Agenda – Health and Social Care Committee

Meeting Venue:
Hybrid – Committee room 5 Tŷ Hywel and video conference via Zoom
Meeting date: 17 April 2024
Meeting time: 09.30

For further information contact:
Sarah Beasley
Committee Clerk
0300 200 6565
SeneddHealth@senedd.wales

Private pre-meeting (09.00-09.30)

1 Introductions, apologies, substitutions, and declarations of interest

(09.30)

2 Supporting people with chronic conditions: evidence session with mental health representatives

(09.30-10.30) (Pages 1 – 26)

Andy Bell, Chief Executive – Centre for Mental Health
Oliver John, Chair – Royal College Mental Health Expert Advisory Group

Research brief
Paper 1 – Centre for Mental Health
Paper 2 – Royal College of Psychiatrists

3 Motion under Standing Orders 17.42 (vi) and (ix) to resolve to exclude the public from items 4, 5 ,6 and 9 of today's meeting

(10.30)

Break (10.30-10.40)

4 Supporting people with chronic conditions: consideration of evidence

(10.40-10.50)

5 Forward work programme

(10.50-11.20) (Pages 27 - 40)

Paper 3 - Forward work programme

6 Area of Research Interest: health literacy

(11.20-11.30) (Pages 41 - 43)

Paper 4- Area of research interest: health literacy

7 Supporting people with chronic conditions: evidence session with the Chief Medical Officer for Wales

(11.30-12.15)

Sir Frank Atherton, Chief Medical Officer for Wales

8 Paper(s) to note

(12.15)

8.1 Letter to the Chair from the Equality and Human Rights Commission regarding violence against women and girls

(Pages 44 - 46)

8.2 Letter to the Chair from the Older People's Commissioner for Wales regarding access to GP practices in Wales: older people's experiences

(Pages 47 - 118)

8.3 Letter to Committee Chairs from Chair, Finance Committee regarding the scrutiny of the draft budget

(Pages 119 - 121)

9 Supporting people with chronic conditions: consideration of evidence

(12.15-12.25)

Agenda Item 2

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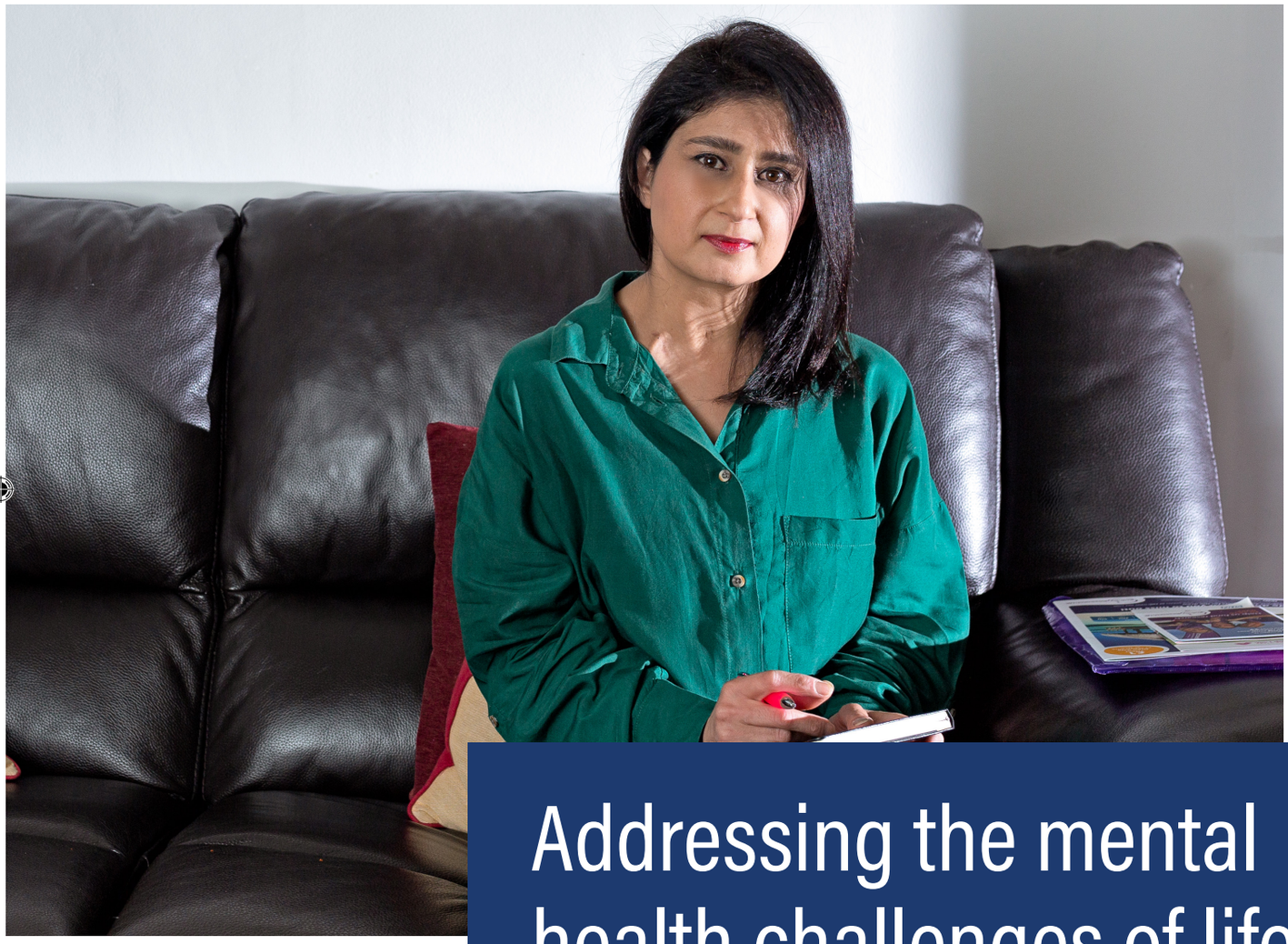
CENTRE FOR MENTAL HEALTH

Kidney Research UK



Addressing the mental health challenges of life with kidney disease - Executive Summary

The case for change

Jo Wilton

Foreword

Sandra Currie, chief executive, Kidney Research UK

As a former mental health nurse, I know the importance of protecting mental health and the value of good emotional support. Focused care can transform patients' lives and enable them to live as well as possible with the burden of their physical health condition.

Kidney disease takes a huge toll on patients' mental health. Treatments are gruelling, and often fraught with multiple additional complications. In-centre dialysis requires three hospital visits each week lasting at least four hours. A transplant is not a cure, and for many, the fear of rejection hangs over them for the rest of their lives. Research also shows us that patients who are supported with their mental health have better physical health outcomes too.

Kidney patients need access to specialist mental health support – from professionals who understand the unique impact of kidney disease and its treatments, as well as how best to care for the patient's emotional wellbeing. At Kidney Research UK, we are determined to transform the mental health support offered to patients, by funding research to discover the best possible support, and campaigning for access to these essential services for all.

I would like to thank Andy Cole and everyone who has backed the Andy Cole Fund for making this report possible. We will be driving the recommendations forward in order that kidney patients have access to the mental health support they desperately need.

Andy Cole, ambassador, Kidney Research UK

I developed kidney failure after contracting a virus on a trip to Vietnam in 2015. Having played professional football for over 20 years, I found it hard to adjust to living with a life-threatening condition. It took its toll on me – physically and emotionally.

I was very lucky to receive a donated kidney from my nephew. But it's not a cure and getting used to all the medication has been really difficult. I remember getting home after my transplant and looking at all the drugs I had been given and thinking, 'this is what I need to take for the rest of my life to stay alive.'

Living as a transplant patient and not knowing what's around the corner is not easy. But counselling has played a big part in my recovery, and I want everyone with kidney disease to have access to good mental health support like I did.

I'm proud the Andy Cole Fund has supported the development of this report. I want it to shine a light on the impact of kidney disease on people's mental health. It's a really tough disease to live with and patients deserve access to the best possible mental health support.

Executive summary

Purpose

Centre for Mental Health worked with Kidney Research UK to explore the psychosocial (psychological and social) health needs of people living with chronic kidney disease. We reviewed relevant literature and spoke with people living with kidney disease (between the ages of 12 and 88), family members, and professionals in renal (kidney) services, about their experiences. This report shares the key findings from that research and identifies the policy and practice implications for both renal and mental health services.

Key findings

Kidney disease is a risk factor for poor mental wellbeing; and poor mental wellbeing is a risk factor for worse outcomes for people with kidney disease.

Kidney disease can affect people's relationships, their social life, their education, their work, their sense of identity, and their hopes for the future. It is understandable – and even to be expected – that a condition with such wide-reaching effects would also have an impact on people's emotional health, psychological wellbeing and quality of life. These effects can extend to the people who are most closely involved in their care.

> **"The way I explain it to people is that I just feel like I've got this kidney cloud over my head. It's in my life every day. Every day, it's affecting something that I'm doing."**

In general, people living with kidney disease are recognised to be at risk of worse psychosocial outcomes than the general population. But the risk is not equally distributed; some groups are at higher risk than others. Moreover, these groups are often less well served by renal services because, for example, they may also be affected by other long-term health conditions, they may not speak English as their first language, and they may face more barriers to accessing care on the terms on which it is made available by mainstream services.

> **"I don't think we [people from my community] are hard to reach, I just think we haven't been appropriately approached."**

Furthermore, children and young people are not just small adults. They have distinct needs, preferences and risk factors, which must be considered in their own right. The transition from paediatric (children's) to adult care is a time when having the right psychosocial support in place is especially important.

> **"I always felt like kidney disease is stereotyped to the older generation. And sometimes I just feel that it's really emotionally draining to even explain that to my friends [...] so you just kind of hide it and go, 'Yeah I'm fine.'"**

There has been little research into the outcomes of specialised vs. generic psychosocial support, and there is limited availability of kidney-specific psychosocial support (it is a 'postcode lottery'). Yet, the people who spoke to us had a strong preference for kidney-specific psychosocial support.

> **"Having someone you can talk to about your condition [who understands it], that would be life changing [...] You kind of feel like there is someone else in your corner and it's not like another counsellor who is like, 'Oh right, ok what is [kidney disease]? What does it mean?'"**

People's needs and preferences are as diverse as their circumstances and their experiences. There is no 'one size fits all' solution for psychosocial support in kidney disease; an individualised approach is needed.

> **"I guess I just felt lost as a patient among all the specialities involved."**

Person-centred care co-created with patients (coproduction) can mitigate some of the negative impact of kidney disease treatment on psychological wellbeing. It can also help to ensure psychosocial care meets the needs of the people it is intended to support.

At its most basic, good psychosocial support involves having a range of options suitable for different levels of need (stepped care), and mechanisms for ensuring that people are matched to the option most suitable for their level of need (screening and assessment).

Pre-emptive and proactive psychosocial support is better for patients and better for services. There are evidence-based interventions and educational programmes available that can help people to maintain and promote their mental wellbeing. It is easier to protect and maintain mental wellbeing than restore it after it has been eroded.

There are gaps in the systems resulting from a lack of communication, coordination and integration within and between teams and specialisms. These gaps have a negative impact on patients' wellbeing.

Psychosocial support, when done well, is not just an add-on to kidney care, but a strand that runs through every part of it.

> **"I can't recall one session where the medical doctor asked how I'm feeling mentally. It's just, 'Your kidneys aren't good, we are going to tackle your kidneys.' [...] So you're sent off without knowing what to do next."**

Psychosocial support will continue to be inadequate until it is recognised as being a core component of good care for kidney patients, and is funded and staffed accordingly.

> **"I actually think that the awareness of mental health from the medical team, from the multi-disciplinary team, is actually very high. Whether they have the capacity to actually always deal with what they know is going to be an issue."**

Summary statements

All people living with kidney disease should have their psychosocial needs assessed using validated methods. This screening should take place at diagnosis, at changes in treatment, as they go through different stages of kidney disease, at times of distress and annually. This assessment should include the psychosocial needs of family members and carers.

All people living with kidney disease should have access to emotional, psychological and practical kidney-specific psychosocial support appropriate to their level of need: effectively providing a 'stepped care' model. This will require investment in additional support where there are currently gaps, and the provision of a range of support offers so that people can choose the options most relevant to them. Reliable information about the support that is available should be easily accessible through a range of trusted channels, for example the NHS website's pages on chronic kidney disease.

Psychosocial support should be available to those experiencing lower levels of distress and need, and should not be dependent on a person meeting the threshold for a clinical diagnosis or qualifying for specialised social care. This will meet people's needs proactively and pre-emptively as a way of preventing the escalation of distress.

All aspects of kidney care should be psychologically-informed, with all renal health care professionals recognising the importance of psychosocial care, and having the skills (through tailored training), the resources (including time), and the managerial support and supervision to be able to engage with the psychosocial needs of people living with kidney disease.

Psychosocial support for children and young people should be tailored to different development stages, and include a psychologically-informed transition from paediatric to adult care.

Groups at higher risk of kidney health care inequities should be identified so that gaps in provision can be filled. Co-design and coproduction, where support is designed and delivered in an equal partnership between professionals and people using services, will be necessary to ensure support offers are relevant, culturally-competent, age-appropriate, and easily accessible.

The quality of psychosocial support offered to people living with chronic kidney disease should be monitored routinely so that local services can assess how well they are meeting people's needs (including by a range of equality characteristics).

Further research into the provision of psychosocial support for people with kidney disease is under way. It is essential that as the evidence base emerges, it is utilised appropriately to inform the ongoing development of services, and that more research follows to ensure that we continue to learn what works and in what circumstances.

Recommendations

1. The NHS must invest in expanded and improved psychosocial support for people with chronic kidney disease (and other long-term conditions).

   A. In England, this could be achieved through the next iteration of the NHS Long Term Plan or the Major Conditions Strategy.

   B. In Scotland, the forthcoming strategy on Mental Health and Wellbeing should address the specific needs of people with long-term conditions, including chronic kidney disease.

   C. In Wales, this could be included in an updated Together for Mental Health strategy, or a service specification on psychosocial support could be developed as part of the Quality Statement for Kidney Disease.

   D. The delivery of the Northern Ireland Mental Health Strategy 2021-2031 should include psychosocial services for people with kidney disease, including children and young people.

2. Integrated Care Boards in England and Health Boards in Scotland and Wales should ensure that a stepped care model of psychosocial support is routinely available to everyone of all ages living with chronic kidney disease in their area.

3. Renal treatment service providers should ensure all of their staff are trained, supported and supervised to identify patients' psychosocial needs, to practice in psychologically-informed ways, and to offer low-level support and rapid onward referral where more intensive support is required.

4. Renal services should routinely assess the psychosocial health of their patients and ask regularly about the quality of psychosocial support they are offered.

5. Government should invest more funding into research on kidney disease and mental health to increase our understanding, and aid the ongoing development of services.

Addressing the mental health challenges of life with kidney disease: The case for change

Published May 2023

Royal College of Psychiatrists Wales

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness and intellectual disabilities, and the mental health of individuals, their families and communities.

In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

RCPsych Wales represents more than 600 Consultant and Trainee Psychiatrists working in Wales.

We welcome the committee's scrutiny, as well as phased approach to the consultation.

We agree with the proposed areas of focus and have highlighted some initial context to each area.

We are keen to respond to further stages of the consultation process, as the Committee focusses attention.

The interaction between chronic mental and physical illness

Mental illness is common in individuals suffering from physical illness. Among general medical inpatients, prevalence of psychiatric disorder varies from 23-39%. Among general medical outpatients, only 15% of patients with a definite physical diagnosis suffer from psychological disorder in comparison with nearly half (45%) of those patients with unexplained somatic symptoms. [1]

People with severe mental illnesses (SMI) often develop chronic physical health conditions at a younger age than people without SMI[2], such as:

- Obesity
- Asthma
- Diabetes
- Chronic obstructive pulmonary disease
- Coronary heart disease
- Heart failure
- Liver disease

Additionally, children with long-lasting physical illness are twice as likely to suffer from emotional problems. This is especially true of physical illnesses that involve the brain, such as epilepsy and cerebral palsy.[3]

[1] Guthrie, E. (1996). Emotional Disorder in Chronic Illness: Psychotherapeutic Interventions. *The British Journal of Psychiatry, 168*(3), 265-273. doi:10.1192/bjp.168.3.265

[2] A world-leading mental healthCare system by 2035: Commitments For A Cross-Government Mental Health And Wellbeing Plan (rcpsych.ac.uk), p.86

[3] Chronic physical illnesses for parents | Royal College of Psychiatrists (rcpsych.ac.uk)

The term 'chronic' denotes an illness of long duration or one of frequent recurrence.[4] Being diagnosed with a chronic condition may make someone more likely to have or develop a mental health condition. In fact, people with chronic medical conditions are at higher risk of depression, which is common among people who have:[5]

- Alzheimer's disease
- Autoimmune diseases
- Cancer
- Coronary heart disease
- Diabetes
- Epilepsy
- HIV/AIDS
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Stroke

The kinds of emotional disorder associated with physical illness fall into two main groups: 'psychological reaction to physical illness' and 'somatic presentation of psychological disorder'. [6] In people with depression, scientists have found changes in the way several different systems in the body function that could have an impact on physical health, including:

- Increased inflammation
- Changes in the control of heart rate and blood circulation
- Abnormalities in stress hormones
- Metabolic changes such as those seen in people at risk for diabetes[7]

We recommend that the NHS should consider integrated training opportunities, such as the management of common chronic physical and mental comorbidities such as alcohol and mood disorders and diabetes and depression.[8]

Readiness of local NHS and social care services to treat people with chronic conditions within the community

[4] Harding, C., Zubin, J., & Strauss, J. (1992). Chronicity in Schizophrenia: Revisited. *The British Journal of Psychiatry, 161*(S18), 27-37. doi:10.1192/S0007125000298887

[5] NIMH » Chronic Illness and Mental Health: Recognizing and Treating Depression (nih.gov)

[6] Guthrie, E. (1996). Emotional Disorder in Chronic Illness: Psychotherapeutic Interventions. *The British Journal of Psychiatry, 168*(3), 265-273. doi:10.1192/bjp.168.3.265

[7] NIMH » Chronic Illness and Mental Health: Recognizing and Treating Depression (nih.gov)

[8] A world-leading mental healthCare system by 2035: Commitments For A Cross-Government Mental Health And Wellbeing Plan (rcpsych.ac.uk) p.90

With regard to the readiness of local NHS and social care services to treat people with chronic conditions within the community, according to the 'Connecting the Dots: Tackling Mental Health Inequalities in Wales'[9] report written by the Senedd's Health and Social Care committee, disabled people or people living with a chronic health condition or with a serious mental illness are particularly at risk of experiencing mental health inequalities.[10] It's important that the recommendations from this report are taken forward so that we can reduce mental health inequalities and get people living with chronic conditions, both mental and physical, the support they need.

Support available to enable effective self-management, including mental health support

There are, however, many examples of support available to enable effective self-management where appropriate, including mental health support. One of these is the Technology Enabled Remote Monitoring in Schools (TERMS) project led by TEC Cymru. Eating disorders are an example of a mental illness which can become chronic. It's been estimated that more than 10% of patients[11] with Anorexia Nervosa eventually become chronic, although the majority of people with this condition will eventually partially or fully recover. The TERMS project focuses on young people with eating difficulties in schools. It was co-designed with young people and involves remotely monitoring young people in regular and non-invasive ways. This allows issues to emerge over time and across ages and circumstances. Suitable interventions according to need are then offered as and when warning flags are raised by these technologies.[12]

The project has a wider clinical utility, and the methodology can be further applied to medication management, and supporting people with ADHD for example; this may help tackle some of the existing challenges across services, such as around waiting lists and access to services.

The impact of the pandemic on quality of care across chronic conditions.

The COVID-19 pandemic had a significant impact on chronic conditions care, creating barriers to diagnoses, treatment and follow-up.[13] The disruption of care caused has had a longer-lasting impact on chronic health outcomes that surpasses the duration of the pandemic itself.

[9] Connecting the dots: tackling mental health inequalities in Wales (senedd.wales)
[10] Connecting the dots: tackling mental health inequalities in Wales (senedd.wales), p.22
[11] Frontiers | A Perspective on Chronic and Long-Lasting Anorexia Nervosa (frontiersin.org)
[12] TERMS - Technology Enabled Remote Monitoring in Schools | Digital Health Wales
[13] Fekadu G, Bekele F, Tolossa T, Fetensa G, Turi E, Getachew M, Abdisa E, Assefa L, Afeta M, Demisew W, Dugassa D, Diriba DC, Labata BG. Impact of COVID-19 pandemic on chronic diseases care follow-up and current perspectives in low resource settings: a narrative review. Int J Physiol Pathophysiol Pharmacol. 2021 Jun 15;13(3):86-93. PMID: 34336132; PMCID: PMC8310882.

Patients with chronic diseases require close monitoring and regular disease management to reduce the risks of adverse health outcomes. A decrease in available heath care services due to resources being redirected towards pandemic disease negatively affected the outcomes of chronic diseases. Lack of face-to-face medical appointments may have particularly negatively impacted on patients living with a chronic mental health condition, as specialists would be unable to assess physical indicators of mental wellbeing and pick up on warning signs.

The impact of the rising cost of living on people with chronic conditions in terms of their health and wellbeing.

According to the Senedd Cymru report on 'The Cost to Life: How soaring living costs affect people's health and wellbeing', people living with chronic illnesses are among the most impacted by the cost of living.[14] This is because life is generally more expensive for people living with chronic health conditions due to the costs of managing their health. More money is spent on essentials like heating, insurance, specialist equipment, accessible transport, specialist food and therapies.[15] They are also more likely to be unemployed and to have low incomes.

The extent to which services will have the capacity to meet future demand with an ageing population.

The incidence of chronic conditions increases with age, therefore many elderly people have a range of physical, mental health and social care needs for which they require support. The need to deliver integrated support to people with long-term conditions who live in nursing and care homes has been particularly neglected and requires attention. Furthermore, hospital admissions may be avoided if social care staff are trained to detect problems early and manage conditions more effectively.[16]

[14] The cost to life: how soaring living costs affect people's health and wellbeing (senedd.wales)
[15] "Seismic" impact of the cost of living crisis on disabled people (senedd.wales)
[16] NICE Guideline, Older people with social care needs and multiple long-term conditions 1 (nice.org.uk)

Agenda Item 5

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Agenda Item 6

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Agenda Item 8.1

Comisiwn Cydraddoldeb a Hawliau Dynol | Equality and Human Rights Commission

Russell George MS
Chair, Health and Social Care Committee
By email only

From: Martyn Jones JP DL, Wales Committee Interim Chair

Our ref: 20240307George

Thursday 07 March 2024

Dear Russell George

Violence against women and girls

I am writing to bring your attention to our comprehensive report, published today, analysing the UK and Welsh Governments' performance upholding the Istanbul Convention. In particular, we would like to highlight some of its recommendations relevant to the Welsh Government. We have published our analysis of the Istanbul Convention on our website.

The Istanbul Convention

As you know, the UK Government ratified the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence ('the Istanbul Convention') in July 2022. We welcomed this important step. As such, the UK and Welsh Governments are now bound by international law to protect women and girls from violence. This includes prevention activities, prosecuting those responsible, and safeguarding survivors.

Our report has been submitted to support the Council of Europe experts on violence against women and girls' ('GREVIO') own evaluation of the

implementation of the Convention.

As an A-status National Human Rights Institution, we have provided our independent analysis on compliance with the Convention, and recommendations for change, to support GREVIO's assessment, including by meeting with the experts in January 2024. We are pleased to share our report with you today, which reflects this programme of work.

Based on our analysis, we welcome both governments' ambitious targets to improve women and girls' safety, and their focus on driving improvements. However, there still work to do to make these targets a reality for women and girls. We outline some of our recommendations here.

Measuring progress

To facilitate improvements on women and girls' safety, we recommend that the Welsh Government publish new indicators to measure progress implementing its current Violence against women, domestic abuse and sexual violence strategy without delay. As the Welsh Government did not publish any comprehensive information on progress against its 2019 indicators, we consider it a priority that the Welsh Government adopts a greater focus on delivery and transparency.

Access to domestic abuse refuges

Our work has also highlighted the need to ensure the accessibility of domestic abuse refuges for disabled women. In 2021/22, just 1.1% of refuge vacancies listed on the UK-wide database were suitable for a woman with limited mobility.

Just 0.9% could provide wheelchair accessible space. We welcome the Welsh Government's recent decision to offer grant funding for ensuring services are accessible. We consider that it should ensure data is published annually on progress to improve accessibility.

Protection for migrant victims of violence

Migrant victims of violence are in need of further protection to ensure their right to equal treatment under the Istanbul Convention is upheld. Those with no recourse to public funds do not currently have equal access to support services, for example. We welcome the Welsh Government funding the pilot Migrant Victim of Abuse Support Fund. We urge them to share findings from the pilot when they are available, as well as to ensure longer-term support to meet the needs of migrant victims with no recourse to public funds.

We would be happy to meet to discuss these issues further, and invite you to consider our report, and its recommendations for change, carefully.

Yours sincerely,

Martyn Jones JP DL
Wales Committee Interim Chair
Equality and Human Rights Commission |

Arndale House, The Arndale Centre
Manchester, M4 3AQ

equalityhumanrights.com

Comisiynydd Pobl Hŷn Cymru
Older People's Commissioner for Wales

03442 640 670
Rydym yn croesawu galwadau yn Gymraeg

Adeiladau Cambrian
Sqwâr Mount Stuart
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Cambrian Buildings
Mount Stuart Square
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Russell George MS
Chair
Senedd Health and Social Care Committee
Senedd
Cardiff
CF99 1SN

Russell.George@senedd.wales

[By Email only]

21 March 2024

Dear Russell,

Access to GP Practices in Wales: Older People's Experiences

Please find attached a copy of my latest report – Access to GP Practices in Wales: Older People's Experiences – which I am sending to you in your capacity as Chair of the Senedd's Health and Social Care Committee.

The report is based on survey responses from over 900 older people living across Wales,as well as speaking directly with older people at a number of engagement events and meetings throughout the project. A series of helpful discussions also took place with organisations including the Royal College of GPs, Llais, the Institute of General Practice Management, and NHS Wales – Strategic Programme for Primary Care.

The report highlights a range of concerning issues, including that difficulties accessing GP practices leave many older people suffering in pain, living with deteriorating conditions, feeling worried and anxious, and sometimes even giving up on seeking treatment.

Two-thirds of older people said they find it difficult to get the type of appointment they want at their GP practice, the same number who said they find it difficult to contact or get information from their GP practice.

I am calling for action from health boards, GP practices, the Welsh Government and other key organisations, focused on:

- Building relationships of trust with older people and improving continuity of care
- Removing practical barriers and providing the support people need
- Modernising systems and delivering against existing standards
- Improving wider infrastructure – e.g. public transport to practices, planning regulations.

There is no escaping the significant pressures being faced by health services, including GP services. Some of the action required will inevitably need longer-term investment and support from the Welsh Government, health boards and local authorities.

However, many of the issues identified within this report can be tackled at little or no cost and would improve older people's experiences. It is vital that progress is made over the coming months to help support older people's health and wellbeing.

I would be very grateful if you could bring the report to the Committee's attention. I would be happy to meet with you and/or members of the Committee more widely to discuss the report's recommendations.

If you would like to arrange a meeting or to discuss the report further, please ask a member of the Committee's staff to contact my Director of Policy, Rachel Bowen [redacted]).

Yours sincerely

Heléna Herklots CBE
Older People's Commissioner for Wales

Comisiynydd Pobl Hŷn Cymru
Older People's Commissioner for Wales

Access to GP Practices in Wales

Older people's experiences

The Older People's Commissioner for Wales

The Older People's Commissioner for Wales is an independent voice and champion for older people throughout Wales.

The Commissioner is taking action to protect older people's rights, end ageism and age discrimination, stop the abuse of older people and enable everyone to age well.

The Commissioner is working for a Wales where older people are valued, rights are upheld and no-one is left behind.

How to contact the Commissioner:

The Older People's Commissioner for Wales
Cambrian Buildings
Mount Stuart Square
Cardiff
CF10 5FL

Phone: 03442 640 670
Email: ask@olderpeople.wales
Twitter: @talkolderpeople

Website: www.olderpeople.wales

Accessible formats

If you would like this publication in an alternative format and/or language, please contact us.

Mae'r ddogfen hon ar gael yn Gymraeg // This document is available in Welsh

Contents

Foreword

As we get older, accessing GP and other health services often becomes a more prominent aspect of our lives. These services play a crucial role in supporting many older people to stay healthy, independent and safe, manage long-term conditions and minimise pain, which, in turn, enable older people to stay in work, volunteer, support or care for others, take part in family and community life, and age well.

My team and I regularly travel throughout Wales to meet and speak with older people, and access to GP practices is an issue that is consistently raised. This was also reflected in the experiences of Black, Asian and Minority Ethnic older people shared as part of an engagement project about people's lived experiences.

In recent years, we've also seen significant changes to the way that services are being provided, with a rapid shift towards delivering online services – significantly accelerated by the pandemic – which risks leaving behind older people who are digitally excluded.

Understanding the barriers older people face when trying to access GP practices is crucial to prevent people, often in the most vulnerable situations, from being discouraged or excluded from accessing vital health services. Tackling the kinds of issues that make it difficult to access GP practices is also important in the longer-term to help make an age-friendly Wales a reality.

That is why I invited older people to share their recent experiences of accessing GP practices in Wales, to provide an insight into the kinds of issues people are facing, the impact these are having on people's day-to-day lives, and the action older people want to see that would improve their experiences.

The survey I distributed to older people covered a wide range of matters – including making and attending appointments, relationships and interactions with doctors and surgery staff, continuity of care and clinician, and the surgery environment itself – and provided an opportunity for people to raise other issues that affect their access to GP practices.

There was a significant response from older people throughout Wales, with over 900 completed surveys received in total, and I would like to thank everyone who got in touch to share their experiences and make the publication of this report possible.

I would also like to thank the older people's groups who provided feedback on my survey questions, and the voluntary and statutory organisations that helped my office to develop and distribute my questionnaire, including Age Cymru and Llais.

Furthermore, I would like to thank other key health bodies and organisations, including the NHS Wales Strategic Programme for Primary Care, Royal College of General Practitioners, Royal College of Nursing, Institute of General Practice Management, British Medical Association, General Medical Council and others who engaged in very helpful discussions relating to the policy and operational context throughout this work.

My findings highlight that older people often find practice staff to be friendly, helpful, kind and apologetic when there are issues, and there was general recognition that services and staff are under pressure, doing their best under the circumstances. But the experiences shared reveal that many older people also face difficulties and challenges that leave them feeling frustrated, let down and left behind. Also of great concern is the fact that a number of people described themselves as suffering, getting worse, being worried and anxious, or simply 'giving up' trying to access their GP practice as a result.

Based on these kinds of experiences, my findings suggest that the older people who responded to my survey are yet to experience the full extent of the service improvements being reported to the Welsh Government.

Many of the issues identified within this report can be tackled at little or no cost with practical steps by GP practices to improve older people's experiences. Some of the action older people want and need to see, however – relating to service redesign and modernisation of systems and infrastructure, for example – will require longer-term investment and support from the Welsh Government, health boards and local authorities. While I recognise the pressures currently being faced by public services, including financial pressures, without sufficient funding and resources to improve access to services, many older people may find themselves unable to get the treatment they need.

The action I am calling for will help to enable relationships of trust between patients, doctors and practice staff that often add so much value to interactions and are so highly valued by older people. In addition, delivering this will help to ensure that people can access the health services they need, when they need them, in a way that suits them, which will make a positive difference to the lives of many thousands of older people throughout Wales.

Heléna Herklots CBE
Older People's Commissioner for Wales

Executive Summary

Background

Access to GP surgeries is a longstanding issue in Wales, and is often raised by older people with the Commissioner at engagement events and via the Commissioner's Advice and Assistance Service.

The Commissioner previously examined these kinds of issues in 2017, publishing her 'GP Services in Wales: The perspective of older people' report, together with formal Guidance for GP practices and health boards.

In the years since, health services – including GP services – have faced significant pressures due to the impact of the pandemic and the impact of inflation on public spending.

Research undertaken on behalf of the Commissioner in 2023 indicated that these pressures are having an impact on older people's access to services: over 40% of people aged 60+ said they were less likely to try to get a GP appointment, access an out of hours GP service or request a home visit due to reported NHS pressures. This research also found that 89% of older people felt 'anxious' about the state of the NHS, the top issue of concern amongst a wider list.

Other research in 2023 reflected these findings, such as Age Cymru's 'What Matters to You' survey, which found that 72% of older people had a negative experience of GP surgeries.

Due to continued evidence of older people facing difficulties accessing GP practices, and concerns raised by Black, Asian and Minority Ethnic older people during engagement throughout 2022/23, the Commissioner wanted to examine older people's experiences in more detail.

The Commissioner conducted a survey during autumn 2023, which covered various aspects of accessing GP practices, including making an appointment, communications with and from practices, joined-up care and services, patient satisfaction and challenging poor service or practice.

Over 900 older people responded to the Commissioner's survey, and the information and evidence shared forms the basis of this report.

Alongside this, information was gathered through wider engagement with older people and organisations and through drawing upon research previously undertaken by the Commissioner, including Accessing Health Services in Wales: Transport Issues and Barriers, Access Denied: Older People's Experiences of Digital Exclusion in Wales and findings from the Commissioner's work to explore the lived experiences of Black, Asian and Minority Ethnic older people throughout Wales.

Current Policy

As part of her thematic analysis of older people's experiences, and in shaping her recommendations, the Commissioner considered the role and impact of standards and frameworks designed to help improve access to GP services, as well as wider health policy and regulations, and the extent to which these are reflected in the reality of older people's experiences. These include:

- Access to In-Hours GMS Services Standards
- NHS Wales Performance Framework 2023-2024
- Guidance for the GMS Contract Access Commitment 2023/24
- National Patient Experience Survey
- Older people and people living with frailty: integrated quality statement

Commissioner's Findings

Around two-thirds of the older people who responded to the Commissioner's survey said they found it difficult make suitable appointments, while around two-thirds also said they faced issues when trying to contact or communicate with their GP practice, whether by telephone or online.

Many older people reported difficulties getting through to their GP practice on the phone, particularly at certain times of the day, and often found navigating complicated telephony systems a frustrating experience that them unable to access the service they needed or find the information they were looking for. Digital exclusion can also act as a significant barrier when trying to access GP practices as more and more services move online.

Older people told the Commissioner that appointments offered to them often feel unsuitable, either due to the type of appointment itself (preferred face-to-face appointments are often limited) or due to their concerns about experience of some clinicians, with examples shared of delays or missed symptoms as a result of this.

In some particularly concerning cases, older people said they would withhold information about their health or symptoms with certain clinicians, preferring to discuss some matters with their doctor only, something that presents a significant risk to people's health.

Many older people reported that services did not feel 'joined-up' or communicate with each other effectively, and shared examples where patient information had gone missing or had to be provided several times, prescriptions were delayed and people were left being sent 'from pillar to post' to try and resolve issues.

There was also little awareness amongst older people about alternative services that might enable someone to access treatment more quickly, which suggests cross-promotion of health services is currently relatively limited.

Wider issues, such as access to public transport, or difficulties accessing services in an individual's language of choice, also create barriers that mean older people often feel that their needs have not been considered when services are being planned or delivered due to a lack of coordination and partnership working across different agencies.

On a more positive note, much evidence was provided by older people that suggests that, generally, people do feel that they are treated kindly and with respect by doctors and practice staff, who were often 'doing their best under difficult circumstances'.

Some older people, however, reported far less positive experiences, such as rude behaviour from some individuals or their concerns being dismissed. The processes in place within GP practices – such as having no information about callback times, or having to provide personal information in reception – were also criticised.

Older people also highlighted issues with the GP practice environment, saying practices were 'shabby' and 'unclean'. Other issues, such as unsuitable waiting room seating, 'sensory overload' from information screens and having to shout/being unable to hear were also shared.

Where people were unable to access their GP practices, they were often left suffering in pain, self-medicating or, in some cases, would simply give up seeking treatment from their GP.

Around a third of the older people who responded to the Commissioner's survey had raised a compliment, concern or complaint about GP services with their practice or health board. However, amongst these individuals, around two-thirds reported being unsatisfied with the outcome they had received. Amongst the Black, Asian and Minority Ethnic older people who told the Commissioner they had raised a compliment, concern or complaint, no-one was satisfied with the outcome.

Furthermore, Black, Asian and Minority Ethnic older people face significant barriers in terms of language, often do not feel listened to or that concerns are easily dismissed and, in some cases, face discrimination based not only on race, but also on age.

Other examples of age discrimination shared were often along the lines of 'what do you expect at your age?', indicating that stereotypes and assumptions about older people may be having an influence on people's access to services, including the support available to ensure people can access what they need and follow clinical advice.

The Commissioner's findings demonstrate that the difficulties and challenges faced by many older people often leave them feeling frustrated, let down and left behind. In addition, and of great concern, is the fact that a number of people reported they were suffering, that their conditions had deteriorated or that they were left feeling worried and anxious.

The Commissioner's findings also suggest that the older people who responded to her survey are yet to experience the full extent of the service improvements being reported to the Welsh Government.

The Commissioner's recommendations, summarised below, recognise the pressures on public services, including financial pressures, but many of the issues identified within this report can be tackled at little or no cost with practical steps by GP practices to improve older people's experiences. Some of the action required, however will require longer-term investment and support from the Welsh Government, health boards and local authorities.

A key part of the action the Commissioner is calling for aims to enable and build relationships of trust between patients, doctors and practice staff. These kinds of relationships often add a great deal of value to interactions and are highly valued by many older people.

The Commissioner will also play her part by taking forward action to influence policy and practice, as set out below.

Summary of Commissioner's Recommendations

A summary of the key areas covered by the Commissioner's recommendations is set out below, together with details of the organisations that will need to take forward the specific actions included within the full report.

- **Build relationships of trust with older people:** GP practices / health boards
- **Remove practical barriers to older people's access and improve communication with older people:** GP Practices / health boards
- **Support older people to attend GP practices and follow clinical advice:** Primary Care Clusters / local authorities (with support from the third sector)
- **Ensure older people are not digitally excluded from accessing GP practices:** GP Practices / health boards / Welsh Government / UK Government
- **Ensure sufficient resources are made available to modernise GP practice systems and ensure that older people's experiences match access and quality standards:** Welsh Government / NHS Wales Executive / Digital Health and Care Wales (in conjunction with GP practices)
- **Improve public transport to GP practices:** Welsh Government / health boards / Pan Cluster Planning Groups / GP practices
- **Wider infrastructure (inc. planning system):** planning authorities / local authorities

Action from the Commissioner

The Commissioner's findings and the powerful quotes from older people provide a strong evidence base that will be invaluable in helping the Welsh Government and other public bodies to understand older people's experiences of accessing GP practices, and will support the Commissioner's ongoing work to influence policy and practice within health services, and more widely.

The Commissioner will continue to encourage and support health services, GP practices, and other key organisations to reach out to and engage with older people throughout Wales in a meaningful way so that the voices of patients of all ages help to shape policy and practice.

The Commissioner also wants to empower older people by helping them to better understand what they can expect in terms of access to GP practices and where people can find help and support if they experience issues or barriers. Alongside this, the Commissioner will continue to provide information and support directly to older people through her Advice and Assistance Service.

The specific action the Commissioner will take is outlined below:

- Ensure that the experiences of older people and the recommendations in the report are heard and understood by the Welsh Government and other organisations that can implement change, and that action is taken.
- Publish a guide to accessing GP practices for older people in spring 2024, explaining what people can expect from practices and what to do if they are having difficulty with access.
- Work closely with the Royal College of General Practitioners (RCGP) and the Institute of General Practice Management to help make improvements in access a reality for older people.
- Publicise the report widely, discussing the findings with groups of older people across Wales.

The Commissioner will monitor progress against the action she is calling for within this report and will produce an update on initial progress in summer 2024.

Access to GP Practices in Wales

Older people's experiences

Background

Older people's perspectives of accessing GP practices

Older people's access to GP services is a longstanding issue, which the Commissioner previously examined in 2017. The Commissioner's report, 'GP Services in Wales: The Perspective of Older People' identified a number of challenges faced by older people, including making an appointment, continuity of care, accessibility of buildings, communications, length of appointments, access to Welsh language services, feedback and complaints, and availability of alternatives to GPs.[1]

The report included guidance for health boards and GP practices issued under Section 12 of the Commissioner for Older People (Wales) Act 2006 on expected outcomes for older people.

Impact of the Covid-19 pandemic

The Covid-19 pandemic made access to GPs more difficult for older people, especially for people living with dementia and those who were isolated with no-one nearby who could help. The shift to online and telephone-based services was also accelerated by the pandemic, and while this was helpful for some older people, it created significant barriers for others, especially those who are not online. For example, older people told the Commissioner they had been unable to take part in online or video call appointments with their GP and had been unable to book a face-to-face appointment.

Between November 2020 and August 2022, Community Health Councils carried out local engagement projects to seek the views of the public on their experiences of accessing their GP practice.[2] The results showed that some patients were experiencing very poor access, and that most people who tried to access GP practices were finding it challenging, particularly first thing in the morning and when making routine appointments. Remote appointments were more convenient for some, but did not meet everyone's needs, especially those of people with sensory impairments, while some people wanted video consultations which were not available at their practice.

Evidence of older people's access to GP practices in 2023

Since the pandemic, the NHS in Wales has faced significant, ongoing pressures that seem to have had a further impact on older people's access to health services. Research undertaken on behalf of the Commissioner in March 2023 showed, for example, that reported NHS pressures made older people less likely to request a GP Home Visit (53% less likely), try to get a GP appointment (45% less likely) and contact an out of hours GP service (41% less likely). In addition, this research found that 89% of older people felt 'anxious' about the state of the NHS, the top issue of concern amongst a wider list.

These findings were reflected in Age Cymru's fourth annual What Matters to You survey, carried out in spring 2023, which found that 72% of older people had a negative experience of accessing GP surgeries.[3]

Commissioner's Survey of older people's experiences of access to general practice

As a result of the continuing evidence of older people's difficulties in accessing GP practices, including particular concerns raised by Black, Asian and Minority Ethnic older people during engagement throughout 2022/23, the Commissioner was keen to explore older people's current experiences of accessing GP practices and the issues encountered in more detail.

A survey was conducted in autumn 2023 asking older people about their experiences of accessing GP practices over the preceding months. The survey ran from 27 September to 30 November, and over 900 responses were received. The responses covered the whole of Wales, with patients from GP practices in every health board, and from both rural and urban areas.

A thematic analysis of responses was conducted, the results of which are presented below. Discussion of the results includes additional information gathered through other research and engagement with older people undertaken by the Commissioner, including Accessing Health Services in Wales: Transport Issues and Barriers,[4] Access Denied: Older People's Experiences of Digital Exclusion in Wales[5] and findings from the Commissioner's work to explore the lived experiences of Black, Asian and Minority Ethnic older people throughout Wales.

Current policy

A number of new standards and frameworks have been introduced by the Welsh Government in recent years, which include commitments in the contract between the Welsh Government and GPs to improve access to GP services. As part of her analysis and in shaping her recommendations, the Commissioner considered how far these kinds of policies, as well as wider health policy and regulations, are reflected in older people's experiences of accessing GP practices, and what else needs to be done to make the policies and the improvements they should bring, a reality for older people.

Phase 1 Access Standards

In 2019, the Welsh Government published new Access to In-Hours GMS Services Standards,[6] setting clear minimum expectations relating to access, including maximising the use of email and online appointment booking systems. The Commissioner welcomed the new standards as an important step forward in improving older people's access to GP services, particularly on making appointments and communicating and interacting with GP services. However, wider issues around access still needed to be addressed, including transport, physical access to GP practices and the practice environment.

These Phase 1 access standards became part of the General Medical Services Contract in 2022.

Other Welsh Government Initiatives

In June 2023, the Welsh Government's NHS Wales Performance Framework 2023-2024,[7] listed Access to Primary Care Services as the first of six Ministerial priorities.

In the same month, the Welsh Government published Guidance for the GMS Contract Access Commitment 2023/24,[8] requiring practices to make improvements to access based on patient experience and use care navigation to take a forward-looking and planned approach to appointments. Embedding and maintaining this second set of standards is continuing throughout 2023-24 and is subject to evaluation. These Phase 2 access standards are expected to become part of the General Medical Services contract at a future point. As part of the ongoing work to embed the Access Commitment, the Welsh Government expects GP practices in Wales to collect patient feedback proactively and to respond with Access Improvement Plans, to ensure they are meeting the needs of their patients.

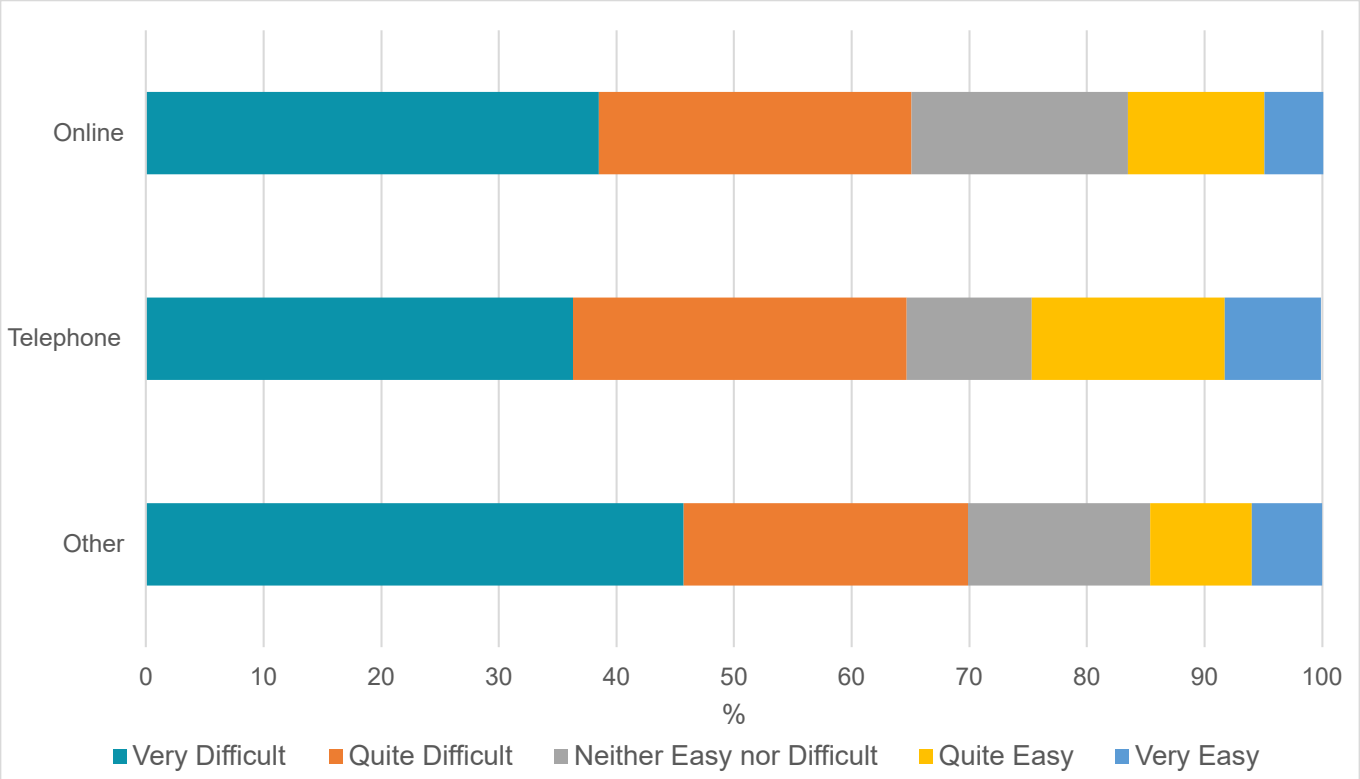
In 2023 the Welsh Government also asked GP practices to ask their registered patients to complete a National Patient Experience Survey[9] to give feedback on their experiences of NHS services, such as an appointment with a doctor or health visitor, a hospital stay, an outpatient visit or something else.

In January 2024, the Welsh Government published Older people and people living with frailty: integrated quality statement[10] to set the direction for whole system service transformation, taking a whole system focus on older people and those living with frailty. As most NHS patient contacts are in primary care, and as older people use the NHS more than any other group, the Commissioner expects the integrated quality statement to be a major driver for improvement in older people's experience of GP practices.

Experiences of older people: survey results

This section provides an in-depth analysis of the data and information captured from responses to the Commissioner's survey, and sets out key issues and concerns shared by older people which affect access to GP surgeries. Illustrative quotes from older people are included throughout, which highlight people's experiences in their own words, and provide a useful insight into the ways that difficulties accessing GP surgeries can impact upon people's lives.

Q1. In general, how easy is it to contact or get information from your GP practice online, by telephone or by other means?



Online

65% of older people said that contacting or getting information from their GP practice online was very difficult or quite difficult, compared with 17% who said it was very easy or quite easy. 18% said it was neither easy nor difficult.

> **"Online is the only way to get an appointment from our surgery."**

Some older people commented that it was difficult to book appointments through online platforms such as My GP Online, that they could not or did not want to use apps, and that lack of internet and mobile phone connections in rural areas prevented online access to the practice.

One person said that their practice had previously had a good online system but that this had now ended and only telephone calls were now being offered. Another said that emailing the practice had been disabled.

Telephone

> **"I have often delayed seeing a GP due to the stress of redialling and not wanting to be a nuisance and feeling guilty and I just put up with feeling "not right" and then regret doing that."**

65% of older people said it was very difficult or quite difficult to contact or get information from their GP practice by telephone, while 25% said it was very easy or quite easy. 11% said it was neither easy nor difficult.

Many older people commented on the length of time it took to get through on the telephone. Several individuals also pointed out that the system was difficult to navigate when feeling unwell. People with sensory impairments said it was difficult to use the telephone, while others thought older people with cognitive impairment might also find it difficult.

> **"Find it very difficult due to hearing difficulties to understand the recorded message and unable to use online services."**

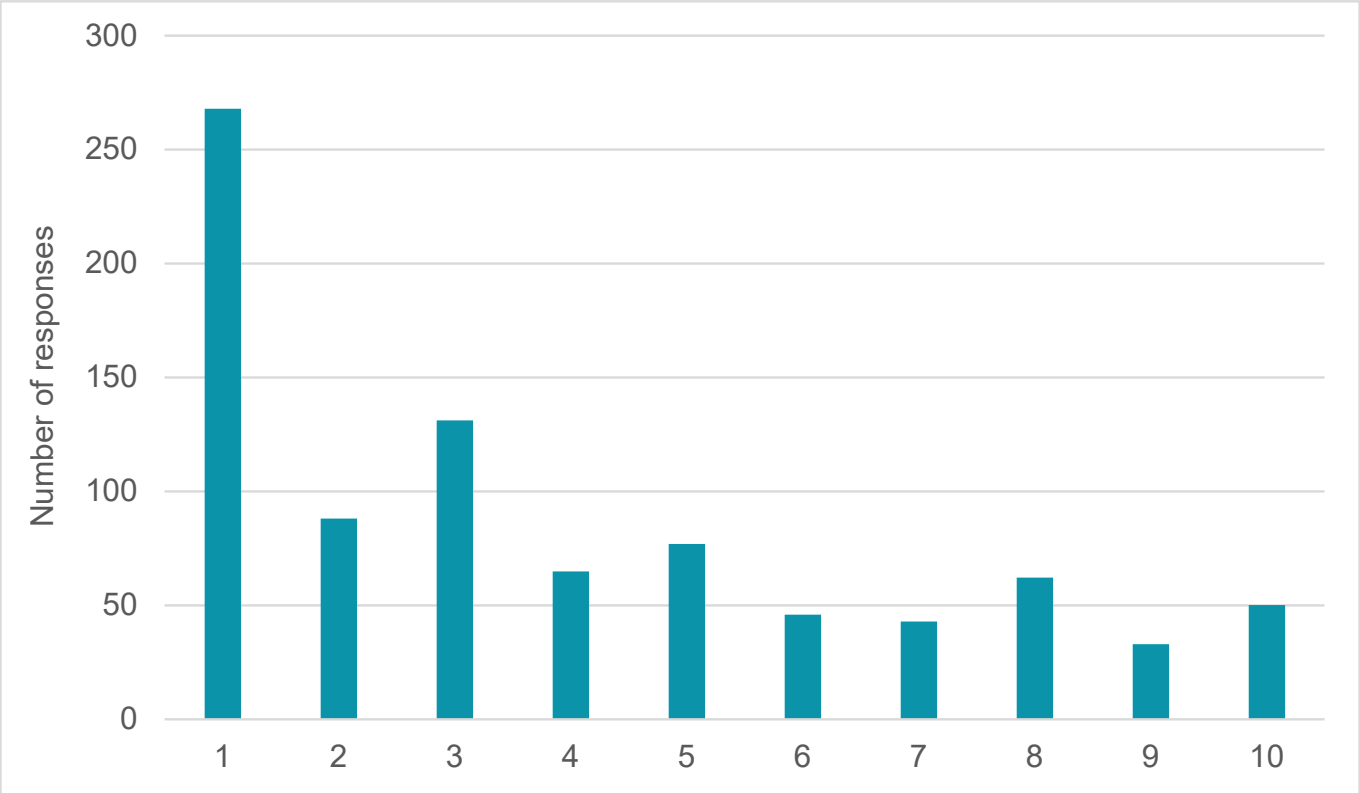
Some people asked family members and others to make phone calls on their behalf. However, people calling on behalf of others had limited time to keep trying when phone lines were busy.

Other

70% of older people said it was very difficult or quite difficult to contact or get information from their GP practice by other means. 15% said they found it very easy or quite easy. 15% said it was neither easy nor difficult.

Some people commented that they had tried texting their practice but that their texts had not been answered.

Q2. In general, how easy is it to get the type of



appointment you want at your GP practice?

1 = very difficult; 10 = very easy

64% of older people (552 people) said they found it difficult to get the type of appointment they want at their GP practice, while 22% said that they found it easy (188). 14% were neutral (123).

Seeking appointments

Some older people commented that media stories of NHS pressures had discouraged them from seeking appointments. Others said that they had been prompted to come forward for checks on symptoms by NHS publicity campaigns but had been unable to get appointments and were now worried. Others reported that they had been put off attempting to make an appointment because it had been too difficult to get the kind of appointment they wanted in the past.

> **"...the problem is that they rightly prioritise urgent appointment but what is not clear is how many of those appointments have become urgent because they only deal with urgent appts. i.e. no preventative/early intervention appointments."**

Availability of appointments

> **"When you get called back you are told that there are no appointments that day and to try 111 or call again the next day. Exasperating. Health in decline as a result."**

Some older people said there had been a reduction in the services available at their practice over time. Clinics which had been cancelled during the Covid-19 pandemic had never been reinstated.

At some practices, appointments were available only during working hours and not at weekends, which made it difficult to attend. Others said that appointments were not long enough to discuss more than one issue, although it was possible to book double appointments.

> **"They only do appointments on the day. There are no routine scheduled appointments that can be booked in advance."**

Many people mentioned staff shortages as a reason for the difficulty in making a routine appointment. Some said they felt guilty accepting an urgent appointment for what they believed was a routine issue, as someone else might need it more.

One older person said that their surgery had placed notices on social media four times in two weeks telling people to go to A&E if they wanted to see a doctor.

Another older person stated that it had taken them a lot of courage to phone up their practice about a mental health problem; they had then found that they were unable to book an appointment for that day.

Appropriate clinician

Some people appreciated additional services being delivered through their practice, such as pharmacy, asthma, physiotherapy and podiatry services, which made them easier to access. In one case, practice-based services meant no longer needing to undertake a regular 60-mile round trip to attend a hospital appointment.

> **"I have a gynae procedure done at my surgery every 6 months, prior to this always had to travel to [name] hospital 30 miles each way. Very grateful that Nurse Practitioner at [name] surgery now provides this procedure."**

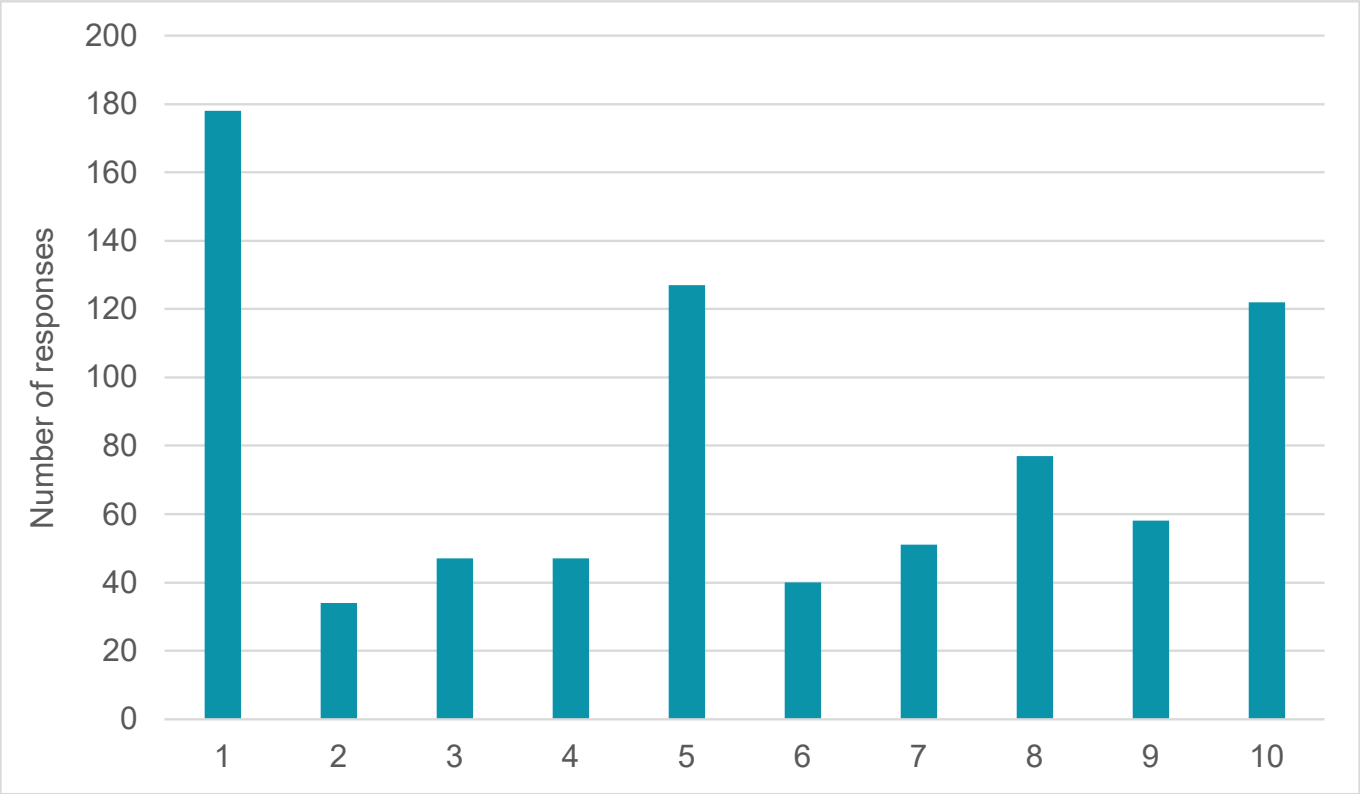
However, some older people felt reticent about consulting a clinician they did not know, even when the clinician was a GP.

Similarly, some older people were reluctant to make an appointment with a non-GP clinician at the practice because of concerns about whether they were sufficiently qualified to diagnose and treat the problem. Some said they had experienced mistakes in their care by other clinicians, which in one case was said to have led to long hospital stays. One person said they had been told by a nurse practitioner to drive themselves to A&E with a suspected heart attack.

Remote consultations

Numerous older people said they were not confident about receiving an accurate diagnosis over the phone or from a photo and were concerned about being prescribed medicine after a telephone diagnosis.

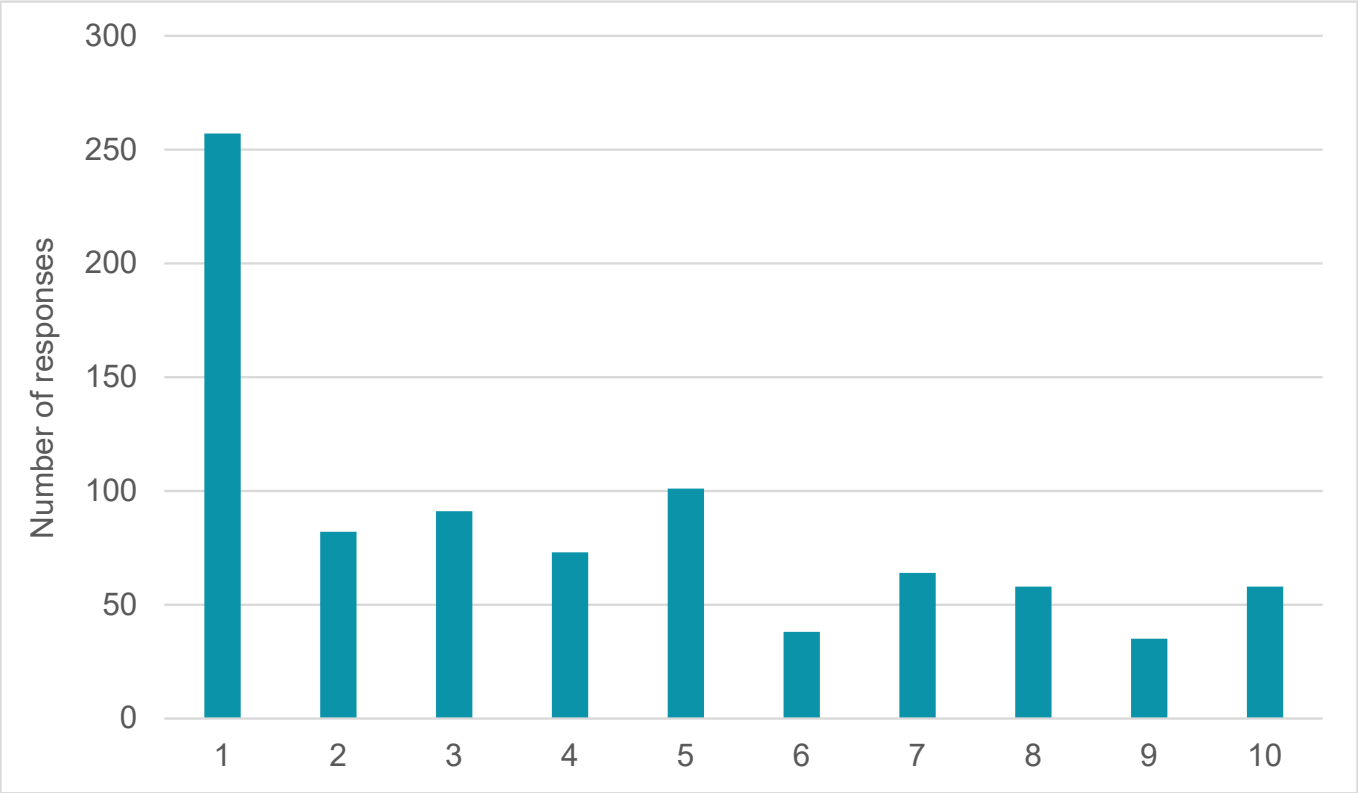
Q3. Do you have the support you need from the NHS and social services to attend all your appointments at your GP practice? (e.g. Phone or text prompts; large print / accessible format information)



1 = no support; 10 = all the support I need

39% (306) of older people said that they did not receive the support they needed to attend appointments. 39% (308) said they received all the support they needed. 21% (167) were neutral.

Q4. Does your health care feel joined up, with all of your doctors and nurses knowing everything they need to know about you?



1 = no, I have to repeat everything; 10 = doctors and nurses know all of the important information about me

59% (503) of older people said that they did not feel that their health care was joined up. 25% (215) said they felt it was joined up. 16% (139) were neutral.

Communication and coordination challenges

A range of communication or coordination problems were highlighted, both between older people and the practice but also between the practice and others, such as hospitals and pharmacies or the District Nurse service. This indicates that services often do not seem to 'joined-up' effectively for patients.

> **"I have had to ring my surgery again the following week as I had received no communication or telephone consultation for an appointment at all."**

Some older people commented on issues with their practice, e.g. that text messages had not arrived, or that their sensory impairments had not been noted in advance, despite having given the practice this information. In some cases, people's medical records had gone missing while another person said that they had been asked to fill in the same carer form with the same information several times.

Some types of communication from practices were felt to be inappropriate with one older person saying that they had been texted upsetting test results with a broken link for further information.

Communication between the GP practices and hospitals was problematic in some cases. One older person said that they were having to copy information about their treatment in the hospital and take it to the practice because the practice could not find it. Another said there had been a five-month delay in their GP passing on a hospital test result, and that they had then received an urgent call to convey a diagnosis of osteoporosis and to ask them to come and collect medication.

A lack of communication between the hospital and the GP was said to have left a broken leg untreated, while another person had not received any follow-up from their GP after admission to hospital with a suspected heart attack.

Issues with prescriptions and communications between the GP practice and the pharmacy was another area of concern.

> **"Frequently told prescription has gone to chemist only to find it hasn't so back to doctors and it can't be found. Not good when you are not well to feel like a ping pong ball. Chemists and doctors don't seem to have a number they can speak to each other on easily; always can't get through to each other."**

Older people commented that prescriptions had been missed even when they were on auto-repeat. One individual referred to a sudden refusal to prescribe a longstanding item, with no explanation. Others complained that they had not been told they needed a blood test ahead of their next prescription until the point of requesting it, meaning medication ran out. Medication shortages at the pharmacy and a long time awaiting a prescription for an alternative had left another older person without medication for a month.

Older people also said they had been prescribed the wrong medication, or a substitute medication to which they were allergic. One person said that their practice "doesn't keep track" of all the medications they have been prescribed.

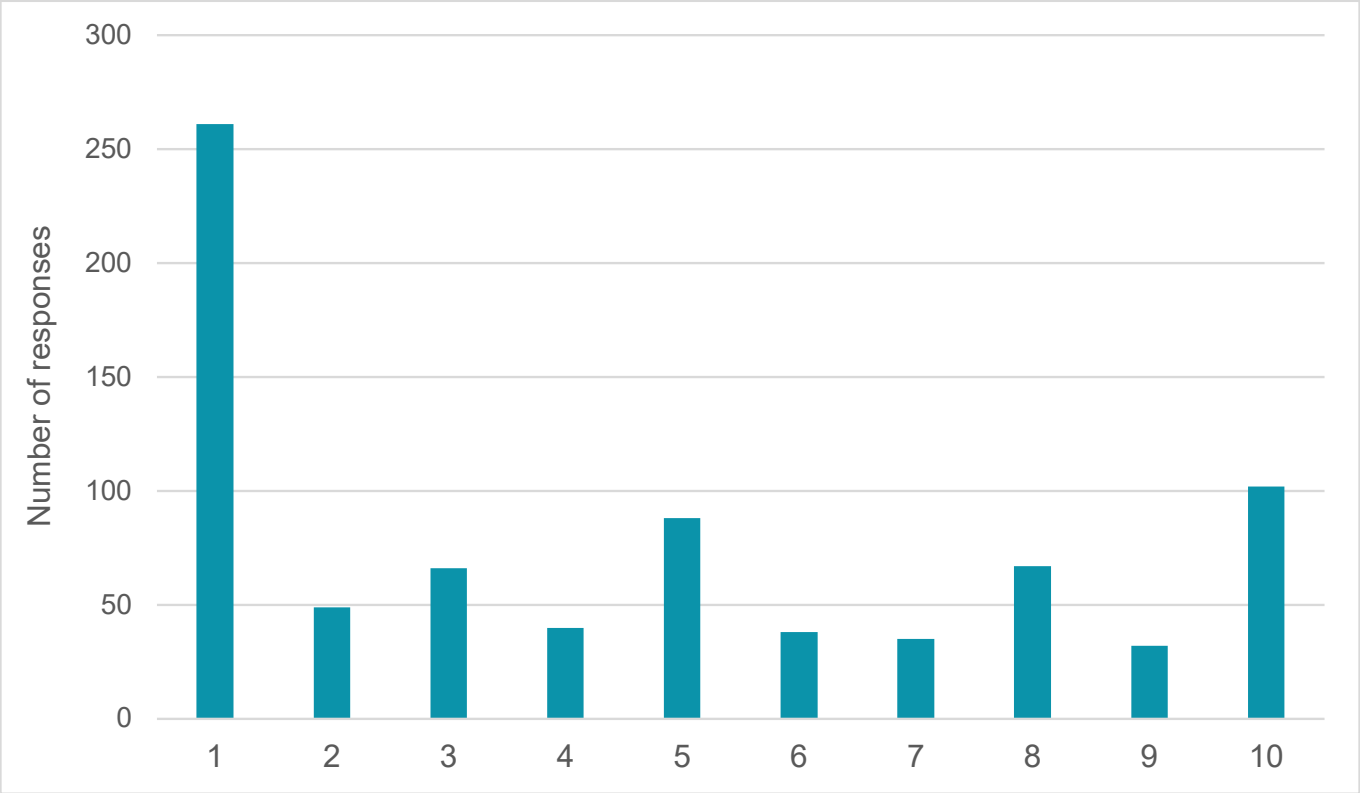
Continuity of clinician and setting

Older people expressed concern about the turnover rates of GPs in their practice, and an increasing reliance on locums. One older person said that they sometimes omit information during a consultation because they are talking to a stranger, even if the stranger is a GP.

One person suggested that people with a degenerative cognitive health condition should be seen by the same GP, at least annually. However, there were also comments that sometimes a "fresh" GP looks at a problem from another angle and that this could be a good thing.

Changes to practice settings as a result of mergers were experienced as very disruptive. Older people commented on confusion in the waiting areas when two practices in the same building had merged. One person said that, since the merger of two practices on different sites, patients had been given no information about which services were in which premises, were having to rely on word of mouth, and were having to chase up prescriptions between two practice sites and two pharmacists.

Q5. How easily can you get to your local GP practice using public transport?



1 = very difficult; 10 = very easy

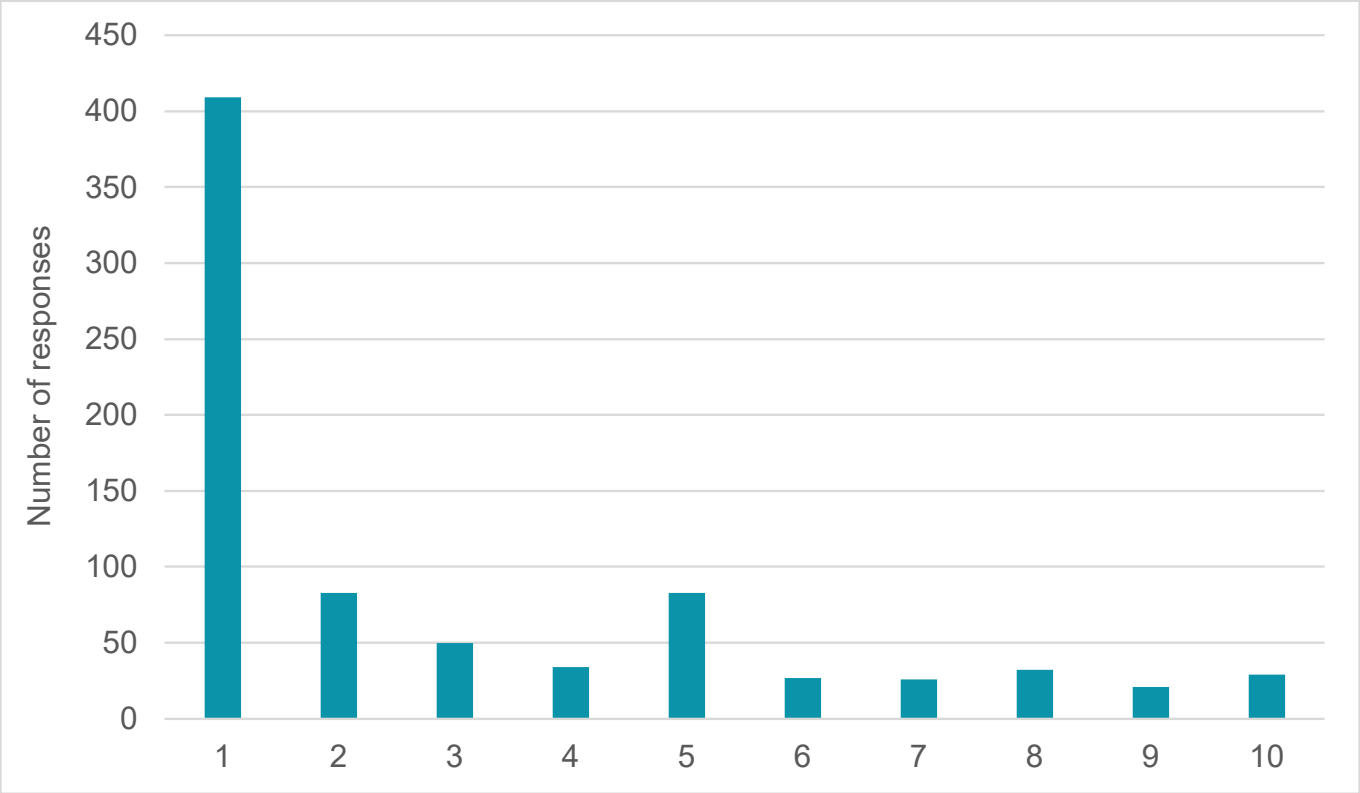
53% (416) of older people said that it was difficult to get to their GP practice on public transport. 30% (236) said that it was easy. 16% (126) were neutral.

> **"Had to take my repeat prescription to the surgery in the pouring rain on foot as there is no public transport."**

Examples were shared of older people having no option but to use taxis to access services, due to a lack of public transport or changes to services. One older person also noted that practice staff could be rude if patients having to rely on taxis were a couple of minutes late for an appointment. Another person said they were worried that, if they could not drive in the future, they would be unable to attend their practice.

> **"Public transport is non-existent for me. Without a car my wife and I could not access our GP."**

Q6. Do you feel able to ask for a home visit if you need one?

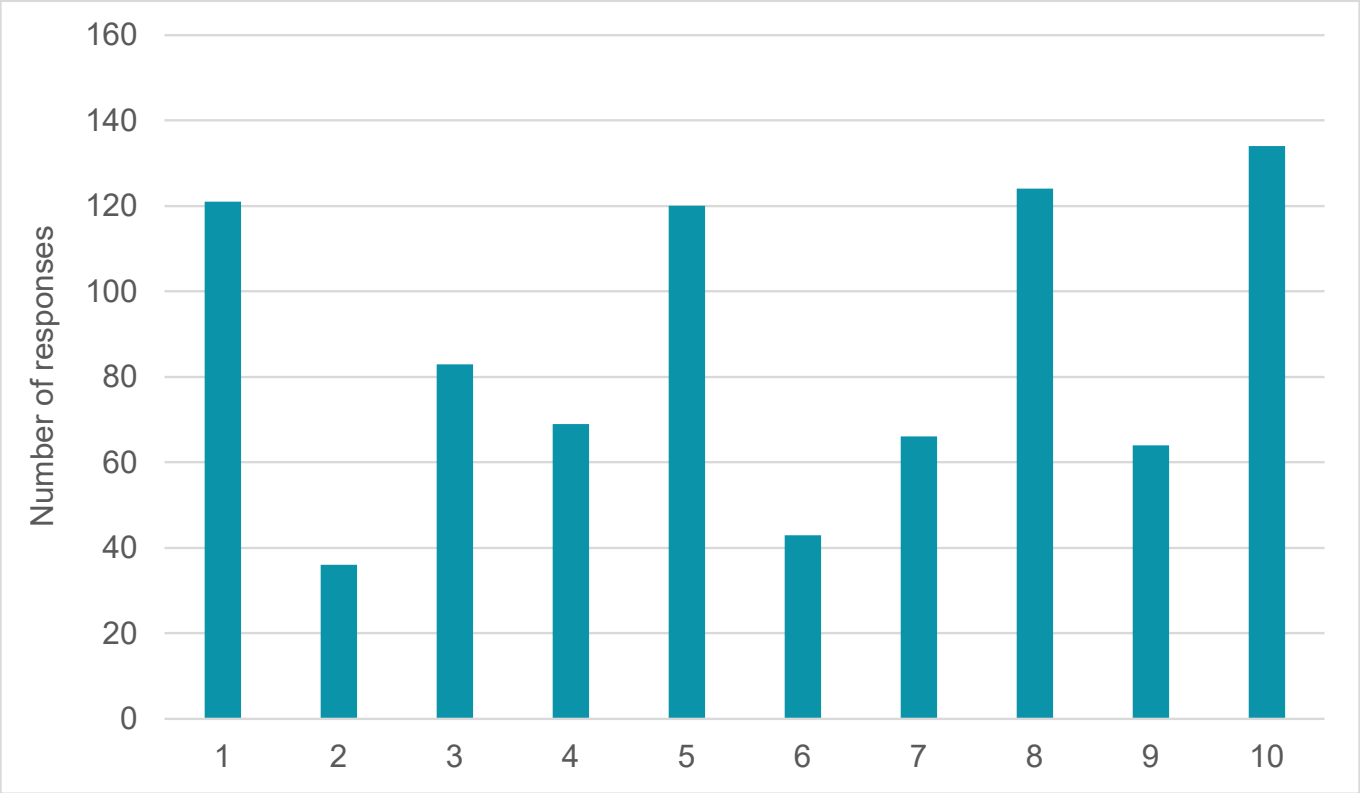


1 = no, not at all; 10 = yes, whenever I need to

73% (794) of older people said that they did not feel able to ask for a home visit if they needed one, 14% (108) said that they did. 14% (110) were neutral.

One older person with paraplegia was said to not have had a home visit for six years; another person said they could ask for a home visit, but at 98 it was rare to get one.

Q7. Do you feel welcome, respected, and able to have your say in your GP practice?



1 = not at all; 10 = always

36% (309) of older people said they did not feel welcome, respected and able to have their say. 45% (388) said that they did. 19% (163) were neutral.

The survey generated a lot of evidence that many practice staff were friendly, helpful, kind and apologetic when there were issues with systems. There was general recognition that services and staff were under pressure and many people said that staff were doing the best they could in difficult circumstances.

While some comments were about the behaviour of individuals or the older person's relationship with the practice, many were about processes and the environment, which also impacted how people felt.

Individuals

Some older people commented that receptionists could be "quite rude and inefficient" which made people feel stressed and anxious. Others said they were uncomfortable with the lack of privacy and being given advice on confidential issues in reception where everyone could hear, and in one case having their personal details visible to everyone on the reception desk. Some people also felt that practices made no allowance for people being in their 90s.

> **"When I rang, the receptionist said to me 'well you know what it's like'. I told her 'no, I don't know what it's like'."**

Comments were received about difficulties with doctors not looking up from their computer screens, hardly ever smiling, and rarely doing physical examinations. One person said that not listening to symptoms had led to a missed diagnosis while another older person had been asked by a doctor what they expected at their age.

In one instance, an older person reported that a GP had put the phone down on them and another clinician had threatened to leave – this older person said that they now felt traumatised whenever they had to deal with the practice. There was also a complaint that a doctor had "lectured" an older person about statistics when they were in pain and needed practical help. Black, Asian and Minority Ethnic older people wanted staff to be kinder and more patient, especially where language was a problem, and did not always feel heard or understood by staff.

In some cases, people shared that their poor experiences had prompted them to move GP services, and that they had found a better service as a result of doing so.

Processes

Many older people were uncomfortable giving details about themselves and their condition to a receptionist. Some people disliked being given results by a receptionist, especially where the receptionist did not understand the results and could not answer questions.

Other people complained about the inconvenience of callbacks from GPs, when they had no idea when the GP would call. People also described putting plans on hold and being unable to go about their day in case they missed a callback. Older people had also been surprised by callbacks made at unexpected times, such as in the evening.

> **"The GP will only make one attempt to call you back, so if you get to the phone too late, that's it. Try again the next day."**

Environment

There were some comments describing a "shabby, unclean environment" in the practice, and inappropriate seating, with difficulties getting up from low chairs with no arm rests.

Some older people disliked having to shout through a grille at reception and not being able to hear the answers. One person also said they were subjected to sensory overload when waiting to be called for their appointment via a screen which was also showing adverts.

Relationship with the practice

There were numerous comments to the effect that the relationship with a GP used to be a feature of family life but had now become impersonal, and that doctors seemed less available to their patients.

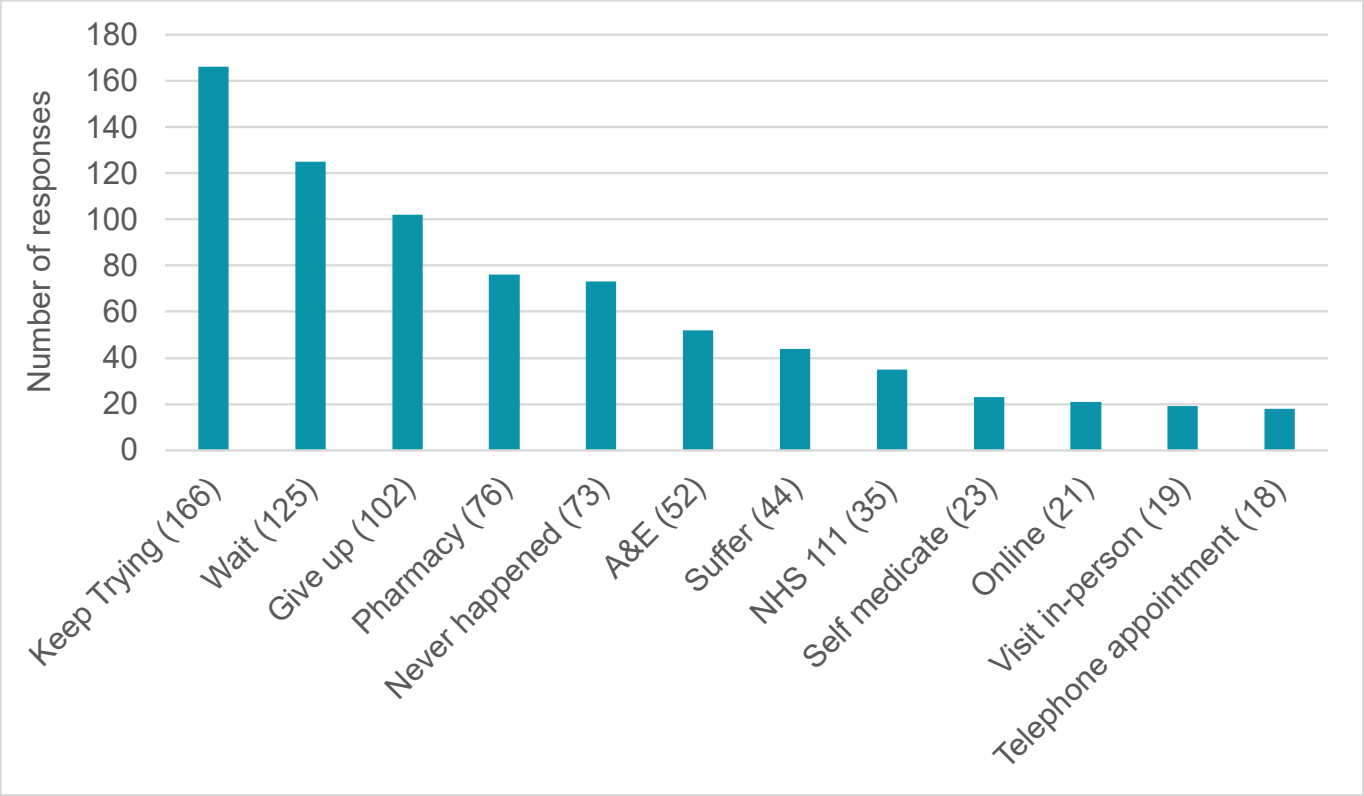
> **"You used to have your own doctor who you could usually see within a few days."**

One older person said that messages from their practice were negative, unfriendly and written in block capitals. Several people said that there was an apparent lack of understanding of what it was like to be unwell or depressed and seeking help.

Another person felt that they should have been offered an appointment after a major health event, having been discharged from hospital following a stroke, but had been unable to get an appointment. Older people described distress at being unable to get regular checks on the physical condition of a loved one with dementia, because of lack of access to testing, and believed this was impacting their ability to care for them at home.

Older people also reported concerns about drawing attention to problems with their GP practice when no-one else was willing to raise them. People feared creating bad feeling in small communities.

Q8. If you can't get a suitable appointment quickly at your GP practice, what do you do?



The most common response from older people was "keep trying" (19%), followed by "wait" (14%) and then "give up" (12%). Just 8% of older people said that they did not have a problem getting an acceptable appointment.

Responses to this question highlighted that difficulties in getting a suitable appointment often led to older people enduring pain, suffering or worry, as highlighted in the quotes below.

Keep trying

"Keep telephoning each day until I can eventually reach a receptionist and hope that they have an appointment for me that day."

"Persist, be pleasant and explain what the problem is."

"I get very assertive and insist if I am in pain."

"Request appointment at surgery approx. 6 miles away."

Wait

"Have to wait for availability, can be up to six weeks.

"My Dad has now been waiting 4 weeks for a doctor to call on the telephone."

Give up

"Give up or try and ask pharmacist but they then say need to see doctor so then give up."

"...not been surgery in 3 years because it is so difficult."

"Nothing as I'm not aware of what other options I have."

"I just tend to leave it because it causes more stress than I need to live with."

Suffer

"I suffer in pain until I get an appointment."

"Put up with being ill and hope it will pass."

"There are lots of times that I just live the pain/ issue. When I need non-urgent help, I now don't bother because it feels impossible to get through to the surgery. I basically just live with the pain."

Pharmacy

"...all the pharmacists are locums."

"... if the condition can be treated via a visit to the pharmacist I do that and so not waste a doctor's appointment which could be used for someone else."

"...unless they are a prescriptive one they cant issue prescriptions and there seem to be very few around. I visited 5 chemists recently around my area and not one to be found so couldnt be helped."

"... the nearest one is 12 miles away in one direction and now, because of the road closure of the A470, the next nearest pharmacist is inaccessible. The last time I used a pharmacist though, I was advised to see a doctor!"

Visit in person

"Abandon email and telephone and present myself at the reception desk. The response varies with the receptionist."

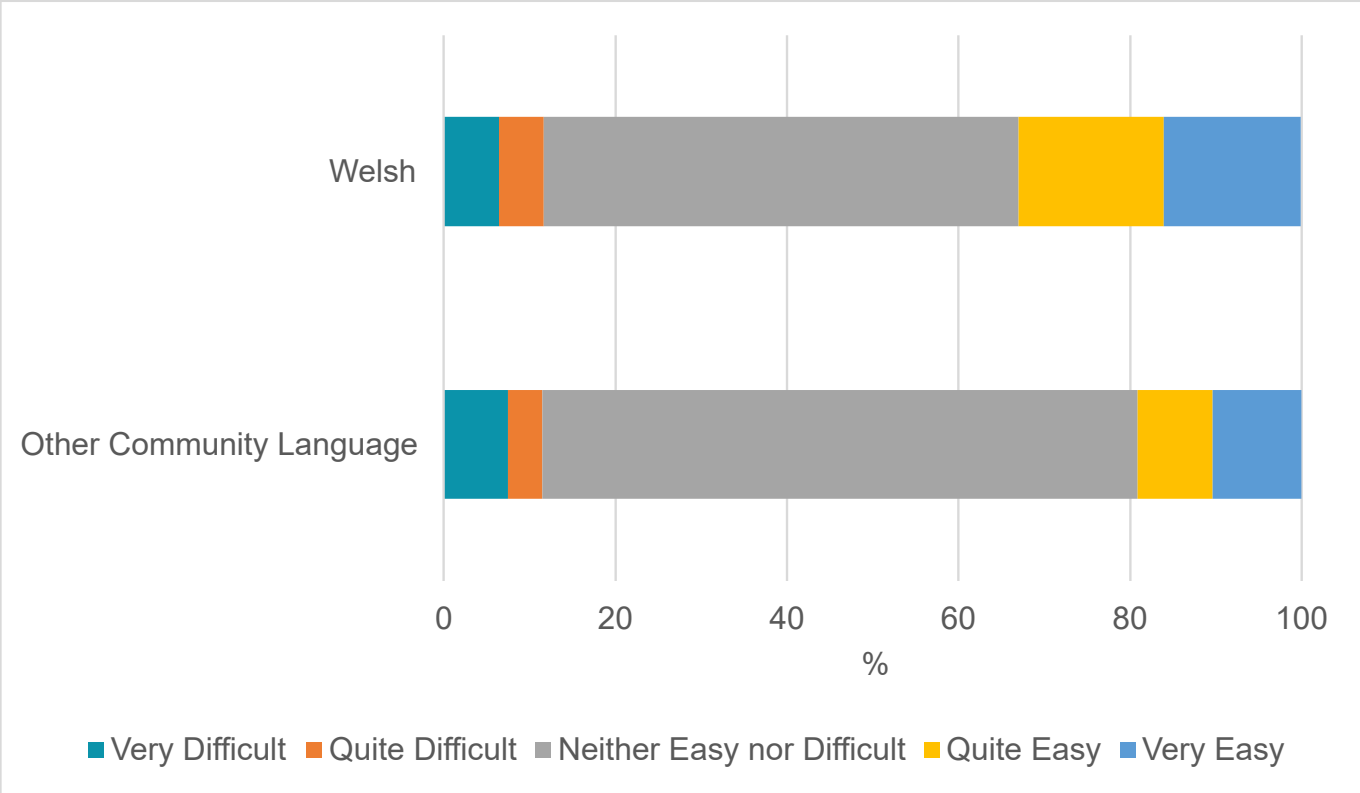
"Speak to a receptionist, sometimes this can mean standing in a queue for 20 minutes."

NHS 111

"I've tried 111 online and phone but found it unhelpful. In most cases the recommendation online is call an ambulance."

Some responses highlighted that older people had felt the need to turn to other services or support due to difficulties finding suitable appointments, including private health care, out of hours services, minor injuries unit, a nurse, hospital, not for profit organisation, calling 999, drop in sessions, dentist, home visit, asking a clinician friend, another clinician, an overseas doctor, or an optician.

Q9. Can you access GP services in Welsh or other Community languages whenever you want?



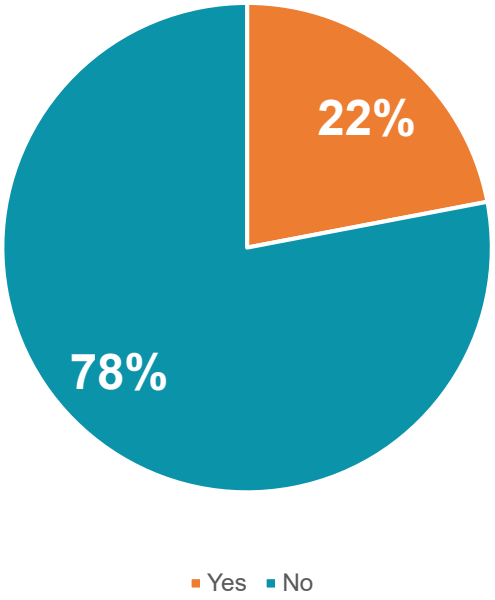
12% of older people said it was quite or very difficult to access services in Welsh, 55% said neither easy nor difficult, and 33% said it was quite or very easy.

12% also said it was quite or very difficult to access services in a language other than English or Welsh, 70% said it was neither easy nor difficult, and 20% said quite or very easy. Black, Asian and Minority Ethnic older people were more likely to say it was neither easy nor difficult to access services in a language other than English or Welsh.

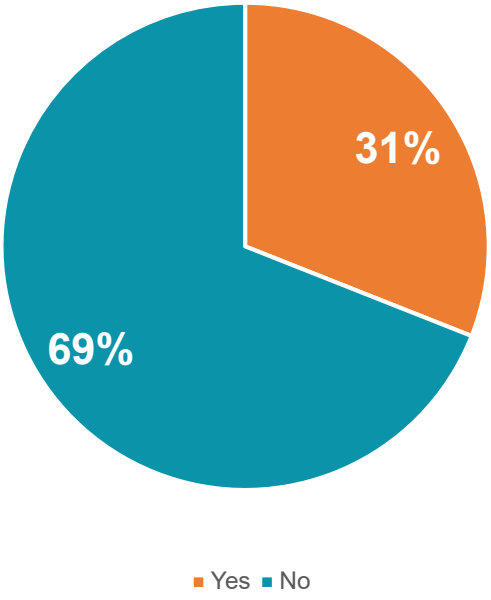
Q10. Have you raised a compliment, concern or complaint about GP services with your practice or health board?

Q11. If so, were you satisfied with the result?

Q10.



Q11.

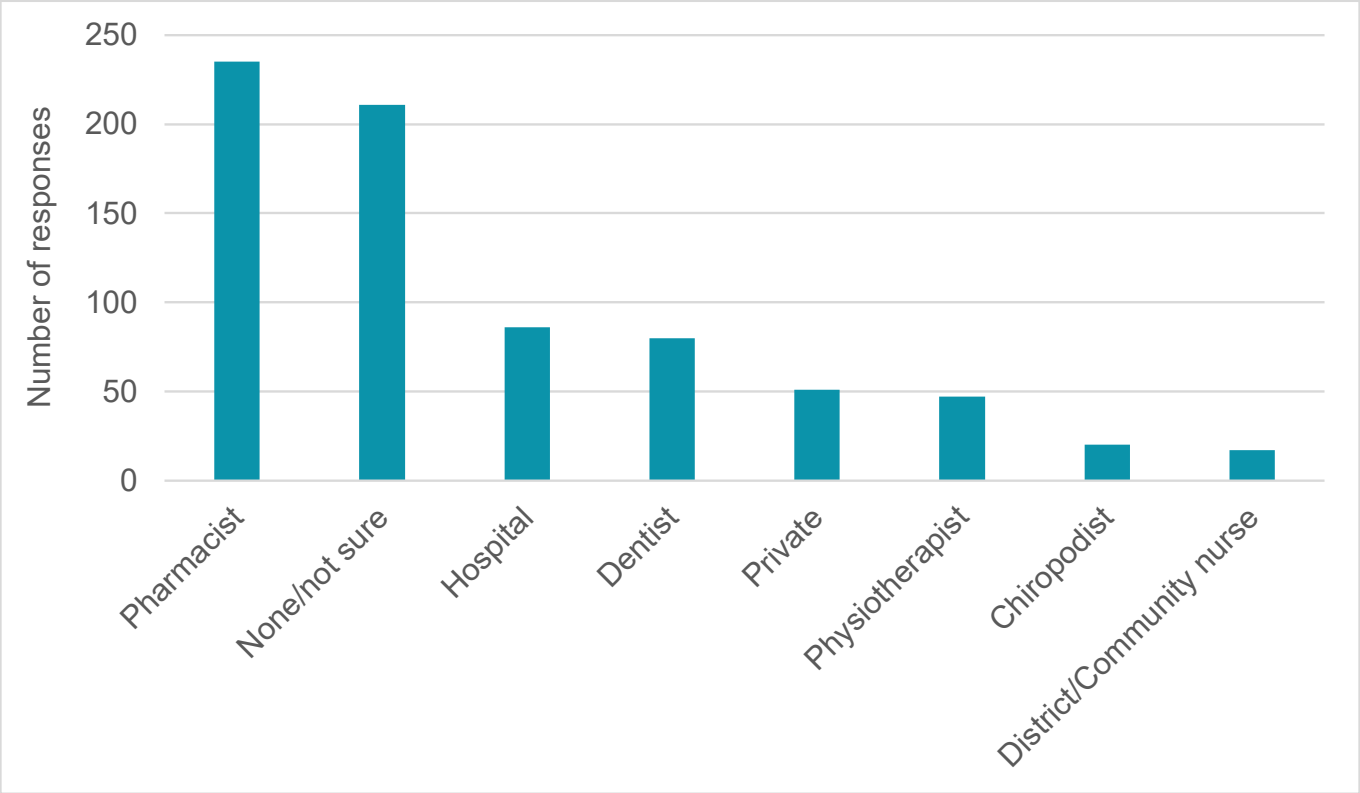


> **"I have never needed to complain, but I have offered compliments, as I can see the pressures they are under."**

The majority of older people who responded to the Commissioner's survey (78%) said they had never raised a compliment, concern or complaint.

Some of the older people who had raised something said it had been resolved relatively quickly and easily, but the majority (69%) were not satisfied with the result they had received. Furthermore, none of the Black, Asian and Minority Ethnic older people who had raised a complaint were satisfied with the outcome.

Q12. What other sources of health care are available locally?



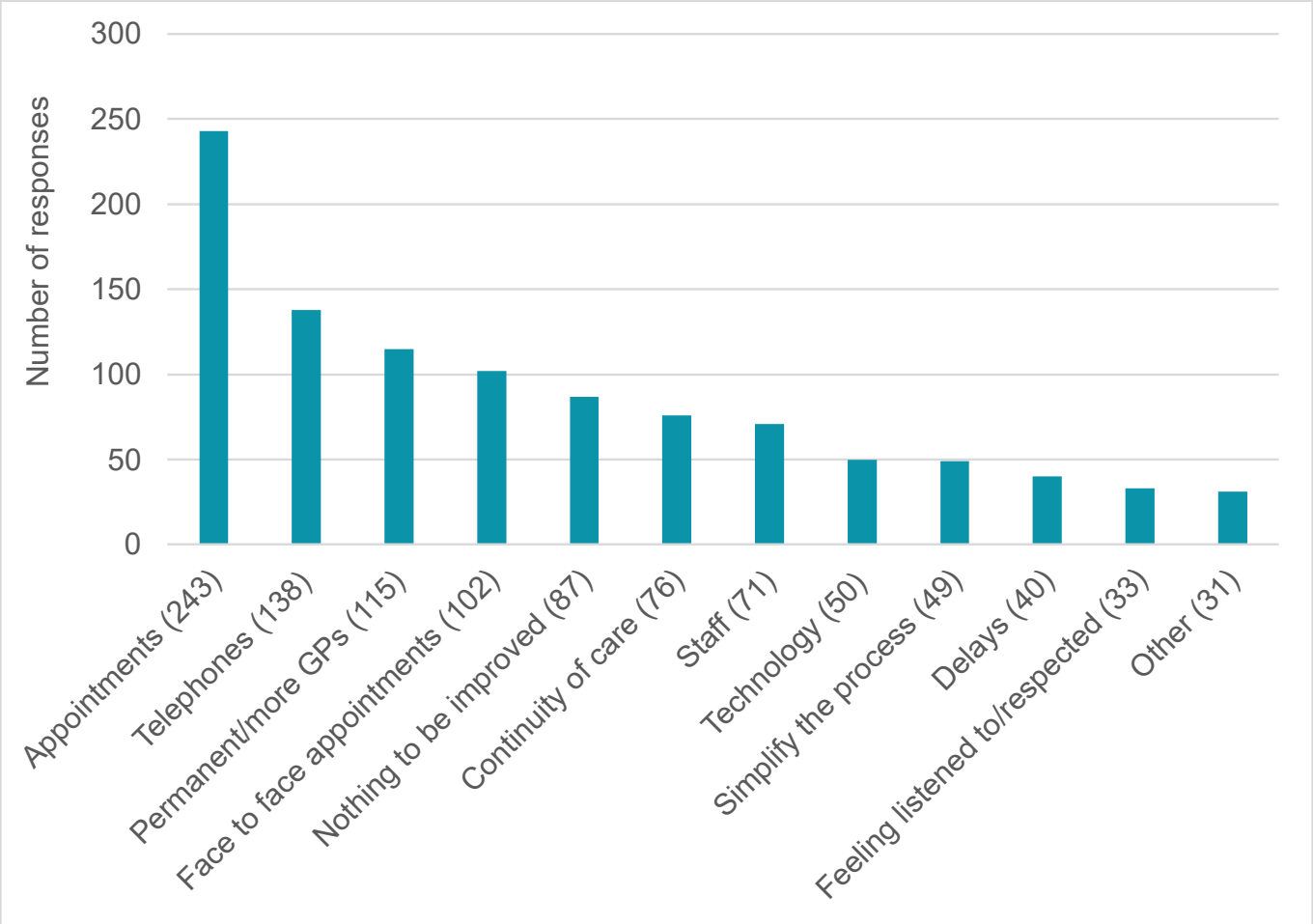
The responses demonstrated very high visibility of pharmacies (35%), although many people reported that pharmacies are also under pressure and sometimes difficult to access as an alternative to a GP practice.

This was followed by hospitals, including A&E (13%), while other services such as dental services, physiotherapy, private health services, chiropody and district community nurses were referenced fairly frequently. Other services that often play a key role in supporting older people's health and well-being – such as mental health services, community support teams, screening services, walk-in clinics, podiatry services and others – were referenced only a small number of times, suggesting lower awareness about these. Services often offered locally, such as continence or diabetes clinics, received the fewest mentions, suggesting the lowest levels of awareness and a need to increase visibility of these services.

Nearly a third (31%) of older people said they were unaware or not sure about what other health services are available in their community.

It was evident from responses that some people knew that services were meant to be available but had been unable to access them and so regarded those services as unavailable: to all intents and purposes, these services might as well not have been there.

Q13. How could your experience of GP services be improved?



Only 8% of older people said they did not think any improvements were necessary at their practice.

The improvements suggested by older people in response to this question covered a number of areas:

- Appointments – including greater flexibility about ways to book; more convenient times / hours; reduced waiting times and same day appointments when necessary; offering the right type of appointment e.g. face-to-face; more flexible services to suit personal circumstances, e.g. home visits or walk-in clinics.
- Relationships and interactions – including more listening and respect for people's understanding of their own bodies and conditions; more support when asking questions; more empowerment of people to look after their own health; more engagement with local communities, asking communities what they need and not making assumptions.
- Communication – including answering telephones more quickly; friendly, polite staff attitudes; training for staff; using online communication channels more effectively (where appropriate).

- Joined-up care and services – including continuity of care and carer; more proactive check-ups and testing, e.g. blood pressure; proactive communication of test results; checking in on people with long-term conditions or disabilities; better sharing of prescriptions with pharmacies electronically.
- Surgery environment – including better surgery buildings; safe car parking; better accessibility by public transport.

Some responses also made more general calls for improvements, such as more staff or more funding for the NHS, as well as expressing a desire for services to return to how they had operated in the past.

Q14. Is there anything else you would like to share with us about your experiences with your GP practice?

This section of the survey allowed people to provide further information and many of the responses to this question related to earlier answers. In some cases, the answers echoed ideas from the previous question about what could improve experiences of GP surgeries.

Among issues raised were:

- Accessibility of practice websites.
- Friendliness of staff (positive).
- The size of practice premises. One older person said that their practice premises were not big enough for a second GP, and that the Health Board was not engaging with the issue.
- Transport.
- Concerns about the impact of housing developments adding to local populations and overwhelming GP practices.
- Concerns about the impact of practice mergers on 'already overstretched' services.
- The complaints process.
- Difficulty with changing practices.
- A concern about perceived numbers of preventable deaths and serious illness caused by a breakdown of NHS services.
- Calls for more resources for the NHS, targeted at areas of deprivation.
- A call for NHS reform, including for a single Health Board for the whole of Wales.

Discussion and analysis

This section explores the evidence shared by older people in more detail, including the ways this relates to current policy and practice in Wales and, importantly, what this tells us about the kinds of action needed to deliver the change older people want and need to see.

This has helped to shape the Commissioner's recommendations, which recognise areas that older people are keen to see prioritised, as well as the kinds of action needed to deliver change during the longer-term.

Main themes

Older people told the Commissioner that, in general, they place a high value on their local GP practice. Many people gave very positive feedback about their practice. Older people recognise that the NHS is under pressure, and many acknowledge that clinicians and staff are doing their best in difficult circumstances.

However, older people also told the Commissioner that they have seen their relationship with their GP change during their lifetimes. This has shifted from a long-term relationship of trust with a known doctor who was part of the community and sometimes, as one person said, almost part of the family, to a series of transactions, not necessarily well co-ordinated or explained, with a variety of doctors, nurses, other clinicians and non-clinical staff, many of whom older people did not know and whose professional competence they do not always well understand.

The drivers of the shift from a relational to a more transactional experience of primary care, and less continuity of clinician, are understandable and include demographic change, the ever-expanding range of available treatments and the associated workforce challenges. However, such a significant cultural change requires the involvement of older people, explanation and support. Without relationships of trust with practice staff, opportunities are lost, for example, to identify carers or spot the signs of abuse. It is also concerning that some older people said they were adapting to this culture shift in ways which were potentially harmful, e.g. withholding information.

On top of this fundamental cultural change, older people report a range of practical difficulties in accessing practices, making appointments and receiving health care, which can combine to produce a frustrating and sometimes distressing experience. Some older people say that accessing their GP practice is so daunting that they are giving up on approaching the practice at all when they are ill. People also described themselves as suffering, getting worse, and being worried and anxious as a result. This is very extremely concerning.

Relationships of trust

It is clear from many responses to the survey that, as in any relationship, older people want to be seen, known, respected and cared for as individuals, by professionals whom they know, respect and trust. A relationship of trust is essential to create a safe space in which people can openly discuss sensitive issues of physical or mental ill health. If people perceive the space as less safe, this can lead to a less open discussion with the clinician, potentially less effective treatment and worse outcomes.

Factors that undermine relationships

The Welsh Government's Older people and people living with frailty: integrated quality statement,[11] published in January 2024, recognises that the opportunity to build meaningful relationships is important. Responses to the survey revealed several factors which can undermine older people's trust in their relationship with their GP practice for some older people.

Factors include:

- Not knowing the clinician. Some people said that they do not disclose everything to a doctor whom they do not know, because they feel uncomfortable talking to a stranger;
- Not understanding a clinician's expertise. Some people said that they did not think that a nurse or other non-medical member of staff was qualified to diagnose and treat them. These doubts had occasionally been borne out by experience; several older people reported being given the wrong advice and suffering as a result (although this can also happen with doctors);
- Lack of confidence in the accuracy of telephone or online diagnosis and prescription. One person was dubious about taking medicine which had been prescribed remotely;
- Lack of privacy in which to conduct the relationship. For example, people said they disliked having to discuss sensitive issues with receptionists in front of others in the waiting room;
- Ageism, both direct and indirect. One person said that the doctor had asked them what they expected at their age. Numerous older people said that practices did not understand what it was like to be old and ill and did not make allowances for the fact that they were in advanced old age.
- Insensitivity. People said that their doctor did not look up at them from the computer screen, that they had been given worrying test results in an inappropriate and insensitive way, or that some reception staff could be rude and inconsiderate at times.

Some of these issues are matters of empathy, kindness and respect, and do not cost anything in financial terms to remedy. Others can be addressed through, for example, providing information to patients (such as making clear who is who in the practice and how different staff can help) and encouraging staff to reflect on issues such as ageism and how to combat it, which can be done at low cost.

Examples of these kinds of low-cost initiatives were highlighted through engagement with stakeholders, such as a practice in Powys where all non-clinical staff have specific training in customer services at induction and then annually. Similarly, a practice in Gwent included discussions about safeguarding, dementia, managing challenging encounters and seeing situations from the patient's perspective as part of the agenda for an off-site staff training day.

Modern models of service delivery make it more difficult for older people to form long-term relationships with individual clinicians than previously. While some older people said they do not mind seeing a different clinician, and in some cases welcome the chance to have a fresh opinion, many others value continuity of clinician, and want their practices to make every effort to provide it.

If this is not always possible, it is even more important that older people feel that they have a relationship with the practice overall. It is vital that practices consider how to mitigate the factors which can further undermine many older people's relationship with their practice, so that people can still see it as a safe space.

Many GP practices are already addressing these issues to help maintain a relationship of trust with older people, and reinvigorating relationship-based care is also a priority for the Royal College of General Practitioners. The RCGP wants to increase understanding of the benefits of relational care, and ensure its members have the time and space to deliver it. The findings of two policy reports will underpin work in this area: The power of relationships: what is relationship-based care and why is it important[12] and Fit for the future: relationship-based care.[13]

Preventing abuse

GPs play a vital role in protecting older people from abuse and neglect. The findings of the survey suggest that the effectiveness of the safeguarding roles and responsibilities of GPs will be significantly compromised, when older people cannot easily access their local surgery. It can be very difficult for an older person to talk about abuse, and it may take individuals a long time to build up the courage needed to ask for help. A GP can often be the first point of contact for an older person wishing to disclose abuse.

Difficulties in accessing a GP practice (either because of congested phone lines, digital exclusion, or issues with transport for example), may mean that an older person 'gives up' seeking an appointment and that vital opportunities for disclosure are lost. An older person living with abuse may not be able to ask someone else (like a family member) to make an appointment on their behalf, for example. It could also be the case that this family member is responsible for perpetrating the abuse, or that the older person is not comfortable discussing their experience with others.

Difficulties securing a home visit, highlighted in several responses from older people, might also result in lost opportunities to identify abuse or neglect, given that the physical home environment can provide vital information in situations where these are suspected. Such information may not come to light when GP consultations are limited to other methods.

Even if an older person can access their local practice, it is important to remember that opportunities for disclosure are likely to be contingent upon the quality of their relationships with GPs. The survey shows that older people are reluctant to discuss sensitive issues when they do not know a GP (in such situations, it is understandable that an older person may be cautious in the information they provide).

Continuity of relationships of trust is therefore vital to 'opening up' challenging and sensitive conversations. When a GP knows an older person, they are also likely to be in a better position to gauge changes in personality or presentation which may indicate possible abuse, as well as to recognise recurrent patterns in injury or poor physical health.

Some of the possible challenges associated with maintaining continuity of care may be overcome when GPs are 'relational' when in contact with older people (that is, when they are warm, welcoming, and respectful in their manner). However, some survey participants described GPs as "rude" and as "barely looking up from their computer screens".

While the time pressures facing practitioners working within health and social care are well recognised, the likelihood of disclosure will be significantly reduced if these issues are allowed to adversely shape the quality of interaction between GPs and older people. Such pressures may also result in GPs making assumptions as to the cause of an injury sustained by an older person without asking the sorts of questions, which may indicate potential abuse.

It is also important that older people whose first language is Welsh can access Welsh-speaking GPs. It may be easier for older people to disclose their experiences of abuse when speaking in a language of their choice.

The survey shows that a lack of joined up care can also lead to other potential safeguarding issues – responses show for example, that a lack of communication between front-line practitioners has resulted in some older people experiencing situations where medication has been missed, or where follow up consultations have not materialised.

Practical issues

Contacting the practice

Some two-thirds (65%) of older people who responded found it difficult to contact the practice online or by telephone, while an even higher percentage (70%) said they had difficulty contacting the practice by other means. Family and friends often had limited capacity to help them.

The digital exclusion of those who do not use the internet is a serious problem frequently raised with the Commissioner by older people, often in relation to health care and difficulties in booking GP appointments. In November 2021, the Commissioner issued guidance to health boards and local authorities on ensuring access to information and services in a digital age. A follow-up report by the Commissioner, based on older people's experiences of digital exclusion was published in January 2024 and explores topics, including health, in more detail.

The new General Medical Services (GMS) Unified Contract and underpinning 2023 Regulations came into effect on 1 October 2023, shortly after the OPCW survey was launched.[14] Under the new contract, GPs must ensure a member of staff answers their telephones for the duration of core hours (8.00am to 6.30pm, Monday to Friday), and ensure their main practice premises have their doors open between 8.30am and 6.00pm so that patients can physically access the premises to discuss their care needs.

The contract also mandates that practices must have a telephone system in place which can stack incoming calls, with a standardised message for those waiting on hold, and a digital method of contacting the practice for non-urgent requests.

Health boards are responsible for monitoring and providing assurance on compliance with these standards. Practices are responsible for collecting patient feedback proactively and developing Access Improvement Plans in response to this.

An example was shared via stakeholder engagement of a practice in Cardiff and the Vale which has reduced telephone wait times through the introduction of virtual and remote appointments and triage systems. This has led to a drop in maximum waiting times from 51 minutes to 16.7 minutes, with an improved average wait time of eight minutes. However, engagement with a local GP practice patient participation group revealed that many people are not aware of any improvements in access that their practice may have made.

Making Appointments

In April 2022, the GMS Access Commitment required GP practices to offer a mix of remote, face-to-face, urgent, on-the-day and pre-bookable appointments, and made clear that the release of all appointments at 8am was no longer acceptable. At 31 March 2023, 95% of practices across Wales reported that they had changed their booking systems and processes to implement this, that people could contact the practice all day to make an appointment, and that they had trained staff to direct people to the right care for them, to offer an appointment the same day or in the future if less urgent, or to signpost them to pharmacies and other sources of health care as appropriate.[15]

Even so, making the type of appointment older people wanted was one of the biggest difficulties reported – so much so, that 11% of older people said they had stopped trying. 21% of older people's responses referenced the phone booking system or improving the telephone system in their responses, and the '8am phone call' was also mentioned numerous times. It is not clear whether this is because older people are still experiencing the '8am bottleneck', or because they are unaware that things have changed, or both. As part of the Commissioner's work on digital exclusion undertaken in summer 2023, 8% of older people suggested having a separate number to call and book an appointment with their GP, which they said would make accessing their GP easier. Older people were conscious of staff shortages in primary care, with 12% calling for more/permanent members of staff, and some people feeling guilty accepting an urgent appointment when someone else might need it more.

While some examples of practices having Dementia Champions and providing training for staff were highlighted during engagement with stakeholders, cognitive impairments were highlighted by some people as barriers to making appointments. Some people with sensory impairments faced similar issues, and examples were shared where practices had not made allowances for these kinds of impairments even when they had been informed about them. Other people said that they had to overcome psychological barriers to try to make an appointment, and that sometimes these had been caused by previous experience of trying to make one.

The timing of appointments could be inconvenient for some older people who were working, as it made no allowance for this. Similarly, not having any idea when to expect a callback could be very disruptive. Some people also said the length of appointments could act as a barrier, as there is not sufficient time to discuss more than one health issue – something which is likely to become more necessary as the number of us living with more than one condition continues to increase.

Digital exclusion

As highlighted above, 65% of older people said that contacting or getting information from their GP practice online was very difficult or quite difficult.

The increasing use of digital technology has led to significant changes in the ways in which we communicate and access information and services, including GP and other health care services. This creates significant challenges for people who are not online or are unable to access services digitally, and puts older people at particular risk of being excluded and left behind. Available statistics for Wales demonstrate the scale of the issue: 31% of over 75s (95,069 people) do not have access to the internet at home and 33% of over 75s do not use the

internet (including Smart TV and handheld devices), compared to 13% of 65-74s and 0% of 25-44s.[16] This means around 101,200 people over 75 do not use the internet.

In parts of Wales, poor internet coverage makes trying to undertake activities such as booking GP appointments online impossible, even for older people who have the right equipment and skills to do so. The cost of the equipment and access to the internet via broadband is also prohibitive for some older people. Research on behalf of the Commissioner undertaken in March 2023 showed that 64% of older people polled had cut back on spending in the last 12 months and, of these, 27% had cut back on phone/internet expenditure.[17]

Follow up work on digital exclusion, undertaken by the Commissioner in summer 2023, highlighted that many older people face difficulties when trying to make GP appointments, in some cases being told that they could only do this online. Other issues shared included problems with video consultations, lack of access to the required devices (often a smartphone), barriers relating to the design and accessibility of websites and apps, and limited digital skills, all of which made interacting with GP practices difficult, if not impossible.

Incidents where older people had been told by practice staff to ask friends or family to help them with the online elements of services made people feel dependent, a burden, or left behind. People often did not want to discuss details of health conditions or the reason why they want to see a GP with friends or family, or to disclose such things to staff if trying to use IT facilities in libraries or hubs. The experiences gathered as part of the digital exclusion work echo many of those reported in the survey on access to GP surgeries.

The Commissioner published her report on digital exclusion – Access Denied: Older people's experiences of digital exclusion in Wales – in January 2024. The report includes a number of recommendations, including some where health boards should play a leading role. Work to discuss the findings and make progress on the recommendations in the report is ongoing.

The practice environment

Some older people described a "shabby, unclean environment" in the practice, inappropriate seating, having to shout through a grille at reception and not being able to hear the answers, and being subjected to sensory overload when waiting to be called for their appointment via a screen which was also showing adverts. The impact of the environment on people's mood and confidence should not be underestimated. Involving older people in improving the practice environment can be an important mitigating factor, and an example was shared of a practice that seeks advice about renovations and modifications from their patient participation group and from representatives of local disability groups.

Continuity of care

Proactive and systematic services

As well as expressing a preference for more continuity of individual clinician, so that they can develop relationships of trust with them, older people have indicated that they want GP services to be more proactive and more systematic, so that experiences of health care are less reactive and less fragmented.

For example, some people wanted more routine checks, e.g. for blood pressure, while several said there should be regular health checks for people with deteriorating cognition or with disabilities, so that carers are supported in understanding their loved one's health status and in caring for them appropriately.

People also said they wanted to be given test results as soon as they were available, without having to chase them up, and to be able to get answers to their questions quickly.

Other responses indicated some people were looking for assurance that their practice was 'keeping track' of things on their behalf, such as all of the medications they were being prescribed, or that they expected plenty of notice if certain tests (e.g. blood tests) were required ahead of their next prescription. Some people also did not understand why there was not an automatic follow-up from their GP following discharge from hospital after a major event like a heart attack or stroke.

The Welsh Government's Older people and people living with frailty: integrated quality statement, published in January 2024, recognises that continuity and co-ordination become increasingly important as care and support needs become more complex, and that a whole system focus on older people and those living with frailty is imperative.[18]

Some practices have begun trialling the application of workflow analysis, automation and artificial intelligence to their internal systems to provide a more joined-up experience for patients, free up practice capacity and reduce workplace stress.[19]

Support to access services and follow clinical advice

The 2023/24 Access Standards require practices to have a clear understanding of patient needs and demands within their practices and how these can be met.[20] Numerous older people said that they thought that their practice staff did not understand what it was like to be older while also being ill or depressed and trying to navigate their practice's systems. Several said that their practice made no allowance for people in advanced older age, and people in their nineties, or living with severe disability, reported being unable to get home visits. Many older people had found it too difficult to access their practice and had given up trying, placing their health at risk.

It is clear that a significant number of older people in Wales are unable to access primary care or adhere to medical advice without support, but do not have the support they need. This includes people in advanced older age who may also be living with frailty.

It is important to note that there are already some mechanisms that can be used to raise and address the issue of support.

For example, the Welsh Government's Older people and people living with frailty: integrated quality statement, recognises that, as the population ages, the number of older people living with frailty or at risk of developing it will increase, and that the right anticipatory care and early support can prevent crisis in someone living with frailty.[21] It requires the NHS Wales Executive providers, commissioners and organisations to work with people living with frailty, their families, and carers better to understand the lived experience.

The GMS Contract Access Commitment for 2023-24[22] requires practices to carry out a National Patient Experience Survey and demonstrate how it has informed an action plan, showing how the practice will respond to patient feedback, and move forward with implementing and communicating change effectively, discussing all improvements in General Medical Services Professional Collaboratives.[23]

The Integrated Quality Standard also requires a National Leadership Team, providers, commissioners and other stakeholders to co-design the system and standards associated with an 'outstanding place based (integrated) system of care' and associated care pathways for older people who are at risk of developing frailty or are living with frailty. The National Leadership Team, which is responsible for the implementation of the Standard, is currently being established.

The responses to the Commissioner's survey show that some older people's support needs go beyond traditional clinical services into more practical and social support issues. It is therefore essential that the co-design of place-based care identifies the older people in in those communities who cannot access primary care or adhere to medical advice without support and involves them in co-producing solutions to ensure that that support is available for those who need it.

Older people's experience of service reconfiguration

Problems with continuity of care were sometimes made worse by service reconfiguration, such as a merger of two practices. People reported confusion: in waiting rooms; on which services were being provided on different sites, and in their prescriptions being sent to different pharmacies.

Others said they were concerned about the potential impact of new housing developments on already stretched local practices.

Older people's experiences of disruption to services when they are reconfigured highlight why patient and public involvement is essential to help maintain continuity of care for patients, and why the provision of infrastructure such as primary care premises within the planning system and development consent, aligned with health board service model and workforce plans should be more rigorously enforced.[24]

Transport

Travel to GP practices is becoming an increasing issue for older people, especially in rural areas.[25] Some older people said they had to travel long distances to their practice, sometimes having no choice but to incur the expense of a taxi. Some people said that practice staff did not seem to consider their transport difficulties if they were slightly late for an appointment. Even if people were able to drive, some said they were concerned about getting to the practice if they had to stop driving in the future.

These results echo the findings of the Commissioner's 2021 report Accessing Health Services in Wales: Transport Issues and Barriers[26] on older people's transport-related experiences of accessing health services in Wales, including primary care. It was clear in that report that a significant number of older people found travelling to primary health services difficult, with almost a third indicating that this was usually or sometimes the case. The most common

reasons were services not being within walking distance, people not having access to their own car and a lack of public transport.

These kinds of difficulties were highlighted as to why over a quarter of older people who responded to the Commissioner's 2021 survey had missed or were late to appointments at primary health services. This meant that transport issues are having a potentially negative impact on the health and well-being of those who might find themselves unable to attend appointments. Around two-thirds of respondents reported visiting primary health services every 8-12 weeks, and around half of those aged 80-89 were visiting these services every month. This means that transport difficulties and the subsequent issues they create are regularly affecting significant numbers of older people throughout Wales.

Equalities

Under the Equality Act, those delivering services and public functions, such as GP surgeries, have a duty not to discriminate against individuals unlawfully due to their age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex or sexual orientation. These are known as protected characteristics.

The Equality Act also introduced a Public Sector Equality Duty (PSED). The aim of the PSED is to ensure that public authorities and those carrying out public functions (such as GP surgeries) consider how they can positively contribute to a fairer society through advancing equality and good relations in their day-to-day activities.

The duty states that equality considerations are built into the design of policies and the delivery of services and that they are kept under review. This should achieve better outcomes for all.

In undertaking this work, the Commissioner captured the experiences of a diverse range of older people, gathering information about the extent to which people's needs are being met and whether people's rights under key legislation, such as the Equality Act 2010 and PSED, are being upheld.

Black, Asian and Minority Ethnic older people

1.6% of responses came from Black, Asian and Minority Ethnic older people, who, alongside highlighting common issues such as delays or difficulties making appointments, described additional barriers to accessing GP services. For example, Black, Asian and Minority Ethnic older people were most likely to say it was very or quite difficult to access services in a language other than English or Welsh.

Furthermore, while 20% of Black, Asian and Minority Ethnic survey respondents had raised a complaint about health services (compared to 24% of White respondents), none were satisfied with the outcome (compared to 31% of all respondents).

Suggestions to improve services were often focussed on staff being kinder and more patient, especially where language was a problem.

Experiences of Black, Asian and Minority Ethnic older people

In 2022, the Commissioner began working with 14 organisations and individuals with strong community connections to explore the lived experiences of Black, Asian and Minority Ethnic older people. This research, and follow up engagement, highlighted commonly shared issues, including several relating to health services, which reflect the kinds of concerns raised in responses to the Commissioner's survey from Black, Asian and Minority Ethnic older people.

For example, some Black, Asian and Minority Ethnic older people who took part in the Commissioner's engagement sessions shared that they feel that they, or their family and friends, receive poorer services due to being unable to speak English.

> **"... at the GP surgery I feel a little discrimination because of my language. Once they didn't support me even though I was suffering, they just asked me to leave."**

As part of this engagement, Black, Asian and Minority Ethnic older people also reported difficulties they had faced when trying to access health services, something that seemed to be a very frustrating and demoralising experience. Common issues experienced included difficulties contacting GP surgeries by telephone to seek advice or make appointments – phone lines were often engaged or not answered, or people found themselves being cut off when waiting on hold – as well as long waiting times for appointments (up to three weeks in some cases) and treatment.

People described not being able to understand text messages cancelling appointments and trying to get receptionists to spell names correctly when looking up electronic records. One person suggested that the receptionist should ask for their date of birth first instead.

People who did not speak English or Welsh well pointed out that, in a face-to-face appointment, they were able to communicate through gestures and point to the part of the body that was causing them concern, which they could not do over the phone.

When Black, Asian and Minority Ethnic older people did manage to access health services, they faced further issues and barriers, finding it difficult to 'navigate the system' and found that health care environments were often busy, with lots of patients and queues, leaving people feeling overwhelmed and stressed.

Language barriers also often created difficulties when using health services, and some shared that they felt like 'staff did not want to deal with them' when they sought information or help. People also described confusion over changing rules which seemed inconsistent and had not been explained to them, such as paying for immunisation for foreign travel.

Perhaps the most concerning issue was that some Black, Asian and Minority Ethnic older people felt discriminated against when using health services due to their ethnicity.

Support for Black, Asian and Minority Ethnic older people within the health system, such as translation services, was often very limited, which left them unable to make their voices heard like other patients and could lead to staff becoming impatient.

People also shared examples of being spoken to in a patronising way, or even shouted at, which left people feeling worthless.

It was also suggested by some Black, Asian and Minority Ethnic older people that diagnoses were being made on the basis of an individual's skin colour, rather than properly assessing their health or symptoms.

In addition to these examples, some older people also highlighted how they felt discriminated by health services due to their age in addition to their ethnicity.

> **"I feel like they fob me off and put everything down to my age. Yes, especially when I seek medical treatment. They care less when you're older. I try my best to stand up for myself."**

> **"There was an incident at my GP surgery when I turned up for the appointment, was not seen for more than an hour, when requested information, was told that 'I called but you didn't show up and now you need to book another appointment'. As if this waste of time wasn't enough, they sent out a letter stating that you didn't come for the appointment, and we will strike you off our list. That was very bad experience for an 81-year-old lady."**

While the Commissioner's engagement with Black, Asian and Minority Ethnic older people highlighted a number of difficulties and barriers, it is important to note that, for some, accessing health services in Wales was a positive, straightforward experience: people were happy with the treatment and services offered and received and were grateful for the NHS.

> **"Good GP experience. I feel listened to when I go."**

> **"GP and hospital appointments have been good. They understand my needs and support me accordingly."**

Many of these individuals felt confident and independent enough to visit GPs themselves, and praised doctors, nurses and receptionists for their behaviour, professional conduct, and ability to provide a good service, even in times of great strain, such as during the Covid-19 pandemic.

People whose experiences were positive said they felt listened to and that their needs had been taken into account, providing a more 'personal' service. For some, this meant timely, face-to-face appointments, while others valued being able to seek reassurance over the phone.

Many Black, Asian and Minority older people also spoke about improving their own personal health, and the benefits this could bring as they got older, highlighting that improving access to health services was a key part of this. These older people said they would benefit from face-to-face appointments and regular check-ups, with support to overcome language barriers, as well as culturally specific services and additional support for Black, Asian and Minority Ethnic older people living with dementia.

Ageism

Comments along the lines of 'what did people expect at their age?' were reported by older people, suggesting ageism – the stereotyping, prejudice and/or discrimination against people on the basis of their age or perceived age – on the part of some GPs. This has the potential to impact health care through, for example, affecting the types of treatments that people are offered.[27] [28]

Ageism can also affect the ways in which professionals respond to the abuse of older people. Sometimes professionals are slower to investigate the abuse of an older person assuming, perhaps, that a bruise or physical injury has occurred because of physical frailty rather than considering that abuse might have occurred.[29]

Furthermore, ageism can overlap with other forms of discrimination, such as race, something examined further below.

Carers

Survey respondents included carers and people who were being cared for. There were complaints that, although carers had stated multiple times that they were carers, and had filled in multiple forms, the information did not seem to be flagged on systems.

Some older people mentioned that they relied on their carers to make GP appointments for them, because it was too difficult for them to get through on the phone themselves. One carer also said that they had to take hard copies of important information from a Liverpool hospital where their spouse had been receiving treatment to the surgery to ensure that the GP received the information.

Funding and resources

If older people's experience of accessing GP practices is to match the standards set out in the Access Standards and the Integrated Quality Statement, sufficient funding and resources will need to be made available over time to implement them. The Commissioner recognises the constraints of the current financial climate and while service redesign and modernisation of systems and infrastructure will require investment and an increase in staff capacity, there are also practical steps GP practices themselves can take to improve older people's experiences, at no or little cost.

Recommendations

Build relationships of trust

Older people told the Commissioner that the relationships of trust with their GPs they have valued all of their lives have become more 'transactional' in later life, with different aspects of their care distributed between a wider range of clinicians. Building relationships of trust between older people and clinicians is essential to help ensure health care is effective and safe.

- Working together in their local area through discussion in their GMS Professional Collaboration, GP practices should:
    - ensure that all staff are polite, friendly, considerate and respectful in their interactions with older people.
    - ensure that staff are patient and considerate in their interactions where people experience language and/or cultural barriers to communication, for example with some Black, Asian and Minority Ethnic older people.
    - raise awareness of ageism and age discrimination and how to combat them amongst staff.
    - ensure that older people have the privacy they need in which to build relationships of trust.
    - review their home visit and other policies and practices in the light of the Integrated Quality Statement on Frailty, to ensure that older people living with frailty get the proactive, wrap-around clinical care and support they need to remain as well and as independent as possible.
    - work with Health Education and Improvement Cymru to ensure that the GP practice workforce receives consistent training and development in customer service, anti-ageism and communications, so that older people have a consistent experience of their relationship with their practice.
- Health boards should work with GP practices to raise older people's awareness of what they are entitled to expect from their relationship with their GP practice.
- Health boards should work with GPs and wider primary care providers to raise public awareness of the full range of primary care services available where older people live.
- Health boards should work with GP practices to design services which increase continuity of clinician for older people, in line with the Integrated Quality Statement on Frailty.
- Health boards should work with GP practices to ensure that older people are involved in service design and reconfiguration, and that continuity of care is maintained during any reconfiguration process.

Remove practical barriers to older people's access and improve communication with older people

Older people highlighted a range of barriers that make it more difficult to access GP practices, including difficulties making appointments and issues relating to communication with and from their GPs. Action is needed to remove these barriers, which would significantly improve the experiences of many older people.

- All GP practices should speed up implementation of the GMS Contract Access Commitment 2023/24 to ensure that older people can contact the practice all day to make an appointment, and that they can make an appointment on the same day, or in the future if less urgent.
- GP practices should provide information and communicate directly with older people in their practice populations to publicise the new access arrangements and encourage them to come forward for health care.
- GP practices should monitor whether the changes they have made have resulted in improvements in older people's ability to contact their practices.
- GP practices should pay particular attention to older people's access needs in GP practice Access Improvement Plans.
- Health boards, through their Communications Teams, should publicise good practice to older people and GP practices in their areas, to speed up the pace of improvement and encourage older people to come forward for health care.

Support older people to attend GP practices and take clinical advice

Some older people told the Commissioner they are unable to access their GP practice or follow clinical advice without support. It is crucial that this support is available and accessible to ensure that older people are not excluded from services and/or treatment.

- Primary Care Clusters, local authorities and third sector organisations should work together to identify any older people in their areas who cannot access primary care, or who cannot follow clinical advice without support, and ensure that support is there for those who need it, including people with cognitive and sensory impairments.

Ensure older people are not digitally excluded from accessing GP practices

Many older people have said that they are unable or find it difficult to contact their GP practice, make appointments or take part in consultations online. While much good work is underway to support older people who are digitally excluded, further action is needed to ensure digital barriers do not prevent older people from accessing their GP practices.

- Health boards and GP practices should work together to ensure that older people who do not or cannot go online have equitable access to information and services, in line with the Commissioner's guidance, Ensuring access to information and services in a digital age: Guidance for Local Authorities and Health Boards, issued under Section 12 of the Commissioner for Older People (Wales) Act 2006.
- Welsh Government should ensure that support for older people who want to go online is made more widely available via organisations who provide training and support.
- The UK Government should invest more in rural broadband and mobile phone connections.

Ensure sufficient resources are made available to modernise GP practice systems and ensure that older people's experiences match access and quality standards

Many older people's experiences of accessing GP practices do not currently meet the standards set out in the Access Standards and the Integrated Quality Statement. While the Commissioner recognises the constraints of the current financial climate, investment in practice systems over the longer-term will be important to help ensure a positive, joined-up experience for older patients.

- The Welsh Government should ensure that sufficient resources are made available over time to implement the Access Standards and the Integrated Quality Statement on Frailty.
- The Welsh Government, the NHS Wales Executive and Digital Health and Care Wales, should work with GP practices to:
    - modernise practice systems to provide end-to-end continuity of care for older people.
    - streamline and automate routine administrative processes to free up the time of practice staff, reduce stress and improve patient experience.
    - engage older people in co-producing the design of patient-facing processes.

Improve public transport to GP practices

Older people told the Commissioner that a lack of public transport is a major barrier to accessing health services, reflecting findings from other research and reports. Public transport to GP practices must be improved to ensure that all older people are able to access their GP practices and other health services:

- The Welsh Government should ensure that routes enabling access to health care settings are a key consideration in its Bus Bill.
- Health boards and Pan Cluster Planning Groups should consider the transport issues older people raised in the Commissioner's 2021 report, Accessing Health Services in Wales: Transport Issues and Barriers together with the results of the Commissioner's 2023 survey on access to GP practices, when deciding on the location of practices.
- Health boards and Pan Cluster Planning Groups should ensure that where bus services are currently being redesigned, discussions and planning involve Community Transport and preserve routes which facilitate access to GP surgeries.
- GP practices should be flexible enough to accommodate the fact that long journeys on unreliable transport will have an impact on punctuality which is beyond people's control.

Wider infrastructure

Older people shared concerns about the effect of further pressures on already stretched GP practices, such as the impact of new housing developments. Ensuring the right services are available in the right places is a crucial element of age-friendly communities, the development of which the Welsh Government has committed to encourage and support throughout Wales. Ensuring that health care infrastructure is prioritised within planning and development is therefore vital.

- Planning authorities should ensure that provision of local health care infrastructure, such as GP practice premises, is prioritised as a contribution to the goal of Sustainable Places in the land use planning system in Wales.[30]
- Local authorities should ensure new GP practice premises are easily accessible and at locations convenient for older people to reach, in line with the "Community support and health services" domain of the World Health Organisation's Age-friendly Cities and Communities Framework.[31]

Commissioner's Actions

The Commissioner's findings and the powerful quotes from older people provide a strong evidence base that will be invaluable in helping the Welsh Government and other public bodies to understand older people's experiences of accessing GP practices, and will support the Commissioner's ongoing work to influence policy and practice within health services, and more widely.

It is clear that many older people want their experiences of accessing GP practices to improve, and the Commissioner's engagement with statutory and professional health bodies highlighted that this is increasingly recognised, as is the importance of engaging with patients and using their feedback to deliver improvements.

Building on this will be crucial, so the Commissioner will continue to encourage and support health services, GP practices, and other key organisations to reach out to and engage with older people throughout Wales in a meaningful way so that the voices of patients of all ages help to shape policy and practice.

The Commissioner also wants to empower older people by helping them to better understand what they can expect in terms of access to GP practices and where people can find help and support if they experience issues or barriers. Alongside this, the Commissioner will continue to provide information and support directly to older people through her Advice and Assistance Service.

The specific action the Commissioner will take is outlined below:

- Ensure that the experiences of older people and the recommendations in the report are heard and understood by the Welsh Government and other organisations that can implement change, and that action is taken.
- Publish a guide to accessing GP practices for older people in spring 2024, explaining what people can expect from practices and what to do if they are having difficulty with access.
- Work closely with the Royal College of General Practitioners and the Institute of General Practice Management to help make improvements in access a reality for older people.
- Publicise the report widely, discussing the findings with groups of older people across Wales.

The Commissioner will monitor progress against the action she is calling for within this report and will produce an update on initial progress in summer 2024.

Appendix 1: Methodology

The voices and experiences of older people covered in this report were gathered through a survey sent out to older people throughout Wales.

The survey was developed by considering the findings of the Commissioner's 2017 access to GP services report, and supplementing this with meetings with, and information gathered from, stakeholders including Health Boards, Community Health Councils, professional bodies and third sector organisations. The survey questions were distilled from the self-reflection questions contained in the Commissioner's 2017 Section 12 guidance, appended to that report.

Feedback on the draft questions was obtained from the RCGP, and questions were subsequently piloted with a representative of an older people's charity and at a meeting of an older people's group.

Surveys were sent out and completed between 27 September 2023 and 4 January 2024. Copies were distributed to older people via internal mailing lists and publicised via the Commissioner's newsletter and social media, as well as through engagement visits to older people's groups. They were also disseminated electronically through a wide range of public and voluntary sector organisations, committees and networks, for onward distribution.

People were able to respond online, in hard copy or by telephone. We received 880 responses in English, and 15 in Welsh, plus a further 11 which arrived too late to be included in the analysis. Throughout November and December, responses were reviewed and analysed, and developing themes emerged, on which the Commissioner's findings are based.

While not all respondents provided demographic information, of those that did, 70% were women (571), and 30% (240) were men. 2.2% of respondents (18 people) had a different gender identity than the one they were born with or preferred not to say. 85% of respondents were heterosexual, 2% were bisexual, 1% were gay/lesbian, and 12% preferred not to say.

57% of respondents were married, 10% were divorced, and 18% were widowed. 42% (333 people) considered themselves to have a disability.

67% were Christian, 7% had another religion, and 26% had no religion. 4.2% (34) were from a Black, Asian, or Minority Ethnic background. 45% of respondents considered themselves to be Welsh, 23% English, 28% British, and 5% other.

38% of respondents (293 people) were aged 60-69, 45% (352) were aged 70-79 and 17% (135) were over 80.

No specific question was asked about where people lived or received primary care. However, some people did mention place names in their responses. Responses were received from throughout Wales, from every health board area, and from people living in rural and urban areas. Of those that provided demographic information, 54% (416 people) lived in urban areas and 46% (349) lived in rural areas.

A variety of questions were asked relating to ease of contacting GPs and attending appointments, public transport, home visits, continuity of care, complaints, accessing services in languages other than English, other health care services available, and what could be done to improve services.

Responses were received on a range of topics, often relating to appointments and booking systems, continuity of care and a lack of permanent GPs. Whilst problems were discussed in depth, some positive responses were also received, which are included throughout the analysis sections.

A copy of the questionnaire can be found below.

Comisiynydd Pobl Hŷn Cymru
Older People's Commissioner for Wales

Older People's experiences of GP services in Wales

Older people's access to GP services is a longstanding issue. The Older People's Commissioner for Wales produced a report, *GP Services in Wales: The Perspective of Older People,* intended to improve access, in 2018.

For many older people, the Covid-19 pandemic made access more difficult, especially people living with dementia and those who were isolated with no-one nearby who could help them. The shift to online and telephone-based services was accelerated by the pandemic. This has been helpful for some older people, but has created barriers for others, especially those who are not online. For example, a number of older people have told the Commissioner they have been unable to take part in online / video call appointments with their GP or have been unable to book a face-to-face appointment.

Reported NHS pressures are also having an impact on people's access to health services. This is something that many of the older people the Commissioner and her team have met and spoken with throughout Wales have experienced while trying to access the NHS.

The Commissioner is keen to know what your experiences of accessing GP practices have been like in the last few months and whether you have found any issues. If you are aged 60 or over, this survey is for you. If someone under 60 is filling in the survey form for you, they will need to include your information, not theirs.

If you would like to tell us in more detail about any of your experiences, please use the text box at the end of the survey. All of the answers you provide will be anonymised so you will not be personally identifiable by the information you provide.

You can share your experiences below – it will only take a couple of minutes – or, if you'd prefer, you can call us on 03442 640 670, email ask@olderpeople.wales or write to us:

Older People's Commissioner for Wales // Cambrian Buildings // Mount Stuart Square // Cardiff // CF10 5FL

Many thanks for your help!

If you need assistance with any of the issues you have experienced, please remember you can contact the Commissioner's Advice and Assistance team on **03442 640 670** or email **ask@olderpeople.wales** for help and support.

Questionnaire

Please circle or mark the most appropriate answer, or write your answer in the box where appropriate. There's also an extra box at the end if you wish to add any further information.

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1. In general, how easy is it to contact or get information from your GP practice online, by telephone or by other means?

	Very Difficult			Quite Difficult		Neither Easy nor Difficult		Quite Easy		Very Easy	
Online	1	2	3	4	5	6	7	8	9	10	N/A
Telephone	1	2	3	4	5	6	7	8	9	10	N/A
Other (please specify)	1	2	3	4	5	6	7	8	9	10	N/A

2. In general, how easy is it to get the type of appointment you want at your GP practice?

Very difficult		Difficult		Neither easy nor difficult			Easy		Very Easy
1	2	3	4	5	6	7	8	9	10

3. Do you have the support you need from the NHS and social services to attend all your appointments at your GP practice? (e.g. phone or text prompts; large print / accessible format information)

No support			Some support					All the support I need		
1	2	3	4	5	6	7	8	9	10	N/A

4. Does your healthcare feel joined up, with all of your doctors and nurses knowing everything they need to know about you?

No, I have to repeat everything		Some doctors/nurses know some of my information						Doctors and nurses know all of the important information about me	
1	2	3	4	5	6	7	8	9	10

5. How easily can you get to your local GP practice using public transport?

Very Difficult		Quite Difficult		Neither Easy nor Difficult			Quite Easy		Very Easy	
1	2	3	4	5	6	7	8	9	10	N/A

6. Do you feel able to ask for a home visit if you need one?
(You can tell us more about this in the box at the end of the survey.)

No, not at all								Yes, whenever I need to		
1	2	3	4	5	6	7	8	9	10	N/A

7. Do you feel welcome, respected, and able to have your say in your GP practice?
(You can tell us more about this in the box at the end of the survey.)

Not at all		Rarely		Sometimes			Usually		Always	
1	2	3	4	5	6	7	8	9	10	N/A

8. If you can't get a suitable appointment quickly at your GP practice, what do you do?

9. Can you access GP services in Welsh or other Community Languages whenever you want?

	Very Difficult			Quite Difficult		Neither Easy nor Difficult		Quite Easy		Very Easy	
Welsh	1	2	3	4	5	6	7	8	9	10	N/A
Other Community language (please specify)	1	2	3	4	5	6	7	8	9	10	N/A

10. a) Have you raised a compliment, concern or complaint about GP services with your practice or health board?
(You can tell us more about this in the box at the end of the survey)

Yes No

b) If so, were you satisfied with the result?

Yes No

11. What other sources of health care are available locally?

12. How could your experience of GP services be improved?

Is there anything else you would like to share with us about your experiences with your GP practice?

Contact details (if necessary)

You do not have to give us your contact details, unless:

☐ you have a specific issue on which you would like advice or assistance from the Commissioner's office. If so, please tick this box and provide your contact details below. The team will aim to contact you within 10 working days.

☐ you are happy for us to contact you if we spot something in your answer which may be a cause for concern. If so, please tick this box and provide contact details below.

Name

Telephone Number

Email

Further information (optional)

We collect this information to make sure that we represent people from all backgrounds and who have different life experiences, and that we reach as many older people as possible.

If you are completing this form on behalf of a friend or relative please provide their information.

Rural/urban

How would you describe the area in which you live – rural or urban?

☐ Rural

☐ Urban

Age

☐ 60-69
☐ 70-79
☐ 80+
☐ Prefer not to say

Gender

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to say

Is your gender identity the same as the gender you were originally assigned at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Sexual orientation

- ☐ Bisexual
- ☐ Gay / Lesbian
- ☐ Heterosexual
- ☐ Asexual
- ☐ Other
- ☐ Prefer not to say

Relationship Status

- ☐ Married
- ☐ Divorced
- ☐ Civil Partnership
- ☐ Single
- ☐ Co-habiting
- ☐ Separate
- ☐ Widowed
- ☐ Prefer not to say

Religion or belief

- ☐ No religion or belief
- ☐ Christian (all denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Any other religion or belief

National Identity

- ☐ Welsh
- ☐ Scottish
- ☐ English
- ☐ Northern Irish
- ☐ Irish
- ☐ British
- ☐ Gypsy or Irish Traveller
- ☐ Other
- ☐ Prefer Not to Say

Ethnic Origin

- ☐ White
- ☐ Mixed/Multiple ethnic groups
- ☐ Asian
- ☐ Black/African/Caribbean
- ☐ Other

Do you consider yourself to have a disability?

- ☐ Yes
- ☐ No
- ☐ Prefer Not to Say

Appendix 2: Engagement with Older People

The Commissioner's 2017 report on access to primary care and Section 12 guidance, from which the survey questions derive, was itself based on extensive engagement with older people.

Between September and November 2023, the Commissioner and her team made engagement visits to a variety of older people's groups, gave presentations which included the survey, discussed it with members and encouraged them to complete it themselves and to disseminate it more widely.

In November, the Commissioner's Health and Care Lead also presented the survey at a local GP Practice Patient Participation Group and took part in discussion.

The Commissioner has also carried out engagement with older people on other issues, such as transport, digital exclusion and the issues specifically experienced by Black, Asian and Minority Ethnic older people. These other conversations have helped to inform discussion of the results of this survey.

Appendix 3: Engagement with Stakeholders

Stakeholder engagement on the 2023 survey included:

- Age Cymru
- Llais
- Royal College of General Practitioners
- Royal College of Nursing
- Institute of General Practice Management
- British Medical Association
- General Medical Council
- NHS Wales – Strategic Programme for Primary Care
- Health care Inspectorate Wales
- Welsh NHS Confederation
- Welsh Government.

In addition, the Commissioner's 2017 report on access to primary care and Section 12 guidance, from which the survey questions derive, was itself based on extensive stakeholder engagement.

Appendix 4: References

1 Older People's Commissioner for Wales (2017), GP Services in Wales: The Perspective of Older People. Available at: https://olderpeople.wales/wp-content/uploads/2022/05/GP-Services-in-Wales-The-Perspective-of-Older-People.pdf

2 See:

Cwm Taf Morgannwg CHC Engagement Report - Patient experience of Forest View Medical Centre: https://www.llaiswales.org/news-and-reports/reports/cwm-taf-morgannwg-chc-engagement-report-patient-experience-forest-view

Swansea Bay CHC - Accessing GP services Summary Report - August 2022: https://www.llaiswales.org/news-and-reports/reports/swansea-bay-chc-accessing-gp-services-summary-report-august-2022

Aneurin Bevan CHC - GP Exit Surveys - August 2022: https://www.llaiswales.org/news-and-reports/reports/aneurin-bevan-chc-gp-exit-surveys-august-2022

West Wales GP Access documents - March 2022: https://www.llaiswales.org/news-and-reports/reports/west-wales-gp-access-documents-march-2022

Report of GP Access Survey November 2020: https://www.llaiswales.org/news-and-reports/reports/report-gp-access-survey-november-2020

Written Report Patient Experience of GP Services in Powys - August 2022: https://www.llaiswales.org/news-and-reports/reports/written-report-patient-experience-gp-services-powys-august-2022

3 Age Cymru (2023), What Matters to You? Current experiences of people aged 50 or over in Wales. Available at: https://www.ageuk.org.uk/globalassets/age-cymru/documents/policy/annual-survey/what-matters-to-you---current-experiences-of-people-aged-50-or-over-in-wales---october-2023.pdf

4 Older People's Commissioner for Wales (2021), Accessing Health Services in Wales: Transport Issues and Barriers. Available at: https://olderpeople.wales/news/accessing-health-services-in-wales-transport-issues-and-barriers/

5 Older People's Commissioner for Wales (2024) Access Denied: Older people's experiences of digital exclusion in Wales. Available at: https://olderpeople.wales/resource/access-denied-older-peoples-experiences-of-digital-exclusion-in-wales/

6 Welsh Government (2019) Access to In-Hours GMS Services Standards Guidance for the GMS Contract Wales 2019/20. Available at: https://www.gov.wales/sites/default/files/publications/2020-11/access-to-in-hours-gms-services-standards_1.pdf

7 Welsh Government (2023), NHS Wales Performance Framework 2023-2024. Available at: https://www.gov.wales/sites/default/files/publications/2023-06/nhs-wales-performance-framework-2023-2024.pdf

8 Welsh Government (2023), Guidance for the GMS Contract Access Commitment 2023/24. Available at: https://www.gov.wales/sites/default/files/publications/2023-06/gms-access-commitment-guidance-2023-to-2024-i.pdf

9 Welsh Government (2023), National Patient Experience Survey 2023. Available at: https://thepracticeofhealth.nhs.wales/news-events/practice-news/national-patient-experience-survey-2023/

10 Welsh Government (2024), Older people and people living with frailty: integrated quality statement. Available at: Written Statement: https://www.gov.wales/written-statement-older-people-and-people-living-frailty-integrated-quality-statement

11 Welsh Government (2023), Guidance for the GMS Contract Access Commitment 2023/24. Available at: https://www.gov.wales/sites/default/files/publications/2023-06/gms-access-commitment-guidance-2023-to-2024-i.pdf

12 Royal College of General Practitioners, The power of relationships: what is relationship-based care and why is it important, June 2021, https://www.rcgp.org.uk/representing-you/policy-areas/relationship-based-care

13 Royal College of General Practitioners, Fit for the future: relationship-based care, June 2022, https://www.rcgp.org.uk/representing-you/policy-areas/relationship-based-care

14 Welsh Government, NHS (General Medical Services contracts) (Wales) Regulations 2023, 17 July 2023 https://www.gov.wales/nhs-general-medical-services-contracts-wales-regulations-2023

15 Letter from the Minister of Health and Social Care to Members of the Senedd, 23 October 2023, Update on access to GP services in Wales.

16 Welsh Government (2022) National Survey for Wales April-June 2021. Available at: https://gov.wales/national-survey-wales-results-viewer

17 A total of 503 interviews were conducted with a representative sample of the Welsh population aged 60+ years. All interviews were conducted by telephone using CATI (Computer Aided Telephone Interviewing) technology between 28 February and 17 March 2023.

18 Welsh Government (2023), Guidance for the GMS Contract Access Commitment 2023/24. Available at: https://www.gov.wales/sites/default/files/publications/2023-06/gms-access-commitment-guidance-2023-to-2024-i.pdf

19 Management in Practice, Reinventing patient access: How one practice used AI to cope with rising pressures, 3 February 2023, https://managementinpractice.com/practice-intelligence/reinventing-patient-access-how-one-practice-used-ai-to-cope-with-rising-pressures/

20 Welsh Government (2019) Access to In-Hours GMS Services Standards Guidance for the GMS Contract Wales 2019/20. Available at: https://www.gov.wales/sites/default/files/publications/2020-11/access-to-in-hours-gms-services-standards_1.pdf

21 Welsh Government (2023), Guidance for the GMS Contract Access Commitment 2023/24. Available at: https://www.gov.wales/sites/default/files/publications/2023-06/gms-access-commitment-guidance-2023-to-2024-i.pdf

22 Welsh Government (2019) Access to In-Hours GMS Services Standards Guidance for the GMS Contract Wales 2019/20. Available at: https://www.gov.wales/sites/default/files/publications/2020-11/access-to-in-hours-gms-services-standards_1.pdf

23 NHS Wales, Accelerated Cluster Development Toolkit, Professional Collaboratives. Available at: https://primarycareone.nhs.wales/tools/accelerated-cluster-development-toolkit/acd-toolkit-index/2-professional-collaboratives/

24 Shelter has drawn attention to the issue in relation to affordable housing in England, but it applies to other kinds of infrastructure as well: Revealed: The 'Loophole' Developers Use To Avoid Building More Affordable Homes | HuffPost UK Politics (huffingtonpost.co.uk) 2017. Available at: https://www.huffingtonpost.co.uk/entry/affordable-homes-loophole-developers_uk_59f8e311e4b00c6145e25708

25 BBC News (2023), Wales NHS: Hywel Dda warns patients of travel to see GP. Available at: https://www.bbc.co.uk/news/uk-wales-67577305

26 Older People's Commissioner for Wales (2021), Accessing Health Services in Wales: Transport Issues and Barriers. Available at: https://olderpeople.wales/news/accessing-health-services-in-wales-transport-issues-and-barriers/

27 For more information on ageism, see: Older People's Commissioner for Wales. (2020) Taking Action Against Ageism. Available at: https://olderpeople.wales/resource/taking-action-against-ageism/

28 World Health Organisation. (undated) Ageism. Available at: https://www.who.int/health-topics/ageism

29 See for instance Ward, D. (2000) Ageism and the Abuse of Older People in Health and Social Care. British Journal of Nursing 9(9), pp. 560 – 563; McGarry, J., Simpson, C. and Hinchliff-Smith, K. (2011) The Impact of Domestic Abuse for Older Women: A Review of the Literature. Health and Social Care in the Community 19(1), pp. 3-14.

30 Welsh Government, Planning Policy Wales, February 2021 Planning Policy Wales - Edition 11. Available at: https://planningaidwales.org.uk/planning-policy-wales-edition-11

31 World Health Organisation, The WHO Age-friendly Cities Framework: https://extranet.who.int/agefriendlyworld/age-friendly-cities-framework/

Comisiynydd Pobl Hŷn Cymru
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—

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Chair, Climate Change, Environment, and Infrastructure Committee
Chair, Culture, Communications, Welsh Language, Sport, and International Relations Committee
Chair, Economy, Trade, and Rural Affairs Committee
Chair, Equality and Social Justice Committee
Chair, Health and Social Care Committee
Chair, Legislation, Justice and Constitution Committee
Chair, Local Government and Housing Committee

22 March 2024

Dear Committee Chairs,

Scrutiny of the Draft Budget

You will recall that I wrote last year inviting Committees to express views on improvements that the Welsh Government could make to the documents it produces alongside its Draft Budget and in ministerial written evidence provided to Committees.

Your responses were considered by the Committee on 21 June 2023 and I subsequently wrote to the Minister for Finance and Local Government (the Minister) on 23 June 2023 asking for the concerns raised to be taken into account ahead of the 2024-25 budget round. These related to:

- the late publication of the Draft Budget leading to truncated scrutiny;
- a lack of transparency regarding the impact that the Draft Budget has on policy areas within each Committee's remit;
- the poor quality of written evidence provided by the Welsh Government; and
- the Welsh Government not providing responses to certain Committee recommendations ahead of the Final Budget debate.

These issues were raised again during the consideration of the Welsh Government Draft Budget 2024-25 earlier this year. Our report made the following recommendations and conclusions building on the views previously expressed:

> *Conclusion 2. The Committee will consult Senedd Committees involved in budget scrutiny ahead of the 2025-26 budget round to gain a better understanding of the evidence provided by the Welsh Government in support of the Draft Budget, and to explore ways to maximise budgetary scrutiny throughout the year*
>
> *Recommendation 1. The Committee recommends that the Minister publishes ministerial evidence papers at the same time as the Draft Budget in order to provide clarity on the criteria and priorities behind ministerial decisions, with the aim of enabling stakeholders to engage in the scrutiny process more effectively and at an earlier stage.*
>
> *Recommendation 2. The Committee recommends that, if the Draft Budget is delayed again in future years:*
>
> ▪ *the Minister and officials continue to attend a pre-scrutiny session with the Finance Committee; and*
>
> ▪ *the Minister works with the Finance Committee to identify approaches that can enhance scrutiny opportunities, including providing documentation relating to the Draft Budget, at an earlier stage.*

These recommendations were accepted in principle, with the Minister highlighting the practical difficulties in responding to the quantity of information requested by individual committees, at the same time as the publication of the Draft Budget.

We therefore ask you to consider the following issues, and to provide a response by Friday 24 May 2024.

- What improvements, if any, have you seen in the documentation provided by the Welsh Government alongside the Draft Budget 2024-25?
- Have you identified any further improvement that could be made to the information provided alongside the Draft Budget?
- Given the short time available for scrutiny, what consideration, if any, have you given to scrutinising budgetary matters within your remit at an earlier stage, for example considering longer terms strategic planning, following up on previous scrutiny recommendations or pre-scrutiny of decision making processes before the Draft Budget is published?

- The Committee is also currently working with the Minister and other stakeholders to review the Budget Process Protocol to ensure that the Senedd's budgetary processes reflect custom and practice developed in the Sixth Senedd to date. Do you have any views regarding the Senedd's budget procedures more widely?

We are grateful to you for your ongoing engagement with us on these matters and welcome any further correspondence responding to the points above.

Our aim is to raise these issues on behalf of Committees with the Minister in advance of the Plenary debate on budget priorities for 2025-26 that will take place before summer recess.

Yours sincerely,

Peredur Owen Griffiths MS
Chair, Finance Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.