

**Health, Social Care and Sport Committee**  
**Alternative Pathways into Primary Care Inquiry – Engagement session**  
**Monday 7 March – 6.30pm – 7.30pm**

On Monday 7 March the Committee held an informal engagement session to hear the patient perspective and the lived experience of people who access primary care services as part of their inquiry into Alternative Pathways into Primary Care.

The people who attended were identified by the [ALLIANCE](#) and [Spring Social Prescribing](#)

Below is a summary of the key points raised during the discussion.

**Awareness of Alternative Pathways**

- Awareness seemed to vary depending on the GP practice.
- Participants from smaller rural communities had a better experience and were more aware of what was available in their area.
- Others mentioned that GP practices who worked in Clusters were better placed to be able to share resources.
- Most people who had accessed alternative pathways had done so via their GP practice in the first instance.
- Many people reported that there are posters and leaflets available within GP surgeries, but you will only see those when you are already there waiting for an appointment.
- GP receptionist are perceived as being a barrier. Some participants felt they are trying to keep them away from a GP and others felt they lacked knowledge of what alternatives are available.
- Waiting times were seen as a barrier once patients were referred on to alternative pathways. They felt abandoned.

**Signposting and self-referral**

- Similar to above there seemed to be better signposting and opportunities for self-referral in smaller communities but then there is often travel involved to access alternative pathways with services being out of town.
- One participant noted that after speaking to a GP receptionist she then gets a call back from the practice nurse who acts as a triage to signpost her on to the most appropriate professional. Often doesn't have to see a GP and feels that works well.
- Others reported a similar system with e-consultation working well. You complete the e-consultation and then receive a call back to be triaged.
- Additional support needs like autism aren't flagged when someone has to contact a GP receptionist and therefore the communication isn't appropriate for that person. They will rely on family support to access health care. Being offered things like telephone consultations are not appropriate.
- Waiting times were again flagged as a barrier with people feeling it was quicker and easier to see a GP than be placed on a waiting list to access alternative practitioners.

## **Social Prescribing**

- There were mixed opinions on social prescribing with some people saying it had worked really well for them and others being sceptical about it being a way for GPs to just dismiss you and pass you on to someone else.
- Awareness of what is available has to be better – There was limited awareness of ALISS and a feeling that there are services not listed on it that could help people.
- Some patients who had found community-based health support had done so themselves and felt that their GP surgery should've been aware of it and made the process easier.
- Others who had been referred to community support had found it to be ineffective with the people running it not fully aware of how to support people with certain health conditions.
- There was a feeling that many health professionals viewed social prescribing as less valuable than traditional health care.

## **Alternative sources of health information**

- There was knowledge of services like NHS inform and online repeat prescription services.
- Some patients had accessed information online after feeling they were not getting the support they needed through their GP.
- Digital exclusion and additional support needs were flagged as barriers to accessing health information online.

## **Other key points**

- Recruitment and training were mentioned as being key issues to ensure that these alternative pathways can be effective.
- The role of Link workers seemed to vary depending on where people lived with some patients raising concerns that they don't have a medical background and aren't fully aware of what is available.