



Response

Health, Social Care and Sport Committee Inquiry into Alternative Pathways to Healthcare

February 2021

For enquiries regarding this response please contact office@thecca.org.uk

Company Chemists' Association
Coppergate House
10 Whites Row
London
E1 7NF

| | |
|------------------------------------|---|
| Purpose of the paper | CCA response - Health, Social Care and Sport Committee Inquiry into Alternative Pathways to Healthcare |
| Business plan reference | |
| Resource implications | None – For info only |
| Risk assessment | Low |
| Decision or action required | None |
| Author | Caroline Wells |
| Date prepared | 16th February 2022 |

The full document can be found <https://yourviews.parliament.scot/health/alternativepathways/>

Background and Introduction

Primary care services provide the first point of contact in the healthcare system, acting as the ‘front door’ of the NHS. When a person seeks healthcare their first point of contact is usually with a general practitioner (a GP, or family doctor). This inquiry is focused on other sources of healthcare that exist in the community, termed ‘alternative’ pathways.” Alternative pathways to healthcare in the community include:

- seeing a different ‘health practitioner’ who works in the GP practice or in the local community, examples of which include, physiotherapist, nurses and 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 or volunteering
- Using telephone helplines or websites to access additional information or online therapy.

The Scottish Government’s vision for primary care is that teams of different health practitioners will work together to support people in the community and reduce pressure on GPs. The aim is to ensure that patients can:

- access the right professional

- at the right time
- as near to home as possible
- to deliver improved outcomes for patients

This inquiry aims to explore how alternative pathways are being accessed and used in primary care. It also seeks to identify key issues and opportunities for improvement.

1. 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?

Community Pharmacy doors remain open at times when other Healthcare professionals are closed. The launch of NHS Pharmacy First in the midst of the Covid pandemic with patients either accessing this via self-referral or following triage from another health care provider for treatment of common conditions. Pharmacists and the trained pharmacy personnel may then offer advice only, treatment or referral to another HCP.

Individual patient knowledge of services available at community pharmacy is often determined by their own previous experience or the experience of someone known to them. It looks like Pharmacy First service is more widely promoted via social media channels than any other. We welcome and encourage continued efforts to promote this valuable pathway.

It is often wrongly assumed that those working within healthcare are aware of services provided by other healthcare professionals

Room for improvement

- There needs to be an agreed set of standards with appropriate training for healthcare practitioners, including GP surgery receptionists, to fully understand the pathways across healthcare services into which they can refer and signpost patients. There are many instances where patients are signposted from GP surgery to community pharmacy and then signposted back due to a lack of understanding of the treatment pathways, inclusions and exclusions. We welcome the continued development of Pharmacy First to increase the scope of care able to be provided by community pharmacy
- The impact of resource challenges in healthcare practitioners other than GPs. Further work is required to communicate to patients the services which are available and how to access them across a variety of communication routes to

suit all skills, equipment available and ensure health equalities are met for all.

2. 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?

Communication, as in all walks of life varies from location to location.

GPs have full access to patient records, community pharmacists don't. Having access to national (not just local) Electronic Care Summary, Clinical Portal and the ability to not only read but write onto records would allow safe and fast communication with GPs and other registered HCPs. This would also support a patients continuity of care, whilst over time increasing the scope of conditions able to be managed by community pharmacy

As in Q1 here needs to be an agreed set of standards (digital standards for records and operational standards for people) with appropriate training for healthcare practitioners to fully understand the pathways across healthcare services into which they can refer and signpost patients.

3. 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?

Everyone seeking advice at a community pharmacy could be deemed to be a 'self referral'.

Communication on first port of call for advice or treatment could be more directed at those seeking help. Education regarding who the correct HCP to see must be more engaging. There is a real need to breakdown the barrier that often patients want or expect to see a GP while still promoting and encouraging patients to take control and responsibility for their own health needs.

Various options of self-referral must also be available to ensure the needs of the whole population are met. For some this may be by phone, in-person, online or even in the future via an app.

4. 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?

As representative body of almost 50% of community pharmacy contractors it would be inappropriate to comment on specific capacity of other HCPs although from a general awareness, we would understand that similar issues are experienced in other sectors.

We welcome the growing role of pharmacy through services such as Pharmacy First although success has not come without its challenges, the main one being workforce resources. As experts in medicines, it is essential that Pharmacists are supporting patients in their care, no matter the setting. The challenge the additional Pharmacist and Technician roles created within SG Vision for Primary Care is that all sectors are struggling to recruit into these roles – including community pharmacy. Current workforce planning, encompassing the whole of primary care, must be stepped up and any actions put in place.

5. What potential is there for greater use of alternative pathways to healthcare to ease current pressures on general practice? What are the potential limitations?

“Right person in the right place at the right time” is the key to ease of access

There is compelling evidence to suggest that community pharmacy is well placed to ease pressures on GP practice. Key drivers must be in place to facilitate this including:

- Clear signposting for patients to access the service they need from CP.
- Design, development and funding of services in community pharmacy
- Resource being available to deliver services
- National service provision to ensure services are available across Scotland ensuring health equalities.

From a multiple CCA perspective the inefficiencies and duplication of workload involved when each Health Boards has its unique SLA in place can act as a barrier to delivery and therefore further adds to inconsistencies to patient access to Local Negotiated Services across Scotland e.g. NHS Flu and NHS Naloxone Services, not all health boards offer the service to patients and those that do have their individual SLAs in place.

6. 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?

Ensuring resources are accessible, accurate and that information is up to date is key. Community pharmacists and their trained teams should also be able to prescribe or refer patients to social prescribing alternatives.

Patient and health professional education is key to this success, it can be much easier to prescribe a medication than take time to discuss social prescribing options with patients. All too often patients may see taking many medicines as a 'badge of honor'.

Social prescribing could support many patients to a quicker recovery and to remain well. Suggestions may include Local 'health walks' which have been set up across many council areas and kinship groups based in libraries and local halls. For these to work it is essential that contact details, times and places are kept up to date and accurate.

There is a need that Scottish government formally link CP into the social prescribing agenda at HSCPs, NHS Health Boards and national level.

7. 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?

For some patients, digital poverty is a barrier to accessing alternative sources of health and wellbeing information and advice - digital exclusion and digital poverty. It is important to recognise that some patients need support through purchasing data and/or hardware. Others need training/support to understand how to access new pathways.

All healthcare should be designed 'digital first' where clinical records and referrals are made electronically between providers using standardised messaging. However, patient pathways should ensure they account for different needs with digital routes being supplementary or a choice, allowing those with specific needs to access face-to-face care as required.

As an example, move to online GP consultations or the sending of for example a photo of a skin condition to a GP has particular challenges to many of the elderly, although for many patients and GPs this has been extremely well received. During the Covid pandemic more and more people have turned to the internet as a source of information and advice and even online GP services (private).

NHS Near Me has the potential to be a great consultation tool in community pharmacy but the lack of provision of equipment and often a lack of appropriate confidential space (consultation rooms are already in use for much of the day) to use this is in again serves as pitfall to use. Evidence from speaking to patients is that they often choose CP due to its accessibility, preferring face-to-face care. There are long standing challenges with CP contractors accessing NHS digital systems, which can often be overcome through early engagement with the appropriate individuals.

Once again, to support all of the above there must be an agreed set of protocols and standards to fully understand what is available where and when.