well as improving patient and practitioner trust and confidence in these pathways. It recognises the important role ALISS could play in this regard.</p>	<p>resource continues to map community assets and to connect people with local sources of support that will enable them to manage their own health conditions more effectively. ALISS was co-produced by working with disabled people, people living with long term conditions, unpaid carers, health and social care professionals and technology professionals. ALISS is a web based resource which means that it is available to General Practitioners to access information about local community support services.</p> <p>The ALISS system has recently been completely rewritten and migrated to the Microsoft Azure platform. This went live on 28 July 2022. This update will incorporate improved accessibility as well as a dashboard for registered users and a refreshed look and feel. The ALLIANCE are committed to the continuing development of ALISS using agile approaches. To raise awareness of ALISS and promote its use for finding and sharing information on resources to support health and wellbeing, there has been continued <a href="#">engagement with a wide range of stakeholders</a>, within and beyond the third sector. The impact of the ALISS programme in promoting third sector knowledge is proportionately significant and can be demonstrated when comparing year-on-year data between 2020-21 and 2021-22. As of 30 June 2022, ALISS has 5516 services listed, 4,349 registered account holders, and 914 organisations claimed by a representative of that organisation.</p>
<p><b>ALISS</b></p>	<p>31. Evidence has shown that, although a useful resource, the constantly changing landscape of non-GP primary care services in local communities can result in ALISS being unreliable and often out of date. The Committee welcomes the ALLIANCE's acknowledgement that issues around data quality need to be systematically addressed. Once completed, the Committee looks forward to receiving an update from the ALLIANCE on ongoing work to improve the performance and accessibility of ALISS.</p>	<p>Data quality, as with all such directories, is an issue for ALISS - given the changing landscape within localities. ALISS are currently undertaking a manual data cleanse to address this which has seen over 800 services updated or removed from ALISS so far. The team anticipate this will be an annual requirement to ensure data quality. In addition to the manual cleanse, an automated data quality management tool has been implemented, which scans the site weekly to highlight any improvements required to the structure and content. A system of automatic prompts is also being developed to encourage users to confirm or update their information on ALISS.</p>
<p><b>ALISS</b></p>	<p>32. The Committee believes that significantly improving general awareness of ALISS and the accuracy, reliability and comprehensiveness of information available through the ALISS database are fundamental prerequisites for it to become an authoritative source of data for</p>	<p>The Scottish Government recognises that this is important and a dialogue has recently begun where colleagues from the Digital Health and Care Directorate met with the ALLIANCE to progress this. They</p>

## Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report

	those seeking to signpost patients towards alternative pathways to primary care. The Committee therefore calls on the Scottish Government, working in partnership with the ALLIANCE, to undertake an assessment of the actions and associated funding required to achieve this.	will continue this dialogue to review progress, and identify further actions.
<b>Role of Alternative Pathways in Preventative Primary Care</b>	33. The Committee has heard encouraging evidence of the important contribution non-GP primary healthcare practitioners can make towards a more holistic and preventative approach to healthcare, particularly in relation to the early diagnosis and ongoing monitoring of a range of health conditions.	We acknowledge this evidence of the important roles that non-GPs have in the wider multi-disciplinary team have within Primary Care, especially when it comes to preventative approaches to healthcare.
<b>Role of Alternative Pathways in Preventative Primary Care</b>	34. To realise the full potential greater use of alternative pathways to primary care offers in achieving a more preventative approach to healthcare, the Committee calls on the Scottish Government to work with health boards and health and social care partnerships to develop a strategy for improved collaboration on service planning and delivery between different primary healthcare professions.	<p>Through recruitment of MDT members we are increasing capacity in primary care, helping to reduce referrals to secondary care as well as reduce GP workload, allowing GPs to focus their time on patients with more complex care needs, and leadership, in turn improving patient outcomes and community health.</p> <p>GP Clusters are also helping to address the underlying determinants of ill health and the health inequalities that are experienced by some communities by supporting practices through a suitable approach to quality improvement that better recognises and addresses the needs of its local population and workforce.</p> <p>As the MDT continues to evolve, the Scottish Government will consider what more we can do to support a preventative approach to healthcare.</p>
<b>Role of Alternative Pathways in Preventative Primary Care</b>	35. In responding to this report, the Committee calls on the Scottish Government to set out what steps it intends to take, as part of its Health and Social Care Strategy for Older People, to encourage active ageing and, in particular, what role it expects the promotion of alternative pathways to primary care to play in this regard.	Older people are a vital part of ensuring Scotland's future success – essential to our communities, our economy, and our public services and to society as a whole. That is why we must ensure we remove barriers, tackle inequalities and allow people to flourish and be themselves. As we rebuild and remobilise our health and social care services in Scotland, we have a significant opportunity to ensure that older people are placed at the centre of the recovery and to focus on a preventative, joined-up approach to healthy ageing in older people. By working together we can help provide everyone with the opportunities and support they need to make Scotland the best place in the world to grow old. We have engaged with a wide range of older people and the organisations that represent them to co-produce a consultation paper. A full consultation and engagement exercise

## Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report

		concluded in June 2022, with individual consultation responses published on 20 July 2022. We will analyse the consultation responses and a report will be published in September 2022.
<b>Social Prescribing</b>	36. The Committee welcomes the increased uptake of social prescribing witnessed during the course of the pandemic and those positive experiences patients have reported with social prescribing during this period. It is concerned by evidence that, during Covid recovery, patients who used social prescribing during the pandemic are reverting back to contacting their GP in the first instance when ongoing use of social prescribing as an alternative pathway to primary care could offer quicker and better health outcomes for them.	The Scottish Government echoes the Committee’s welcome of an increased uptake of social prescribing, particularly during the course of the pandemic. We recognise that social prescribing can be an effective method of improving an individual’s physical and mental health. We acknowledge the growing interest in social prescribing approaches in Scotland and we are currently looking at how we can help these to develop further. The Scottish Government also recognises that non-clinical options are an important part of the toolkit in a person-centred approach to care and that more can be done to ensure that healthcare professionals feel confident to take these options where their judgment suggests that this is appropriate for individuals. This is very much in line with the principles of Realistic Medicine, supporting our healthcare professionals to deliver a more personalised approach to care.
<b>Social Prescribing</b>	37. The Committee notes there is no single national lead on social prescribing, given that responsibility for it is shared between two Scottish Government ministerial portfolios. The Committee would appreciate a response on the rationale for sharing this responsibility, and whether the Scottish Government has considered following other models from other countries in the UK, and beyond, on having one national lead to develop social prescribing policy.	Social prescribing is relevant and significant to various policy Directorates (and not just in Health) across the Scottish Government which lead on specific programmes and policies. We are currently investigating ways various social prescribing work streams and interests could be brought together within the context of an overall policy position while sustaining collective ownership.
<b>Social Prescribing</b>	38. The Committee commends work currently being undertaken by CLWs and social prescribing networks to map the availability of social prescribing pathways across the country. Once complete, the Committee calls on the Scottish Government to work with CLWs and these networks to ensure this information is widely disseminated to those responsible for signposting patients to alternative pathways and directly to patients looking to self-refer.	The experiences and insight of CLWs are crucial in helping us to plan future policy, which is why, in 2021, the Scottish Government commissioned Voluntary Health Scotland (VHS) to develop a new national network and community of practice for CLWs. VHS are recruiting an extra member of staff for this work, using funding provided by Scottish Government. We have also committed to new multi-disciplinary mental health and wellbeing services in primary care. These new teams build on the successes of CLWs as they are expected to include social prescribing and social support alongside clinical care and support.



## Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report

<p><b>Social Prescribing</b></p>	<p>39. The Committee recognises the importance of word of mouth within local communities in promoting greater uptake of social prescribing. At the same time, the Committee has heard evidence that clinicians should be doing more to champion social prescribing as an alternative pathway to primary care and that the RCGP in Scotland should be more actively promoting its benefits to its membership. The Committee calls on the Scottish Government to work with partners to bring forward a targeted communications plan with the aim of raising awareness of social prescribing and its benefits amongst patients and health practitioners and encouraging greater and more effective use of social prescribing as an alternative pathway to primary care.</p>	<p>The Scottish Government recognises that social prescribing can be an effective method of improving an individual’s physical and mental health. We recognise the growing interest in social prescribing approaches in Scotland and we are currently looking at how we can help these to develop further. The Scottish Government also recognises that non-clinical options are an important part of the toolkit in a person-centred approach to care and that more can be done to ensure that healthcare professionals feel confident to take these options where their judgment suggests that this is appropriate for individuals. This is very much in line with the principles of Realistic Medicine, supporting our healthcare professionals to deliver a more personalised approach to care.</p>
<p><b>Social Prescribing</b></p>	<p>40. The Committee has been particularly concerned to hear evidence that cost is a critical barrier to access to social prescribing pathways for people on low incomes. The Committee is therefore keen to understand what measures the Scottish Government will take to address this specific issue.</p>	<p>Community Link Workers are, like the rest of the general practice team, free for individuals to access. It is important that a wide range of community services and local assets that people may wish to access on the back of social prescribing are widely available and affordable. We appreciate that local authority leisure services across Scotland are facing significant financial challenges as a result of the pandemic and we are working closely with CoSLA and other partners, including sportscotland and Community Leisure UK to examine how we might jointly address these.</p>
<p><b>Social Prescribing</b></p>	<p>41. The Committee has heard extensive evidence of the essential role played by the voluntary sector in providing many social prescribing services. The Committee calls on the Scottish Government, in responding to this report, to set out what measures it can take to improve the long-term financial viability of these voluntary sector providers and thereby improve the reliability and uptake of social prescribing as an alternative pathway to primary care.</p>	<p>We acknowledge the vital support provided by the voluntary and third sector in providing social prescribing services. The Scottish Government is working with communities, third sector, private sector and public sector organisations to jointly drive change locally and strengthen the role of the third sector. We are also looking at what more we can do to better support community-led health improvement activity and integrate this within local health and social care delivery. One of our key focuses is identifying a more coherent, efficient and sustainable approach to funding. We are collaborating with partners to scope this vital work.</p>
<p><b>Role of Digital Health and Care</b></p>	<p>42. The Committee acknowledges the increasing role of digital health and care and notes its wider use has been accelerated as a result of the pandemic.</p>	<p>The Scottish Government welcomes the increasing role of digital health and care, and the acceleration of digital service provision within Primary Care.</p>

## Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report

<p><b>Role of Digital Health and Care</b></p>	<p>43. The Committee believes digital health and care has an important role to play in the future delivery of primary care services in Scotland. However, the Committee recognises such services are not suitable for all patients, all cases or the digitally excluded. It therefore takes the view that other routes to primary care need to be safeguarded in that context. The Committee calls on the Scottish Government, in responding to this report, to set out what measures it will take, as it continues to extend the availability of digital health and care services, to encourage frontline practitioners to safeguard primary care access for the digitally excluded and other categories of patients who struggle to access digital services.</p>	<p>As new digital technologies are developed for Health &amp; Care, we will ensure that non-digital access to services remains available. We are also very mindful that introducing digital into the Health and Care system needs to be proportionate to ensure that nobody is left behind whilst still meeting the expectations of those who wish to interact in this way.</p> <p>We have a shared responsibility to ensure that those who would most benefit from the use of technology to manage their care are able to do so. For example, those who have difficulty travelling or people who are more comfortable engaging in this way.</p>
<p><b>Role of Digital Health and Care</b></p>	<p>44. The Committee welcomes the Scottish Government's commitment to introducing a Digital app which would work as a front door for access to a range of information and services including booking appointments and receiving results. To enable greater use of digital services as an alternative pathway to primary care, the Committee believes the Scottish Government needs to accelerate this commitment and would welcome an update on when such a service is likely to be available and how it will be rolled-out to GP practices across the whole of Scotland.</p>	<p>Work is now well underway on the development of the Digital Front Door and has included the gathering of learning and good practice, initial technical architecture and infrastructure mapping, the development of a consultation strategy and the establishment of a Programme Board.</p> <p>Our engagement approach to the development of the Digital Front Door will include engagement with GP services, as well as other key health and social care services in the development of a roadmap to support its roll-out. We expect to have more detail on when an initial Digital Front Door option will be available in the Autumn.</p>
<p><b>Single Electronic Patient Record</b></p>	<p>45. While accepting that the COVID-19 pandemic will have caused understandable delays to progress, the Committee is concerned that the lack of a single electronic patient record is a major barrier to increased use of alternative pathways to primary care. Until this issue is resolved, it believes expanded use of these pathways will be limited because they will continue to be difficult for patients to navigate, resulting in patients reverting to their GP as a first port of call and in turn placing GP practices under continued strain.</p>	<p>Improving Scotland's health IT infrastructure and data sharing capabilities remains a key objective in improving outcomes for patients. We are in the process of developing Scotland's first data strategy across health and care which we expect to publish later this year which will look to examine and bring clarity to areas such as interoperability and data sharing.</p> <p>To this point, we have been taking a phased approach to improving digital systems in Scotland. We continue to work with key partners across Scotland to ensure that information is available to all staff when and where they need it. This includes work to develop Regional Clinical Portals as well as the development of a National Clinical Data Store across Scotland. New GP Practice IT systems are also due to start rolling out in 2022. As part of the Digital Health &amp; Care strategy, a National Digital Platform approach is also bringing together service</p>

**Scottish Government Primary Care Directorate – Response to the Health, Social Care and Sport Committee ‘Alternative Pathways to Primary Care’ Report**

		<p>data that is appropriately accessible to the workforce regardless of where they are based. These projects support interoperability of data sharing between existing electronic systems, and improvement in the quality of electronic information shared amongst clinicians.</p> <p>We are currently in the final stages of the development of a delivery plan for our digital health and care strategy which we expect to publish in the Autumn. We would be happy to share this with the committee once this has been published which will provide further insight on some of the key priorities.</p>
<p><b>Single Electronic Patient Record</b></p>	<p>46. The Committee acknowledges the Cabinet Secretary's commitment to accelerate introduction of a single electronic patient record but remains concerned that, until this is realised, it will be impossible to fully embrace opportunities for quicker treatment and better outcomes for patients through the greater use of alternative pathways to primary care. The Committee therefore calls on the Scottish Government, in responding to this report, to provide regular updates on progress and to set out a timetable for the introduction of a single electronic patient record.</p>	<p>As above, we are currently in the final stages of the development of a delivery plan for our digital health and care strategy which we expect to publish in the Autumn. We would be happy to share this with the Committee once this has been published which will provide further insight on some of the key priorities.</p>