

# **Health, Social Care and Sport Committee**

## **13th Meeting, 2022 (Session 6), Tuesday, 29 March 2022**

### **Inquiry on alternative pathways to primary care**

#### **Note by the Clerk**

#### **Introduction**

1. At its meeting today, the Health, Social Care and Sport Committee will take evidence as part of its inquiry into alternative pathways to primary care.
2. The Committee will hear from the Cabinet Secretary for Health and Social Care.

#### **Background**

3. At its work programme discussion on 5 October 2021, the Health, Social Care and Sport Committee agreed to hold an inquiry into pathways to primary care.
4. The Committee subsequently agreed that the inquiry would have a main focus on alternative pathways to primary care – as distinct from the usual route into healthcare services of visiting a General Practitioner.
5. For the purposes of the inquiry, these alternative pathways are broken down into the following three main categories:
  - Seeing a different ‘health practitioner’ who works in the GP practice or in the local community, examples of which include:
    - Physiotherapists
    - Nurses
    - Podiatrists
  - Being directed to other types of support, sometimes referred to as social prescribing, to improve health and wellbeing which could include:
    - Walking groups
    - Community groups
    - Advice
    - Volunteering
  - Using telephone helplines or websites to access additional information or online therapy.

## Inquiry objectives

6. It was agreed that the main objectives of the inquiry would be:

- To establish how widely used by patients such alternative pathways currently are, either through referral by a GP or through self-referral;
- To gather evidence from patients and health practitioners of their experience of using such alternative pathways;
- To assess overall awareness of alternative pathways, both for patients and for health practitioners;
- To investigate whether the most effective use is currently being made of such alternative pathways and how their use could be improved in the future;
- Based on the evidence, to make policy recommendations to the Scottish Government and other key decision-makers on alternative pathways to primary care.

## Structure of the inquiry

7. The Committee issued a call for evidence on 20 January 2022 which closed on 22 February 2022. The Committee sought views on:

- What is the current level of awareness amongst health practitioners and patients of the availability of alternative pathways to healthcare services other than seeing a GP?
- How good is the signposting between general practice and other primary healthcare professionals? To what extent are GPs equipped with the information they need to make onward referrals? To what extent are GP practice receptionists equipped to signpost patients to the most appropriate service?
- What is the level of public awareness of options to self-refer to alternative pathways to healthcare? What is the current extent of self-referrals? How could this be improved?
- To what extent is there available capacity amongst other primary healthcare professionals to take on more patients if there was an increase in referrals from GPs / self-referral by patients?
- What potential is there for greater use of alternative pathways to healthcare to ease current pressures on general practice? What are the potential limitations?
- What scope is there for greater use of social prescribing to ease current pressures on general practice and to achieve similar or even better health outcomes?

- To what extent is best use currently being made of alternative sources of health and wellbeing information and advice (other than a patient seeing their GP) such as telephone helplines, websites and online therapy? What are the limitations / potential pitfalls of increased use of these resources as an alternative to patients making an appointment with their GP?
8. The Committee received 74 responses which can be viewed here: [Published responses for Alternative pathways into primary care \(in depth consultation for medical professionals or organisations\) - Scottish Parliament - Citizen Space](#)
  9. The committee also ran a public survey from 21 January 2022 to 17 February 2022. The survey received 276 responses. The results are summarised in Annexe A.

## Inquiry timetable

10. The following is an indicative timetable for the inquiry, subject to changes that may be required – for example due to topical issues or other work priorities that may arise in the interim.

Date	Activity
17 February	Deadline for public survey
22 February	Deadline for call for evidence
1 March	Private session with Scottish Government officials
8 March	Session 1: Patients Session 2: General Practitioners
15 March	Session 1: Other primary care providers Session 2: Other primary care providers
22 March	Session 1: Social prescribing Session 2: Online / telephone info / advice / online therapy
29 March	Scottish Government

**Clerk to the Committee**  
**24 March 2022**



## **Health, Social Care and Sport Committee**

### **Inquiry into alternative pathways to primary care**

#### **Summary of public survey**

**Elizabeth Richardson, Senior Researcher, SPICe Research  
2 March 2022**

#### **Contents**

Background .....	5
Respondent characteristics .....	6
Access to alternative pathways into primary care .....	8
Access to community organisations for health and wellbeing support .....	17
Alternative pathways to healthcare in the community: general feedback .....	22
Access to digital health and care.....	28

## Background

The Health, Social Care and Sport Committee is conducting an inquiry that focuses on alternative pathways to primary care – as distinct from the usual route into healthcare services of visiting a General Practitioner. Alternative pathways to primary care include:

- Seeing a health practitioner other than a GP.
- Social prescribing.
- Digital sources of health information or care.

The objectives of the inquiry are:

- To gather evidence from patients and health practitioners about awareness, usage and experiences of alternative pathways;
- To investigate whether the most effective use is being made of alternative pathways, and how their use could be improved; and
- Based on the evidence, to make policy recommendations to the Scottish Government and other key decision-makers on alternative pathways to primary care.

To address the first objective of the inquiry, and to inform the subsequent stages, the Committee ran an online public survey from 21 January 2022 to 17 February 2022. The launch of the survey coincided with the Committee's announcement of the inquiry.

The survey combined closed and free-text questions. The results are summarised in this report. The free text questions yielded rich insights into lived experiences of navigating alternative pathways that will be a crucial input to the inquiry. This summary attempts to capture the range of experiences described and views expressed.

It is important to note that this survey is not a scientifically rigorous study, as it represents the views of the self-selecting sample of people who chose to respond. As highlighted in the section on respondent characteristics the sample was skewed and was not representative of the Scottish population.

## Respondent characteristics

The survey received 276 responses.

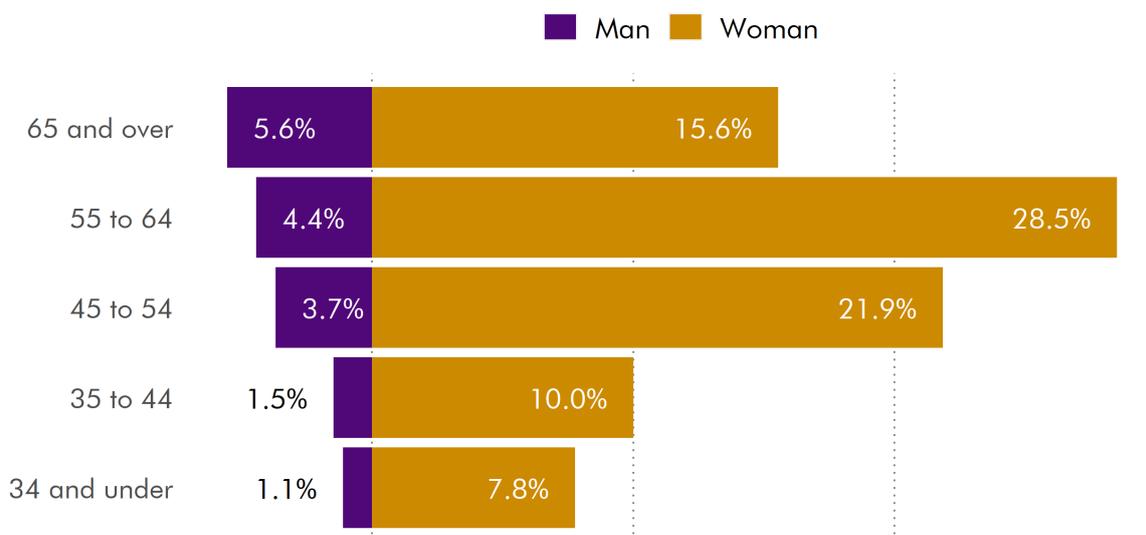
**Question 1:** Of the 268 that indicated their gender 83% were women.

**Question 2:** The age distribution of the respondents was skewed towards older ages, with 80% of respondents being 45 years old and over (Figure 1). This age bracket accounts for 47% of the Scottish population ([National Records of Scotland data for 2020](#)). 20% of respondents were under 45 years old, although 53% of the Scottish population are in this age bracket.

**Question 3:** Over two-fifths of the respondents lived in four local authorities: Fife (14%), South Lanarkshire (11%), North Lanarkshire (9%), and City of Edinburgh (7%) (Figure 2). A quarter of the respondents lived in the ten local authority areas that can be broadly characterised as being rural.

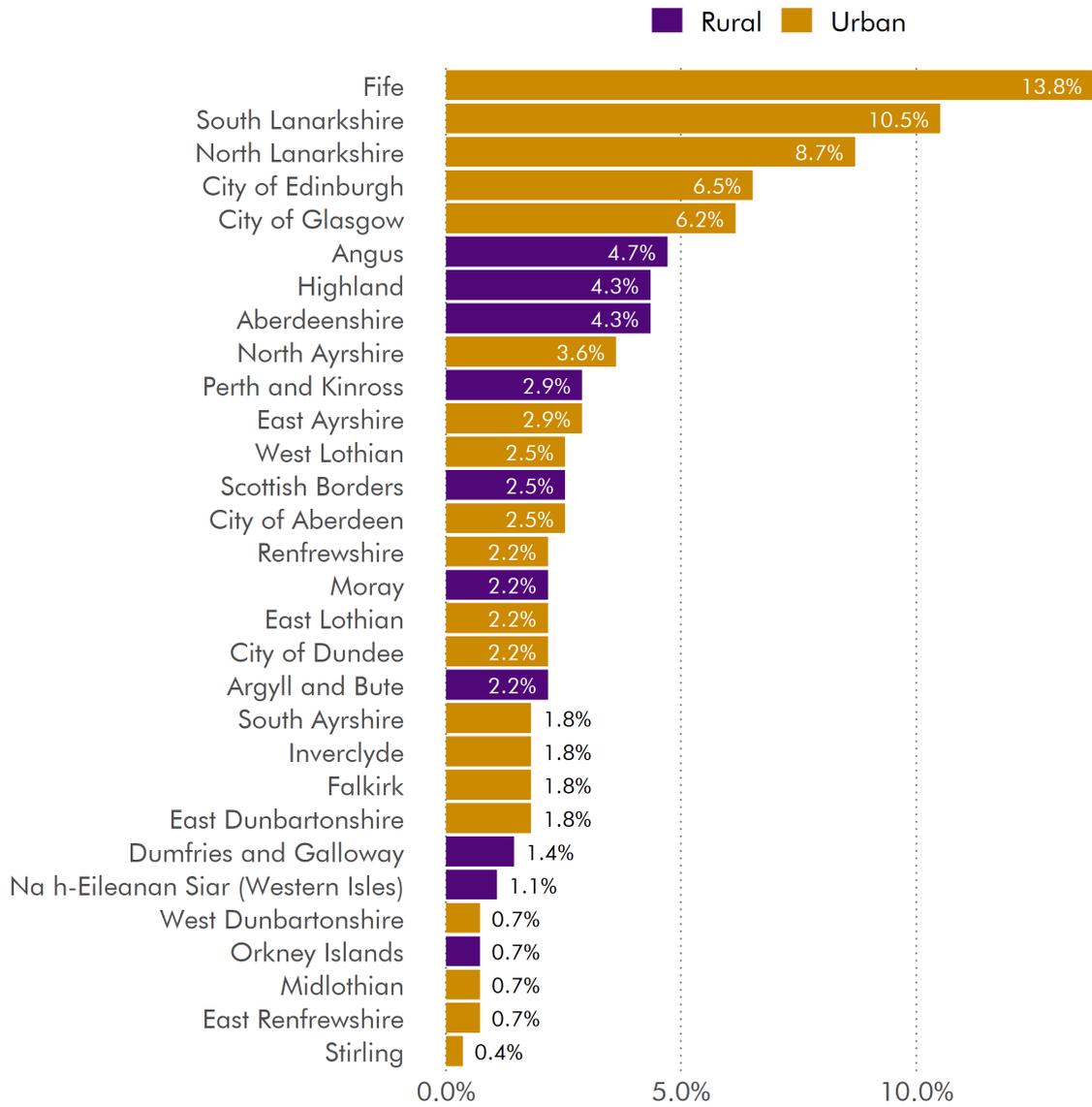
The characteristics of the sample mean that the results of the survey should not be considered to be representative of the Scottish population. Men and people aged under 45 years of age are particularly under-represented.

**Figure 1. Age and sex distribution of respondents to the survey.**



Note: Includes data for 268 of the 276 respondents.

Figure 2. Local authority distribution of the 276 survey respondents.



## Access to alternative pathways into primary care

### **Question 4: Which of these health practitioners are available in your GP practice or local area?**

Most respondents were aware that GP practice nurses, pharmacists, and phlebotomists were available in their GP practice or local area (Figure 3). Between one third and one half of respondents were aware that midwives, physiotherapists, and podiatrists were also available. One fifth said that a Link Worker was available.

One respondent commented “you often are only aware of these people when you or your family need them”, which may explain the high proportion reporting they were unsure whether most of the listed practitioners were available. It should also be noted that not all these practitioners will be available in all areas of Scotland.

### **Question 5: Which of these health practitioners can you arrange to see WITHOUT seeing your GP first?**

Respondents’ awareness of which practitioners they could access directly, without seeing their GP first, was assessed in the next question (Figure 4). Most respondents said they could see a GP practice nurse or pharmacist directly, and between one-fifth and one-third said they could see a physiotherapist, phlebotomist, midwife, or podiatrist directly. Very few respondents (10% or less) thought the other practitioners listed could be accessed directly.

Again, these responses are likely to reflect the individual’s need to interact with these practitioners, as well as variation in local arrangements for accessing each one.

After asking about the respondents’ awareness of local provision of other practitioners (questions 4 and 5), the survey went on to ask about their personal experience of seeing these practitioners, whether through being referred by a GP (question 6) or directly referring themselves (question 7).

### **Question 6: Which of these health practitioners have YOU OR YOUR HOUSEHOLD seen in your GP practice or local area AFTER seeing your GP for the same issue?**

Two thirds of the respondents or more reported being referred by their GP to a practice nurse or phlebotomist (Figure 5). Half had been referred to a physiotherapist, two fifths had been referred to a pharmacist, and one quarter had been referred to a midwife. Fewer than 20% of respondents had been referred to the other practitioners listed, and only 7% had been referred to a Link Worker.

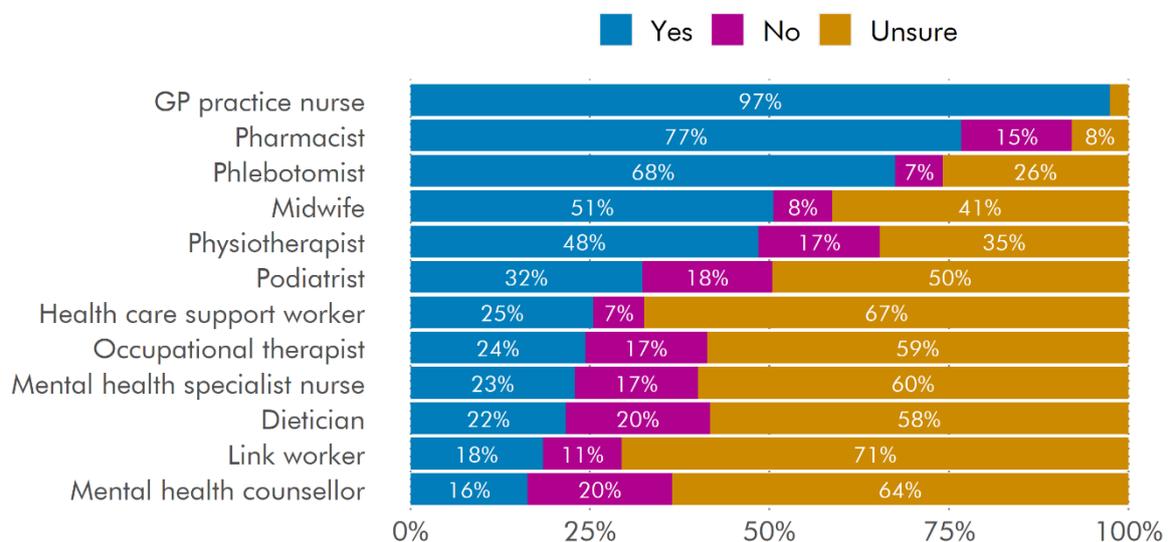
Responses to this question will be influenced by the local availability of each practitioner.

**Question 7: Which of these health practitioners have YOU OR YOUR HOUSEHOLD seen DIRECTLY in your GP practice or local area without seeing a GP first?**

Four in every five respondents said they had self-referred to a practice nurse, and over half had self-referred to a pharmacist (Figure 6). Almost 30% had self-referred to a phlebotomist or physiotherapist. Levels of self-referral to other practitioners was generally low.

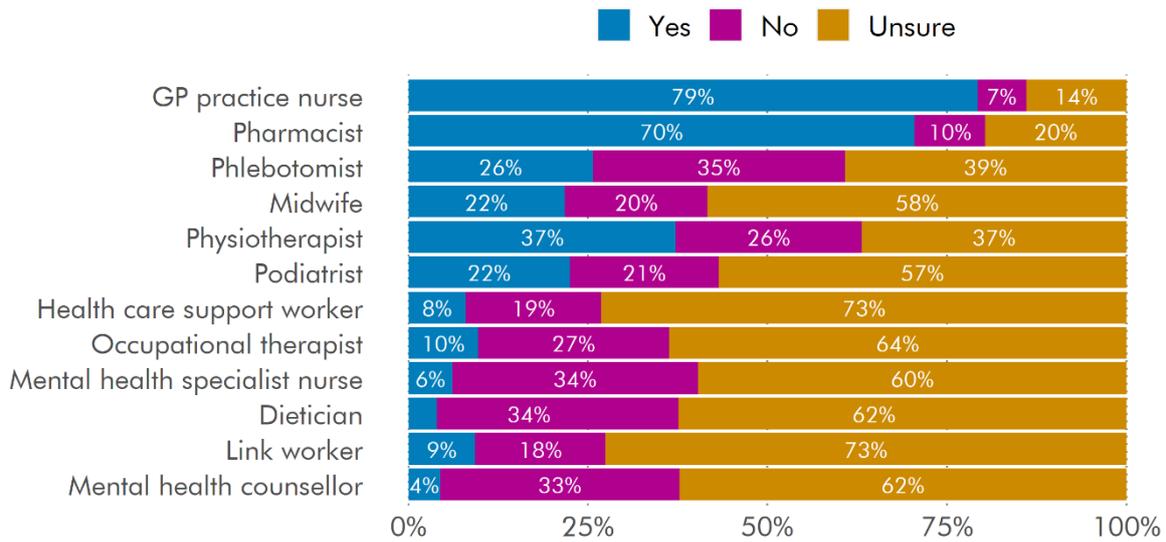
Again, responses to this question will be influenced by local variations in the availability of each practitioner, as well as by local variations in whether self-referrals to each practitioner are possible.

**Figure 3. Q4: Which of these health practitioners are available in your GP practice or local area?**



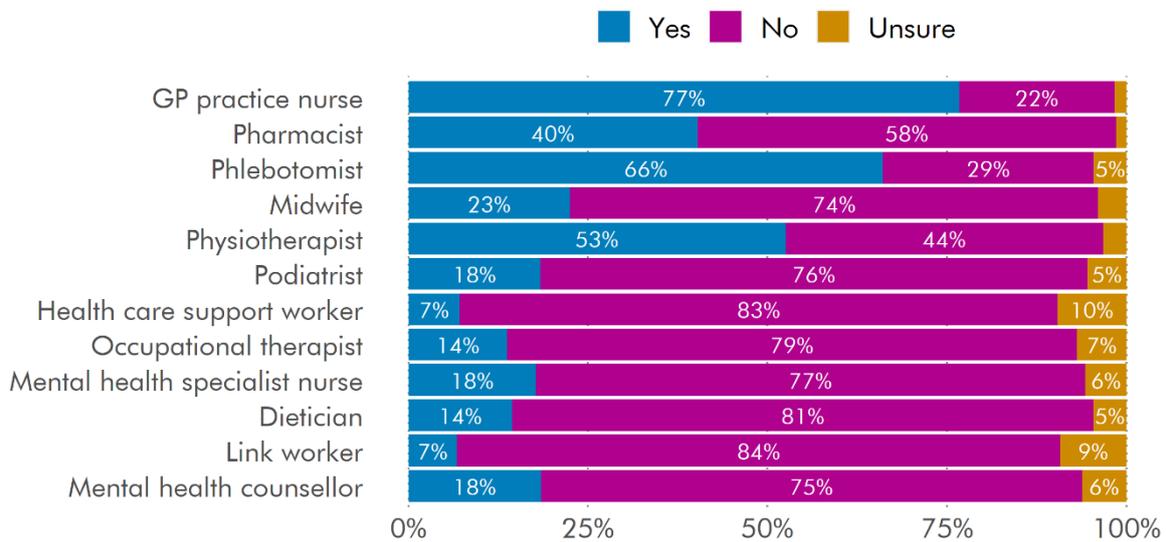
Note: Number of respondents answering each item ranges from 247 to 275.

**Figure 4. Q5: Which of these health practitioners can you arrange to see without seeing your GP first?**



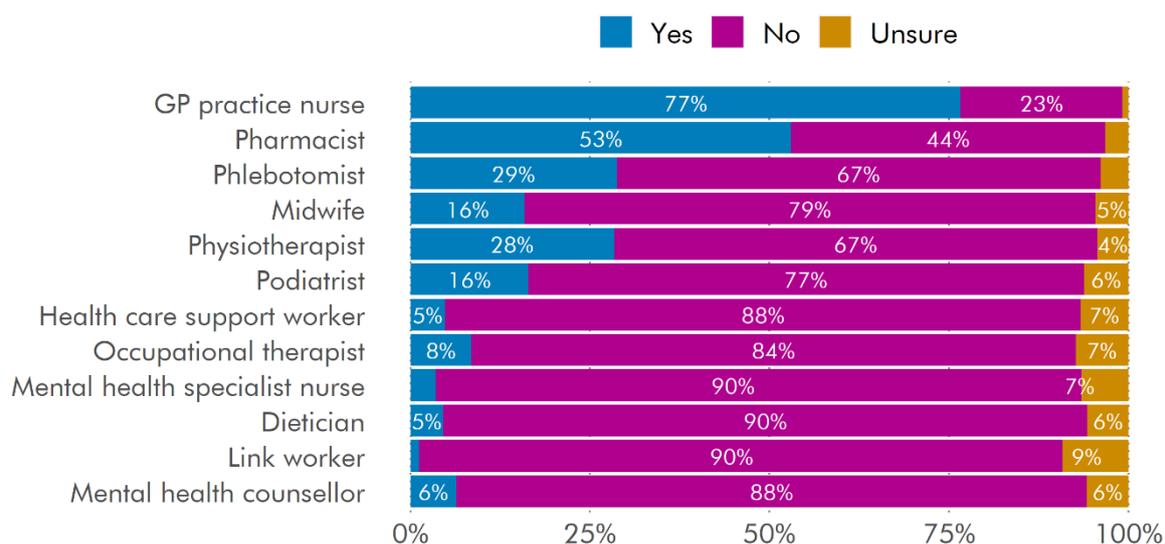
Note: Number of respondents answering each item ranges from 216 to 265.

**Figure 5. Q6: Which of these health practitioners have you or your household seen in your GP practice or local area after seeing your GP for the same issue?**



Note: Number of respondents answering ranges from 151 to 241.

**Figure 6. Q7: Which of these health practitioners have you or your household seen directly in your GP practice or local area without seeing a GP first?**



Note: Number of respondents answering ranges from 151 to 244.

**Question 8: Have you ever tried to see a GP but instead been directed to a different health practitioner working in the GP practice or local community (like a physiotherapist or mental health nurse)? If yes, how did you feel about not being offered a GP appointment?**

Of the 269 respondents answering this question, 49% had been directed to a different health practitioner. There were 116 free-text responses to the question asking how the respondent felt about not being offered a GP appointment. A selection of comments that cover the sentiments that were expressed is shown in Table 1.

Respondents expressing negative sentiments said they felt they were being brushed off, and that their health problems were not getting the attention or care they deserved. Other perceived barriers to getting the right care included that the receptionists were “too quick to judge”, and that “GPs at our practice no longer wish to see us”. Some commented that as a result they didn’t get the right care: the standard was lower, and time was wasted as they needed to see the GP in the end. General capacity and availability issues were also noted: some said it took too long to get an appointment with another practitioner, while others noted the difficulty in getting any GP appointment at their local practice. One respondent expressed annoyance at not being able to get the care they had requested: “if I wanted the practice nurse I would have asked to see one of them”.

Respondents expressing positive sentiments said that they felt it made better use of both GPs and other practitioners, and that specialists could often get to the root cause of the problem more quickly. One noted “Nurse was appropriate person so I was satisfied and they seem to have more time”. Other respondents mentioned that they hadn’t known what options were available to them, and that navigating the options could be confusing, but felt happy once these were explained.

Conditional positive sentiments were also expressed, such as being happy to see a practitioner other than a GP if they were more suitable, available, and able to prescribe medication. Ultimately, one noted, it “Depends on the situation and reason for seeking advice”.

**Table 1. Selected free-text responses (28 out of 116 comments) to “how did you feel about not being offered a GP appointment?” (Q8).**

### (a) Negative sentiment

annoyed, if I wanted the practice nurse I would have asked to see one of them

I was told to speak to a pharmacist instead. I felt I was being brushed off and my health issue was not given the attention or care.

GPs don't seem to see anyone anymore.

personally I have given up on GP service

That my issue was less valued

i have on going health issues and get very frustrated at times when can't see GP. what are they doing at present they are not seeing patients it's as though we are a hinderance to running practice

Unhappy[.] GPs at our practice no longer wish to see us

Furious. Seeing the other person was a waste of time, because all they said was that I needed to see a GP

I can understand why it can help alleviate pressures, however as I have a complex chronic condition, there are instances where I don't feel it has been appropriate. This has led to me getting a variable standard of care.

I feel that the receptionists are too quick to judge without actually getting to the root cause of the problem

I have several health issues and my own GP knows everything about me. I don't feel the nurse practitioner can help me with this. Yes for minor issues but [not] when it comes to my mental health, fibromyalgia, bladder issues, epilepsy and others

I was glad but then found out the appointment would be the following week and I needed mental health support there and then. Sadly I wasn't given it despite being in a dark place and was told to ring back at 8am next day as no go appointments available that day. I explained that I felt as if I was going mad and was crying in the home but only spoken to by receptionist and fobbed off.

**Table 1 continued.**

not particularly pleased in either case as in one the nurse had to fetch a GP and in the other the nurse said there was nothing wrong with my throat and I ended up in intensive care the next day after nearly dying from epiglottitis

The length of time taken to get an appointment for other services is very long and some things need an immediate response so cutting down doctors' appointments to be placed on a list for out of surgery services is not acceptable

**(b) Positive sentiment**

Glad not be wasting GP time if someone else with more specific expertise can deal with it.

I assumed it would have been a waste of their time if a better specialist was recommended for me so I was fine with it.

I didn't know what the options were, so asked about a GP appointment, and was advised that other professionals were able to deal with the issue, which they did.

it can be confusing knowing who to contact first however the process was smooth

I preferred being seen by the triage nurse and felt it was more thorough.

I was referred to the [service name removed] which operates in the [GP practice name removed]. I was seen by an Advanced Nurse Practitioner, had a full and thorough examination/consultation. Because I felt I needed to be seen on the same day the AVP [ANP] was the only option available. All GP appointments were fully booked and there is no facility in my GP practice for next day or advance appointments. I was just pleased to be seen by a healthcare professional who could prescribe if necessary.

Nurse was appropriate person so I was satisfied and they seem to have more time and a less formal approach

Perfectly fine as the physio was straight to the point of the problem

**(c) Conditional sentiment**

happy enough to see practise nurse if she can prescribe medicines

happy to see another clinician if they are available and better placed to assist me with my health issue

Depends on the situation and reason for seeking advice

Fine as long as the care received is the same

**Table 1 continued.**

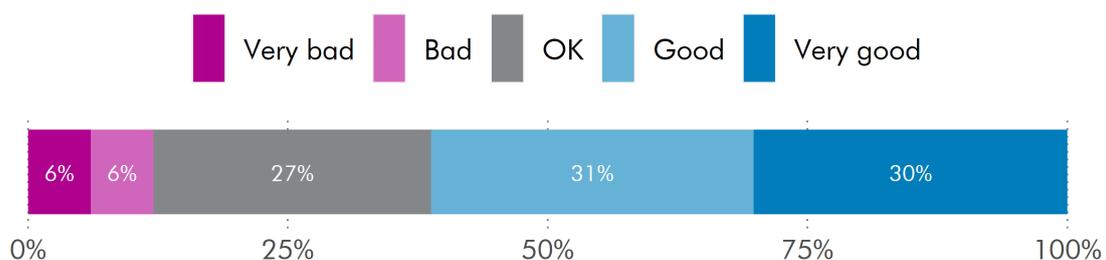
fine as long as I know the option is there when I need it

If GP is shirking duty of care, not happy. In areas where it's not GPs area of expertise it's perfectly acceptable and avoids wasted time.

**Question 9: How would you rate your experience of seeing any health practitioner(s) in your community, other than your GP? Were you happy with the outcome? Please tell us why you feel this way.**

When asked to rate their experience of seeing a health practitioner in their community, other than their GP, almost two-thirds rated the experience(s) positively, while 10% rated it negatively (Figure 7).

**Figure 7: Q9: How would you rate your experience of seeing any health practitioner(s) in your community, other than your GP?**



Note: Based on 232 responses.

There were 142 free-text explanations given by respondents for their rating. A selection of comments that cover the sentiments that were expressed is shown in Table 2.

Negative sentiments included views that the GP was the better option because “The GP is the trained person” and they “could link symptoms together for an accurate diagnosis far better than a specialist”. Others noted they had received a lower quality of care from other health practitioners: poor levels of listening, understanding, and communication, and ineffective treatment and “cookie cutter” advice. This had led to worry and stress for at least one respondent. Long waiting times and rushed appointments were also mentioned.

Some commented that good access to alternative practitioner services used to be available for them but was no longer available in their area. Difficulty accessing alternative health practitioners in remote and rural areas was raised, particularly when services ceased their provision of online appointments, or when clinics were many hours away.

Another respondent noted the need for better communication in general about the changes in how we access primary care services in Scotland: “The transition from GP being gatekeeper to direct access is still new and unclear.”

The opposing views to almost all the negative views above were also mentioned by some. These included other health practitioners sometimes being more thorough and having more experience of the issue than GPs, being quicker to see, and being knowledgeable and efficient and giving clear advice. One noted receiving good joined-up care from an “excellent” team of health practitioners, and others noted they had received the right care by seeing the right practitioner.

**Table 2. Selected free-text explanations (26 out of 142 comments) of responses to “how would you rate your experience of seeing any health practitioner(s) in your community, other than your GP?” (Q9).**

### (a) Negative sentiment

I know about the different services pharmacy offer but I feel sometimes, GP surgeries are quick to refer people to pharmacy and it is not the correct course of action

Long wait times, ineffective treatment, rushes appointments, lack of listening and understanding of concerns, cookie cutter advice, being forgotten about on wait lists

access in a rural area makes this difficult, if not impossible - and almost all no longer offer online services.

There isn't a local clinic for us to see allied health professionals. Nearest appointments offered are either 3hr round trip or 5hour round trip to inverness

Diluting health care

I have a lot of faith in my GP surgery so prefer to see the GP directly.

I feel that they can be varied experiences, while some have an understanding of my conditions, others don't and I feel I end up having to go back to the GP anyway.

Had really good services before covid but have been told unable to see physio for ongoing problem 'not doing in person consultations due to covid'

I see a CPN [Community Psychiatric Nurse] and psychologist and they are wonderful. However, for medication changes they need to refer back to GP who then change prescription. I think this is completely unnecessary as GP doesn't see me for my condition and doesn't review me, he/she just writes prescription. This is a complete waste of resource and unnecessary process often delaying medication changes.

I was able to see a CPN [Community Psychiatric Nurse] some years ago for Cog.Behav Therapy [Cognitive Behavioural Therapy].It was very useful. There are no mental health professionals attached to my GP surgery.

**Table 2 continued.**

Lack of communication, being told not to worry. I think practitioners forget that they are so embedded in the system that what is standard to them isn't for the patient. It feels very much a system where you are told little so NHS etc cannot be sued, but it actually causes a lot more angst and worries and can lead to other stress related illnesses which can then flare up existing conditions. At time I feel invisible especially when being talked over when a minor op was being done.

Lots of mis-communication regarding a referral to an eating disorder service meaning that lots of info was missed and thus the referral was declined. Despite NICE guidelines stating my circumstances required an urgent referral. It was poorly handled by a nurse and should've been discussed with a GP

Previously accessed support from community psychiatric nurse. This person has now retired and the resulting vacancy has not been filled

The GP is the trained person. Maybe they will then re-direct but how can they know the whole story if they do not see you?

The transition from GP being gatekeeper to direct access is still new and unclear. However, I also feel that a GP could link symptoms together for an accurate diagnosis far better than a specialist who will look at the presenting issue.

When GP directs you to a service, but the service refuses to see you as they don't deal with your condition. I.e. Physio through muscular skeletal services but they won't deal with EDS [Ehlers-Danlos syndrome] patients. Would be useful if GPs knew about the limitations of services.

Eventually a Practice Nurse was very helpful and supportive. However the bloods were taken at a Health Centre and blood pressure monitoring had to be done in a GP Practice. Two appointments, 18 days apart!

**(b) Positive sentiment**

Able to self-refer

ANP are usually good sometimes more thorough than some GPs I have an excellent and very engaging CPN [Community Psychiatric Nurse]

Efficient and probably more experience of problem than GP

Felt it was just as appropriate seeing practice nurse and a good use of the skills available within the practice.

they were knowledgeable and gave a good efficient and quickly accessed service

The community support team I had at one time was excellent. I saw a dietician, physiotherapist and an occupational therapist. They were all amazing and referred the details of their work with me back to my GP so they were kept in the loop.

**Table 2 continued.**

Sometimes they have more knowledge than the GP And you can see them quicker

Seeing an optician for an eye problem meant a full examination was done straight away and advice given. Seeing a pharmacist meant that a urinary infection was dealt with by medication immediately.

Prompt service. Careful thorough examination. Appropriate prescription. Clear advice about what to do if condition deteriorated. Relief that was able to see someone as trying to book appointment with a GP at [practice name removed] is a lottery and I've rarely had a winning ticket!

## **Access to community organisations for health and wellbeing support**

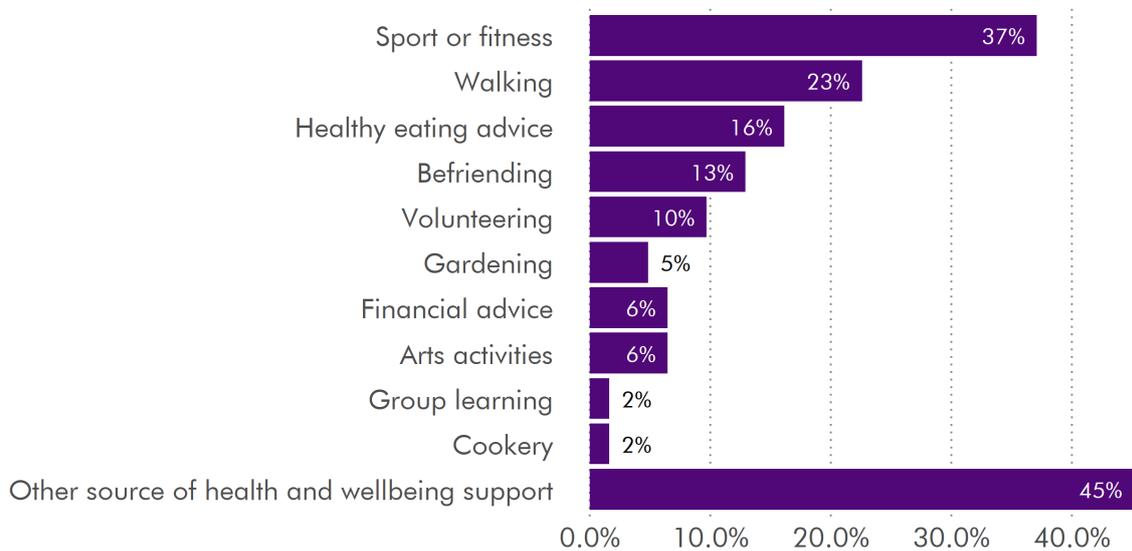
The next three questions aimed to assess the respondent's experiences of social prescribing, including the Link Workers where patients can be referred to be connected to relevant sources of support.

### **Question 10: Has your GP or another health practitioner ever directed you or a member of your household to community organisations that can provide any of the following types of support for improved health and wellbeing?**

Just over 20% of respondents (62) to the survey reported that they or a member of their household had been referred to a community organisation for health and wellbeing support. The different types of health and wellbeing support are shown in Figure 8.

Over one third of this subsample of respondents reported that they or a member of their household had been referred to a sport or fitness organisation by a health practitioner (Figure 8). Fewer had been referred to community organisations for walking (23%), healthy eating advice (16%), befriending (13%), or volunteering (10%). Other types of social prescribing referral were reported less frequently. One third of respondents reported referral to another source of health and wellbeing support that hadn't been listed. These included [Men's Sheds](#), Citizens' Advice, carers' support, third sector organisations, and online resources.

**Figure 8. The types of health and wellbeing support that a subsample of respondents (62 respondents, or 22%) reported being referred to a community organisation for (Q10).**

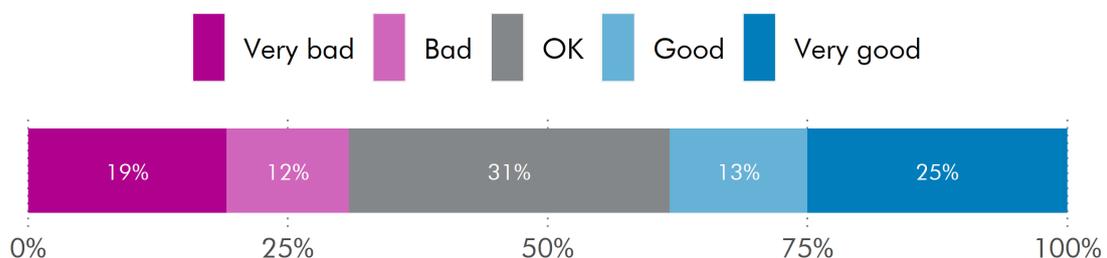


Note: Respondent was asked to include household members in their response.

**Question 11: How would you rate your experience of being directed to community organisations that provide these types of health and wellbeing support? Were you happy with the outcome? Please tell us why you feel this way.**

The subsample of respondents who reporting being referred to community organisations for health and wellbeing support was quite evenly split in their ratings of that experience (Figure 9): one third rated the experience as bad or very bad, one third rated it as OK, and one third rated it as good or very good.

**Figure 9. Q11: How would you rate your experience of being directed to community organisations that provide these types of health and wellbeing support?**



Note: based on 68 responses.

There were 60 free-text comments about social prescribing. A selection of comments that cover the sentiments that were expressed is shown in Table 3. Some respondents indicated that social prescribing was not the type of care they wanted or expected to be offered if they had sought help from their GP. One noted they would be insulted if directed to these services, another said “it was only good if I was interested and willing to put the effort into accessing them”, and another felt this represented an “easy way out for G P”.

Some respondents did not find the services they’d been directed to helpful, and commented that they could have found the same or better information themselves. Another expressed concern that a person with a health need could be sent to a service where the personnel were not equipped to help them.

Other respondents mentioned barriers to accessing these services: some services charged money, others were unreliable, and in some areas (particularly remote and rural) there was no local provision.

Several respondents reported positive experiences of social prescribing, with the services rated as “very good”, “excellent”, and “great”. Key themes arising from these comments were the benefits of meeting other people, being supported and feeling listened to.

**Table 3. Selected free-text comments (22 of 60 comments) about respondent’s experience of social prescribing (Q11).**

#### (a) Negative sentiment

it was only good if I was interested and willing to put the effort into accessing them

didn’t get the advice I needed

Expensive

Any sites that I went on to find healthy eating help charged for the privilege

Great at first, then phone appointment times weren't kept to and I was forgotten about

I have Diabetes 2. I’ve not seen a Nutritionist, or Dietician. Done any healthy eating classes, and my Dr is meant to be a specialist in Diabetes... There’s nothing in the East Sutherland area. Everybody thinks you have a car. Everything is for old people or with learning difficulties. It’s geared to them. But no art groups, or gardening or conservation groups which would be better. It’s all based in Lairg, or at night. When there are no buses. There’s no transport here much. There’s a walking group, but nothing much else for people in their 30s/40s.

wasn't best advice, i found more from internet

can access this on my own feel easy way out for G P

**Table 3 continued**

Often community-based organisations are not skilled or equipped to facilitate a person with a health need. Specifically trained staff are vitally important, people skilled in leading community activities may not be able to manage a group if one person is there with Anxiety or mental health.

I would not appreciate any of these. How insulting!

this has never been something we could access. The area is woefully underserved. If you don't have a vehicle, expect to never see anyone; and - again, there's no more online services offered.

Our geographic location makes it more difficult to access other services.

When struggling with my mental health, being told to visit a pretty bad website did not help me and made me feel worse and full of despair

**(b) Positive sentiment**

Very good fitness classes, but stopped due to COVID.

Children First excellent third sector resource, extremely supportive and very outcome focussed

Excellent service, good to be with like-minded people and unlocking my creative side

Felt listened to by organisation and supported

got me out of sheltered housing 2 afternoons per week and enjoyed chatting with like-minded individuals

Contact was made quickly and a good support system put in place

They provide companionship, meeting new people and help you to get out and about and to keep yourself well.

My mother joint [joined] a lovely walking group.

It was the right place to send me for the information I needed.

**Question 12: Have you been helped by your GP practice’s “link worker” (sometimes called a Community Link Worker or Mental Health Link Worker)? If yes, please tell us more about this.**

Of the 256 respondents answering this question, 3% reported being helped by their GP practice’s Link Worker. Given the wording of this question it is possible that more respondents may have seen Link Workers, but might not consider that they had been ‘helped’ by them.

There were 18 free-text comments about Link Workers. A selection of comments that cover the sentiments that were expressed is shown in Table 4. Users of the Link Worker service described positive and negative experiences. Most comments, however, noted not knowing what Link Workers were, or not having local provision. One respondent noted that they would rather see a health professional.

**Table 4. Selected free-text comments (7 out of 18 comments) about respondent’s experience of being helped by their GP practice’s Link Worker (Q12).**

**(a) Negative sentiment**

referral to church organisation which was totally inappropriate

Given information that I have already found by using google

**(b) Positive sentiment**

this has helped greatly over a difficult spell as I was trying to reduce medication for depression and GP felt I needed emotional support which she couldn't provide

**(c) Comments from those who haven’t used Link Workers**

there is no link worker for the area - post has been applied for.

They were available then were saturated and closed their books at my surgery then the service was pulled for nearly 2 years. Clearly demand exceeds availability.

What link worker? there isn't one.

don't know what they are or what they do, would rather see a clinician, professional, occupational therapist that would be their job and expertise

## Alternative pathways to healthcare in the community: general feedback

The next section of the questionnaire asked about the respondent's general experiences of alternative pathways to healthcare in their community, in terms of how quickly they could access the service(s), and communication they received about the service(s). It also asked whether respondents had ever opted to use a private source of primary healthcare.

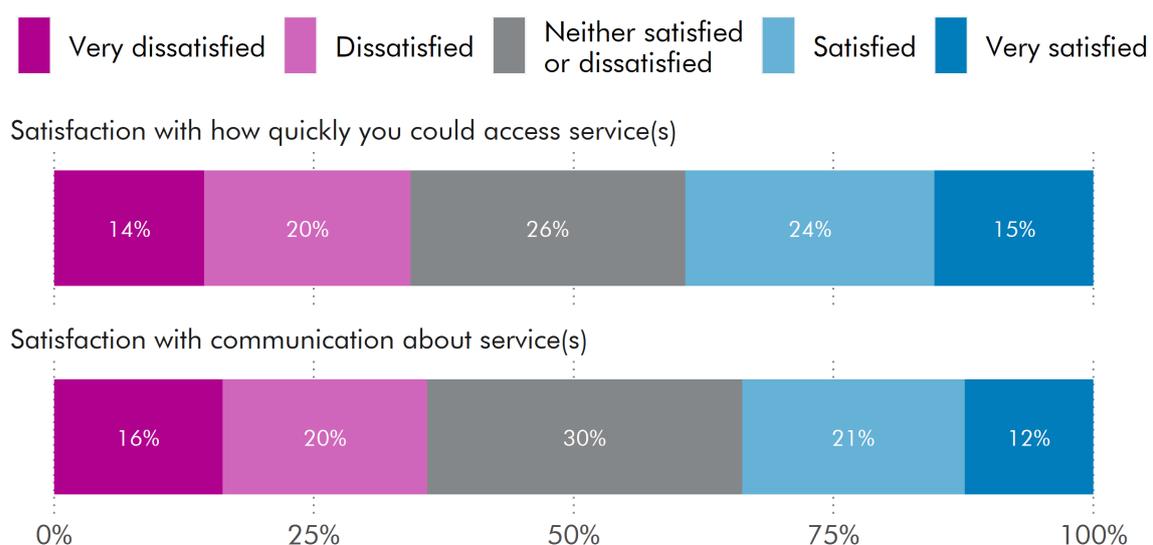
**Question 13a: How satisfied have you been with how quickly you could access the service(s)? Please tell us why you feel this way.**

A slightly higher proportion of respondents (39%) reported that they were satisfied or very satisfied with how quickly they could access alternative healthcare services than reported they were dissatisfied or very dissatisfied (36%) (Figure 10).

**Question 13b. How satisfied have you been with communication you received about the service(s)? (Particularly if you were on a waiting list). Please tell us why you feel this way.**

A slightly higher proportion of respondents (36%) reported that they were dissatisfied or very dissatisfied with the communication they received about alternative healthcare services than reported they were satisfied or very satisfied (34%) (Figure 10).

**Figure 10. General experiences of alternative pathways to healthcare: how satisfied have you been with (Q13a) how quickly you could access the service(s) and (Q13b) communication about the service(s)?**



Note: The first question was answered by 242 respondents. The second question was answered by 234 respondents.

Respondents gave 133 free-text comments about their satisfaction with how quickly they could access alternative pathways. A selection of comments that cover the sentiments that were expressed is shown in Table 5.

Some noted that it can take months to see an alternative health practitioner, and that their condition may have worsened in this time. Many of the barriers noted to getting seen quickly involved the bottleneck of having to see the GP first for a referral: respondents noted difficulties getting appointments, the influence of the receptionist's awareness of the options, and the high workload pressure that GPs are under. Others noted that getting seen quickly was hampered by difficulties in navigating the seemingly fragmented system, or by limited local provision.

Other respondents noted that it was often quicker to see an alternative health practitioner than their GP, although this depended on the service, and seemed to vary between different parts of Scotland. One noted that accessing alternative sources of healthcare was quicker in Scotland than in the USA. Others noted that the option to self-refer made the process quick and efficient, and also has the benefit of not wasting a GP appointment.

Respondents gave 102 free-text comments about their satisfaction with communication about alternative pathways. A selection of comments that cover the sentiments that were expressed is shown in Table 6. Communication about the services available was considered to be insufficient by some; those who didn't know about the availability of services were unsure if this was just because the options hadn't been communicated to them. Communication about the patient's own care was also considered poor by some: some reported not being told if they were on a waiting list, having to chase up to find out, and "it can feel like you've been forgotten".

Other respondents reported good levels of communication. Some noted that there was sufficient information on their GP's website for them to self-refer, and that communication about their care happened quickly and efficiently. Others appreciated the reassurance and support provided to them while on waiting lists.

**Table 5. Selected free-text comments (20 out of 133 comments) about respondent's satisfaction with how quickly they can access alternative sources of healthcare (Q13a).**

**(a) Negative sentiment**

Even before the pandemic waiting times are over long and normally by the time you see anybody your condition is worse

Even when I found out about an alternative service, it took months to get a self-referral appointment

Care was fine, but access to the practice nurse was only available after calling to request a GP appointment first. This has to be done at 8am, with long queues on the 'phone. Appointments are only available on the same day, with little choice of time, so I need to take a day off work on the off-chance of getting an appointment. For routine/minor issues, this is bonkers (and stressful)

Contacted occupational therapist September 21 still waiting for contact from them

Hit or miss receptionist awareness influences

I've had GPs give me the wrong advice regularly, I've had medication not be distributed to me on time, and they are all stressed, exhausted, and burnt out. They need so much more help, care, support, and hands.

I can't access physiotherapy or mental health services without seeing a GP first. THIS IS RIDICULOUS. That and the waiting times if the GP deigns to refer me are absolutely atrocious

local medical centre in [location removed] no longer provides GP appointments. Very difficult to get through on phone to [practice name removed]

Soonest could see podiatrist was 3 months

Our local surgery is nowhere near as responsive these days

My suicidal Son needed a CPN in Edinburgh to intervene in gaining support/pathway assistance to community mental Health services where we live in Fife. The system is difficult to navigate at best and seems quite fragmented from the user perspective.

Didn't know that half of them exist

Table 5 continued.

**(b) Positive sentiment**

Advice from Pharmacists has always been helpful in a variety of situations. Regular appointments with a practice nurse for blood monitoring and help with a chronic condition has been very supportive.

contact with OT by phone within a week of referral

Some services could be accessed quickly, again it depended on what one

I wish I'd known about the local arts activities (drawing, painting, drama, dance, music) sooner. I think if people knew about these activities more and could find groups to be part of it'd help so much

Service used: Physiotherapist. Obtained access telephone number from Practice website. Careful, thorough telephone triage. Offered in person consultation next day with Advanced Physio who organised X-ray via GP practice, exercise regime and follow up. One note of dissatisfaction I had to drive a 36 mile round trip for the physio appointment even though there is a fully equipped physio suite at my local Health Centre a 10 minute walk away .I am fortunate that I have my own transport and/or someone who can escort me. What would it be like for patients without access to transport or with limited financial circumstance, family commitments, in work where time off is difficult etc. Impact on health inequalities?

Self-referral for physio cuts out the need to waste doctor appointments and you can get yourself straight on the waiting list if you need to be seen. There is also lots of info and things to try to help whilst you are waiting.

Can drop in to pharmacist or see practice nurse more quickly

Access to care is quick compared to where I am originally from (USA)

**Table 6. Selected free-text comments (15 out of 102 comments) about respondent's satisfaction with communication about alternative pathways (Q13b).**

**(a) Negative sentiment**

Can be confusing, appointments changed or cancelled without any real communication

There's never any communication, especially when on a waiting list. You're never even told you're on a waiting list.

GOT TO CHASE IT UP.THEN YOU CAN'T GET THROUGH ON THE PHONE

Waiting time/referral time is lengthy and it can feel like you've been forgotten.

Unless an individual has access to a computer to read and keep up to date with info on the Practice website you would not know of these services. Other means of publicising these services is necessary.

There is not enough promotion about other services that can be accessed

My practice either has none of these services or does nothing to inform patients

there is not enough information about the direct services and the local service numbers to contact in our locality.

This week I was told a referral had not been submitted by a GP 7 months ago in error . The surgery failed to communicate with me twice this week as promised and I have little confidence in them now

**(b) Positive sentiment**

Confirmation of waitlist ensures you know that you will be seen

The information has been there and I am fortunate to live in a community where there are many local health agencies

The staff are overworked but very efficient

I didn't have to wait too long to be contacted

whilst waiting for therapy my GP SUPPORTED ME AND REALLY HELPED MY MINDSET

Usually quick service

**Question 14: Have you ever opted to use a private source of primary healthcare, such as a counsellor or physiotherapist? Please tell us why you opted to use private healthcare in this case.**

Of the 268 respondents answering this question, 55% said they had opted to use a private source of primary healthcare.

Of the 145 respondents giving a reason for using a private source of primary healthcare, the most important factor was the ability to get seen more quickly than on the NHS: more than half of the free text comments explicitly mentioned this (Table 7). Other reasons included quality and frequency of care, accessing a practitioner not available on the NHS, convenience, desperation (pain or distress), to prevent worsening of condition, and “not having to argue or justify why it matters”.

**Table 7. Selected free-text answers (14 out of 145 comments) about why respondent opted to use a private source of primary healthcare (Q14).**

**Reason for using a private source of primary healthcare**

Access to alternative to CBT

As I couldn't get help from my GP unfortunately

ability to be seen quicker and longer consultation times- more thorough treatment

Because it was a very long wait for a physio appointment (> 6months) and my broken ankle was causing me pain.

Accessed physio privately as wait was too long in NHS

Because the waiting list for mental health services meant I would be dead if I didn't

Because there really is NO help out there via NHS. waiting lists are way too long and can take up to 2yrs. Or services are just non existent. There is a huge mental health crisis happening right now and no resources to meet the need. Far too many suicides as a result

Could not really afford many sessions but felt i needed help quicker than the long and uncaring wait lists and doctor

Waiting the expected length of time would have not been good for my health

When I was working and could afford it, I attended a private psychologist for help with obsessive thinking. I have used private physiotherapy for help with joint problems relating to my Rheumatoid condition. The waiting times were so long and I desperately needed help.

Wait far too long for daughter. Huge impact on her quality of life so not prepared to wait

to actually access a professional and not having to argue or justify why it matters

**Table 7 continued.**

Regular client of private podiatrist - reason reliability and regularity of service given that I have peripheral neuropathy following surgery for carcinoma. Have also used private physio in the past following achilles heel rupture as NHS waiting list at that time was very long.

My employer paid for it. DO NOT use this option as a green flag for privatisation.

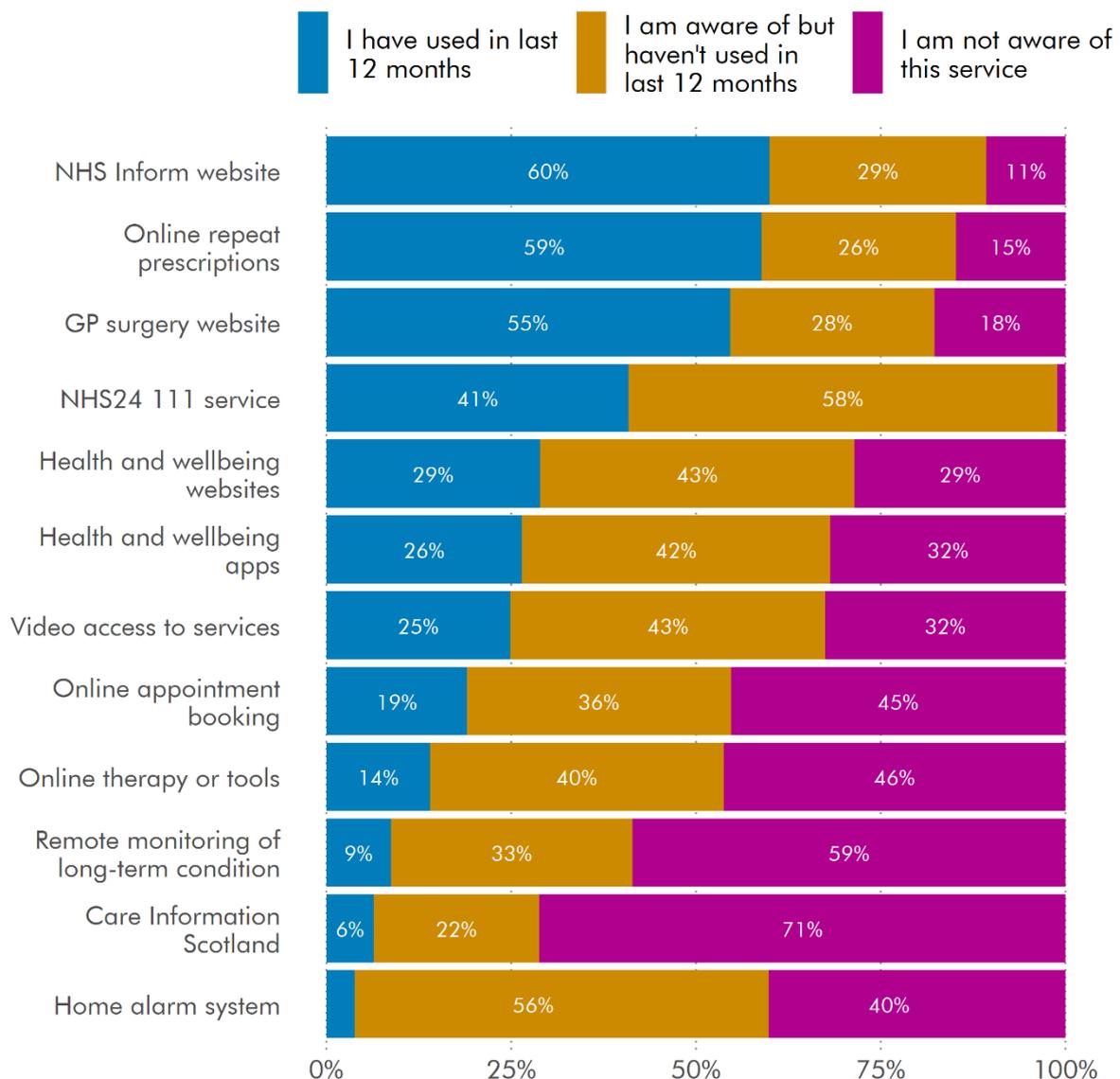
## Access to digital health and care

The final part of the survey asked about the respondent's awareness of and use of digital sources of health information and services.

### **Question 15: Have you or your household used or are you aware of the following services?**

Awareness was high for NHS24 (98%), NHS Inform (89%), online repeat prescriptions (84%) and GP surgery websites (80%) (Figure 11). Usage of these services in the last 12 months was 60% for NHS Inform, 41% for NHS24, and over 50% for online repeat prescriptions and GP surgery websites. Awareness was lower for the other listed services, and fewer than one third of respondents had used them.

**Figure 11. Q15: Have you or your household used or are you aware of the following services?**



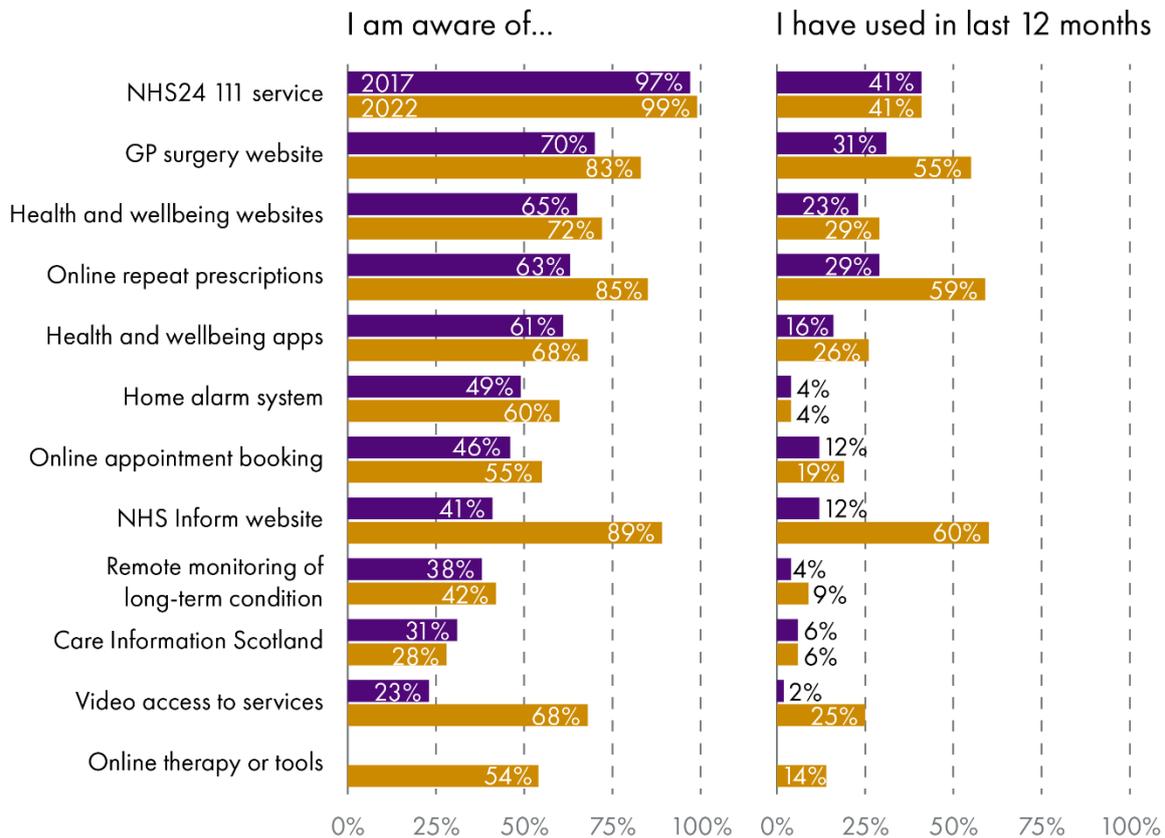
Note: Responses ranged from 261 to 271 for each item.

Question 15 was adapted from the [third survey of the Our Voice Citizen's Panel](#), conducted in 2017. Numbers of responses to each item ranged from 475 to 491. The responses were weighted to ensure the results were representative by age and gender. Results from the two surveys five years apart are compared in Figure 12: the comparison is presented for indicative purposes and should be treated with caution as the current survey data are less representative of the Scottish population.

The comparison shows that awareness of nearly all sources increased between 2017 and 2022 (except for Care Information Scotland). The biggest increases were seen for the NHS Inform website and for video access to services (such as appointments). Awareness of the NHS Inform website more than doubled, and use of NHS Inform was five times higher by 2022. Awareness of video access to services tripled, and use of these services increased by over 12 times between 2017 and

2022. Also compared with 2017, a much higher proportion of respondents in 2022 reported using their GP surgery website and getting repeat prescriptions online. It is highly likely that the COVID-19 pandemic will have made a substantial contribution to these large changes.

**Figure 12. Awareness and use of digital sources of health information and services: comparing 2017 and 2022.**



Note: 2017 data obtained from the [third survey of the Our Voice Citizen's Panel](#), from ≥475 respondents per item, and weighted to be representative of Scottish population. 2022 data from the current survey, from ≥261 respondents per item, unweighted. The option 'online therapy or tools' was not in the 2017 survey.