

Chapter 9

Access to primary and community health services

9.1 Key audiences

Primary care trusts:

- chief executives
- primary care commissioners
- GPs
- dentists
- opticians.

Voluntary sector:

- chief executives.

9.2 Summary

The general practitioner (GP) is the gateway to services in the NHS. GPs are the first point of contact in the NHS for many older people, and frequently the main point of contact that an older person has with the health or social care professions. Older people are the main users of GP services, but these services are often not designed around older people. Older people have a high level of need for dental services, but access to NHS dental services is problematic for older people and prevention is rarely undertaken. Maintaining vision is vital to sustaining an active life and social contact. Optical, and other related services, have a key role in promoting good physical and mental health, but low vision services are fragmented and there is a wide disparity in the quantity and quality of services between different parts of the country.

Older people from minority ethnic groups, those with disabilities, and people in rural areas often find additional barriers to access due to geography, lack of suitable transport, physical and communication barriers. Older people in care homes have particular problems accessing a GP and healthcare for particular conditions.

There are a number of ways in which primary and community health services can be made more accessible to older people and so promote age equality. In many cases these measures involve implementation of established good practice in improving access to primary care for all age groups and good practice in meeting the needs of people with mobility, sensory and learning disabilities. There is also a need, however, to ensure that new developments

to improve access to primary care benefit older people and do not compound their problems in accessing GPs. Older people should be involved in planning future developments in primary care and in monitoring the implementation of current schemes.

9.3 Key issues and concerns

- Older people are the main users of GP services, but these services are often not designed around older people.
- Older people may need more time in a consultation to describe presenting problems and discuss treatments for multiple conditions.
- Older people appear reluctant to make use of out of hours services, are critical of the trend away from out of hours care being delivered by a familiar GP and would like to see more availability of home visits.
- Access to NHS dental services is problematic for older people.
- Low vision services are fragmented and there is a wide disparity in the quantity and quality of services between different parts of the country.
- Many eye problems in older people can be treated if detected in time.
- There is a lack of reliable and accessible transport services across the country which is experienced disproportionately by older people, limiting their access to health services.
- There is evidence that older people living in care homes have difficulty accessing the services of a GP and other primary care services.
- Carers often find that their caring responsibilities prevent them from accessing health services both for their own needs and on behalf of the person they support.
- Variations in access to primary care services can be compounded by other factors, such as race/ethnicity, disability and learning disability, and living in rural areas.

Access to GP Services

Older people are the main users of GP services, but these services are often not designed around older people

Older people are the main users of GP services. People aged 65 and over visit their GP on average seven times a year compared with four visits on

average for younger people.¹⁹² Older people are likely to have at least one long-term condition and these are mostly managed in a primary care setting – 60 per cent of GP consultations relate to long-term conditions, such as arthritis, asthma, diabetes, heart disease or depression.¹⁹³

The *National Service Framework for Older People*¹⁹⁴ outlined key roles for GPs in the management of stroke, dementia and falls. GPs are also key in the *Prevention Package for Older People*.¹⁹⁵ Despite this, GP services are not generally organised around the needs of older people and there are concerns that some current developments and changes to patterns of service delivery, which are aimed at improving access, are focused on the needs of younger working people and may adversely affect access for older people.¹⁹⁶

Consultation times

Older people may need more time in a consultation to describe presenting problems and discuss treatments for multiple conditions and, because of the complexity, sometimes need more time to assimilate information.¹⁹⁷

Out of hours services

Older people appear reluctant to make use of out of hours services, and are critical of the trend away from out of hours care being delivered by a familiar GP. Barriers include fear of travelling at night (to a treatment centre), reluctance to make excessive demands on out of hours health services and reluctance to use telephone advice services.¹⁹⁸

Opening times and appointments

The GP Patient Survey 2006/7 found that levels of dissatisfaction increased with age around people not being able to book a GP appointment in advance and for the GP surgery not being open on a Saturday.¹⁹⁹ Older people express a strong desire for Saturday morning surgery appointments.²⁰⁰

¹⁹² *Ageism and age discrimination in primary health care in the United Kingdom*, Centre for Policy on Ageing (CPA), October 2009

¹⁹³ *Indications of public health in the English regions. 9: Older people*, Association of Public Health Observatories and West Midlands Public Health Observatory, 2008

www.wmpho.org.uk/resources/APHO_OP.pdf

¹⁹⁴ *National Service Framework for Older People*, Department of Health, 2001

¹⁹⁵ *Prevention Package for Older People*, Department of Health, 2009

www.dh.gov.uk/en/Publicationsandstatistics/Publications/dh_103146

¹⁹⁶ *Primary Concerns – Older people's access to primary care*, Age Concern, 2008

¹⁹⁷ *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, October 2009

¹⁹⁸ *A qualitative study of older people's views of out-of-hours services*, Foster J, Dale J and Jessopp L, *British Journal of General Practice* 51 (470): 719-23, 2001

¹⁹⁹ *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, October 2009

²⁰⁰ *Family doctor survey 2007*, BOPF Opinion research survey, no 7, Bristol Older People's Forum, 2007

Home visits

Older people have specifically expressed a desire for more home visits, though the proportion of consultations made as home visits has fallen from 22 per cent in 1971 to 4 per cent in 2006.^{201 202}

Access to dental care

Older people have a high level of need for dental services

There is evidence that older people are particularly vulnerable to nutritional and diet imbalances if their oral condition deteriorates. Poor oral health is also linked to infections, including aspiration pneumonia, to which older people are particularly susceptible; periodontal disease and diabetes; and cardiovascular disease and stroke.^{203 204}

The Community Dental Services treat a very small percentage of the total older population, suggesting considerable unmet need.²⁰⁵

Access to NHS dental services is problematic for older people

The level of contact between older people and dental services is relatively low, and definitely lower than for adults in general.²⁰⁶

There are variations in access to dental services for older people across socio-economic groups

Women aged 62-83 from lower socio-economic groups are less likely to have dental examinations.²⁰⁷ People aged 60 and over from lower social classes and with lower education levels are less likely to use dental services.²⁰⁸

Prevention is rarely undertaken for older people.²⁰⁹

²⁰¹ *Family doctor survey 2007* (BOPF Opinion research survey, no 7), Bristol Older People's Forum, 2007

²⁰² *Primary Concerns – Older people's access to primary care*, Age Concern, 2008

²⁰³ *Meeting the challenges of oral health for older people: a strategic review*, commissioned and funded by the Department of Health, *Gerodontology* 22 (Suppl 1): 1-48, Gerodontology Association, 2005

²⁰⁴ *Improvements in NHS dental services deemed vital for older people*, Help the Aged, London, 2006

²⁰⁵ *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, October 2009

²⁰⁶ *Meeting the challenges of oral health for older people: a strategic review*, commissioned and funded by the Department of Health, *Gerodontology* 22 (Suppl 1): 1-48, Gerodontology Association, 2005

²⁰⁷ *Socio-economic position and the use of preventive health care in older British women: A cross-sectional study using data from the British Women's Heart and Health Study cohort*, Patel R, Lawlor D A and Ebrahim S, *Family Practice*, 24, 7-10, 2007

²⁰⁸ *Factors influencing older people's self reported use of dental services in the UK*, *Gerodontology*, 16, 97-102, McGrath C, Bedi R and Dhawan N, 1999

²⁰⁹ *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, October 2009

Access to NHS dental services is problematic for older people.²¹⁰ Those living in rural areas experience particular difficulties with limited access to preventive dental healthcare and treatment and there is a clear disadvantage to those who cannot afford to pay for treatment.²¹¹

The barriers older people face preventing them from receiving adequate dental care include mobility problems, illness, inconvenience, the scarcity of NHS dentists and the cost, or fear of the cost, of treatment.^{212 213}

Access to eye care

Eye care is important to older people

Maintaining vision is vital to sustaining an active life and social contact. Optical, and other related services have a key role in promoting good mental health.²¹⁴

There is wide disparity in low vision services across the country

Low vision services are fragmented and there is a wide disparity in the quantity and quality of services between different parts of the country.²¹⁵

There are variations in access to eye services for older people across socio-economic groups

Women aged 62-83 from lower socio-economic groups are less likely to have eye examinations.²¹⁶ People aged 60 and over from lower income groups are more likely to cite the cost of glasses as a reason for not having more frequent eye tests.²¹⁷

²¹⁰ *Extracting the evidence: the oral health and dental care needs of older people: policy statement*, Help the Aged, 2008

²¹¹ *Living well in later life: a review of progress against the National Service Framework for Older People*, Healthcare Commission, Audit Commission and Commission for Social Care Inspection, London: Healthcare Commission, 2006

²¹² *Primary concerns: older people's access to primary care*, Age Concern England, Policy Unit, London, 2008,

²¹³ *Meeting the challenges of oral health for older people: a strategic review*, commissioned and funded by the Department of Health, *Gerodontology* 22 (Suppl 1): 1-48, Gerodontology Association, 2005

²¹⁴ *New Horizons – A shared vision for mental health*, Department of Health, 7 December 2009

²¹⁵ *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, October 2009

²¹⁶ *Socio-economic position and the use of preventive health care in older British women: A cross-sectional study using data from the British Women's Heart and Health Study cohort*, Patel R, Lawlor D A and Ebrahim S, *Family Practice*, 24, 7-10, 2007

²¹⁷ *Older people and eye tests: Don't let age rob you of your sight*, Royal National Institute for the Blind, London, 2007

There are variations in waiting times for cataract operations for younger and older people which indicates the possibility of age discrimination.²¹⁸

Many eye problems in older people can be treated if detected in time

Between 20 per cent and 50 per cent of older people have undetected reduced vision, most of which can be corrected.²¹⁹

Many people with wet age-related macular degeneration (AMD) reach treatment centres too late to prevent irreversible eye damage and blindness.²²⁰

Older people with macular degeneration have reported negative experiences in the provision of information and quality of interactions with ophthalmologists and health professionals.²²¹

Location of services and transport

Transport to health services is a particular problem for older people

There is a lack of reliable and accessible transport services across the country in rural, urban and suburban areas. This lack is experienced disproportionately by older people, limiting their access to health and other services.^{222 223 224}

Some developments may increase older people's problems with accessing services

There are concerns that plans to improve access to GP services by moving them into larger primary care centres or polyclinics will disadvantage older people's access unless transport and other issues are addressed.²²⁵ There has been little evaluation of ways that interventions designed to improve access impact on different groups.²²⁶

²¹⁸ *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, October 2009

²¹⁹ *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, October 2009

²²⁰ *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, October 2009

²²¹ *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, October 2009

²²² *Living Well in Later Life*, Healthcare Commission 2006

²²³ *The Independent Inquiry into Inequalities in Health report*, Acheson D, 1998

²²⁴ *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, October 2009

²²⁵ *Primary Concerns – Older people's access to primary care*, Age Concern, 2008

²²⁶ *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, October 2009

NHS organisations could do more to assess accessibility of the siting of services

NHS organisations cite problems in assessing the accessibility of their sites due to lack of available data, though there are data sources that could be used.²²⁷

Dual and multi-discrimination

Variations in access to primary care services can be compounded by other factors, such as race/ethnicity, disability and learning disability, and living in rural areas.

The new equality legislation introduces protection from discrimination because of a combination of two protected characteristics (e.g. discrimination because of being an older black woman). Local health organisations will want to ensure that they avoid the potential for such discrimination. This may require a particular focus on action to address the issues outlined below.

Particular issues for Black and Minority Ethnic (BME) people

Older people from minority ethnic groups tend to be less aware of what services are available and how to access them. This is particularly true of communities who have arrived recently in the UK (such as Somali and Yemeni people).²²⁸

Black and minority ethnic (BME) patients, especially Chinese and Bangladeshi people, show far higher levels of dissatisfaction in access to general practice.^{229 230 231}

Levels of spoken and written English tend to be lower amongst Chinese, Vietnamese, Somali, Pakistani and Bangladeshi older people.²³²

In BME communities there is a low level of awareness of the impact of visual impairment and services that may reduce sight loss or improve management.²³³

²²⁷ *Accessibility Planning and the NHS: improving patient access to health services*, NICE, 2006

²²⁸ *The health and social care experiences of black and minority ethnic older people*, Moriarty J, Race Equality Foundation, July 2008

²²⁹ *Report of the National Improvement Team for Primary Care Access and Responsiveness* Department of Health, 2008

²³⁰ *No patient left behind: how can we ensure world class primary care services for black and minority ethnic people*, Department of Health, 2008

²³¹ *Report on self reported experience of patients from black and minority ethnic groups*, Department of Health and Healthcare Commission, 2008

²³² *The health and social care experiences of black and minority ethnic older people*, Moriarty J, Race Equality Foundation, July 2008

There is under-use of low vision services by BME groups.²³⁴

People of African-Caribbean descent are eight times more likely to develop glaucoma than the general population.²³⁵

Particular issues for older people with learning disabilities

People with learning disabilities find it much harder than other people to access assessment and treatment for general health problems that have nothing directly to do with their disability.²³⁶

There is insufficient attention given to making reasonable adjustments to support the delivery of equal treatment, as required by equality/discrimination legislation. Adjustments are not always made to allow for communication problems, difficulty in understanding (cognitive impairment), or the anxieties and preferences of individuals concerning their treatment.²³⁷

Many health service staff, particularly those working in general healthcare, have very limited knowledge about learning disability. *“They are unfamiliar with the legislative framework, and commonly fail to understand that a right to equal treatment does not mean treatment should be the same. The health needs, communication problems, and cognitive impairment characteristic of learning disability in particular are poorly understood. Staff are not familiar with what help they should provide or from whom to get expert advice.”*²³⁸

Particular issues for older people with dual sensory loss

There are over 2.7 million people in the UK with a combined sight and hearing loss ranging from minimal to severe. The majority have acquired this dual sensory loss in adult life and are over 60 years of age.²³⁹ Little attention is paid to their needs when accessing services. For example, a 2006 survey found that only 16 per cent of deaf blind patients were offered longer appointments to allow for the use of alternative communication methods (e.g. deaf blind manual, British Sign Language). In addition 58 per cent did not receive letters or appointment cards from any NHS organisation in a format

²³³ *People from Black and Minority Ethnic Communities and vision services: a good practice guide*, Joule N and Levenson R, Thomas Pocklington Trust, 2008

²³⁴ *People from Black and Minority Ethnic Communities and vision services: a good practice guide*, Joule N and Levenson R, Thomas Pocklington Trust, 2008

²³⁵ *People from Black and Minority Ethnic Communities and vision services: a good practice guide*, Joule N and Levenson R, Thomas Pocklington Trust, 2008

²³⁶ *Healthcare for All - Report of the Independent Inquiry into access to healthcare for people with learning disabilities*, Michael J, 2008

²³⁷ *Healthcare for All - Report of the Independent Inquiry into access to healthcare for people with learning disabilities*, Michael J, 2008

²³⁸ *Healthcare for All - Report of the Independent Inquiry into access to healthcare for people with learning disabilities*, Michael J, 2008

²³⁹ *National Service Framework for Older People*, Department of Health, 2001

they could access themselves (e.g. large print, Braille), though this represents a significant improvement on the 90 per cent reported in 2001.²⁴⁰

Access to primary care services for those in residential care

There is evidence that the 400,000 older people living in care homes have difficulty accessing the services of a GP and other primary care services.²⁴¹

A fifth of care homes have no regular visits from a GP.²⁴²

Most older people living in care are unable to initiate a referral for a medical review although they often have complex medical problems. They depend on care staff to act on their behalf and determine whether a presenting problem should be 'assessed, diagnosed and managed'.²⁴³

NHS trusts have varied policies on providing continence services to care homes and differences in provision could mean that clients do not receive a standardised assessment and that their treatment and management is subsequently poor.²⁴⁴

Residents of care homes with diabetes are likely not to be receiving adequate treatment for their condition.²⁴⁵

Chronic pain is widespread amongst the residents of care homes, yet many people have never talked to a doctor or nurse about their pain and how it might be treated.²⁴⁶

Carers

Carers often find that their caring responsibilities prevent them from accessing health services both for their own needs and on behalf of the person they support. It is important therefore that both carers, and the people they care for, are given as much choice and control as possible when accessing NHS services.²⁴⁷

²⁴⁰ *Cause and Cure – Deafblind people's experience of the NHS*, Deafblind UK

²⁴¹ *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, October 2009

²⁴² *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, October 2009

²⁴³ McMurdo E and Witham D, 2007, cited in *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, Oct 2009

²⁴⁴ *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, October 2009

²⁴⁵ *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, October 2009

²⁴⁶ *Pain In Older People - A Hidden Problem - A qualitative study*, Cairncross L et al, Patients Association / Picker Europe, 2007

²⁴⁷ *Carers at the heart of 21st-century families and communities*, Department of Health, 2008
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www.southwest.nhs.uk/age-equality.html

9.4 Drivers and policy imperatives

The NHS Plan²⁴⁸ focused on cutting waiting times to increase access to GPs and emergency and elective hospital services. However, this included the pledge that by 2004 everyone would be able to see a GP within 48 hours. Whilst increasing access for many who want urgent appointments, this policy has been criticised for having a perverse affect in that people now find it hard to book an appointment for a few days ahead with the doctor of their choice. Older people particularly value being able to see the same doctor and may often be prepared to wait.

Our Health, Our Care, Our Say²⁴⁹ set out a strategy to deliver primary and community services in settings closer to home. This includes services such as physiotherapy which were often provided from larger hospital sites.

Lord Darzi's interim report on the NHS Next Stage Review committed the Department of Health in October 2007 to making five key improvements to primary care. These were: to extend opening hours, create 100 new GP practices, develop 150 GP-led health centres, link NHS payments to GPs with patient satisfaction and make information about GP practices available on the NHS Choices website.

High Quality Care for All²⁵⁰ pledged to extend choice of GP practice for patients and to provide better information to assist people's choices. GPs were also to be rewarded for providing more accessible services.

The Carers Strategy²⁵¹ notes that the Quality and Outcomes Framework (QOF) provides pay incentives to GPs when they meet certain criteria in relation to carers: *"the practice has a protocol for the identification of carers and a mechanism for the referral of carers for social services assessment."* The strategy also states that, in the longer term, the Government will discuss with GPs and other health professionals the measures that can be taken to give a sharper focus to the distinct needs of carers.

Disability Discrimination Act (DDA)

Since the 1995 Act service providers such as GP or dentist surgeries, walk-in centres, out of hours services and pharmacies have not been able to discriminate or offer a poorer quality of service to disabled people because of their disability. The Equality Act builds on this.

²⁴⁸ *The NHS Plan*, Department of Health, 2000

²⁴⁹ *Our Health, Our Care, Our Say*, Department of Health, 2006

²⁵⁰ *High Quality Care for All*, Department of Health, 2008

²⁵¹ *The Carers Strategy*, Department of Health, 2008

9.5 What good age-equal practice might look like

The National Improvement Team for Primary Care Access and Responsiveness (NIT) identified 10 common factors displayed by the best GP practices and their primary care trusts (PCTs):

1. Being responsive to patients and the public: listening to what patients say and then acting on it and backing action with evidence.
2. Good relationships between PCTs and practices: working together towards the same goals.
3. Strong PCT management of poor performance: identifying poor performers and helping them improve.
4. Opening at the right times: in the evenings and at weekends as well as routinely during weekdays.
5. Information for patient choice: giving patients information about the range and quality of local services available.
6. Increasing capacity of general practice: PCTs boosting patient choice by contracting with commercial, voluntary and mutual providers.
7. Positive approach to new models of care: being willing to explore new ways of delivering primary care services.
8. Capacity planning within practices: planning capacity and designing services to reflect the needs of registered patients and getting the most out of invested resources.
9. Development of talent and innovation: welcoming new technologies and skill mixes.
10. Strong leadership and teams with vision: having inspirational leaders (GPs and other clinicians) and developing a clear vision for how the whole practice team will work to improve services.

→ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084970?PageOperation=email

In addition *No patient left behind: how can we ensure world-class primary care for black and minority ethnic people?*²⁵² reviews why patients from black and minority ethnic backgrounds find it more difficult to access GP services and makes recommendations for improvement.

→ www.library.nhs.uk/commissioning/ViewResource.aspx?resID=301558

There are many practical steps which GPs and other service providers could take to better enable access for older people. Commissioners and providers could consider:

²⁵² *No patient left behind: how can we ensure world-class primary care for black and minority ethnic people?* Department of Health, 2008

Promotion of services to older people

- Older people could be made more aware of the benefits of accessing services such as dentistry and eye care.
- Services could be promoted as 'old-age friendly'.
- Information about services could be provided in appropriate formats and languages for older people, including those from BME communities.

Planning location and transport

- Key indicators of access – such as percentage of households without access to a car and percentage that are 30 or more minutes from their GP surgery by public transport could be monitored.²⁵³
- Existing data sources, such as surveys by scrutiny committees or LINks, community needs surveys and annual GP patient surveys could be used to greater effect.
- Local health organisations should engage with local transport providers and older people to explore a range of transport options.
- All facilities should have adequate parking with designated spaces for disabled patients.
- A phone should be available in the surgery or clinic so that patients can call a taxi or other transport when they are ready to leave.

Improve physical access to service premises

- Doors which are easy to open and wide enough for wheelchair access and waiting areas that have space for a wheelchair to manoeuvre and turn.
- 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.
- Way-finding around larger clinics is facilitated, including the use of older people working as volunteers to provide assistance.

²⁵³ *Report of the National Improvement Team for Primary Care Access and Responsiveness*, Department of Health, 2008

Appointments and reception

- Reception staff who are cheerful, friendly, kind (but not patronising), helpful and flexible – for example someone may need to be escorted to the treatment area if they are visually impaired.
- Finding out what assistance people may need when they book their appointment – for instance if they may need an interpreter.
- Staff who have sufficient time to be patient with those who cannot hear well or who need things explaining more than once.
- Staff who understand how to use a Textphone or Tynetalk so that people who are deaf or hard of hearing can use these to make appointments.
- Privacy in the reception area to avoid personal matters being overheard.

Information and communication

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 (preferably 14), so it can be read comfortably by older people without spectacles.
- Text broken up into small chunks, using bullet points and illustrations.
- Locally relevant information with local contact details where available.
- Information translated into languages other than English where local BME groups have indicated this would be useful.
- The offer of alternative formats for the visually impaired – large print versions or information on tape. Also tapes or CDs in other languages.

IT

- Only 30 per cent of people aged 65 and over have ever used the internet. 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.

Face to face

- Many older people prefer to receive information verbally (face-to-face). This could be from a health professional or older people themselves could be trained to provide information to their peers in GP surgeries and other settings.
- Good quality interpreting services can raise the quality of care for people with limited proficiency in English. Quality, and availability, of interpreting services needs consideration and people should not have to rely on family members.
- Bilingual workers are an especially important resource. Where used some services have been able to achieve equal levels of access across different ethnic groups.
- Access to an advocacy service is an important part of a comprehensive information service that promotes informed choice. Primary care trusts can usefully work in partnership with local authorities and voluntary sector organisations to develop and promote advocacy schemes for older people.

Systems

In addition there are changes that could be made to appointment systems, times and locations including:

- Review when demand for services is highest and ensure that staff levels and working hours correlate as far as possible.
- Have appointment systems that allow people to book ahead if they wish to.
- Make longer appointment times available for those who need them.
- Increase availability of home visits for those who need them.
- Hold Saturday morning surgeries.

Involving older people

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

- Older people could also be involved in evaluating new patterns of service delivery to ensure they are meeting the needs of older people.
- Older people, including black and minority ethnic (BME) elders, could be involved in preparing information and reviewing current information provided to ensure it is accessible and relevant.

9.6 Case studies of illustrative / good practice

Holme Valley Transport Scheme

The Holme Valley Transport Scheme, developed in 2001, was designed to enable elderly, disabled and other vulnerable individuals, living in an isolated and rural locality, to be transported to and from primary care settings for essential and routine healthcare and treatment. The scheme serves a population of approximately 30,000, in an area of approximately 30 square miles, in the Holme Valley and the surrounding district of Holmfirth, West Yorkshire. The scheme is free of charge to users. It is managed and run from Honley Surgery and utilised by the other surgeries along the Holme Valley.

People with transport and/or access problems miss, turn down or choose not to seek medical help. Such people tend to be elderly, immobile, isolated and vulnerable. Access to primary care facilities is a longstanding problem, and it was often felt that patients were visited at home not necessarily for an acute medical reason, but because the patient had transport difficulties when accessing medical services. Indeed, public transport and access has always been a problem in the area and, as a consequence, small pockets of rural deprivation have developed in which the community members can be very isolated.

In order to develop the scheme Honley Surgery has worked in partnership with the following agencies:

- The Yorkshire Primary Care Research Network that facilitated and supported the research and development of the scheme.
- The Kirklees Pennine Rural Transport Partnership, an organisation whose aims are to raise the profile of rural transport issues and deliver transport improvements in South Kirklees.
- The Countryside Agency, a statutory body working to make the quality of life better for people in the countryside.

The scheme has been appraised by the Department of Transport as a National Model of Best Practice for tackling social exclusion.

The scheme has provided the following benefits for patients:

- improved personal independence
- reduced isolation
- improved physical health and activity
- improved social wellbeing and psychological health
- improved awareness of health and lifestyle.

The Holme Valley Transport Scheme became a registered charity in May 2007. (Registered No: 1119261.)

Further information

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The North Hill Practice, Colchester

The North Hill Practice in Colchester has increased its capacity and skills mix through the addition of two nurse practitioners, both of whom have authority to refer and prescribe as appropriate. The first nurse practitioner is responsible for the care of older people and is predominantly community based, covering three local residential homes. The second focuses on patients aged under 75 who have a long-term condition. She triages new patients, runs her own daily clinics and sees patients on a weekly basis via pre-booked appointments, helping them to retain their independence and better manage their conditions in their own homes.

These two members of the practice team have significantly increased the number of appointments available to patients, decreased demand for GP home visits from five a day to five a week and freed up more GP time for specialist service management.

(Source: Report of the National Improvement Team for Primary Care Access and Responsiveness, Department of Health, 2008)

Improving access for older Chinese patients - Limehouse Practice, Tower Hamlets

The Limehouse Practice in Tower Hamlets, East London, has a significant number of Chinese patients, many of whom are older and speak little or no English. The practice has recruited a Cantonese-speaking advocate who provides these patients with a range of services including:

- a drop-in where patients can get help booking appointments and understanding letters they have received from the hospital or other health professionals
- fixed sessions on Tuesday and Thursday afternoons so that patients can match appointments and receive an interpreted consultation with a trusted advocate
- telephone advice and help for patients and their families
- active involvement with local Chinese associations to raise awareness of services provided by the practice and help local people access primary care services generally.

(Source: No patient left behind: how can we ensure world class primary care services for black and minority ethnic people? Department of Health, 2008)

Health Guides Project, East London

This project trains groups of local people to act as health guides within their community, using their own language. The aim is to give accurate information and guidance to people from marginalised communities, including encouraging people to manage their own health and take care of themselves and their families.

It has proved immensely popular. One of the health guides said: *“Such a simple idea – why has it never been done before?”* There is substantial interest from local people in training to be health guides, with a high completion rate of 90 per cent, and 200 local people have now been trained. They are local Bengali, Somali, Turkish/Kurdish, Congolese, and Nigerian people from Tower Hamlets, Newham or Hackney.

Trained health guides have been running sessions in their communities since December 2004. They work in pairs to deliver sessions in community settings (community centres, schools, mosques, clubs) to groups of people from their own communities at different times of the day, evenings or weekends as appropriate. More than 300 sessions have been delivered to date in East London, benefitting up to 5,000 people. In addition, the health guides have the opportunity to hear the concerns of local people at the grassroots level and feed the information back to decision-makers.

(Source: No patient left behind: how can we ensure world class primary care services for black and minority ethnic people? Department of Health, 2008.)

Working in residential care homes and nursing homes in Hartlepool

Hartlepool is a small town of 93,000 people situated on the northeast coast of England with one per cent of the population living within a care environment.

Over the past five years North Tees and Hartlepool Foundation Trust and Hartlepool Social Services department have been forward thinking and proactive in their provision of services for the older person in care/nursing homes.

Nursing and social care services teams work within an integrated service and have been implementing the Gold Standards Framework for care homes since April 2009. The integrated team consists of a specialist Macmillan nurse for palliative care and four community matrons working solely within the care home environment. Their role is to engage with residents, for reactive care and case management for long-term conditions, together with three social care officers who support residents with their social care needs. Linked to the team is a community specialist mental health nurse for the older person. The team also has access to a community pharmacy assistant.

The vision of the team is to ensure that all residents receive timely, appropriate and holistic care regardless of their diagnosis (cancer, dementia, end of life care, long-term conditions), preventing unwanted and unnecessary hospital admissions at the end of life.

The team works with residents, their families and care home staff to develop and support the process of advance care planning and establish preferred place and priorities of care. The team works closely with services such as district nursing, out of hours team and the hospital discharge teams.

The Macmillan nurse has developed an education programme for all care/nursing staff to enhance their end of life care skills. The team meets on a regular basis to discuss any clinical/nursing or social concerns and to develop strategies for individual resident's care and offer support and advice for all residents, their families and care/nursing home staff.

Strong clinical and managerial leadership has enabled the team to be confident and proactive and to provide high quality end of life care for the people of Hartlepool living within the care environment.

Further information

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The Joseph Rowntree Foundation has published lessons for policy and practice on information, advice and advocacy for older people based on work in Newcastle

→ www.jrf.org.uk/publications/information-advice-advocacy-for-older-people

9.7 Suggestions for quick wins / what you can do now

- Consider the 10 factors identified by the National Improvement Team as contributing to making primary care services accessible and work with colleagues, primary care trusts and older people and their representatives to look at how your services could be amended to comply.
- Analyse the results of patient surveys, including segmentation of the results by age and other factors such as ethnicity, and agree action plans with practices to implement any necessary changes.
- Primary care trusts could introduce rewards for GP practices that make demonstrable changes to improve access for older people.
- Involve older people, including those who are disabled and black minority ethnic people, in plans and pilots to develop local primary care services (polyclinics etc).
- Involve older people in work to look at what improvements might be made in access to those facilities where there are indications of problems (for instance from annual GP patient survey).
- Promote the benefits for older people of services such as dentistry and eye care.
- Review arrangements for providing access to GP services in care homes.
- Implement guidance on providing more accessible information to older people as outlined above.

9.8 Useful resources

The BMA document *Developing General Practice: Listening to Patients*, June 2009, was produced with involvement from Help the Aged and Age Concern and some disability organisations. It sets out useful guidance and practical advice. See:

→ www.bma.org.uk/employmentandcontracts/independent_contractors/managing_your_practice/listenpatient.jsp

The Royal National Institute for the Blind provides guidance on designing websites in order to ensure maximum accessibility. The site also has guidance on producing accessible information. See:

→ www.rnib.org.uk/Pages/Home.aspx

Commissioning Better Dental Services for Older People, September 2006, Bristol South and West Primary Care Trust, has some useful recommendations. See:

→ www.avon.nhs.uk/dental/publications/Reports_and_Strategy/Dental_and_Older_People_Report/commissioning%20better%20dental%20services%20for%20older%20people%20sept%202006.doc