Consultation response

British Medical Association consultation: Developing general practice, listening to patients

May 2009

All rights reserved. Third parties may only reproduce this paper or parts of it for academic, educational or research purposes or where the prior consent of Age Concern England and Help the Aged has been obtained for influencing or developing policy and practice.

Andrew Harrop and Charlotte Potter
Email: charlotte.potter@helptheaged.org.uk

Age Concern England and Help the Aged are joining together to form a single new charity dedicated to improving the lives of older people.
The British Medical Association (BMA) has launched a nationwide consultation encouraging GPs to talk to their patients about services and reflect on innovations and barriers to improvement.

The BMA is inviting patient groups to outline how they would like to see general practice develop over the coming years.
Key points and recommendations

For many older people, access to the GP is the most important aspect of their healthcare. The GP represents a friendly face, access to essential clinical advice and very often a gateway to other services and support.

Given that the number of people with and the number per person of long term conditions rise with age, the GP plays a number of essential roles in an ageing population. In summary they are:

- GPs providing good clinical advice and support:
  - Age-based clinical decision-making must be eradicated.
  - GPs must also offer a holistic package of care according to individual needs. Very often this will not be about curing ill-health but supporting an older patient to maintain a quality of life as they manage multiple chronic conditions.

- GPs commissioning a wide range of care and support services:
  - Current availability of many services which support older people to maintain health, independence and quality of life is patchy. Footcare and incontinence services are just two examples. GPs as commissioners could play an important role in ensuring adequate availability of such services in a local area.

- GPs and patients as partners in healthcare:
  - GPs should not see their role simply in terms of delivering health care but also as enablers of health, working with and supporting individuals to adopt healthier behaviours.
  - Patients will understand the nuances of their own health conditions best. GPs must work collaboratively with patients to manage long term conditions in the most effective ways which suit individuals.

- GPs combating health inequalities:
  - The social determinants of health are well known. GPs have an important role in signposting individuals towards advice on issues such as accessing benefits. They may also act as powerful advocates for improvements to or in the local community which encourage individuals to be more active.

GP services must be arranged in ways which meets the needs and preferences of older people, as their main user group. In terms of access, older people’s priorities are:

- To be able to see the GP that they know and trust
- To have an appointment (at a time) that is convenient to them
- To be seen at home when it is difficult to get to the surgery
Unfortunately older people have mixed experiences of these needs being met. Residents of care homes are particularly disadvantaged. Too often they are forced to change their GP, accept care which doesn’t meet their high level of need and or indirectly pay for a service which should be free on the NHS. Practice in care homes must be urgently reviewed, with a particular emphasis on GP remuneration.

There are a number of practical steps which GPs can take to improve access in terms of location, building, reception staff and written information.

Any moves to move more services such as booking appointments online must ensure that those without internet access are not disadvantaged. In addition, GPs should avoid using 084 numbers.

GPs must also involve older people from the local area in the design of services and buildings.
1. The role of GPs in an ageing population

For the majority of older people by far the most important aspect of health care is their GP. Not only are GPs their primary point of contact within the NHS, they also represent the ‘friendly’ and familiar face of the health service.

Given the fundamental importance of the GP to older people we outline four different aspects of the role of a GP in supporting the health and care of an ageing population.

a) GPs providing good clinical advice and support

Older people are more likely to suffer from complex co-morbidities. From conditions prevalent in all age groups, such as depression to those more common in later life, such as arthritis or incontinence, GPs must offer appropriate diagnosis and treat an individual or refer appropriately whether it is a question of offering a cure or, more likely, enabling individuals to manage long term conditions and improve their quality of life. Investigations must be thorough and should never dismiss ill-health as “old age”.

Unfortunately we know that older people’s genuine health concerns are all too often ignored, leading to people living for prolonged periods with treatable conditions such as incontinence or in the worst cases misdiagnosis.

‘My mother visited her GP for years complaining of back pain. He never examined her – just told her it was “old age”. When she moved to Hampshire, her new GP sent her for a scan and found she had a tumour the size of a football in her back which could have killed her.”

Such age discrimination must be challenged head on. It is striking that 85 per cent of respondents to a BMA survey reported being concerned or very concerned about healthcare services for older patients1.

For many older people however, the GP’s role is not about cure but about helping them to have the highest quality of life possible until death. Given that over a third of people aged 75 and over take four or more prescribed drugs2, with associated risks of falling or confusion, GP’s should frequently review use of medications. They should also cooperate closely with other care professionals, whether in a care home or otherwise, to ensure that risks such as emergency hospital admissions are anticipated and support packages are in place prevent them from occurring.

For many older people approaching the end of life, the role of the GP cannot be underestimated. Last year’s end of life care strategy identified that GPs “may be key in the trigger discussion at the start of the [end of life] pathway and with ongoing continuity of care”. Given that many older people never get access to specialist palliative care services, GP’s represent a key source of support. GPs

---

1 BMA (2008) “Survey of members views of care of the elderly”
2 Source: Social Care Institute for Excellence
were identified as among those with the greatest training needs where minimum level of skills and knowledge should include “communication skills, assessment, advanced care planning and symptom management as they relate to end of life care”\(^3\). GPs should ensure they are well-positioned to ensure they can deliver the level of care outlined in the end of life care strategy.

b) GPs commissioning a wide range of care and support services

As GPs are increasingly expected to be commissioners of services we would expect them to play an important role in ensuring the availability of a spectrum of services valued by and necessary for older people to maintain quality of life right up until the end of life. Currently there is a postcode lottery for many of these services. For example:

- Nearly 1/3 older people are unable to cut their own toenails, severely impacting on their ability to remain active and mobile. Yet only 35% receive footcare on the NHS while the majority (58%) have to pay to go privately\(^4\).
- Despite the inclusion of a milestone within the National Service Framework for Older People that all local health and social care systems should have established an integrated continence service by April 2004, in 2005 only 38 per cent of primary care sites offered this service\(^5\).

GPs should have a role in securing adequate provision of community based services that can make a fundamental difference to older individuals’ ability to maintain health, independence and quality of life. This can range from healthcare workers, including community nurses, physiotherapists, chiropodists and dieticians to wider health and support initiatives such as peer support groups or walking clubs.

c) GPs and patients as partners in healthcare

As important as GPs are, they cannot do everything. The responsibility for health must be split between the GP and the patient. This is as true in later life as it is at any age.

Older people are open to taking charge of their health and making improvements. Respondents to a survey\(^6\) suggested that mobility and management of chronic diseases such as heart disease and diabetes were aspects of health they would like to improve. Improving lifestyle through diet and exercise was also raised by a large minority. The same survey reported that older people trust their GP as a source of information and that they are influenced by GP advice. We can therefore draw two conclusions.

Firstly, GPs should not see their role simply in terms of delivering health care but also as enablers of health. Older people will respond to advice on healthy

---

\(^3\) Department of Health (2008), *End of life care strategy*

\(^4\) Age Concern (2008), *Primary Concerns*

\(^5\) National Audit of Continence Care

\(^6\) Research into Ageing (2005)
eating, physical activity or falls prevention for example and GPs have a key role in encouraging individuals to adopt behaviours which both improve health and prevent ill-health.

Secondly, while a GP will be very familiar with the textbook diagnosis and treatment for a condition, an individual will understand the unique circumstances of their own ill health. As we move towards increasing incidence of chronic disease, GPs and patients must work collaboratively to manage long term conditions in the most effective ways which suit individuals.

d) GPs combating health inequalities

Of course the GP’s primary focus must be on provision of health advice and interventions. However, it is well-known that many of the determinants of health lie beyond the reach of healthcare services. The so-called social determinants of health include healthy environments, decent employment and education.

GPs should be aware of the social determinants of health and how their practice can contribute to reducing health disadvantage:

- They do not need to be experts in the benefits system but they should have an awareness of potential entitlements and links to advice agencies to which they can refer patients. There are existing examples of good co-operative working in this area in the report Just What the Doctor ordered: Welfare Benefits advice and healthcare.

- Worklessness is a major risk factor for social disadvantage. Older workers who are absent from work for health reasons for even a relatively short time risk never working again. Active treatment with rehabilitation in mind can reduce the risk of social – and, in the longer term, health - disadvantage.

- GPs are in a good position to see the effects of environmental deprivation on health and quality of life. They should use this latent knowledge to argue for change locally. This might include calling for more leisure and community opportunities for older people to combat social isolation or addressing poor quality public spaces such as broken pavements, lack of benches or public toilets - those things which act as barriers to older members of the local community remaining active.

2. Ensuring access for older people

As the main users of many community health and social care services, older people visit their GP more frequently than other adults. In any two week period 22% of people aged 65 and over visit their GP. It is therefore important that the organisation of GP services primarily meets the needs of the older people who use them, rather than meeting organisational or professional concerns.

---

7 World Health Organisation (2008), Closing the gap in a generation: Health equity through action on the social determinants of health
8 Age Concern England (2008), Just What the Doctor ordered: welfare benefits advice and healthcare
9 Age Concern and Help the Aged (2008) Primary Concerns: Older people’s access to primary care
We recently asked groups of older people their preferences for healthcare services\textsuperscript{10}. Their priorities were:

- **To be able to see the GP that they know and trust:** Older people place a significant value on continuity of care – the ability to make appointments to see one trusted individual who knows and understands a patient’s history. Current Government policy prioritises improving patient choice however when it comes to GP services, older people should not be expected to shop around for healthcare. As PCTs reconfigure GP services, they must make every effort to preserve existing relationships with GPs.

- **To have an appointment (at a time) that is convenient to them:** Our research has shown that the majority of older people report finding it easy to make their appointment with the GP, however more than one in seven (16\%) had experienced some difficulty\textsuperscript{11}.

- **To be seen at home when it is difficult to get to the surgery:** many older people suffer mobility problems or have caring responsibilities which restrict their ability to leave the house. Our research has shown that one in ten of those who had arranged a home visit with the GP had found it difficult to do so\textsuperscript{12}. Older people must be able to receive home visits.

**Care home residents**

There is a pressing need to improve care homes residents’ experience of GP services. The ready availability of GPs to residents of care homes is very variable. Some practices are reluctant to register residents, or they insist that residents must all have the same GP and are not permitted to carry over their existing registration with a GP. This means that continuity of care can be very poor. In addition, many homes have established retainer contracts with practices to encourage provision. We have heard that some GP practices charge up to £15,000 per year for their services. It is not uncommon for these additional costs to be charged back to residents in their fees, thus denying them the right to free NHS healthcare.

We need to look urgently at how GPs are remunerated for their services to care homes. It should be the responsibility of a PCT to ensure that all individuals in an area receive their entitlement to be registered with a GP of their choice and that this service is provided free to the patient.

**Practical considerations in improving access to GPs**

In addition to the general expectations and preferences that older people have in relation to GP care, there are many practical steps which GPs could take to better enable access. Factors that GPs should consider include:

**Location**

- Proximity to bus route or engage with local transport providers to enable a range of transport options.

\textsuperscript{10} Research carried out by Ipsos Mori, 2009 to be published later this year
\textsuperscript{11} Age Concern (2008), *Primary Concerns: Older people’s access to primary care*
\textsuperscript{12} Age Concern (2008), *Primary Concerns: Older people’s access to primary care*
- Nearby parking with designated spaces for disabled patients
- Availability of a phone in the surgery so that patients can call a taxi when they are ready to leave

**Building**
- Doors which are easy to open and wide enough for wheelchair access
- Ramps in place of steps
- If there is an entryphone, ensure instructions are clearly marked, and there are alternative arrangements for people with physical impairments
- Plenty of seating in the waiting area
- Accessible toilet which is clearly signed with a wash basin and bin.

**Welcome**
- Reception staff who are cheerful, friendly, kind (but not patronising), helpful and flexible
- Staff who have sufficient time to be patient with those who cannot hear well or who need things explaining more than once
- Privacy in the reception area to avoid personal matters being overheard

**Written information**
- Information printed on standard-weight paper so that older people can easily hold and turn the pages
- Offering information which is specifically tailored to the needs of older people (such as age Concern and Help the Aged leaflets)
- Printed information in text size of at least font 12, so it can be read comfortably by older people without spectacles
- Text broken up into small chunks, using bullet points and illustrations
- The offer of alternative formats for the visually impaired – large print versions or information on tape

**IT**
- Only 30% of people aged 65 and over have ever used the internet\(^\text{13}\). Any moves to increase opportunities to make online bookings should ensure that those without internet access are not disadvantaged and are still able to access the same range of appointments.
- GPs should avoid using 084 numbers. Older people do not like the additional functions offered by such numbers especially if it means being held in a queue and they much prefer to speak to another person to make their appointment or resolve their query than to use a push-button choice of options. In addition, the cost of such numbers can act as a barrier.

\(^{13}\) Internet Access 2008 Households and Individuals, ONS, August 2008
Involving older people

- As a key patient group, GPs must involve local older people as much as possible when designing services or buildings, either through specific focus groups or through ongoing relationships with service users.