**Alternative Pathways to Primary Care in Scotland Consultation 21 Feb 2022**

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?*

Occupational therapists change people’s lives. But only 5% of GP practices have OTs and there are only 23 posts currently across Scotland (National Primary Care Occupational Therapy group December 2021). This needs to change and fast.

That’s why the Royal College of Occupational Therapy (RCOT) know there is great potential to increase awareness of alternative pathways such as occupational therapy. We want healthcare practitioners in primary care to value the life-changing power of occupational therapy.

To achieve this, we want to grow understanding and enhance the profile of occupational therapy, to help more people in primary care get different types of support they need.

RCOT and the Scottish Government can advocate and champion occupational therapy in primary care by sharing and celebrating the useful outcomes they help to achieve for people and society. RCOT is open to new opportunities to do this.

In primary care, there is greater awareness of well-known professions such as GPs and nurses and too often occupational therapists and other AHPs are forgotten about. This needs to change.

Ministers such as Kevin Stewart are helping. For example, on [16 Jan 2022](https://eu-west-1.protection.sophos.com/?d=scottishparliament.tv&u=aHR0cHM6Ly93d3cuc2NvdHRpc2hwYXJsaWFtZW50LnR2L21lZXRpbmcvc2NvdHRpc2gtZ292ZXJubWVudC1kZWJhdGUtbWVudGFsLWhlYWx0aC1hbmQtd2VsbGJlaW5nLWluLXByaW1hcnktY2FyZS1zZXJ2aWNlcy1qYW51YXJ5LTEyLTIwMjI_Y2xpcF9zdGFydD0xNDo1Nzo0NyZjbGlwX2VuZD0xNTowNTowNA==&i=NjA5MzllMmU0OTljZjI0ODM5M2UxYTcy&t=Mnp1NWY1eHVRQzZUNWRNUldYemduRHRKYitLT0tLWXdEWkp2cXFCczg0bz0=&h=91c73cac62124b749d9843fa8f280290), he spoke in Holyrood about mental health support in primary care. He made good mention of occupational therapy and gave the example of a patient talking about the difference that occupational therapy had made to them.

The impact of the pandemic, including patients facing Long COVID symptoms, has amplified the demand on primary care services. A GP working in NHS Lanarkshire said: “*Long COVID is now causing increased disability threatening people’s abilities to work and function… early upstream access to OT support in primary care has never been more needed*.”

RCOT is grateful for the opportunity to contribute to this inquiry and we will use the space in this question to provide a case study and some background information further detailing the work of occupational therapy.

Occupational Therapy Case Study

Our recent report, *Roots of recovery: Occupational therapy at the heart of health equity* included the following primary care example from North Wales. We think, it’s a model that could be rolled out widely in Scotland. https://www.rcot.co.uk/roots-recovery-occupational-therapy-heart-health-equity-2?

### Case study - Bwrdd Iechyd Prifysgol/Betsi Cadwaladr University Health Board

The COVID-19 pandemic exacerbated the impact of already existing health inequalities in North Wales. Between 2017 and 2020 Wales had one of the highest populations of people living in poverty, with associated higher levels of health inequalities.

The protracted lockdowns led to an increase in loneliness, isolation, substance misuse and domestic violence, particularly for those who were shielding. This resulted in an increase in the need for urgent mental health support in primary care, backed by evidence from various sources, including the Population Needs Assessment for North Wales which clearly indicates that the number of patients with mental health problems is increasing.

**Occupational Therapy Action**

Early in the first lockdown, the occupational therapy service in North Wales proactively acted to support primary care, reaching out to those who were shielding. This quickly grew into supporting individuals presenting at primary care with common mental health concerns.

From this, a co-production project developed, linking occupational therapy services with the I CAN programme – an established programme led by mental health services across North Wales offering drop-in community spaces, unlimited intensive employment support and volunteering opportunities, with an enhanced offer back to volunteers of support, supervision and reflective practice.

I CAN Primary Care was piloted with the occupational therapists completing assessments as an alternative to GPs, offering occupation-focused interventions and linking into local resources, including I CAN hubs. There were no restrictive eligibility criteria for access and the service was extremely responsive.

The I CAN programme offers easier, earlier access to prevent and mitigate health inequalities, practical help, and a focus on opportunities for people to get active again in their everyday lives.

**Outcomes**

An early evaluation of the programme demonstrated that:

* Occupational therapists offered self-management interventions in 76 per cent of cases, compared with five per cent offered by the GP.
* In 67 per cent of cases, GP appointment/s were avoided, either because an occupational therapist was able to complete the appointment or because follow-up appointments were not needed.
* In 26 per cent of cases, a referral to the community mental health team was avoided.

Over a five-month period, working one day per week in the project, the occupational therapists saw 386 patients. The projected average cost-saving per person who saw an occupational therapist was **£327.59**.

*“Whilst this has of course assisted in relieving the GP workload, [the occupational therapists] have given care GPs could not have provided. They have had support from our clinical team where necessary, and we have all benefitted from case discussions and reviews. However, their contribution has been very significant, particularly where they have enabled patients to manage anxiety and avoid medicalising it or indeed avoided medication, by using strategies I as a GP could not offer.”* GP

*“I was a mess. Thanks to her [the occupational therapist], my life is back on track*.” Patient

**Occupational Therapy – elevating the quality of life for all**

Occupational therapy helps you live your best life at home, at work – and everywhere else. It’s about being able to do the things you need, want and have to do. That could mean helping you overcome challenges playing sport, learning at school, going to work or simply doing the dishes.

Occupational therapists see beyond diagnoses and limitations to hopes and aspirations. They look at relationships between the activities you do every day – your occupations – alongside the challenges you’re facing and your environment to recommend adjustments. These are practical, realistic and *personal to you*, to help *you* achieve the breakthroughs *you* need to elevate *your* everyday life.

**Building on our heritage and continuing to support members**

At the Royal College of Occupational Therapists, we’ve championed the profession and the people behind it for over 80 years; and today, we are thriving with over 35,000 members. Then and now, we’re here to help achieve life-changing breakthroughs for our members, for the people they support and for society as a whole.

We support and enable members to learn, research, teach, practice and continuously improve their knowledge and skills.

We also work with healthcare commissioners, political leaders and others throughout society to position occupational therapy as a solution at the heart of health and social care.

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1. *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?*

RCOT believes there are opportunities to improve signposting people to occupational therapy in primary care. Improving care navigation will ensure the right people see occupational therapists quickly, without the need for time consuming referrals.

People, families and carers need to be able to access occupational therapists directly. Occupational therapists can work safely with people who have complex, urgent needs both physically and mentally. They know when they can help someone and when people need help from another team member or service.

RCOT and the Scottish Government need to encourage an “all practice” approach so all members of the primary care team can facilitate the best care navigation.

Spending time and resources to get this right is important. Improvements must include all the ways people contact their GP surgery such as walk in requests, telephone calls, emails and online booking systems.

RCOT are aware of proposed upcoming changes to legislation about who can sign the GP Fit Note. As this is opened to a wider group of primary care professionals, we will need to help people quickly access occupational therapy. This will stop their health and work problems escalating, at worst resulting in job loss. RCOT are keen to work with the Scottish Government to ensure this policy ambition creates real change.

1. *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?*

RCOT feels that the public’s level of awareness for self-referring to primary care occupational therapy can improve. There is currently some self-referral into occupational therapy services.

Improving this will involve a move away from a fundamentally medical model of care to one which promotes person-focused care. This means that people will be seen as the expert in their own health and their own life. It also means more shared decision making with people who use services – working equally across health, social care and the third sector to support this.

By increasing the public’s awareness of occupational therapy in primary care, we can empower people to manage their own health and independence. Occupational therapists will give people the tools and strategies to enable them to live independently.

The National Occupational Therapy Primary Care group has produced resources for the public. This will be submitted as supplementary evidence to this response.). We would like to see this endorsed and promoted widely by the Scottish Government.

1. *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?*

RCOT believes that workforce transformation will involve a shift away from hospital occupational therapy provision to primary care provision. Early intervention is important to make the best difference in people lives. We would like to work with the Scottish Government and system partners to support change.

Funding to pump prime occupational roles in primary care has been vital. In addition, the greatest successes have been achieved where GPs and system partners consider and plan together the best way to utilise the occupational therapy workforce in that local area.

Occupational therapists have the appetite to deliver a new model of primary care. RCOT members have a unique skillset offering support to people with physical and mental illnesses, and already work across areas of housing, technology enabled care, mental health, community rehabilitation and person-centred care.

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

RCOT know there is great potential to expand access to occupational therapy through GP practices to ease pressures on primary care.

For example, many occupational therapists come into primary care with an excellent knowledge of local and secondary care services.

Supporting occupational therapists to integrate into localities so they can maintain close links and agreements is where the greatest impact can lie. These services could include intermediate care, secondary care mental health services and core rehabilitation services.

Greater use of alternative pathways will also be driven by ensuring new team members have an appropriate induction to embed into the primary care team. This should include inviting occupational therapists to practice meetings and training. Where this does not happen, it makes it harder to establish and use the new service.

In addition, ensuring support and supervision with job plans that reflects adequate time for Continuing Professional Development is important. Without it, we run the risk of occupational therapists leaving primary care before there has been a chance to get established.

Our medical and nursing colleagues have been in primary care for many years. During workforce transition for newer roles, support, supervision, and development opportunities will help create sustainable change.

The National Occupational Therapy Primary Care group runs regular development and support meetings to drive positive change, led by Aileen Fyfe. A summary of this has also been provided in the supplementary evidence. We would like to work with the Scottish Government to establish regular funding to expand this growing network as they are key to establishing transformation.

1. *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?*

RCOT think there is scope for greater use of social prescribing in primary care. Its profile is expanding with recognition that people’s health is affected by more than medical needs. Social, economic, and environmental factors also play an important part.

While occupational therapists are not social prescribers, the skills and expertise of our members can enhance social prescribing services. Because of the link between us, RCOT contributed to a debate on social prescribing in the [Scottish Parliament](https://www.scottishparliament.tv/meeting/debate-report-on-social-prescribing-february-18-2020)

1. 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?

No Answer