



**AGE**  
*Concern*

# Primary concerns

Older people's access to primary care

Policy Unit – Age Concern England



# About Age Concern

Age Concern England (ACE) is a national voluntary organisation aiming to improve the opportunities and quality of life of people over 50. We work through campaigning, public policy development, research, information provision, publishing, training, grant-making and international and European work. ACE is part of Age Concern, the UK's largest federation of organisations working with and for older people. There are over 350 local Age Concerns in England and independent national Age Concerns in Scotland, Wales and Northern Ireland. Age Concern provides vital services and information locally throughout the country. Every day we are in touch with thousands of older people, enabling them to make more of life.

The Policy Unit develops the charity's public policy on ageing and older people, and influences Government and other policy makers through research, responding to consultations, working in partnership, and holding policy events.

© Age Concern England, London. All rights reserved. No part of this publication may be reproduced, transmitted or stored in a retrieval system or any form or by any means, without permission in writing from Age Concern England.



# Contents

Introduction	4
Quantitative research methodology	4
Summary and recommendations	5
Access to primary care	8
Making an appointment	9
Time with the doctor or nurse	10
Home visits	11
Access to dental care	12
Seeing a dentist	13
Access to foot care	15
Getting foot care – and paying for it	16
Conclusion	18
References	19

# Introduction

'Improving services for older people should be a priority for the NHS.'

Alan Johnson, Secretary of State for Health, 2008

Older people are the main adult users of most NHS services and their day to day experience of the NHS is with primary care and community services – with their GP, pharmacist, chiropodist, dentist and community or practice nurse. The sad truth is that these services sometimes let older people down. A review of progress with implementation of the National Service Framework for Older People<sup>1</sup> found that gaps in services can affect older people disproportionately, particularly if they have low incomes. These included transport, chiropody and dental services.

Yet most of the current and planned reforms of those health services have not explicitly recognised the fact that older people are the main users of services and will be the group chiefly affected by any reforms. Unless this is recognised, there is a significant risk that changes will be made which will not tackle the problems that some older people face in accessing health services in their local areas.

As part of the NHS Next Stage Review, the Department of Health has published a vision and strategy for primary and community care which aims to ensure that high quality care is a consistent part of everyone's experience<sup>2</sup>. To succeed, the implementation of this strategy will need to pay attention to the issues highlighted in this report and ensure that older people have access to the services they need to stay as healthy and independent as possible.

Recent reports on access to<sup>3</sup> and experience<sup>4</sup> of GP and dental services have confirmed some of the improvements which have been made and the outstanding problems. This report injects the voices of older people into the debate about reform of primary and community care. It outlines findings from research commissioned by Age Concern in order to inform both national health policy and local NHS commissioners and service providers. The research gathered evidence of older people's experiences of the services they use most often and those where access is known to be a problem. Our recommendations for action draw on these experiences.

## Quantitative research methodology

Age Concern England commissioned BMRB to carry out the research. Data were collected via an omnibus survey of a representative sample of 1,097 older people (aged 65 or over) in England. Fieldwork was conducted in the form of face to face interviews in respondents' own homes using CAPI laptop computers, over three weeks from 3 to 23 April 2008.

# Summary and recommendations

## Access to primary care

Older people visit their GP practice more often than younger people and most consider their GP to be the most important person in their healthcare. Almost all older people in the survey felt that they had sufficient time to discuss everything they wanted to with their GP or practice nurse, but more than one in seven experienced some difficulty in making an appointment when they wanted it. Arranging a home visit had presented problems for more than one in ten of those who needed this service, and some people were unaware that they could even request a home visit.

### Recommendations

**Primary Care Trusts** and **GP practices** should ensure that all appointment systems allow people to book ahead if they wish to and are organised to meet the needs of their population rather than simply to achieve 'targets'.

In planning improvements in access to primary care, **Primary Care Trusts** and **GP practices** need to consider how to deliver not only 'care closer to home' but sometimes 'care at home' as well. They should take into account social circumstances such as caring responsibilities, as well as medical conditions, in determining the need for home visits.

## Access to dental care

Good oral health is essential to older people's overall health and well-being and older people's dental care needs are changing. Yet only just over half of the older people surveyed had an NHS dentist and there were significant regional variations in access. In addition to problems in finding a dentist, the survey showed that some older people were not aware of the importance of regular dental care.

### Recommendations

The **Department of Health** should:

- develop a set of outcome indicators for older people's oral health
- assess the impact of charges for dental services on health inequalities and consider the reduction and elimination of charges
- develop a workforce strategy to ensure that the oral health needs of older people can be met.

**Primary Care Trusts** should:

- make clear commitments to their populations on the action they will take to ensure that anyone who wishes to receive NHS dental treatment can do so within reasonable travelling distance
- target older people with information and advice on maintaining good oral health.

## Access to foot care

In spite of the importance of good foot health to health and well-being, NHS-funded foot care services have been severely cut back over a number of years. This has disproportionately affected older people who have a greater need for foot care services. Over a third of the older people surveyed needed foot care services but the majority did not have an NHS service. There were very significant regional variations in access to NHS foot care services. Most older people who need foot care are paying for it privately and some people are unable to access a service at all.

### Recommendations

As part of the **Department of Health's** prevention package for older people, the government should make a clear commitment that the NHS will commission sufficient foot care services, free at the point of use, for all older people who need them. It should set out a timescale for achieving this.

The **Department of Health** should require Strategic Health Authorities to drive up access to NHS-funded foot care services and eliminate unwarranted geographical variations in access.

**Primary Care Trusts** and **Practice Based Commissioners** should plan to increase expenditure on foot care as part of the shift to a preventative NHS. They should work with local authorities and their own populations to undertake an assessment of foot health needs, including toe-nail cutting. They should then commission services creatively from a range of providers to meet the assessed level of need.

# Access to primary care

‘Surely the doctor is there for my benefit, not the other way around. If I am ill and unable to leave home, why on earth can I not see a doctor?’

What older people want from community health and social care services, Age Concern

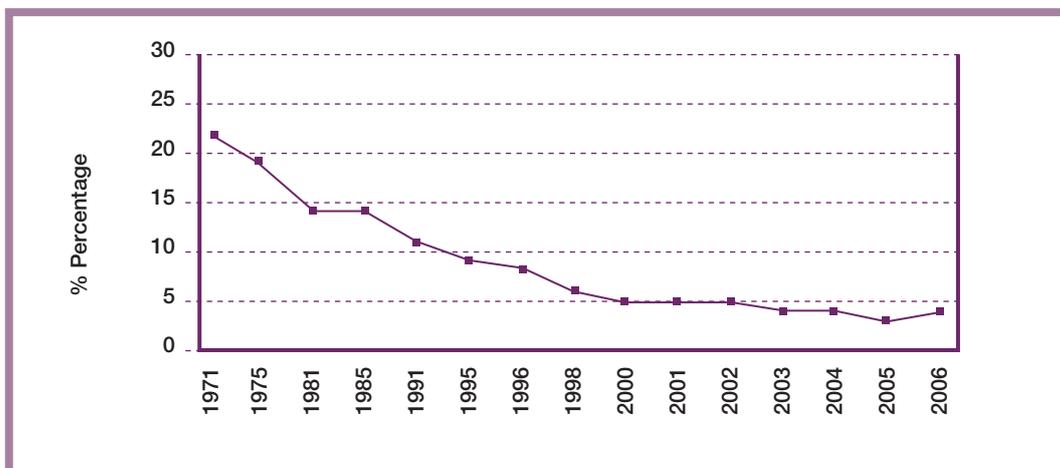
Improving access to primary care has been one of the key targets set for the NHS by the Department of Health. By April 2008 people were to be guaranteed access to a primary care professional within 24 hours and access to a primary care doctor within 48 hours. More recently the Government’s emphasis on improving access to primary care has focused in particular on increasing the opening hours of GP practices, especially in the evenings and at weekends, to improve access for the working population. There have been concerns that some of the systems introduced to meet these targets have prevented people from booking appointments ahead, even when they were prepared to wait to see a specific doctor.

Older people use the services of their GP practices more often than younger adults. People aged 65 and over visit their GP on average seven times a year<sup>5</sup>. This compares with an average of four visits a year by younger adults. In any two week period more than one in five older people visit their GP.

Over the past 30 years there have been significant changes in the way that people access their GPs. The percentage of consultations undertaken as home visits fell from 22% in 1971 to 4% in 2006. Older people have been the group mainly affected by this change as they are most likely to need a home visit. They are still the group most likely to receive a home visit – even by 2006, 15% of GP consultations for people aged 75 and over were undertaken as home visits.

Although Department of Health policy has emphasised the importance of ‘care closer to home’, less attention has been paid in policy to the requirement for care in the home for those who need it.

## Percentage of GP consultations undertaken as home visits, by year



Source: Office for National Statistics, General Household Survey 2006, © Crown Copyright 2007

Previous research conducted for Age Concern with groups of potentially excluded older people<sup>6</sup> showed that the majority considered their GP to be the most important person in their health care. Not only were GPs considered to be the main point of contact with the NHS but they also represented the 'friendly' and familiar face of the service. Older people with mobility problems and those who were caring for others emphasised the importance of home visits, as it was hard for them to get to and from appointments at their GP practice, especially if they were reliant on others or on taxis for transport.

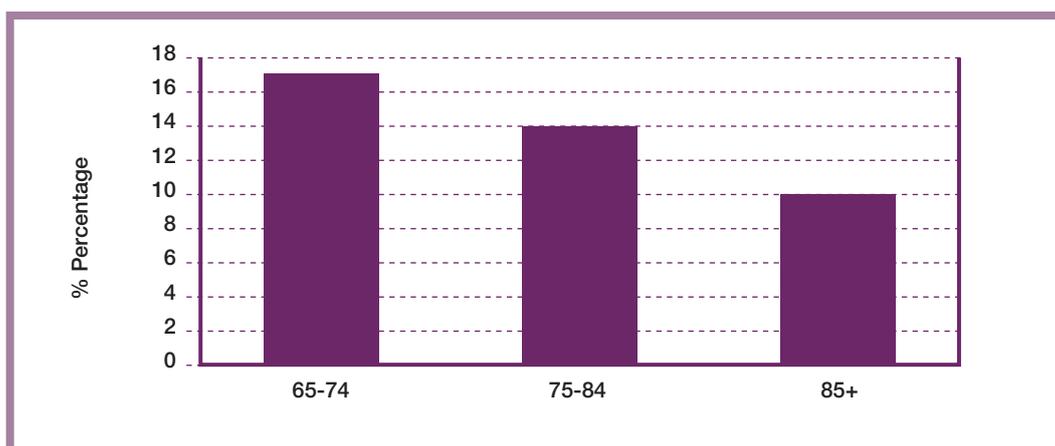
It has also been shown that people value the continuity of relationship with their GP, especially if they are in poorer health or need help with problems that have a great impact on their lives. As people get older and/or become more ill and feel more vulnerable, they place more importance on continuity of care and will wait to see someone they know and trust<sup>7</sup>. In short it is easier to talk to someone you know – and who knows you – about important problems in your life.

Our research examined older people's experiences of access to primary care, their views on the amount of time they had with their GP or practice nurse and their experiences of requesting a home visit.

## Making an appointment

We asked older people how easy or difficult they had found it in the last six months to make an appointment when they wanted to see a GP or practice nurse. Although the majority had found it easy to make their appointment, more than one in seven (16%) had experienced some difficulty.

### Percentage of people who experienced difficulty in making an appointment with a GP or practice nurse, by age



In view of the importance for older people of the relationship with their GP, there is clearly further work to be done to remove barriers to making appointments that are convenient for patients.

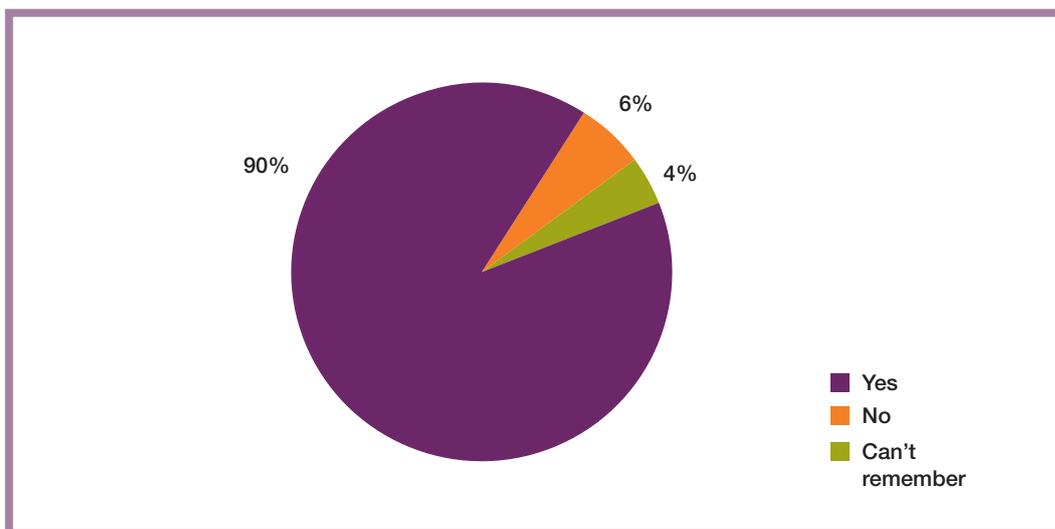
## Recommendation

**Primary Care Trusts** and **GP practices** should ensure that all appointment systems allow people to book ahead if they wish to and are organised to meet the needs of their population rather than simply to achieve 'targets'.

## Time with the doctor or nurse

Time spent with a GP or practice nurse is important for older people, in particular those with complex needs. We asked older people whether, in their most recent visit to their GP practice, they had been given enough time during the appointment to discuss everything they needed to. The overwhelming majority reported that they had had enough time.

**Did you have enough time during your appointment to discuss everything you needed to?**



It is welcome to note that the length of appointments enables most older people to raise all of their concerns with their GP or practice nurse.

## Home visits

We asked older people about their experiences of trying to arrange a home visit in the last year for themselves or for someone else. A quarter of respondents had arranged a home visit. Of these, more than one in ten had found this difficult to do (ie three per cent of the total). Another three percent of older people who had not arranged a home visit said that they had not been aware that they could ask for one.

### Recommendation

In planning improvements in access to primary care, **Primary Care Trusts** and **GP practices** need to consider how to deliver not only 'care closer to home' but sometimes 'care at home' as well. They should take into account social circumstances such as caring responsibilities, as well as medical conditions, in determining the need for home visits.

# Access to dental care

‘Many older people experienced difficulties in finding an NHS dentist, particularly in rural areas, meaning that opportunities for preventive dental healthcare and treatment were not available.’

Living well in later life, Audit Commission, Commission for Social Care Inspection and Healthcare Commission

Almost 10 years ago Tony Blair made a promise that everyone would have easy access to an NHS dentist in the following two years. There was a commitment that people would be able to call NHS Direct to find an NHS dentist within convenient travelling distance.

Negotiations on a new contract for NHS dentists were protracted. The contract was finally introduced in April 2006 with a key aim of improving access to NHS dental services. At the same time the responsibility for commissioning dental services was devolved to Primary Care Trusts. In spite of these commitments and changes there is no evidence that access to NHS dental care has improved. In 2008 the House of Commons Health Committee’s Inquiry into dental services concluded that the Department of Health’s original goal of improving patient access to dental services from April 2006 has not been realised and that various measurements of access show a situation which is deteriorating<sup>8</sup>. The Committee also found evidence that people are not receiving the complex treatment they require within the NHS.

Good oral health is essential to the overall health and well-being of older people. Oral health makes a key contribution to enabling people to eat a healthy diet, enjoy their food, and speak and socialise without embarrassment.

At the same time the nature of older people’s oral health needs is changing. The generations of people who had all their teeth taken out at a relatively young age are giving way to people who have retained their own teeth, which are likely to require high levels of maintenance. It has been estimated that by 2025 there will still be 20% of older people who have no natural teeth but that up to half of all older people will have retained 21 or more natural teeth<sup>9</sup>. Dental services will be required to meet this range of need.

Surprisingly, older people use dental services less than younger people. Among older people there are inequalities too, with older people from deprived areas showing higher rates of total tooth loss. Some of the reasons why older people do not access dental services include mobility problems, illness, inconvenience, and the cost – or fear of the cost – of paying for dental treatment.

The Department of Health has described a future vision for the NHS based on the core principles of a service that is universal, comprehensive and free at the point of use<sup>10</sup>. None of these currently applies to NHS dental services. There has been no attempt to explain the logic behind the continued levying of dental charges – other than a statement that they have now been in existence for a long time.

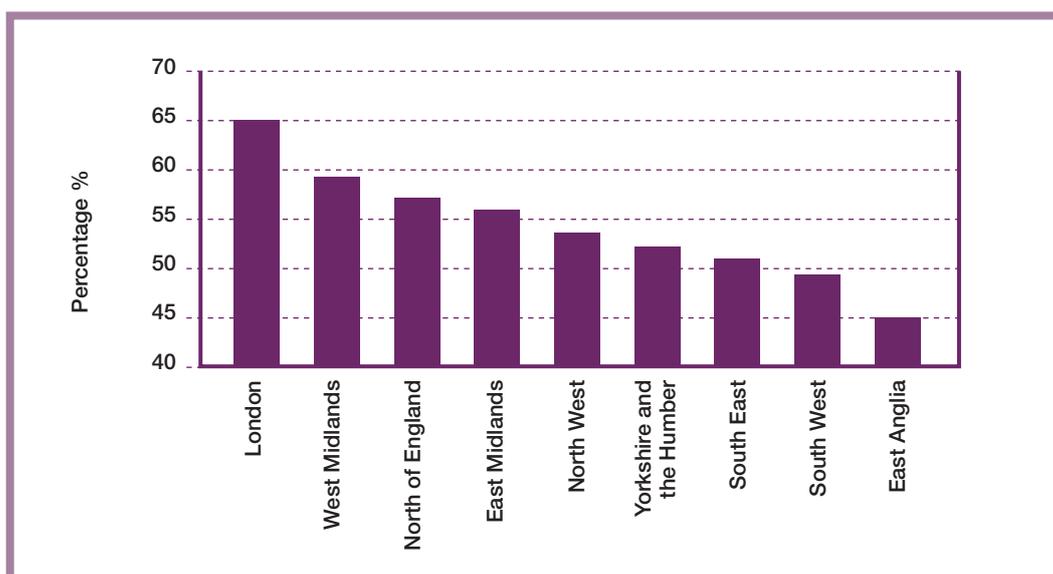
Although older people on low incomes are entitled to free treatment or help with costs, the system to claim this benefit is very complex. The scarcity of NHS dentists in some parts of the country also means that this entitlement is worthless to some.

## Seeing a dentist

We asked older people whether they were registered with an NHS dentist\* and examined geographical variation in responses. For those who were not registered, we asked why not.

Just over half of the respondents said that they were registered with an NHS dentist. This declined with age. There were some significant regional variations, ranging from 65% of older people in London reporting that they had an NHS dentist to 45% of those in East Anglia.

### Percentage of people aged 65 and over who said they are registered with an NHS dentist, by region



The key reasons for not being registered with an NHS dentist were:

- do not want to be registered with a dentist (10%)
- prefer private dental care (8%)
- unable to find an NHS dentist (8%)
- dentists in area not taking on NHS patients (7%)
- have not looked for an NHS dentist (6%)
- former NHS dentist has changed to private practice (2%)
- have dentures or have had all teeth taken out (2%).

\* Although the system of registration with an NHS dentist was ended in 2006, this is still a concept that people understand. The House of Commons Health Committee has recommended that it should be reinstated.

These responses reveal continuing problems with both the supply of NHS dental care and with some older people's knowledge and understanding of the importance of dental care.

## Recommendations

The **Department of Health** should

- develop a set of outcome indicators for older people's oral health
- assess the impact of charges for dental services on health inequalities and consider the reduction and elimination of charges
- develop a workforce strategy to ensure that the oral health needs of older people can be met.

**Primary Care Trusts** should

- make clear commitments to their populations on the action they will take to ensure that anyone who wishes to receive NHS dental treatment can do so within reasonable travelling distance
- target older people with information and advice on maintaining good oral health.

# Access to foot care

'Older people are resorting to kicking the wall until their toe nails break'  
Feet for Purpose, Age Concern 2007

NHS-funded foot care services have been severely cut back over a number of years. From 1996-97 to 2004-05 there was a 20% drop in new episodes of care in NHS chiropody<sup>11</sup>. Older people have been disproportionately affected by these cuts since over half of new episodes of care are for people aged 65 and over.

These cut-backs have not been in response to official policy but are the result of a failure to give leadership and direction with respect to foot care services, in spite of the importance in maintaining the health and well-being of older people. MPs have frequently asked questions in parliament about foot care, only to receive a standard response that access to chiropody services is a matter for local decision-making by Primary Care Trusts.

In the absence of national direction, Primary Care Trusts with financial deficits have made cuts to foot care services by raising eligibility criteria to exclude people who were previously offered a service. This has left older people who need foot care services faced with the choice of paying privately or going without.

In 2006 the Audit Commission, Commission for Social Care Inspection and the Healthcare Commission found that many older people had experienced changes in their local foot care services and that services in all of the areas inspected appeared under-resourced. They recommended to the Department of Health that it should improve access to good quality podiatry and general foot care services by requiring Primary Care Trusts to commission adequate provision of those services.<sup>1</sup>

Primary Care Trusts have to date paid little attention to the views and experiences of older people about their need for foot care services. Nor have they been imaginative in their commissioning of foot care, failing to capitalise on the capacity of the private or voluntary sectors as service providers. Primary Care Trusts' commissioning of foot care has usually been limited to their own services, and as a source of short-term financial savings.

In 2007 Age Concern launched its *Feet for Purpose* campaign, highlighting the problems faced by older people in accessing foot care and calling for all foot care services, including basic nail cutting, to be free at the point of use for older people who need them. It also called for an end to the post-code lottery in access to services.

In 2008 the Department of Health announced the development of a prevention package for older people<sup>12</sup> which will include a review of foot care services, to ensure that toenail cutting in particular is made more accessible to older people, and delivered in an integrated way across all providers of such services.

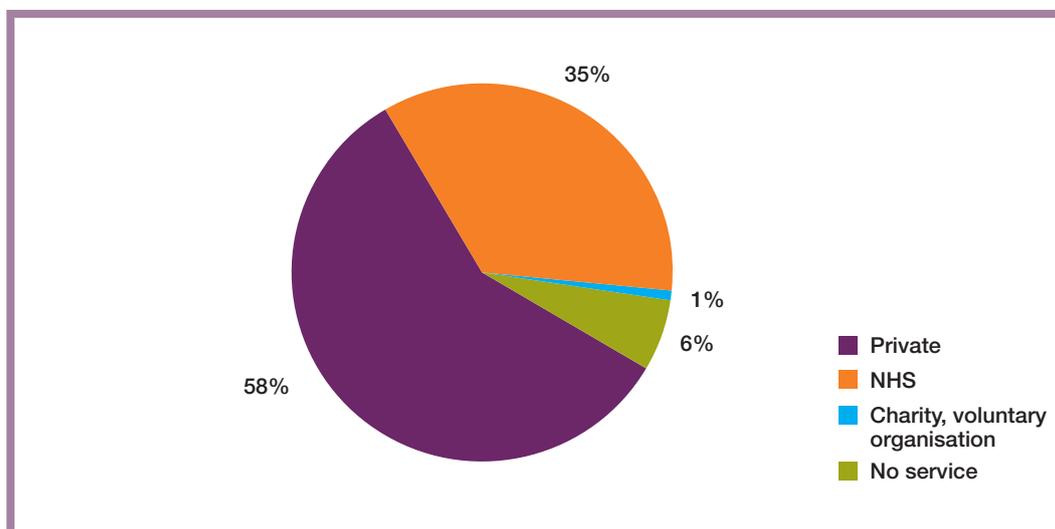
If implemented successfully, this prevention package and increase in access to foot care services could make a major contribution to the Government's commitment to increase healthy life expectancy and the Department of Health's vision of 'adding life to years and years to life'<sup>13</sup>. Increasing the amount of exercise taken by older people is essential. Exercise can prevent or delay a range of physical and mental health problems and walking is an ideal form of exercise in later life. Good foot health is crucial for walking, yet at the moment one in five older people cannot walk 200 metres without discomfort or stopping<sup>14</sup>. As well as preventing illness, good foot health helps older people to get out and about, carry out tasks such as shopping, keep in touch with friends and family, and play their part in their local area. It is a key contributor to preventing social isolation and loneliness, and promoting independence and well-being.

## Getting foot care – and paying for it

We asked older people about their experiences of foot care services in the last year. Over a third of people (35%) reported that they had needed foot care. This need increased with age, with half of people aged 85 and over reporting that they had required a service. This overall level of need is unsurprising since it is already known that 31% of older people are unable to cut their own toe-nails<sup>15</sup>.

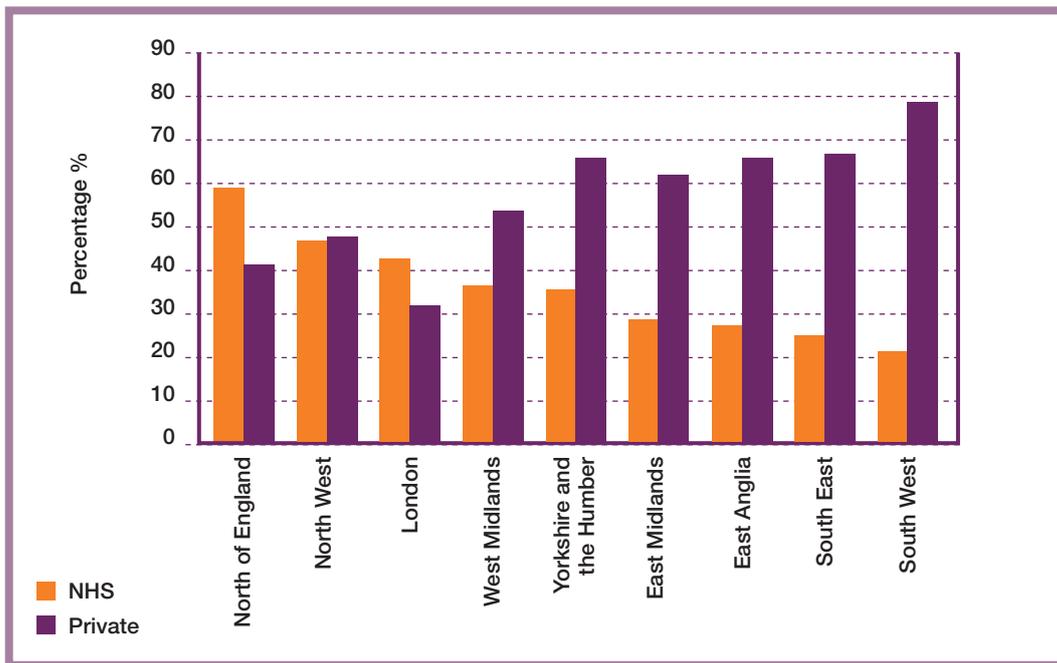
The majority of this need is not being met by the NHS. Six out of ten older people who needed a foot care service paid for it privately and a small number of older people reported going without a service even though they needed one.

### People aged 65 and over needing foot care services – source of service



There were very significant geographical variations in access to NHS services and therefore the use of private services. Only 22% of older people who needed foot care in the South West region had used an NHS service compared to 59% in the Northern region.

## Older people needing foot care – use of NHS and private services, by region



### Recommendations

As part of the **Department of Health's** prevention package for older people, the government should make a clear commitment that the NHS will commission sufficient foot care services, free at the point of use, for all older people who need them. It should set out a timescale for achieving this.

The **Department of Health** should require Strategic Health Authorities to drive up access to NHS-funded foot care services and eliminate unwarranted geographical variations in access.

**Primary Care Trusts** and **Practice Based Commissioners** should plan to increase expenditure on foot care as part of the shift to a preventative NHS. They should work with local authorities and their own populations to undertake an assessment of foot health needs, including toe-nail cutting. They should then commission services creatively from a range of providers to meet the assessed level of need.

# Conclusion

‘We would like local services to talk to their elderly populations – those living independently at home as much as those in residential care – to ensure the services they provide are the right ones for them.’

Alan Johnson, Secretary of State for Health, 2008

Older people are the main adult users of many primary care and community health services. In our ageing society the over 85s are the fastest growing age group. It is this group of people who often have the greatest need for healthcare and support. Yet too often the facts of our ageing population are noted but not translated into relevant policy or service initiatives, especially those which relate to universal services such as primary care.

Plans to improve access to primary care, or to develop ‘polyclinics’, have tended to focus on making it easier for younger adults to use services in the evenings and at weekends. There has been much less consideration of the changes needed to make it easier for older people to secure the access they need and want.

The vision for primary and community care developed as part of the NHS Next Stage Review has noted some of the problems people face in getting access to the services highlighted in this report - problems such as making advance bookings and a lack of NHS dentistry in some areas. Delivery of this vision demands that the needs and aspirations of older people are put centre stage. Failure to provide access to the foot care and dental care that older people need should no longer be tolerated.

A new relationship with patients and the public is envisaged for Primary Care Trusts. This relationship is meant to be based on listening to people to understand their aspirations and how services can be developed to fit around their lives. To make this a reality Primary Care Trusts will need to ensure that the range of views and experiences of older people are heard and acted upon.

Here is the test older people will set for the relevance and success of their changing health service – will it bring down the barriers in accessing the services they need?

# References

- 1 Healthcare Commission, *Living Well in Later Life*, 2006
- 2 Department of Health, *NHS Next Stage Review – our vision for primary and community care*, July 2008
- 3 The NHS Information Centre for health and social care, *GP Patient Survey 2007/08*, 2008
- 4 Healthcare Commission, *National survey of local health services*, 2008
- 5 The NHS Information Centre for health and social care, *Health Survey for England 2005: Health of Older People*, 2007
- 6 Age Concern England, *What older want from community health and social care services*, January 2006
- 7 NHS Service Delivery and Organisation R&D Programme, *The access/relationship trade off: how important is continuity of primary care to patients and their carers?*, September 2006
- 8 House of Commons Health Committee, *Dental Services*, July 2008
- 9 Meeting the challenges of oral health for older people: a strategic review. *Gerodontology*. The Gerodontology Association. Volume Supplement 1, 1 December 2005
- 10 Department of Health, *High Quality Care for All – NHS Next Stage Review Final Report*, June 2008
- 11 Health and Social Care Information Centre, *NHS Chiropody Services Summary Information for 2004-05*, England, 2005
- 12 *Old Age is the New Middle Age*, Press Release, Department of Health, May 2008
- 13 Department of Health, *World Class Commissioning – Vision*, December 2007
- 14 Age Concern England, *Minimum income for healthy living: older people*, September 2005
- 15 National Statistics, *People aged 65 and over, results from the 2001 General Household Survey*, 2003







[www.ageconcern.org.uk](http://www.ageconcern.org.uk)

Age Concern publishes a wide range of books on subjects of interest to older people and people working with older people. If you would like to receive a free catalogue, please call 0870 44 22 120, or visit [www.ageconcern.org.uk/shop](http://www.ageconcern.org.uk/shop)

Published by Age Concern Reports, September 2008

Age Concern England, Astral House, 1268 London Road, London SW16 4ER

T: 020 8765 7200 F: 020 8765 7211

[www.ageconcern.org.uk](http://www.ageconcern.org.uk)