Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

GP Services in Wales: The Perspective of Older People

Older people's experiences of accessing and using GP services in Wales

The Older People's Commissioner for Wales

The Older People's Commissioner for Wales is an independent voice and champion for older people across Wales. The Commissioner and her team work to ensure that older people have a voice that is heard, that they have choice and control, that they don't feel isolated or discriminated against and that they receive the support and services that they need.

The Commissioner and her team work to ensure that Wales is a good place to grow older, not just for some but for everyone.

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Rydym yn croesawu galwadau yn Gymraeg // We welcome calls in Welsh

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi // We welcome receiving correspondence in Welsh, we will respond to correspondence in Welsh and corresponding in Welsh will not lead to delay

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

Contents

Foreword

Older people in communities across Wales rely upon their GP services to provide them with high quality, safe, timely and effective health care close to home, and to support their access to a much wider range of health and social care services.

But whilst many of the older people I meet and speak with talk in positive terms about their GP services, many others have share concerns with me and highlighted issues that have a negative impact upon their experiences.

I understand the significant pressures currently being faced by GP Services and the wider primary care sector, as well as public services more generally, and the real challenges that these pressures can create. But a time like this, it is more important than ever to listen to and understand older people's experiences in order to address any issues and concerns and deliver continuous improvements to ensure that a greater cost isn't paid further down the line. This action will also be particularly important if policy aspirations around community-focused and prudent health care, and more importantly improved outcomes for older people, are to be delivered.

The information shared with me by over 1,600 older people from across Wales and a wide range of stakeholders from across the public and third sectors clearly demonstrate that, while there is much work underway to deliver improvements, there are significant and unacceptable variations in older people's experiences of accessing and using GP services, with particular issues around the appointments booking process, the accessibility of GP surgeries and the surgery environment, the time available for appointments, communication with doctors, nurses and other surgery staff, and privacy.

In many cases, older people described a lack of understanding from GP services about the barriers and challenges that these issues can create and the impact they can have on people's health and wellbeing. This creates systems that are inflexible and unresponsive to people's individual needs, particularly older people living with a sensory loss, cognitive impairment or dementia, those who are carers or those who may be vulnerable.

There is a real risk that the barriers and challenges in accessing GP services and the poor experiences when using GP services that are highlighted in this report will push older people towards accessing other, less appropriate unscheduled care services, adding unnecessary pressures to other parts of the health service in Wales.

It is my expectation that those who design and deliver health care services will listen to, learn from and act upon the older people's voices within this report and use my Guidance to shape and improve GP services and wider primary care across Wales.

The Guidance that accompanies this report, which Health Boards must have regard to when discharging their functions, is designed not only to set out what 'good' GP services look and feel like to older people, but also to provide valuable self-scrutiny questions that Health Board Members, service directors and practice managers can use to evaluate service delivery and inform continuous improvement.

In dealing with the issues identified in this report, it will be important to deliver practical action in the short term, alongside longer-term strategic action that will provide a consistent vision and aspirations for the future of GP services and wider primary care in Wales to ensure they will meet older people's needs both now and in the future.

I would like to thank the 648 older people who took part in 41 engagement sessions and the 1017 who responded to my questionnaire to share their experiences of accessing and using GP services, as well as the 47 stakeholder organisations that engaged so positively with my team and me throughout this work. The information they provided me has made clear the key issues faced by older people using GP services and will help to drive change in GP practices and Health Boards across Wales.

This report, which clearly demonstrates that the importance of accessible and high-quality GP services for older people cannot be underestimated, is designed to provide guidance and support as the required change is delivered. Whilst there will be challenges in delivering this change, a failure to address the issues highlighted in this report will have a significant impact not only on wider health services and the public purse, but more importantly on the health and wellbeing of older people across Wales. It is therefore vital that action is taken to ensure that the good practice already underway, which is reflected throughout this report, becomes the standard across Wales so that all older people, wherever they live in Wales, can have positive experiences when accessing and using GP services.

Sarah Rochira
Older People's Commissioner for Wales

Commissioner's Findings

Overall, it is clear that GP services and the wider primary care offer is highly valued by older people across Wales.

However, while many older people reported positive experiences of using GP services, reflecting the good practice and innovation that exists in some areas, there is an unacceptable level of variation in people's access to and experiences of using these services. Furthermore, a significant number of older people felt that their access to GP services was not sufficient, and that their experience of using these services was not positive.

In analysing the findings of this work, a number of themes also emerged from which I have drawn the key findings set out below.

Access

For too many older people, making an appointment is challenging, inflexible and unresponsive to individual needs and circumstances. This is particularly relevant for older people living with sensory loss, dementia or a cognitive impairment, as well as for carers. There is a risk that such challenges could push some older people into accessing unscheduled care options instead of more appropriate primary care services.

Continuity of care is central to the confidence and trust that is held by older people in GP services, as are the relationships that can develop between an individual and a professional. The awareness that older people have of the current workforce and other pressures within GP services and primary care is a cause for concern for older people, particularly with regard to the implications this may have for continuity of care.

While new build primary care centres are providing improved physical accessibility to GP services, **the accessibility of many existing buildings continues to act as a barrier to access for some older people**, with issues around the use of hearing loops, appropriate seating, use of audio-visual announcements and the functioning of automatic doors.

Experience

The importance of personal interactions within a GP service, the degree to which older people feel listened to and understood and the degree to which they have a say in decision making should not be underestimated. **For a number of older people, their GP service is not sufficiently aware of, or responsive to, their**

individual communication needs, particularly those living with a sensory loss or dementia or cognitive impairment.

The practice of asking individuals to describe the reason for an appointment (to ensure they're seen by an appropriate professional) is currently not adequately explained to, nor widely understood by, older people. This causes unnecessary distress and could put the privacy and dignity of older people at risk.

There is an understanding, whether perceived or explicit, that older people can only raise one issue within a ten-minute appointment. This could jeopardise their ability to have a say in decision making as individuals feel rushed and that the professional is not engaged, something that reduces their confidence. This is a particular issue for older people who may need more time, such as those living with a sensory loss, dementia or cognitive impairment, or a complex condition.

The ability to access GP services through the Welsh language can impact on the quality of that service and the dignity and respect experienced by older people. **Some older people who wish to access GP services in the Welsh language are experiencing delays due to the availability of health professionals who speak Welsh**.

Too many older people find it difficult to provide feedback, or raise a concern or complaint, about their GP service, and are fearful of the perceived implications of doing so on their future access and treatment.

Alternatives to traditional GP services

Older people who have accessed alternatives to traditional GP services reported positively on their experiences, although these services have not been consistently developed across Wales. **Many older people are simply not aware of the existence of appropriate alternatives to seeing a GP and therefore do not have the necessary support to access these.**

GP services and Primary Care

"Excellent Primary Care is essential as we live longer, often with co-morbidities, which if managed well, keep us out of hospital!"

Online questionnaire, Hywel Dda University Health Board

Many older people across Wales share with the Older People's Commissioner their experiences using health services close to home and within their communities.

This is unsurprising given that more than 90% of people's contact with the NHS in Wales takes place within primary care, which includes a range of health services such as GP services, pharmacy, dentistry and optometry[1].

More often than not, these discussions focus on access to, and experiences of GP services, a key component of primary care within Wales, with 19 million contacts taking place every year[2].

Questions on GP satisfaction and access are included in the National Survey for Wales and show that while 91%of those people who had seen a GP about their own health in the last year were satisfied with the care they received, 37% found it difficult to make a convenient appointment[3].

This report therefore focuses on older people's access to GP services and their experiences . It does not look into the policies and contracts that exist to structure and deliver such services, or the challenges faced by the primary care sector in detail. However, as one part of the overall primary care offer, and with multiple linkages to secondary and tertiary health services, social care and the third sector, it is important not to forget the wider context in which GP services sit. As stated by the Royal College of Physicians, 'access to GPs must be considered as part of a whole system approach to NHS change'[4].

Primary Care Plan

The Welsh Government and NHS Wales published a plan for primary care services up to 2018. This document sets out the intended development and direction for services to take.

The primary care plan highlights the need to further develop clusters, improve links to, and integration between, other parts of the health and care system, and

shift services out of hospital settings. A workforce plan also accompanies this document[5].

Health Boards in Wales have formally developed arrangements for 64 cluster networks of GP practices and partners to work collaboratively to develop services in the community. The clusters are required to work together, and with partners, to meet local need and support individual practices to create greater sustainability in the future[6].

The Welsh NHS Confederation has previously called for Welsh Government to put in place a transition fund to enable investment in service change. This will facilitate the shifting of services closer to people's homes and into their communities, with care provided in hospitals only when it is absolutely necessary[7].

For 2016-17, the Welsh Government allocated a £43m primary care fund. £26m of this is available to Health Boards, while £10m is available directly to clusters. This funding builds on monies allocated in previous years[8].

Prudent Healthcare

The primary care plan is intended to be delivered as part of the wider 'prudent health agenda'.

The Welsh Government, alongside NHS Wales and informed by the Bevan Commission, has adopted the principles of prudent healthcare as part of its response to the identified challenges of rising costs, increasing demand and the need for continual quality improvement.

The principles of prudent healthcare include achieving health and wellbeing through decisions made between people and professionals as equal partners, doing what is known to be effective and stopping actions which have little or no benefit, and reducing inappropriate variation[9].

The first of the principles highlighted above aims to involve patients in designing their own care and services. A central part of this is patient contribution and co-production, where individuals are supported to receive the most appropriate course of action through discussion and agreement between the individual and professional in 'equal partnership'[10].

Such a shift, both culturally and practically, may require innovation, new approaches to service delivery, enhanced skills by professionals and increased support provided to individuals, professionals and services[11].

Workforce challenges

The pressures faced by GP services and the wider primary care sector, such as an increase in individuals living with complex health needs and the need to co-ordinate care[12], ongoing challenges across the GP workforce[13], and a desired shift from health care being provided within a secondary setting to closer to home[14] are high profile and well known.

The General Medical Services contract requires General Practices to meet the reasonable needs of their patients throughout the core hours of 8am – 6.30pm, Monday to Friday. This is monitored through the Wales Annual Quality Framework[15], and additional services can be provided through 'local' or 'direct enhanced service' agreements between practices and Health Boards or Welsh Government.

However, across Wales some GP practices are making the decision to 'hand back' their contract to the Health Board, potentially leaving the Health Board to run them directly[16].

This can happen for a number of reasons, such as the retirement of partners with no identified successor, individuals leaving the profession, and difficulty in recruiting new GPs or other health staff. There have been a number of high profile calls for action to make GP services more sustainable, from the British Medical Association[17], for example, as well as the Royal College of General Practitioners, who called for an additional 400 GPs by 2020 as part of a package of measures[18].

The Welsh Government has launched an all-Wales recruitment campaign to attract GPs and other health professionals to NHS Wales, and has set up a 'Task Force' to have an overview of this[19]. Financial incentives will be made available to junior doctors who stay for at least one year after completing their training[20]. Furthermore, a newly established body, Health Education Wales, will oversee strategic workforce planning, workforce design and education commissioning for NHS Wales from April 2018[21].

Social Care and Wellbeing

Consistent with the reality that individuals do not live their lives in silos, there is a continued focus on the integration of health and social care to drive up the quality of these essential services and ensure that older people can receive the services they need when they need them without 'falling through the gaps'. This direction can be found in the 'Framework for delivering integrated health and social care for older people with complex needs', which requires Health Boards and Local Authorities to produce 'Statements of Intent'[22].

In addition to this, the Social Services and Wellbeing (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015[23] have increased the focus on the 'prevention' agenda in Wales, supporting voice, choice and control, and the achievement of outcomes and wellbeing not only for individuals, but for the nation.

Access

"The Daily Lottery"

GP service appointments

Making an appointment to see a health professional at a GP service was one of the issues raised most consistently by older people. This is unsurprising given that it is most likely the first thing an individual will do when they have identified a need to see a health professional about their health and wellbeing.

The process and experiences of making an appointment can either be a catalyst or barrier to seeing the appropriate professional, at the right time, as close to home as possible and agreeing a way forward.

The ease with which an older person can secure an appointment to see a health professional at their local GP service, within a reasonable and appropriate time frame, is not only essential to addressing health needs in a reactive manner, but is also a key part of the prevention and early intervention agenda.

The more challenging securing an appointment at a GP service is, or is perceived to be, the greater the risk that older people may be put off accessing this service until their condition has deteriorated or feel they have little choice but to access alternative, unscheduled services instead.

The work undertaken by Healthcare Inspectorate Wales to inspect General Practice reported that, while dignified and effective care was being received across Wales, GPs spoke of the ongoing challenges of providing an appropriate level of appointments to meet demand[24].

There are actions being taken across Wales that are designed to improve access to GP services. For example, GP clusters across Swansea have agreed to work with the 'Primary Care Foundation' to review their current access arrangements and identify tangible solutions to current challenges and implement an improvement plan[25].

The Aneurin Bevan University Health Board introduced the "A" is for Access accreditation scheme in 2012. This provides an indicator of the quality of access for each practice based on a number of criteria such as doors to remain open during lunch, no half day closures. Over time the number of practices meeting all of the access criteria has increased, and only those practices that have attained the top level of accreditation can apply for additional funding to provide extended hours services under a Local Enhanced Service agreement[26].

However, despite the existence of such schemes, there was a great variation in the experiences of older people and the systems encountered when booking an appointment. This variation in both positive and negative experiences was as wide across Health Boards as it was within them; some older people who lived within the same village reported vastly different experiences and knowledge of how to book an appointment at a neighbouring GP service.

"It depends on the surgery. It's very easy to make an appointment in my surgery, but I know another surgery where making an appointment is quite difficult."

Engagement, Abertawe Bro Morgannwg University Health Board

"My surgery - can't fault them, you get an appointment within an hour. Another surgery you ring at 8am and maybe if you're lucky you get an appointment in 2 days."

Engagement, Aneurin Bevan University Health Board

"The GPs and their team seem to have an appreciation for a system and an understanding that an appointment system actually builds in inefficiency and delay."

Online questionnaire, Hywel Dda University Health Board

"It is easy to make an appointment."

Online questionnaire, Hywel Dda University Health Board

63% of questionnaire respondents stated that they felt getting an appointment at their GP surgery was either 'always hard' or 'sometimes hard'.

This clearly demonstrates the need for Health Boards and GP services to better understand older people's experiences of accessing their GP service, in order to improve, and make more relevant and responsive, the provision of appointments to all older people across Wales.

Many older people talked about the system used by GP services to book an appointment, and a number of booking systems were referenced, from face to face, over the telephone and also online – both across and within GP services.

Telephone bookings

Booking over the telephone was the most common method of arranging an appointment, with 85% of questionnaire respondents stating that this is their preferred method.

One telephone system in particular that is commonly used, where individuals are required to phone at a specific time in the morning to book an appointment, generated much discussion, both in terms of on the day and advanced appointment bookings. Older people often experienced long delays in the telephone being answered and had to redial multiple times in order to get through regardless of the type of appointment sought.

"We have a system of ringing for an appointment from 8am onwards. This system is INSANE. You can be re-dialling for three quarters of an hour before speaking to somebody and inevitably the appointments have all gone…"

Online questionnaire, Betsi Cadwaladr University Health Board

"You have to ring at 8am and if you are lucky in the 'daily lottery' as I term it and there are appointments available, you are in. But…this morning, by 8.08am all appointment were taken for the day…"

Online questionnaire, Health Board unknown

"Getting an appointment for the same day takes around 200 redialled calls over thirty or forty minutes."

Online questionnaire, Aneurin Bevan University Health Board

"If you don't phone by 8 30am you haven't got a chance of an appointment and it's very difficult to get through at that time."

Online questionnaire, Cwm Taf University Health Board

"I have to ring for days before I get through – it is wearing and worrying. It's most seriously frustrating just getting the engaged tone"

Hard copy questionnaire, Cardiff & Vale University Health Board

It is clear that this situation can cause high levels of anxiety, inconvenience and is also inflexible and unresponsive to the individual needs and requirements of older people across Wales.

"It doesn't help our blood pressure…"

Hard copy questionnaire, Powys Teaching Health Board

"By the time they answer it's time to go to bed!"

Hard copy questionnaire, Powys Teaching Health Board

"The system of appointments changes. It can be confusing to know what time to call."

Engagement, Cardiff & Vale University Health Board

"At an appointment the GP told me to make an appointment to see him again. I couldn't face it. He did it for me!"

Engagement, Abertawe Bro Morgannwg University Health Board

For some older people living with sensory loss or particular health needs, frustration can give way to a real and sustained barrier to their ability to access health services within the GP service setting.

"I struggle to hold the phone for a long period of time"

Engagement, Aneurin Bevan University Health Board

"Being hard of hearing, I find increasing use of telephone services (both to book an appointment and by the doctors making phone consultations) have led to misunderstandings and errors…"

Online questionnaire, Betsi Cadwaladr University Health Board

"What happens if you don't have a telephone or are deaf?"

Engagement, Abertawe Bro Morgannwg University Health Board

"If I need an urgent appointment I'm told to ring before 8am. But, I'm deaf and I have no one to call for me."

Engagement, Cardiff & Vale University Health Board

A number of older people talked about the consultation itself taking place over the telephone, and suggested that it could be a useful introduction if it wasn't already available at their GP service.

"You can get a 5 minute telephone appointment."

Engagement, Betsi Cadwaladr University Health Board

"They will do telephone appointments."

Engagement, Betsi Cadwaladr University Health Board

"My GP will ALWAYS call me back if I require advice."

Online questionnaire, Aneurin Bevan University Health Board

"They could have an option on the telephone system so you could speak to a Doctor or Nurse. That would be really useful when you need reassurance."

Engagement, Abertawe Bro Morgannwg University Health Board

"Telephone can resolve a simple issues."

Engagement, Cardiff and Vale University Health Board

There was a variation in how older people felt about this system. While some felt that this approach was suitable for advice or simple issues, for example, there was some scepticism regarding the ability of a doctor, nurse or other professional to diagnose over the phone rather than face to face.

"They think they can diagnose over the telephone."

Engagement, Abertawe Bro Morgannwg University Health Board

"Now we don't see the doctor. The consultation is carried out over the telephone. I'm 87 and I find this system most unsatisfactory."

Online questionnaire, Abertawe Bro Morgannwg University Health Board

Online

Currently, 50% of GP practices across Wales are using the appointments element of My Health Online[27], and a number of individuals spoke about their positive experiences of booking their appointments online or their desire to do so.

"My Health Online – I can book when on holidays abroad and have an appointment when you get home. Been using this service since 2007, (my doctor) is a pioneer of this service."

Engagement, Abertawe Bro Morgannwg University Health Board

"Since our surgery have had the online, contact is so much better to get an appointment when you want."

Hard copy questionnaire, Hywel Dda University Health Board

"My brother, who lives in Powys and therefore in Wales, is able to go online, find an appropriate slot for an appointment and make it. This is apparently facilitated by the 'My Health Online'. Apparently this is accessible to the whole of Wales, and I wondered why our Practice didn't avail themselves of it?"

Letter, Hywel Dda University Health Board

"I was told by the Practice Manager that the on-line appointment booking service would be available in April but there are no signs that its being put in place."

Hard copy questionnaire, Hywel Dda University Health Board

Furthermore, 42% of questionnaire respondents, who were not already booking through their preferred method, stated they would like to book their appointment online.

For those individuals who were already digitally active, a greater number of older people wanted to book online. For example, of those who replied to the

questionnaire online, 56% wished to book online, whereas for those who replied to the questionnaire in hard copy, only 25% stated they would like to book online.

However, some individuals who were using the online booking system reported difficulties in finding available slots and highlighted challenges around both using the IT system and its reliability. There was also a lack of clarity whether the availability of online appointments made it easier or harder for people who use the telephone to get through.

"I usually book online, but the site is often broken and few appointments are listed when it is working."

Hard copy questionnaire, Cardiff & Vale University Health Board

"I searched all dates and all clinicians, not one appointment showed up."

Engagement, Cardiff & Vale University Health Board

"The new online booking system is taking up too many appointments."

Engagement, Cardiff & Vale University Health Board

"I do wonder if those that depend on landline contact have a better chance of getting through now?"

Hard copy questionnaire, Hywel Dda University Health Board

Face to face

There was also a significant number of older people who did not find online booking an attractive option and would prefer to do this on the telephone, and even face to face.

32% of questionnaire respondents, who were not already booking through their preferred method, stated they would like to book their appointment face to face, with almost 41% wanting to use the telephone.

Some older people spoke of the inability to book an appointment face to face, even when leaving their appointment and passing by reception. Instead, they had to use the telephone system.

"Can't make an appointment face to face."

Engagement, Cardiff & Vale University Health Board

"Doctor referred me for an appointment in one week time - but I can't book this at the desk. I've got to go home and phone in."

Engagement, Hywel Dda University Health Board

"Surgery only takes appointments over the phone, not in person. Even if I am already in the surgery, I call from mobile when actually in surgery."

Engagement, Cwm Taf University Health Board

However, a few individuals did speak of their ability to pop into the GP service at any time to make an appointment, and ask questions. Through discussions with older people at engagement sessions, this appeared to rely on the particular needs of an individual being known and catered for by the GP service and trusted relationships developing.

"It's like going to see a friend. You can pop over and ask them anything and make an appointment without worrying about it."

Engagement, Cardiff & Vale University Health Board

Queueing

A small, but noticeable, number of older people talked about feeling that their only option to secure an appointment was to physically queue outside of their GP service. For example an appointment may be, or may be perceived to be, so difficult to obtain that individuals feel it necessary to physically queue outside a service in all weathers – often without any shelter.

"I have to queue outside from 8.15am to 9am. There is a bench but not cover. My husband and I queue for each other so the ill person doesn't have to get wet".

Engagement, Hywel Dda University Health Board

"To obtain an appointment within 48 hours, patients have to queue outside surgery for 20-30 minutes before the surgery opens in all weathers. This is really unacceptable."

Hard copy questionnaire, Cardiff & Vale University Health Board

"The appointment system doesn't work effectively. People are queueing at the entrance from 08.15am to get an appointment that day, whether an emergency or not."

Hard copy questionnaire, Betsi Cadwaladr University Health Board

"You have to start queueing at 8am and if it's raining there is no cover outside from the rain."

Online questionnaire, Cardiff & Vale University Health Board

"To be certain of an appointment, have to stand outside the surgery (no shelter from rain or wind) at 8am. Opening time 8.30am and if you are not early the people in front of you would get the appointments for that day. This morning there were 15 people waiting. No good telephoning, all the appointments would have gone by 8.40am."

Online questionnaire, Hywel Dda University Health Board

"Morning after morning there are rows of patients waiting to be 'let in' so that they can make appointments, even if they are feeling quite ill and shouldn't be standing outside in the cold."

Letter, Hywel Dda University Health Board

"What is needed is a place of shelter for people waiting outside if its raining and surgery not open."

Hard copy questionnaire, Cwm Taf University Health Board

An older person will most likely be seeking an appointment at a GP service because they are feeling unwell and anticipate needing treatment, or referral to other services. It is possible that this situation may have a contributory, detrimental impact on the health and wellbeing of a potentially frail and unwell older person –

and may also work against the achievement of early intervention and preventative health approaches.

Waiting time for an appointment

Older people reported a real variation in how long they waited for a booked appointment.

24% of questionnaire respondents stated that they were able to book an appointment on the same day, whereas almost 20% stated waits of over two weeks.

However, a same day appointment appeared to be most likely when it was judged as 'urgent' or an 'emergency'. In these instances, questions were raised regarding how individuals should judge whether an appointment is urgent if they feel they do not have the knowledge to make that assessment.

"An emergency appointment is always possible for the same day, but you don't always know what is an emergency."

Online questionnaire, Cardiff & Vale University Health Board

"I only go to the doctor when I am sick and NEED to see him."

Online questionnaire, Betsi Cadwaladr University Health Board

Longer waits were more commonly associated with routine bookings, where some older people are reporting waits of a few weeks, and even up to ten weeks.

"If you book online there is a 2-3 week waiting list. You are either dead or better by then!"

Online questionnaire, Cardiff & Vale University Health Board

"I find the phone call confusing, then have to wait 6 weeks to discuss this face to face."

Online questionnaire, Betsi Cadwaladr University Health Board

"It often takes 7-8 days to get an appointment for a non-emergency issue. Often when the doctor tells you to come back in 7 days, there is a month's wait for the next appointment."

Online questionnaire, Health Board unknown

"10 weeks gap between doctor asking to see patient and receptionist allowing appointment. An absolute disgrace!"

Hard copy questionnaire, Health Board unknown

For some older people, there appears to be a gap in making appointments which are not needed on the same day, but for which the issue cannot wait for a number of weeks.

Due to the difficulty in securing a routine appointment, a small number of individuals stated that overstating the urgency of need was sometimes perceived as necessary simply to book an appointment at a GP service.

"You are made to feel like you are lying when asking for an emergency appointment."

Engagement, Cardiff & Vale University Health Board

"It is a challenge to get an appointment, unless one lies and says it's an emergency."

Online questionnaire, Hywel Dda University Health Board

"A lot of patients ask for an appointment and when asked is it urgent many will answer yes when it is not. This then puts pressure on the surgeries."

Online questionnaire, Cardiff & Vale University Health Board

"Because of the waiting times to see a GP in my surgery, I am aware people are saying they need an emergency appointment to get seen quicker, therefore having a further impact on waiting times to see a GP"

Hard copy questionnaire, Cwm Taf University Health Board

It was recognised that this was an undesirable action to take and put further pressure on GP services and available appointments. For example, this could have the impact of reducing the number of emergency appointments available to genuine emergencies, pushing some individuals into using unscheduled care services such as local GP Out of Hours or the Emergency Unit.

Once at the appointment, there was a real divide in older people's experiences of their appointments running on time and individuals spoke about the importance of communicating any delays.

48% of questionnaire respondents stated that their appointment never or rarely ran on time, and almost 52% stated that their appointment ran on time either always or most of the time.

"Always say how long it will be to wait – communicate."

Engagement, Cardiff & Vale University Health Board

Appointment reminders

A small number of individuals talked about currently having access to a reminder service for their appointment.

My Health Text is a system that enables GP practices to send appointment reminders to individuals via a text message, and Cardiff & Vale University Health Board explained that practices using this system have reported a reduced rate of 'did not attends'[28].

Some older people who currently don't have access to such a system suggested that the introduction of an appropriate and accessible reminder service into their GP service would be a positive way of ensuring that individuals did not forget about their appointment – especially when they had successfully used such a service elsewhere within primary care.

"A prompt/reminder system would be welcomed."

Engagement, Cardiff & Vale University Health Board

"My dentist sends a text reminder 24 hours before the appointment. This is not available at my surgery."

Online questionnaire, Hywel Dda University Health Board

Open surgery

A number of older people spoke about open surgeries, where individuals can present at their GP service without an appointment, and wait until they are seen by a health professional.

"I miss open surgery. You had to wait your turn but you got to see a doctor"

Engagement, Abertawe Bro Morgannwg University Health Board

"There is an open surgery, good if you're desperate but you have got to wait."

Engagement, Hywel Dda University Health Board

"If you turn up before 10.30 you will be seen, but you have to wait 2-3 hours at the open surgery"

Engagement, Hywel Dda University Health Board

Open surgeries were positively talked about, as individuals felt that although you may have to wait up to a number of hours, at least you would be seen on that day by a health professional.

Very positive feedback came from older people whose GP service ran a mixture of both open surgery and booked appointments, and where individuals had the information they needed to know which type of appointment was available on what day and time throughout the week.

"Our surgery has an ideal system, open surgery in the mornings, appointments in the afternoons."

Online questionnaire, Cardiff & Vale University Health Board

"My surgery runs three open surgery mornings at the branch surgery near to me and appointments in the afternoon of the same day. The main surgery does the same on opposite days. Very satisfied with this system."

Hard copy questionnaire, Abertawe Bro Morgannwg University Health Board

"We are fortunate in having drop-in GP clinics five mornings a week in addition to booked appointments in the afternoons. This is a model that other practices might emulate to provide the best possible service for their patients."

Online questionnaire, Abertawe Bro Morgannwg University Health Board

Appointment system design

While there was positive feedback when individuals had access to a range of ways to book an appointment, for many older people, frustration is rooted in the inconvenient, inflexible and time consuming systems that do not often present any choice and are not designed to suit individual needs.

"It's not run for us…"

Engagement, Hywel Dda University Health Board

"There should be a choice in how you get an appointment, including online."

Engagement, Betsi Cadwaladr University Health Board

Not only does this not always support an individual's timely and appropriate access to health care services, but it can present real barriers to access for some individuals, for example those living with a sensory loss or cognitive impairment, and may risk pushing individuals into using inappropriate services, such as unscheduled care.

In contrast to these experiences, Cardiff & Vale Community Health Council recognised the need for GP services to listen to and learn from their patients to inform the design of appointments systems, and identified an opportunity for Community Health Councils to work with GP services to use patient feedback to design or improve appointment systems into the future[29].

"Now, I don't know who it is"

Choice & Continuity

Older people are acutely aware of current GP workforce and recruitment challenges. Not only is there an awareness of the impact that this may have on the choice, continuity and timeliness of their care, but also of the impact and pressure that is currently being felt by the existing workforce.

"General practice surgeries are having difficulties in retaining/recruiting GPs. My daughter, a GP, surrendered her small practice because of bureaucratic processes aggravating the personal load. She is a locum and is enjoying the 'near pure' patient work."

Hard copy questionnaire, Hywel Dda University Health Board

"GP recruitment is obviously a problem. I have had three GPs in quick succession - all excellent but I have to start over again each time they change. They seem to change just when my GP and I are getting to know one another well."

Hard copy questionnaire, Betsi Cadwaladr University Health Board

"While the 'service' provided at the surgery is fair, it always seems that it is understaffed."

Online questionnaire, Betsi Cadwaladr University Health Board

"There are not enough GPs in North Wales and this has an effect on the stress levels of our GPs who have to work long hours."

Engagement, Betsi Cadwaladr University Health Board

"There is a problem in North Wales recruiting GPs hence the surgery is under staffed."

Engagement, Betsi Cadwaladr University Health Board

However, while this awareness does create a level of understanding, it does not remove the challenges that older people are facing in terms of a perceived loss

of choice and continuity, and the impact this may have on confidence, trust and meaningful conversations.

Choice

Many older people made a distinction between seeing any available doctor, versus a particular GP of their choice. The former was described as much easier, and the latter would usually take considerably longer.

"Getting an appointment with the GP of your choice is difficult most of the time."

Hard copy questionnaire, Betsi Cadwaladr University Health Board

"Sometimes hard - if you want to see a particular doctor; Always easy - if you are prepared to see anyone."

Hard copy questionnaire, Cardiff & Vale University Health Board

"I understand that to see a preferred doctor, patients must sometimes have to wait up to 6 weeks."

Hard copy questionnaire, Hywel Dda University Health Board

A number of older people also spoke of GPs or nurses within a GP service who had noticeably longer waiting lists because of their 'popularity' with patients.

"The best and most popular doctors aren't available as they get booked up for weeks."

Engagement, Aneurin Bevan University Health Board

"It can take a while to get an appointment with the most popular one."

Engagement, Betsi Cadwaladr University Health Board

Some individuals raised the issue of the need for choice, particularly if they felt they had a better rapport or relationship with a specific health professional. The need for choice was particularly relevant when individuals stated they would feel

more comfortable discussing a health issue with someone of the same sex.

"Only one female doctor and would prefer to see a female doctor."

Engagement, Betsi Cadwaladr University Health Board

"There are all female GPs and only one man. It can be hard discussing certain things with a female GP."

Engagement, Betsi Cadwaladr University Health Board

While some frustration was evident at how long some older people did have to wait to see a GP of their choice, there was also the realistic recognition that this might not always be possible: if an individual needed to see a health professional for an issue that could not wait, they were more than happy to see any appropriate professional.

"As we get older it is good to be able to access the same GP as you feel that they know you, but if you are acutely ill any GP will do!"

Hard copy questionnaire, Betsi Cadwaladr University Health Board

"Sometimes difficult to get the same doctor but don't mind seeing another one if it's urgent."

Engagement, Powys Teaching Health Board

Continuity

The continuity of an individual's GP or other health professional was highly valued by older people. While another professional could bring a fresh perspective, the relationship and knowledge between patient and professional that can develop over time was central to the confidence and trust that older people held.

"Before, doctor was part of the family. Now, I don't know who it is. Will they know who I am? There is no consistency, do they talk to each other?"

Engagement, Hywel Dda University Health Board

"I am probably 'biased' having been a retired GP for 4 years. I still belong to the same practice but the GPs and staff are gradually changing and do not 'know me'. I felt very 'vulnerable' as I walked from the surgery for the last time! A GP should treat 'Mrs Jones' not Mrs Jones's illness and have knowledge of her family and community. This has changed over the last 15 years particularly."

Hard copy questionnaire, Cwm Taf University Health Board

"So many are part time, never see the same one so no longer have any attachment to a surgery where I have attended for 58 years. Just another name to someone I don't know and who does not know me."

Online questionnaire, Cwm Taf University Health Board

"It is so important the GPs know their patients when they have specialist, long-term conditions like Parkinsons."

Engagement, Aneurin Bevan University Health Board

There was a perception that without continuity, another health professional, for example a locum GP, would not know an individual's background, or they will not have enough time to read the notes properly.

"Would prefer to see my regular GP because the GP knows your medical history, this saves time."

Hard copy questionnaire, Aneurin Bevan University Health Board

"It would be lovely to have the same GP - it would save having to go over details of past years. We elderly would feel more confident in a GP visit."

Hard copy questionnaire, Cardiff & Vale University Health Board

"I like to see the same doctor not new locum every time who you have to explain everything to from scratch."

Engagement, Aneurin Bevan University Health Board

"Lack of continuity - don't get to see the same GP so they don't have the full picture."

Engagement, Powys Teaching Health Board

"Continuity of GP needed - designated GP for 30 years - have now had three in year since GP left. Frustrating to have to start from beginning each time or wait for the GP to read my notes - I have a serious illness."

Engagement, Hywel Dda University Health Board

"I never see the same doctor and have to go through the same explanation every visit it is as if they take notes but do not read through them."

Online questionnaire, Cwm Taf University Health Board

Not only could this mean that symptoms or issues may take longer to explain, but the experience of having to explain an individual's story from scratch each time can become wearing. This experience is particularly prominent for older people who are living with dementia or a chronic or complex condition, and their carers, who may be attending a GP service more regularly and who may rely on that consistent approach in order to build trusting relationships and to recognise a change in condition or symptoms.

This experience may remove the ability for longer-term relationships to develop, and may reduce the trust and confidence that older people may have in the GP service. Ultimately, this could decrease the opportunities for older people to have meaningful conversations and make decisions on the best way forward in real partnership with their GP.

Older people mainly talked about choice and continuity in relation to a GP. However, the importance of continuity and a key contact was also raised in relation to other health or social care professionals, particularly for individuals living with a long-term or complex condition.

For example, older people who were living with Parkinson's spoke positively of the role of the 'Parkinson's Nurse' as a recognised, consistent and named individual they could contact, both in terms of direct access to answer any questions and navigation of the wider health service.

Similarly, previous work undertaken by the Commissioner found that the lack of a key point of contact was a concern for individuals living with dementia and their carers. Some individuals found enormous benefit in one particular professional, whether that was a GP, Community Psychiatric Nurse or social worker acting as a key point of contact[30].

"What happens when I can no longer drive?"

Travel & Transport

If getting to and from a GP service is, or is perceived to be, difficult, this could act as a barrier or deterrent to older people seeking advice and support from a health professional at the right time. While not directly part of the delivery of the GP service, the ease and options available for travel and transport are therefore absolutely critical to the ability for older people to access appropriate health care within a timely manner.

It is positive that just over three quarters (76%) of questionnaire respondents stated that travelling to their GP surgery was sometimes or always easy.

However, this means that for the remaining quarter (24%) of questionnaire respondents they find travelling to their GP surgery sometimes or always hard.

For those questionnaire respondents who found travelling to their GP surgery hard, the distance to walk was highlighted as the most common reason (46%), followed by poor access to public transport (33%) and poor access to a car (23%).

Bus services

Walking to a GP service may not be an option due to the distance, rural nature of the route or an illness or physical condition. If this was the case and if individuals could not drive, older people talked about the insufficiency of the bus service, in terms of its regularity, routes and the location of stops.

Some older people who live within Cardiff, for example, stated that they use a regular bus service to get to their GP. However, the issue of public transport service, and most notably buses, appears to be particularly pronounced in rural areas.

"Very hard by bus as they only run every two hours. Transport for the older person would be very difficult if they have not get their own transport, as public transport from the surrounding villages is not very good."

Hard copy questionnaire, Abertawe Bro Morgannwg University Health Board

"Surgery is easy to get to so long as I can still drive, five miles and no buses.

Hard copy questionnaire, Betsi Cadwaladr University Health Board

"The bus service has been cut down, so there's increased difficulty getting to surgery. The bus times are confusing and don't connect."

Engagement, Aneurin Bevans University Health Board

"I live in a village and sometimes worry about how I would attend a GP five miles away as my health deteriorates."

Hard copy questionnaire, Health Board unknown

"It's awkward if you have no car. It's too far to walk, and you could wait ages for a bus."

Engagement, Hywel Dda University Health Board

Integrated transport

Older people identified a need for the bus times and locations of stops to be connected with GP services. Even where new primary health care centres had been built, some older people spoke of a lack of joined up planning with local transport meaning that a new centre may be effectively inaccessible unless an individual has access to a car.

"There's a real lack of joined up transport in places…."

Engagement, Cardiff & Vale University Health Board

"When they move surgeries around they don't take account of the bus routes."

Engagement, Cardiff & Vale University Health Board

"We have a beautiful new surgery, but it is at the top of a hill and much further away than the old one. I can walk there now, I am 80 plus and fit. But, I do not know how long this will last and could not do so if I was ill. I need a regular prescription and the pharmacy has also moved up the hill."

Hard copy questionnaire, Cardiff and Vale University Health Board

Private car & taxis

In the absence of adequate public transport, the reliance on family members or friends who are able to provide a lift becomes greater, as does the cost of paying to use a private taxi, which can become expensive.

"Accessing our surgery is made easy because our daughter is available."

Hard copy questionnaire, Abertawe Bro Morgannwg University Health Board

"My daughter takes me or I get a taxi."

Engagement, Betsi Cadwaladr University Health Board

"It's £16 for a taxi and there are no buses."

Engagement, Betsi Cadwaladr University Health Board

Furthermore, a number of older people who do drive to their GP service raised the inadequacy of car parking facilities, particularly in relation to disabled access.

"Parking facilities, particularly for disabled drivers are totally inadequate and difficult, particularly to exit. Two disabled spaces, and vast expanses of uncared or lawn make a mockery of access for disabled drivers."

Hard copy questionnaire, Betsi Cadwaladr University Health Board

"Car parking at the surgery has become increasingly difficult."

Hard copy questionnaire, Hywel Dda University Health Board

Community transport

Reference was made by older people to community transport in relation to attending hospital appointments, but very rarely did older people appear to have access to this for GP service appointments. For those who did have experience of community transport, difficulties were identified in matching up the need to pre-book such a service with the more last minute nature of some GP appointments.

However, there did appear to be support for an increased availability of community transport, especially when public transport was not reliable.

"Volunteer car service may not be available at such short notice."

Engagement, Hywel Dda University Health Board

"Public transport isn't always an option, there should be more community transport schemes."

Engagement, Cardiff & Vale University Health Board

"The Volunteer Service provide transport in the morning if requested. If this is not available, travelling would be very difficult."

Hard copy questionnaire, Cardiff & Vale University Health Board

"Never dared to try"

Home Visits

In the vast majority of cases, older people visit their GP service building to see a health professional.

However, there may be some instances where the health or personal circumstances of an individual mean that physically going to a surgery is not possible, and a home visit by an appropriate health professional may be requested. This may be for a short period of time during a particular episode of ill health, because a vulnerable individual is house bound or if there are practical difficulties involved in supporting an individual to travel to an appointment when they are living with a cognitive impairment[31].

37% of questionnaire respondents stated that they would be able to get a home visit if this was needed, and a number of older people spoke positively of their experiences receiving home visits when they or a family member has been too unwell to travel. This particularly appeared to be the case when individuals felt that the GP service knew their and/ or their family member's condition well and could respond on an individual basis.

"My husband had dementia. He had regular home visits, sometimes twice a day."

Engagement, Aneurin Bevan University Health Board

"They come to the house. I'm in a wheelchair. I phone and they come to me. They are nice to me."

Engagement, Betsi Cadwaladr University Health Board

15% of questionnaire respondents stated they would not get a home visit if needed, and there was a significant amount of discussion during the engagement sessions regarding the variation in experiences of accessing home visits. While there is work in some areas to increase the availability of Out of Hours home visits where appropriate, for example through the use of Advanced Nurse Practitioners in Cardiff & Vale University Health Board[32], there was a strong perception expressed by older people that accessing a home visit whether in, or out of, hours is much harder than it used to be.

Age Connects Morgannwg described how many of their services users have reported feeling anxious requesting home visits, feeling more at ease ringing the hospital or GP Out of Hours service instead[33].

Older people often reference not wanting to make a fuss, or be a burden on an already stretched public service. If an individual has had, or anticipates, a negative experience when seeking a home visit, they may be less likely to seek advice or support from a health professional at an early stage, instead presenting at a much more critical or urgent time.

"After an accident that involved a hospital stay, and being immobile, I could not get out of the house for six weeks. I found it very difficult to get the GP to do a house call. He wanted to talk on the phone which I found off putting and unhelpful. Whereas my mother's GP called every week for almost two months, and even had time for a chat with me. That was a different surgery."

Online questionnaire, Cardiff & Vale University Health Board

"What about bringing back the old model, the GP coming to see you in the house? Common sense to make home visits if someone is very ill."

Engagement, Betsi Cadwaladr University Health Board

"I am very concerned about the reluctance of GPs in my surgery to do home visits if needed."

Hard copy questionnaire, Powys Teaching Health Board

"You've got to be dead before you can get a home visit!"

Engagement, Abertawe Bro Morgannwg University Health Board

"My husband fell over and the paramedics contacted the surgery to arrange a home visit to follow up. The doctor who came out was furious and told me husband he was a 'drain on the surgery'. We were so upset, he hardly ever went to the doctor's. I reported it to the nurse, but the doctor never apologised."

Engagement, Hywel Dda University Health Board

Carers in particular talked about the challenges in getting a home visit, and the frustrations in having to explain their situation multiple times when requesting this. The frustration experienced when having to explain caring responsibilities multiple times was echoed by Carers Trust Wales in relation to booking an appointment and requesting a home visit[34].

Almost 17% of questionnaire respondents stated that they are an unpaid carer[35], and Carers Wales explained that there may also be additional older people who do not recognise themselves as carers[36].

Despite the practical difficulties involved in taking the person for whom they care to an appointment, or the challenges in securing last minute respite for the person for whom they care in order to attend an appointment, there appeared to be little flexibility in the appointments process to respond to this clear need.

"Difficult for carers to attend same day appointments as cannot get cover or help that quick - even volunteer car service may not be available at such short notice."

Engagement, Hywel Dda University Health Board

"The biggest problem is getting past the receptionist. We need home visits as my wife is housebound and I am her carer. It's like an interrogation every time - a minefield of questions demanding answers. There should be a flag on your file if you need home visits. Instead it's a battle every single time."

Engagement, Aneurin Bevan University Health Board

Most startling perhaps, is that 48% of questionnaire respondents did not know whether they could get a home visit if needed, and many older people were not aware of the circumstances in which a home visit would be possible.

Age Connects Morgannwg spoke of the need for better information and an improved understanding of the circumstances under which home visits may take place, so that advocates, support and care workers, and carers could advise and explain the process to service users and, if needed, question the reasons for a home visit being refused[37].

"They do home visits, but the criteria are unclear. It seems very hard to get them. I have heard of people who are carers who can't get a home visit."

Engagement, Betsi Cadwaladr University Health Board

"Don't know. Never dared to try."

Hard copy questionnaire, Cardiff & Vale University Health Board

The British Medical Association and the Royal College of General Practitioners described how home visits are typically done when the medical needs of an individual necessitate this, as evaluated by a GP[38]. This is outlined in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 Part 7, Schedule 6, Part 1, Paragraph 6.

Carrying out a home visit is more time intensive than seeing an individual within the service building, where a higher number of individuals could be seen within the same time period. However, there will continue to be a number of particularly frail and vulnerable older people who must continue to receive home visits because of their medical needs. As health policy and delivery shifts towards greater care provided within the community, there may be a higher number of older people with more complex health needs who require a home visit.

Additionally, there will also always be instances where an individual is not able to attend the GP service for social care or transport reasons. Support from the community, third sector and local authority alongside health services is therefore essential to facilitate individuals to access the relevant health professional within their GP service.

"There isn't enough privacy in reception"

Environment & Accessibility

The accessibility of the GP service environment is central to an individual's ability to use services, their perception of the quality of that service and their overall experience. There are a number of factors that may act as barriers or facilitators to older people's access to primary care services as close to home as possible, such as the physical environment (doors, layout, noise, and temperature)and the communication skills of staff, for example.

If a GP service is not able to create an enabling and empowering environment for older people, there is a real risk that individuals may seek to access other health services that may be less appropriate but more easily accessible, or be put off from accessing health services at all until a crisis moment.

Accessibility

The majority of questionnaire respondents, almost 93%, stated that getting into and moving around their GP surgery building is easy, which is a positive endorsement of the GP service environment from older people.

Furthermore, 76% and 85% of questionnaire respondents stated that the waiting room environment and appointment room environment were comfortable, demonstrating that, for many older people, the environment at their GP service is perceived to be a pleasant and comfortable place to be on the whole.

"The waiting room is comfy."

Engagement, Betsi Cadwaladr University Health Board

"Pleasant and clean with toys and books for the children."

Engagement, Hywel Dda University Health Board

"Ample room in surgery."

Engagement, Aneurin Bevan University Health Board

"The chairs are comfortable, there is a play area, TV magazines and a toilet."

Engagement, Betsi Cadwaladr University Health Board

Positive feedback was particularly noticeable for those older people whose GP services were housed in purpose built primary care centres, where physical access such as ramps, automatic doors, lighting and acoustics had been considered at the time of design and building.

Those whose service was in a new build premises tended to feed back more positively on the environment than those whose service was housed in an older building, where retro-fit adaptation was perhaps more difficult and costly to complete.

"The surgery is wheelchair accessible - new build."

Engagement, Betsi Cadwaladr University Health Board

"In my surgery the nurses have large rooms with wide doors."

Engagement, Cardiff & Vale University Health Board

However, it is important to note that the data from questionnaire respondents means that almost a quarter (24%) find the waiting room uncomfortable, while over 15% find the appointment room environment uncomfortable.

A relatively small percentage (7%) of questionnaire respondents also stated that getting into, and moving around, the GP surgery building is hard.

While accessibility of a GP service building will often depend on the age of the building itself and how easy it is, or has been, to modernise and change over time, there were noticeable comments where new build features or technology had been installed without thorough consideration of the implications this could have on the comfort of patients throughout the whole year.

"It's a bit impersonal. There's no air conditioning and the underfloor heating can't be switched of. There's lots of glass so it's uncomfortable in the Summer months. There's no fresh air."

Engagement, Betsi Cadwaladr University Health Board

The variations in the built environment of GP services across Wales, and the barriers these create, could have quite a significant impact on an older person's ability to access such a service.

The most common reason for questionnaire respondents stating that getting into and moving around the GP surgery was hard, behind 'other', was a 'lack of, or inappropriate layout' (23%), followed by a 'lack of, or inappropriate ramps & handrails' (14%).

A number of older people spoke about how the doors or layout of the GP service building make it more difficult to move around in a wheelchair: the height or type of chair can inhibit an individual from sitting and standing easily. High noise levels or poor acoustics can also prevent older people, particularly those with hearing loss, from communicating well with staff.

"Seats very low and bad for mobility."

Engagement, Cwm Taf University Health Board

"I have on several occasions requested the provision of chairs WITH ARMS in both the waiting area (there are only two or three such chairs) and the G.P.'s consulting room, without success. Even hospitals, etc., provide chairs with arms - essential for older patients and to facilitate those with mobility issues, e.g. pre and post total hip replacements, etc."

Online Questionnaire, Hywel Dda University Health Board

"A range of various height seats would help as I am unable to struggle to stand up from the low seats in my surgery."

Hard copy questionnaire, Hywel Dda University Health Board

"The angle of the doors can be a problem in a wheelchair and sometimes it is hard to get in and out of the rooms because of the layout of the furniture."

Engagement, Cardiff & Vale University Health Board

"The automatic door is often broken. It's hard to get over the lip when you're on your own in a wheelchair."

Engagement, Cardiff & Vale University Health Board

"My wife is disabled and in a wheelchair. I always remind the receptionists when I make an appointment for her, but still we get put to see a doctor upstairs, and there's no lift."

Online questionnaire, Cwm Taf University Health Board

"The noise at the surgery - music and fast speaking radio presenter - enough to raise one's blood pressure! Awful."

Hard copy questionnaire, Betsi Cadwaladr University Health Board

In addition to the physical environment described above, a number of older people living with hearing loss spoke about the inconsistent use of hearing loops within GP services. For example, they may be available but individuals or staff do not know they are there, or they are not available for use at all.

"I think there's a loop system."

Engagement, Betsi Cadwaladr University Health Board

"Hearing loops are not always available nor are text services to speak to the doctors surgery."

Online questionnaire, Cardiff & Vale University Health Board

"Hearing loops are hidden and people don't know they are there."

Engagement, Abertawe Bro Morgannwg University Health Board

Healthcare Inspectorate Wales also found some challenges in the accessibility of GP services. For example, it found that some practices did not have automatic doors or a ramp to assist access, not all practices had variable height seating for the comfort and safety of patients with mobility difficulties, and some practices did not know how to use a loop system, or had one that was not working or not portable[39].

Even in situations where the environment is accessible, there may still be occasions where an individual may benefit from support from a member of staff to move around the GP surgery building.

While just over a quarter (26%) of questionnaire respondents stated that support would be available to people to get into and move around the GP surgery building, 69% stated that they do not know whether this support would be available.

The fact that such a high number of questionnaire respondents do not know if such support is available could act as a barrier to access in itself. For example, there may be a number of older people who could benefit from such support, but are less likely or unable to seek this if they do not know what is available.

Being called

There appeared to be a variation in how older people were notified in the waiting area that it was time for their appointment. A number of older people spoke of the use of a tannoy system to call their name. However, when this system was used in isolation it proved inaccessible to older people who were deaf or living with hearing loss.

"No complaints as there is a tannoy system to call you in."

Engagement, Hywel Dda University Health Board

"They call my name over the tannoy but I can't hear it. I would like a scrolling sign."

Engagement, Betsi Cadwaladr University Health Board

"I can't hear the tannoy system."

Engagement, Aneurin Bevan University Health Board

The use of an electronic screen was also referenced. This could be helpful, especially where an individual was deaf or living with hearing loss. However, it is clear that a screen by itself will not be accessible to someone who is living with sight loss, and that the position and size of such a screen in relation to the waiting area is crucial to its accessibility for sighted and partially sighted individuals.

Where a tannoy, screen or both systems are used, the importance of available support from staff if individuals did not see or hear their name, or can't find the room, cannot be ignored. For example, for some individuals living with dementia, an audio tannoy or a visual sign may not be appropriate and a member of staff

may need to directly notify and support an individual when it is time for their appointment.

"There is a mix of voice call and visible signs to let you know it's your turn to see the GP. Sometimes seats are directly under the signs so impossible to know when it's your turn."

Engagement, Hywel Dda University Health Board

"I would like a visual display."

Engagement, Aneurin Bevan University Health Board

"The screen that they put your name on when the doctor is free is quite small. You can't see it!"

Engagement, Betsi Cadwaladr University Health Board

"One surgery has a screen that brings up your name and tells you what room to go to. No help if you can't find the room or did not see your name appear."

Engagement, Aneurin Bevan University Health Board

The act of a member of staff actively finding an individual and notifying them that it was time for their appointment was well received by individuals, and where it did not happen it was something that a number of older people expressed they would like.

"There is a tannoy to tell you, and the nurse will come out to find you as well."

Engagement, Hywel Dda University Health Board

"There is a loud speaker and the receptionist will call you - if you haven't heard the call a receptionist will come and find you."

Engagement, Aneurin Bevan University Health Board

"They call your name and put out an announcement. I'd prefer the GP to come and get you."

Engagement, Betsi Cadwaladr University Health Board

However, this did not appear to happen consistently – either across GP services or within a single service. These experiences demonstrate the importance of all staff members being appropriately trained and supported to be aware of the different sensory or support needs that their patient population may have.

Furthermore, there were some instances where the position of the waiting room seats were not conducive to individuals seeing and hearing a member of staff when they did come into the waiting room.

"Some receptionists come and get me, but not all…"

Engagement, Betsi Cadwaladr University Health Board

"There is a loop box, but I can't hear the tannoy system. Sometimes the receptionist comes to get me."

Engagement, Betsi Cadwaladr University Health Board

"Waiting room seats are facing the wrong way for me. The doctor comes in behind the seats and says your name. I need to be able to lip read what the doctor says so I know it is my turn. Or there needs to be a flashing sign indicating my name. I am always very nervous at this point."

Online questionnaire, Betsi Cadwaladr University Health Board

Privacy

A clear theme that emerged in relation to the environment is the need for privacy in a reception or waiting room, especially when talking with a receptionist.

A number of older people felt that the physical set up or noise levels within a reception or waiting room did not facilitate privacy, where improved planning could do this. As a result, they felt that they were being asked to disclose intimate

or private details not only to the receptionist, but also to anyone in the whole reception area.

This posed a particular challenge for older people living in smaller, tight knit communities, such as rural villages. There were concerns that staff or patients at that service might know you and find out personal health details that you do not wish to disclose.

"There isn't enough privacy in reception, everyone can hear when the receptionist asks what you're there for. This should be confidential."

Engagement, Hywel Dda University Health Board

"There is a definite lack of privacy when speaking to the receptionist, on arrival at the surgery."

Online questionnaire, Abertawe Bro Morgannwg University Health Board

"We have to say exactly what is wrong with us in a crowded surgery. Everyone can hear us."

Engagement, Abertawe Bro Morgannwg University Health Board

"The Practice Manager insists on having loud piped music in the waiting room to make conversation with receptionist private. The object is defeated as you cannot hear the receptionists replies."

Online questionnaire, Hywel Dda University Health Board

A small number of older people mentioned the use of electronic touch screens in order to book into an appointment.

"Touch screen to check in - very unhygienic and not easy to use"

Engagement, Cardiff & Vale University Health Board

"They helped me with the touch screen, they're a bit of a nuisance."

Engagement, Betsi Cadwaladr University Health Board

"Some have touch screens and no receptionists."

Engagement, Betsi Cadwaladr University Health Board

These were not necessarily viewed negatively by all older people, and theoretically could prevent individuals from having to share private details orally in the reception area. However, concerns were raised about the need for assistance to use them by a member of staff, especially when it was felt that the technology had been used to replace a receptionist, as well as concerns around hygiene.

"They didn't seem to have access to my notes"

Out of Hours Services

The provision of Out of Hours services was not highlighted as a specific area upon which to focus through the questionnaire and conversations with older people at engagement sessions, due to recent work in this area on GP Out of Hours services by the Wales Audit Office.

However, older people did talk about using the GP Out of Hours service with varying experiences. Of those older people who had used Out of Hours, some spoke positively of using the service and in particular how responsive it is.

"Out of hours very good - helpful, 20 min response."

Engagement, Powys Teaching Health Board

"Out of hours has been very good. Someone (I know) became immobile suddenly and they came out."

Engagement, Betsi Cadwaladr University Health Board

However, a small number of older people raised difficulties they had in using and getting to the Out of Hours service, particularly if they don't have access to a car and feel that they cannot rely on somebody visiting them at their home.

"You've got to be ill the right time, if you're ill on Friday night or the weekend it's bad."

Engagement, Betsi Cadwaladr University Health Board

"Out of hours saved my sight - had to travel though so great if you've got a car but not if you haven't."

Engagement, Hywel Dda University Health Board

"Out of hours isn't good. They are happy to talk to you on the phone but won't come out."

Engagement, Hywel Dda University Health Board

In addition to this, there were concerns raised by older people that the Out of Hours service did not always have access to the correct notes or the background information needed about individuals in order to successfully treat or manage a condition or incident.

"I have been to the out of hours twice. One time they had no notes and weren't great, but the other time they were excellent."

Engagement, Betsi Cadwaladr University Health Board

"I couldn't get any sense from the out of hours. A condition had reoccurred that could be fatal. They didn't seem to have access to my notes and gave me the wrong antibiotics. There doesn't seem to be any common sense."

Engagement, Betsi Cadwaladr University Health Board

There is work ongoing across NHS Wales to improve access to the GP records of individuals in more settings[40], something that could improve this experience for older people in the future. Access to such information and how it is shared across different 'parts' of the healthcare system is crucial, not only to the ability of a health professional to take the most appropriate action, but also to the level of trust and confidence that older people can have in all parts of the primary and wider healthcare services that they may use.

Experience

"A caring compassionate attitude makes a big difference"

People & Time

Making an appointment to see a health professional at a GP service and travelling to get there is only one part of the whole experience.

Most older people did not provide commentary on the quality of the clinical care that they receive, due to the difficulty in doing so and their trust in the knowledge and expertise of the health professionals within the NHS. However, the quality of personal interactions, the degree to which older people feel listened to and understood, the degree to which older people have a say in decision making, whether appointments run to time and the sufficiency of the length of the appointment are all absolutely critical to an older person's confidence and trust in the healthcare service.

The Royal College of Speech and Language Therapists, for example, has emphasised the link between the ability to communicate clearly with an individual's ability to make informed decisions, to access services, enjoy their rights and overall, the dignity and respect that they experience[41].

"What makes a surgery good? Courtesy when you call, health nurse, helpful staff, take time to talk to you, calm you down if nervous, give you the information you need, getting the right attention you need from kind professional people."

Engagement, Hywel Dda University Health Board

"Speak to the patient."

Engagement, Cardiff & Vale University Health Board

"Always easy going. All of the staff are reliable and effective."

Online questionnaire, Betsi Cadwaladr University Health Board

"I have nothing but praise for them all. Doctors, Nurses and Receptionists, it's a pleasure to go there. All really nice people."

Hard copy questionnaire, Cwm Taf University Health Board

These factors are also critical to the successful realisation of prudent healthcare principles, most notably for patients to be treated as a full and equal partner during decisions (co-production) and the delivery of care itself.

Receptionist relationships

There are many people other than the GP or health professional themselves who support access to GP services for older people and may enhance or impair their experiences. The importance of interactions and experiences with staff, such as the receptionist, when booking, attending an appointment or simply making contact for advice should not be underestimated, as it can 'set the tone' for the whole interaction.

When asked, the majority of questionnaire respondents, 87.5%, stated that they felt listened to and understood by other staff at the GP surgery always or most of the time.

This demonstrates that most older people have positive experiences with staff at their GP service, and speak highly of them.

"It's like going to see a friend. You can pop over and ask them anything and make an appointment without worrying about it."

Engagement, Cardiff & Vale University Health Board

"Receptionists and nurses are very friendly, nice and kind."

Engagement, Hywel Dda University Health Board

"Surgery staff always pleasant and helpful."

Hard copy questionnaire, Betsi Cadwaladr University Health Board

"Staff very pleasant to talk to."

Engagement, Cardiff & Vale University Health Board

"The receptionists are lovely they always try to help."

Engagement, Cardiff & Vale University Health Board

"It's hard to get through on the phone, but when you do the receptionists are excellent."

Engagement, Betsi Cadwaladr University Health Board

"Caring and helpful - it makes all the difference. They set the experience."

Engagement, Aneurin Bevan University Health Board

However, there were a number of experiences shared regarding interactions with receptionists when making appointments that could have a detrimental impact on the overall experience an older person has of their GP service.

For example, the communication style of receptionists was particularly important to a number of older people, with some people describing a variation in experiences depending on the person that they saw.

"Some staff are good, but not others. The receptionist often seems preoccupied, which sets the tone for the whole visit. My wife gets on with them, but I don't so much."

Engagement, Betsi Cadwaladr University Health Board

"The receptionists could lighten up a bit."

Hard copy questionnaire, Abertawe Bro Morgannwg University Health Board

"Issues with receptionists relate to attitude - although this is the exception not the usual."

Hard copy questionnaire, Cwm Taf University Health Board

Older people did recognise the difficult nature of such a role and the reality that some processes or scripts may be set out for reception staff by GPs or practice managers. However, while this can improve the understanding of pressures faced by staff, it does not diminish the importance that first impressions have on an individual's lasting experience of their GP service.

For example, there were a handful of reports where an individual had stopped using a particular service or changed their pattern of behaviour because of challenges in communicating with a receptionist. This could be the case even if the GP service is the most appropriate for an individual to be using.

"Changed GP practice as a result of the attitude of the receptionist."

Engagement, Cardiff & Vale University Health Board

"I avoid one receptionist."

Engagement, Cardiff & Vale University Health Board

When discussing experiences with staff such as receptionists, a large number of older people spoke about being asked why they were requesting an appointment. It was common for older people to report feeling uncomfortable or uneasy when asked by a receptionist for the reason for their appointment. A number of individuals felt that this was private information, that they did not want to share with anyone other than a health professional. Furthermore, some individuals felt that it was not just the receptionist, but the whole waiting room that would hear.

"I like the receptionists - they are very nice, but I don't want to have to tell them why I want to see a Doctor. That's private."

Engagement, Hywel Dda University Health Board

"There is no privacy re appointment making and receptionists are asked to enquire about why we want to see the doctor, so the whole waiting room can hear my name, DOB, address and if I replied to the query about my health problem, they would know what was wrong too! So much for privacy and dignity!"

Online questionnaire, Hywel Dda University Health Board

"Receptionists ask what the problem is over the phone or when you visit and this can be embarrassing - needs more discretion."

Online questionnaire, Betsi Cadwaladr University Health Board

"When phoning for an appointment some of the questions the receptionist ask are only relevant to patient and doctor, not to them."

Hard copy questionnaire, Aneurin Bevan University Health Board

"Some of the receptionists appear to be under the impression that they are fully qualified Health Professionals."

Online questionnaire, Cwm Taf University Health Board

It is clear that privacy needs to be improved when communicating with receptionists at a GP service. In addition to this, a number of older people felt that this approach created a barrier between the patient and the health professional, and that the questions asked by receptionists gave the impression that they knew as much as the doctor, had health training, or were even trying to block an individual from seeing a health professional.

"Better communication from Receptionist as they create a barrier between us and the doctor, and very often try to give impression they know as much as your doctor."

Hard copy questionnaire, Aneurin Bevan University Health Board

"The receptionists often dictate when an appointment is urgent or not."

Hard copy questionnaire, Hywel Dda University Health Board

It is common for a question to be asked about the reason for an appointment to ensure than an individual sees the most appropriate health professional, and many GP services are undertaking telephone triage either by a receptionist or a health professional such as a nurse. For example, there may be a nurse practitioner or visiting health professional who specialises in a certain condition and would be better placed to see an individual than the GP.

With the NHS in Wales being asked to deliver Prudent Healthcare, one feature of which is organising the workforce around the 'only do, what only you can do' principle, this approach could continue to become more widespread.

However, it is clear that the reasons for such questions being asked are not widely understood. Instead, older people can feel like this is an affront on their privacy and an attempt to block access to GP services. As was explained by one older person through this work, if the reasons for asking for such information were better explained, then people may feel more comfortable in answering them.

"If receptionist explained better why they need to ask for information to book appointment, [I] would be happy to explain why want to see doctor."

Engagement, Cardiff & Vale University Health Board

Health professionals

On the whole, questionnaire respondents reported positively about their interactions with health professionals. For example, 94% of questionnaire respondents stated that they felt they were listened to and understood by the GP, nurse or other health professional either always or most of the time.

Almost 92% of questionnaire respondents also stated that they felt their views are considered, and that they have a say when decisions about their health and treatment are made.

GP relationships

A number of older people spoke very positively about their personal experiences with GPs, even if it had taken a while to secure an appointment.

"Once you get to see the GP they are always professional, caring and want to do the best for you but if you have to make another appointment, that is another 6 weeks wait and then there is no guarantee that you will see the GP of your choice."

Hard copy questionnaire, Cardiff & Vale University Health Board

"Some doctors have the patience of a saint."

Engagement, Hywel Dda University Health Board

"You can talk to him and he'll listen - doesn't treat you like an old fool."

Engagement, Aneurin Bevan University Health Board

"You can talk about anything whilst you're with the GP. They will give you time and are attentive and very committed. They listen to you - don't just sit there typing."

Engagement, Betsi Cadwalar University Health Board

"My wife died at home in January, and was treated in a palliative manner by a doctor from my surgery, and also community nurses. They proved that our NHS is everything that you need. Our doctor spent time with my wife, making her laugh. On the day she died he was not on duty, but drove to our home with his two young children. During this period I could not envisage any person being treated better."

Online questionnaire, Abertawe Bro Morgannwg University Health Board

These positive experiences appeared to be dependent on individual relationships or connections, where GPs have gone 'the extra mile' and older people felt that they were really listened to and had all the time they needed.

The majority of questionnaire respondents, 82%, stated that they had enough time in their appointment most of the time, or always.

While this positive feedback shows that many older people are able to speak with the health professional successfully within the allocated appointment time, a relatively large number of questionnaire respondents, almost 18%, stated that they never or rarely have enough time.

The individual nature and importance of interpersonal skills and time was demonstrated through the variation that some older people reported between GPs within the same service.

"My last 2 visits to GP were vastly different. Last but one was an hour late, a flustered doctor who oversubscribed medication and made me worried. The last one was on time, to the point, helpful, listened and was careful about the medication. So 2 very different experiences."

Hard copy questionnaire, Cardiff & Vale University Health Board

"Variable - all doctors are different. Depends on who you get - luck of the draw."

Engagement, Hywel Dda University Health Board

"Whether it's long enough depends on the doctor, some want to get rid of you, some are great."

Engagement, Hywel Dda University Health Board

"There is variation, some doctors don't look at the clock, others push you in and out."

Engagement, Hywel Dda University Health Board

Previous work undertaken by the Commissioner illustrated that individuals living with dementia and their carers 'can have a very different experience with GPs in the same surgery or professionals in the same team, which suggests that the variation cannot be related to locality, a so-called postcode lottery, but can often be attributed to differences in the attitude, awareness and understanding of individual professionals'[42].

The defining feature of a positive experience with a GP appears to be the extent to which the GP is perceived to be listening to the individual and paying personal attention during the appointment. When an individual noticed a lack of connection and empathy, such as looking at the computer screen instead of the individual, or even a dismissive attitude, their overall experience tended to be poor.

"They just want you out of the door as soon as possible, they don't listen and sometimes they don't even look at you."

Engagement, Abertawe Bro Morgannwg University Health Board

"The doctors are looking at their computers rather than at you. Very impersonal."

Engagement, Aneurin Bevan University Health Board

"Some sit behind their desk and are far away from patient, barrier between them. Empathy is lacking."

Engagement, Betsi Cadwaladr University Health Board

"The GPs are arrogant. They look down their nose at you and don't listen."

Engagement, Abertawe Bro Morgannwg University Health Board

"Some younger doctors attitude dismissive and I feel disinterested they just want to get the job done. Do not listen expect you to go along with what they say."

Online questionnaire, Betsi Cadwaladr University Health Board

"They sometimes seem very dismissive."

Engagement, Hywel Dda University Health Board

Individuals also highlighted that another factor contributing to a poor experience is feeling rushed or unable to raise all of the issues they need to. For example, a relatively large number of questionnaire respondents stated that they are not able (20%) or do not know if they are able (13%) to raise more than one issue at their appointment if this is needed.

More people than ever are living with multiple and complex conditions that may all interact with an individual's symptoms and be relevant to a course of action or treatment. It may therefore be appropriate for older people to raise more than one issue per appointment.

While older people spoke about appointment times ranging from seven to fifteen minutes, the majority stated that an appointment slot was for ten minutes only.

A number of older people spoke of a time limit and one issue rule being explicitly stated or advertised in their GP service. However, fewer older people spoke of their awareness that a longer slot, or raising more than one issue, could be guaranteed by booking a double appointment.

"Sometimes the GP says at the start 'You only have 7 minutes'."

Engagement, Cardiff & Vale University Health Board

"Notice on Reception wall stating 'One Issue' rule."

Hard copy questionnaire, Health Board unknown

"We can speak to the GP for more than one item provided that a double appointment has been made, otherwise we are quickly told that there is only time for one thing."

Hard copy questionnaire, Cardiff & Vale University Health Board

Older people spoke of the GP not being fully engaged if they wanted to talk about more than one issue, and there was an awareness that this approach may not be treating them as a 'whole person', something that may result in additional appointments having to be made.

"I have never been restricted but I have heard of people who have been given ten mins only to discuss one issue. I would not put up with this as if I have waited up to two weeks for an appointment and feeling quite ill, I would have lots to discuss."

Hard copy questionnaire, Aneurin Bevan University Health Board

"But I sometimes feel that GP is not fully engaged if I want to talk about more than one issue."

Hard copy questionnaire, Betsi Cadwaladr University Health Board

"You can only discuss one problem, to make a diagnosis you would think the GP would need to treat his/her patient as a whole."

Online questionnaire, Aneurin Bevan University Health Board

"Only allowed one issue per visit - even if those issues are linked."

Engagement, Cardiff & Vale University Health Board

"Appointment time with GP/Nurse now time restricted which must be a retrograde step."

Online questionnaire, Betsi Cadwaladr University Health Board

"You only get 7 minutes to discuss one problem and then they ask you to come back another time."

Engagement, Aneurin Bevan University Health Board

The Aneurin Bevan Community Health Council spoke of their positive experience working with the Health Board to remove posters that explicitly stated one issue only from GP services across the area[43].

However, it is clear from the voices of older people that this practice, or perception of this practice, is still common for many older people across the whole of Wales.

Even where not explicitly stated, some older people still described feeling rushed. For some, it was clear that this was impacting on their confidence when speaking with health professionals, with some individuals resorting to writing a list of things they wanted to talk about so it wasn't forgotten or left out within the short timeframe. This issue is particularly important for older people who may be living with a sensory loss, cognitive impairment or complex condition, who may need more time and support to discuss their health issues.

"I feel like I'm wasting their time."

Engagement, Betsi Cadwaladr University Health Board

"After 5 minutes, the get fidgety and they do stare at the computer screen. Time is limited."

Engagement, Betsi Cadwaladr University Health Board

"The GP always feels rushed. It affects your confidence. A few minutes can make a big difference to your state of mind and be a huge psychological help."

Engagement, Aneurin Bevan University Health Board

"The doctor was writing me a prescription and I felt like time was running out, so I felt like I couldn't tell the doctor everything I wanted to."

Engagement, Betsi Cadwaladr University Health Board

"I have long term health issues & my time always runs out before I have time to ask everything I want to ask."

Online questionnaire, Cardiff & Vale University Health Board

"Appointment is never long enough – ten mins. I feel rushed and pushed. I write a list of things to discuss before you go in, but some surgeries have a policy of one issue per appointment."

Engagement, Aneurin Bevan University Health Board

"You've got to wait at least an hour to see the GP, then you haven't much time to talk with the doctor and tell him/her what's wrong. You feel rushed, I have a list of things to go through but I never get through it."

Engagement, Abertawe Bro Morgannwg University Health Board

A survey of GPs undertaken by the Royal College of General Practitioners Wales found that 89% of GPs in Wales stated that their workload affects their ability to deliver high quality patient care[44].

Amongst the older people who completed the questionnaire or took part in an engagement session, there was an explicit awareness of the pressure that GPs and other health professionals working in GP services are under, and an understanding that this could account for some of their negative experiences. For example, a number of older people deduced that when appointments were running over time, this was because the health professional was taking the time to listen to and talk with a patient properly.

"They're only humans."

Engagement, Hywel Dda University Health Board

"I often feel sorry for the surgery due to the really heavy pressure of work."

Online questionnaire, Abertawe Bro Morgannwg University Health Board

"You can see that GPs are getting more stressed."

Engagement, Hywel Dda University Health Board

"They listen and are nice, but I feel their hands are tied."

Engagement, Betsi Cadwaladr University Health Board

"They're in a hurry. But I do understand that they're busy."

Engagement, Betsi Cadwaladr University Health Board

"The GPs are very good. There just aren't enough of them."

Engagement, Abertawe Bro Morgannwg University Health Board

"We have doctors who will always listen and [are] not anxious to get you out of the surgery, hence appointments are delayed."

Hard copy questionnaire, Hywel Dda University Health Board

"Although the appointments rarely run on time, I accept the delay as I know that I will be given all the time I need when I am in the surgery. I never feel rushed."

Online questionnaire, Aneurin Bevan University Health Board

Nevertheless, this understanding does not detract from the negative impact that such an experience could have longer term on older people's perception of GP services and their likelihood to use these services instead of unscheduled care options.

Furthermore, despite the high numbers of positive feedback received through questionnaire respondents, it is disappointing to see that a small number of older people felt as if their age had a negative impact on the attitudes of the GPs that treated them. For example, some people reported that information was not provided because there was an assumption it would not be understood, or that older people should feel grateful for their health and treatment, regardless of the situation.

"I would like to be listened to and treated as a person who is intelligent to understand their own bodies. Need to be trusted to understand how to use medicine. I sometimes think they look at my year of birth and treat me as a doddery old lady, which I am not."

Hard copy questionnaire, Aneurin Bevan University Health Board

"There is a general lack of compassion and consideration outside of the clinical issue. The attitude to older people is 'be thankful you are as well as you are', your concern regarding new symptoms are not important."

Hard copy questionnaire, Betsi Cadwaladr University Health Board

"I was of the opinion that she never had the time to listen and simply fobbed you off, because as an older person you could only expect to have increasingly chronic medical problems with one's advancing age."

Letter, Betsi Cadwaladr University Health Board

"I think it's ageism to only to be able to talk about one thing. As you get older your problems become more complex. Surgeries are ageist."

Engagement, Cardiff & Vale University Health Board

The experiences described by older people regarding feeling rushed and their concerns relating to ageism may act as a barrier to the achievement of current intentions for the delivery of primary care, such as making informed decisions in partnership with a health professional.

Nurse relationships

Many older people spoke very positively about their experiences with nurses at their GP service. Feedback referred to nurses having greater time and flexibility, and people seemed to find it easier to make an appointment with a nurse compared to a GP.

"Nurses have more time for you and they listen better."

Engagement, Aneurin Bevan University Health Board

"I saw the Nurse. She was really good. I felt as if I'd had an MOT and she gave me lots of advice."

Engagement, Abertawe Bro Morgannwg University Health Board

"I can't speak highly enough of the Nurse. She was lovely - as good as any GP and I could see her very quickly."

Engagement, Betsi Cadwaladr University Health Board

"Nurse - all very positive - can ring after 10 an get an appointment - listens to you and is very helpful"

Engagement, Hywel Dda University Health Board

There appeared to be a confidence from many older people that seeing a nurse was a suitable alternative, and if a nurse could not deal with a particular issue then it would be easily passed on to a doctor.

"I would (for most things) be happy to see specialist nurses and be referred to the GP as necessary."

Hard copy questionnaire, Cardiff & Vale University Health Board

"We have good nurses at our practice so you can be seen as an alternative to the doctor. They prescribe antibiotics and other medication. The nurse is as good as the doctor, but if the problem is bad the nurse will fetch the doctor."

Hard copy questionnaire, Cwm Taf University Health Board

"There are two GPs for 6,500 patients so they have been training Practice Nurses to do the more routine work. My wife saw a nurse and they were perfectly capable."

Engagement, Betsi Cadwaladr University Health Board

The positive experience for some older people was such that some felt that nurses should be able to provide more services than they are currently able to.

"I wish nurses could do more, it's a pain having to see a doctor for repeat prescriptions."

Engagement, Hywel Dda University Health Board

There are examples of this happening in a number of practices or clusters across Wales. For example, one Health Board managed practice in Hwyel Dda University Health Board is employing two trainee Advanced Nurse Practitioners to provide over 40 appointments per day and are able to provide thorough and holistic care. Additionally, one cluster in the same Health Board is developing an Advanced Nurse Practitioner role in frailty, supported by a GP lead, to provide a proactive service to patients in the community, living in their own home or in residential care and reduce the number of unscheduled hospital admissions[45].

However, despite these positive experiences and examples of innovative practice, there were a small number of older people who felt that they still wanted to see a GP.

"As a retired practice nurse if I have a query, I need to see a doctor, not someone with similar knowledge to myself. I am concerned about the trend to have less qualified personnel being brought in to do what are really GPs jobs."

Online questionnaire, Hywel Dda University Health Board

"The Nurse Practitioner is very good, but it's not the same as seeing a GP."

Engagement, Abertawe Bro Morgannwg University Health Board

This may be because individuals were unaware that nurse practitioners or specialist visiting nurses had sufficient training and could provide high quality clinical care in their own right, or that they had not yet experienced using the nurse services so had not had a positive experience themselves upon which to base their opinion.

Communication skills

The ability to communicate effectively and confidently with health professionals and other staff is crucial to an older person's ability to play an active role in making decisions about their care or treatment, to build trust with professionals, to retain dignity and to receive a quality service

This was particularly pertinent in relation to communicating with older people living with sensory loss.

For example, a report into the NHS Wales 'All Wales Standards for communication and information for people with sensory loss' found that one year after publication

in 2014, patients were not seeing the expected increase in accessibility[46].

A number of older people spoke of their frustration that they felt there was currently insufficient understanding and awareness about sensory loss and the different ways that communication could be supported within their GP services. Furthermore, a number of older people expressed their desire for there to be a 'flag' on their records so they do not have to explain that they are living with sensory loss and express their chosen communication method at every appointment.

"There's not enough awareness about sensory loss. My mum asks staff to slow down and speak up as she's deaf, but they don't."

Engagement, Betsi Cadwaladr University Health Board

"Choice wanted - some people prefer to write things down rather than sign."

Engagement, Hywel Dda University Health Board

"Don't cater for deaf people - no communication skills - the doctors just shout at deaf people."

Engagement, Hywel Dda University Health Board

"My records not flagged 'deaf' so have to explain each time for new hospital visit. Still have to make face to face appointment as unable to use phone and nothing else available."

Hard copy questionnaire, Abertawe Bro Morgannwg University Health Board

RNIB Cymru highlighted the importance of the size and layout of text on appointment letters or prescriptions, as well as the clarity of signage to support navigation, for individuals living with sight loss. If an individual is not able to read written information because it is not presented in an appropriate and accessible way, their privacy and dignity could be at risk if they have to rely on someone else to read or pass on private health information[47].

Furthermore, Action on Hearing Loss, in partnership with RNIB Cymru, has been raising awareness of the specific needs of people who are deaf, blind, hard of hearing, partially sighted or deafblind when accessing their local GP surgery

through a sensory engagement project.

Focus groups through this project have identified a number of challenges for older people with sensory loss, such as telephone only booking systems, individuals being informed that the doctor is ready to see them and locating a consultation room. The importance of a staff member facing an individual throughout communication was highlighted, as was the need for improved awareness of sensory impairment and communication needs. Action on Hearing Loss will develop a 'Best Practice Guide for Professionals Working within GP Surgeries' as a result of this project[48].

As well as awareness of and skills in relation to communicating with individuals living with sensory loss, another major factor in communication is language.

For example, a small number of older people explained the difficulties in communication they had experienced when they could not understand some staff, particularly if their first language was not English or Welsh.

"There are language barriers with some doctors."

Engagement, Hywel Dda University Health Board

"I couldn't understand the accent of some doctors."

Engagement, Betsi Cadwaladr University Health Board

While some older people who spoke English as a second language had positive experiences of interpreters and using services in multiple languages, others found language and communication a barrier to accessing GP services.

These challenges have been recognised in the past. For example, Cardiff & Vale Community Health Council has previously worked with the Cardiff Chinese Elderly Association, so that they and Cardiff & Vale University Health Board could better understand experiences within the Chinese elder community, both around access to primary and secondary care, and using bilingual questionnaires[49].

Older people identified challenges of booking an interpreter for emergency appointments, as these are often only bookable in advance. There was also a perceived reluctance of GP and other primary care services to use interpreters because of the cost implications.

"My medical centre has an electronic check in that you can use in lots of different languages."

Engagement, Cardiff & Vale University Health Board

"Need to book an interpreter in advance - doesn't work in an emergency."

Engagement, Cardiff & Vale University Health Board

"The optometrists have to pay for translation services, so these aren't always available."

Engagement, Aneurin Bevan University Health Board

Furthermore, older people who spoke English as a second language who did not want an interpreter still spoke of the need to have face to face explanations rather than written letters, and extra time and patience when speaking to staff and health professionals. Unfortunately, some individuals did not experience this, and as a result, found using GP services harder.

"Written letters difficult - often need face to face explanation (language barriers)."

Engagement, Cardiff & Vale University Health Board

"Receptionists don't have patience to take the time with people who don't speak English as a first language. I don't need a translator - just need someone to have more patience to explain."

Engagement, Cardiff & Vale University Health Board

"Body language changes when they see a 'foreigner'. They speak to you like you're an idiot. Often people are very highly qualified back in their own country. Feels like they enjoy saying no to you - no respect for older people."

Engagement, Cardiff & Vale University Health Board

For all older people, these experiences demonstrate that it is not only the physical environment that can facilitate or act as a barrier to the accessibility of GP services, but also the communication skills of the individuals working within that service and relationships that are subsequently built.

The importance of relationships and communication is crucial to achieving the aim of older people being 'equal partners' with health professionals when decisions are being made about their healthcare.

While campaigns are in place to encourage open conversations and decision making between patients and their clinicians, such as 'Choosing Wisely Wales'[50], the healthcare system must not be too quick to underestimate the impact that relationships, effective communication, and the long standing power dynamic between healthcare professionals and individuals can have in the achievement of these aims.

Companion / carer presence

A number of older people spoke of their desire to have a companion in an appointment with them to discuss particularly complex or sensitive issues, and individuals who were carers explained that it may sometimes be appropriate for them to attend an appointment with the person they care for to support communication or provide additional information.

A small number of older people felt that health professionals spoke to a carer or support worker instead of directly to them as individuals, and were not sufficiently responsive when keeping a record of an individual's status as a carer and providing relevant information.

"A support worker comes in with me - sometimes they talk to them, not me. I say hello, I'm here, can't you see me?"

Engagement, Cardiff & Vale University Health Board

"I took my sister and he spoke to her, not me. My sister told him off. It was very rude."

Engagement, Cardiff & Vale University Health Board

"I believe that the needs of (unpaid) Carers needs to be better addressed by my surgery. I handed in a Carer registration form but it is hard to see if anything has been actioned. I asked for a referral to my local Social Services (to receive Carer related information) but nothing has been received. I have not had any Carer related communication from my Surgery (eg invitation to flu clinic)."

Online questionnaire, Hywel Dda University Health Board

However, on the whole, the feedback appeared to show a positive shift in welcoming and recognising the presence and role of carers.

"Used to talk to carer instead but now much better."

Engagement, Cardiff & Vale University Health Board

"Sometimes with Parkinson's you struggle to talk so they need to talk to the carer. This used to be difficult as they'd say they couldn't discuss the case with me. Now they've logged that I have permission on the notes."

Engagement, Aneurin Bevan University Health Board

"There is no problem bringing a carer. They talk to both of us. We are accepted as a couple - neither is excluded."

Engagement, Aneurin Bevan University Health Board

"I have no problems with my GP and as I am my husband's carer most of the appointments are for him. We are always treated with kindness as the GPs and the staff are aware of his health problems and understand when I have to answer for him. He has vascular dementia and COPD."

Online questionnaire, Betsi Cadwaladr University Health Board

"There's no problem with someone accompanying you."

Engagement, Hywel Dda University Health Board

"You can take someone in with you to support you with signing (sign language)."

Engagement, Hywel Dda University Health Board

It is positive that over 75% of questionnaire respondents stated that someone would be able to accompany them into an appointment if they wanted this.

However, it is worth noting that 18% of respondents stated that they did not know whether this would be possible. These individuals could be missing a valuable opportunity, or choice, to have a carer or companion present during an appointment. Not only can this presence provide moral and emotional support, it may also be necessary to ensure that all relevant information is exchanged and understood by both health professional, individual and carer.

Health Boards have previously been designated as the lead agencies for developing local carers strategies, which should address how carers are identified, provided with relevant information and signposted – including in general practice[51]. However, these experiences demonstrate a variation across Wales in relation to the recognition and welcome of carers within GP services.

For example, Age Connects Morgannwg explained that while the role of an identified Carer's Champion within GP surgeries has been well implemented in some GP services, there has been variation in the success of this role[52].

However, there are also examples of schemes that aim to encourage and motivate practices to aspire to higher levels of help and support for carers. Hywel Dda University Health Board runs an 'Investors in Carers' scheme for all GP practices. This is a framework of good practice, which GP practices can utilise to develop their carer awareness and ways of working to support carers. GP practices can then be awarded with 'bronze' or 'silver' accreditation dependent on the activity and evidence demonstrated by that practice[53].

"I prefer going to the GP and speaking Welsh as it gives me confidence"

Welsh language

The Welsh Language Commissioner, in her Inquiry into the Welsh Language in Primary Care, clearly identified and evidenced the importance of being able to choose to access primary care services in the Welsh language and the impact that this can have on the dignity and respect experienced by an individual and the quality of that service.

This report highlighted that 'the perceived availability of Welsh language primary care services can be more significant for some vulnerable groups, either because they are not as comfortable expressing themselves in English or because their circumstances are more stressful'. It also found that some of the barriers to accessing primary care in Welsh included lack of provision in Welsh and lack of an 'active offer'[54].

When the questionnaire respondents who stated that they do not speak Welsh were removed from the data, there is quite an even split between those who stated they could speak Welsh most of the time (32%) or always (24%) and those who could rarely (17%) or never (27%) speak Welsh at their GP surgery.

This split in the experience of accessing GP services in the Welsh language was replicated in the discussions at engagement sessions and comments that were received. Some older people stated that it was no problem accessing their GP services through the medium of Welsh, whereas others could not do this at all and saw the need for more Welsh language GPs and nurses.

"It's not a problem if you want to speak Welsh."

Engagement, Hywel Dda University Health Board

"Unable to use Welsh at GP's."

Engagement, Powys Teaching Health Board

"Need for more Welsh speaking doctors."

Online questionnaire, Hywel Dda University Health Board

A number of older people recognised the importance of being able to choose to access GP services through the Welsh language, explaining that it puts people at ease and gives them confidence when speaking with health professionals, particularly in relation to understanding medicines or a diagnosis. This is not just relevant to a health professional that an individual may have an appointment with, but other staff working at the GP service as well.

"Nationality of GP doesn't matter, but ability to converse in Welsh is important. If the GP doesn't speak Welsh, important to have a Welsh speaking nurse present. Puts some people at ease."

Engagement, Betsi Cadwaladr University Health Board

"Language is important, it's important they understand you and they don't do a wrong diagnosis. Ideally you would have GPs who can speak Welsh. It's great to have Welsh learners and it gives confidence to hear it being spoken. I prefer going to the GP and speaking Welsh as it gives me confidence."

Engagement, Betsi Cadwaladr University Health Board

"Importance of being able to access the GP in Welsh, in hospitals and surgeries. Important that people are able to choose on whether to use Welsh. Using Welsh is important, having a bilingual receptionist important, as is having a Welsh speaking nurse on duty."

Engagement, Betsi Cadwaladr University Health Board

A small number of individuals also expressed their desire to conduct their appointment in English, even though they were first language Welsh – demonstrating the importance of having a choice in the language you speak when using GP services.

"I'm first language Welsh but I always speak to the doctor in English because it's a more technical language - even if the doctor speaks welsh too."

Engagement, Betsi Cadwaladr University Health Board

However despite the recognised importance of Welsh language access and individual choice, a notable number of older people described that while there may be a GP at their service who spoke Welsh, there may only be one, so they may not be available or the waiting time to see them could be long.

"Yes, I have choice of doctors. One speaks Welsh, but only one so they might not be available."

Engagement, Hywel Dda University Health Board

"Some GPs speak Welsh, but it can take a while to get an appointment with the most popular one!"

Engagement, Betsi Cadwaladr University Health Board

"It takes a while to see one popular GP who speaks Welsh."

Engagement, Betsi Cadwaladr University Health Board

This means that older people could be conducting their appointment in English when they would rather do so in Welsh; some older people are not able to exercise their choice to access GP services in Welsh even though a Welsh language appointment could appear to be available. This could have a negative impact on an individual's confidence and dignity when discussing private, medical issues.

Despite this, there were no indications given that any individuals had raised a concern about this with the GP service itself. These experiences echo the findings of the Welsh Language Commissioner's Inquiry that 'Welsh speakers have low expectations of the health service's ability to consider'.

"I can complain, but it's probably not listened to":

Concerns and Complaints

The majority of older people across Wales will receive good quality care, and have a positive experience when accessing GP services[55].

"My GP surgery is exemplary, so pleased to be one of their patients."

Online questionnaire, Betsi Cadwaladr University Health Board

"I'm more than satisfied with everything at the surgery and I am at a loss to understand why people tend to complain."

Online questionnaire, Cardiff & Vale University Health Board

"My doctor [is] fantastic. Very rare to have a problem."

Online questionnaire, Cardiff & Vale University Health Board

"I have an excellent medical practice and always receive first class care and treatment."

Hard copy questionnaire, Cwm Taf University Health Board

However, there may be times when the quality of care and overall experience may not meet the expected standard, and times when things go wrong or could be improved. If this is the case, concerns that arise from users of health and care services can act as effective 'early warning signals' regarding the quality and manner of service delivery. This information should be valued and respected, and used to drive continuous improvement – as highlighted by Keith Evans's report in 2014[56].

Just over two thirds of questionnaire respondents (68%) stated that it was either sometimes or always easy to provide feedback on their experiences (both good and bad) at their GP surgery.

It is clear that providing feedback is only part of the story. Something must be done with that information to ensure that potential problems are fixed, positive

experiences are enjoyed by more patients and the individual is kept informed of this progress.

When asked if they felt feedback would be listened to and acted on, 36% of questionnaire respondents stated yes, they felt it would be.

A number of older people spoke positively about how a Patient Participation Group or a supportive Practice Manager has been effective in welcoming concerns and taking action quickly on any issues that have arisen. It is therefore clear that there are a number of GP services that are effectively listening to, and learning from, patient feedback.

"Our GP surgery is progressive and I am a member of the PPG within the practice, feedback is welcome and concerns dealt with by the Practice Manager as soon as they are highlighted."

Online questionnaire, Hywel Dda University Health Board

"I receive an excellent service and through the patient participation group feedback is readily accepted and acted upon."

Online questionnaire, Powys Teaching Health Board

"I'd encourage people to write to the Practice Manager. Generally they're very supportive. I think they'd respond to that."

Engagement, Abertawe Bro Morgwnnwg University Health Board

"Our surgery is very proactive in seeking new ideas or ways of improving facilities for patients."

Online questionnaire, Cardiff & Vale University Health Board

For example, Cardiff & Vale University Health Board described how one practice's patient participation group has established links with third sector organisations such as Age Cymru and the Alzheimers' Society as an additional method to gather views and gain information on patient experiences[57].

Furthermore, Swansea Council for Voluntary Service received funding from the Big Lottery Fund to establish five patient and carer participation groups linked to cluster network areas. This has resulted in specific action being taken by GP services, such as the purchase of equipment to weigh individuals who are wheelchair bound, as a direct result of feedback from the groups[58].

However, almost one third (32%) of questionnaire respondents stated that it was either sometimes or always hard to provide feedback on their experiences.

Furthermore, while a comparatively small percentage (14%) of questionnaire respondents stated an unequivocal no, they do not feel feedback would be listened to and acted upon, almost half (49%) stated that they did not know.

A number of older people stated that they were not aware that giving feedback was possible, that they had never been asked to do so and that they were not confident that anything would happen as a result if they did try.

There is no point in having concerns and complaints mechanisms if users of a GP service do not believe that raising an issue will result in change. This uncertainty could put older people off from raising concerns, and the opportunity to address smaller issues before they grow into bigger and more serious complaints could be lost.

"Not aware this is possible. Not advertised?"

Hard copy questionnaire, Betsi Cadwaladr University Health Board

"Never been asked for feedback."

Hard copy questionnaire, Betsi Cadwaladr University Health Board

"There is no community group for patients at my Surgery. Patients cannot compare or help the practice manager with improvements that he should be seeking. There is no feedback area on web site..."

Online questionnaire, Abertawe Bro Morgannwg University Health Board

"If I have any complaints, eg about the automated telephone booking service, I am advised to email or write to the practice manager. This does not always bring satisfactory, if any, replies."

Online questionnaire, Cardiff & Vale University Health Board

"There is a patients committee but nothing changes."

Engagement, Cwm Taf University Health Board

"Can complain but probably not listened to."

Engagement, Powys Teaching Health Board

Even more concerning than the apparent uncertainty or disillusionment in complaints processes, is the fear that was expressed by a noticeable number of older people that raising a concern may actually result in negative consequences for themselves. For example, concerns were expressed that making a complaint takes a lot of energy and effort, which is particularly difficult when you are feeling unwell, and that any complaint made may lead to individuals being struck off and left without any GP service at all.

"Doctors stick together don't they?"

Engagement, Hywel Dda University Health Board

"People are frightened to complain, as they're worried to receive worse treatment."

Engagement, Betsi Cadwaladr University Health Board

"I should have complained, but I didn't feel up to it and I feel a great deal of loyalty to the NHS."

Engagement, Abertawe Bro Morgannwg University Health Board

"My mother is scared to complain in case she gets struck off. She worries she's so ill no other surgery will take her on."

Engagement, Abertawe Bro Morgannwg University Health Board

"Older people are less likely to complain as they often, even today, have a sense of deference to their doctor, or because they have a fear of being struck off the doctor's list and of having to find another surgery in a less convenient location."

Letter, Betsi Cadwaladr University Health Board

Furthermore, Age Connects Morgannwg spoke of a fear that individuals may around 'stirring things up', especially when a practice is based in a small, or tight knit community where family members, neighbours or friends might work within a GP service[59].

NHS Wales runs a single integrated approach to managing concerns and complaints called 'Putting Things Right'. While patients with concerns are encouraged to raise it initially with the practice concerned, individuals can ask the Health Board to look into the issue if they would prefer.

Furthermore, the General Medical Council now uses patient feedback as part of the revalidation process for doctors, and a report on this process found that 'doctors who obtained patient feedback found it is the most helpful information to support reflection on their practice'[60].

Healthcare Inspectorate Wales found that about half the practices inspected during 2015-16 encouraged or facilitated patient feedback. The report stated that 'a regular mechanism for patients to describe their experiences to those who have provided their care should be in place in all practices. This would show patients that practices want to listen and learn from feedback in order to improve services'[61].

However, it is clear that the perceptions that some older people have about how their concern or complaint will be dealt with are acting as a barrier to whether they raise concerns or provide feedback.

It is disappointing that for a substantial number of older people using GP services across Wales, the positive and welcoming attitude to complaints advocated by the NHS Wales 'Putting Things Right' process, and by Keith Evans in his report, is not necessarily experienced or perceived to be a reality.

"Would like to see some further services at the surgery."

Looking forward

There are a number of factors that are resulting in continued pressures being felt by the primary care sector: an increase in individuals living with complex health needs and the need to co-ordinate care, for example, ongoing challenges across the GP workforce, and a desired shift from health care being provided within a secondary setting to closer to home are to name a few.

Of course, it is not only the GP themselves, but a whole range of health professionals who are able to see patients within GP services and in wider settings across the community. This may not only be a quicker and more convenient way for an individual to see a health professional within their community, but could also result in them seeing a health professional who is more specialised and better placed to assess and treat specific issues.

While this has been the case for some time for some professions or areas, there are new and innovative models of primary care being introduced across Wales that are designed to make it easier for individuals to use a whole range of primary care services, such as the increasing use of Advanced Nurse Practitioners[62],opportunities to introduce paramedics into multi-disciplinary community teams[63] or the use of oral health hygienists[64].

Primary care health professionals & services

60% of questionnaire respondents stated that they knew that pharmacists, optometrists or other health professionals could be accessed in their community as an alternative to their GP service.

A number of older people spoke very positively about accessing a range of primary health services through such professionals, rather than relying solely on their GP. For example, using a pharmacist to answer questions swiftly was regularly welcomed, particularly where such a service was co-located within the same building.

"Pharmacists very helpful. Boots eye exam excellent with good links to NHS specialist services."

Hard copy questionnaire, Cardiff & Vale University Health Board

"You use a pharmacy for all sorts of things - not just prescriptions!"

Engagement, Betsi Cadwaladr University Health Board

"Yes, I go to see the nurse of the pharmacist instead of the doctor, they can answer most questions and are quicker to access. They can also tell me if I need to see the doctor instead."

Engagement, Betsi Cadwaladr University Health Board

"The chemists are brilliant. They check I'm ok for groceries and bring them with my prescription."

Engagement, Betsi Cadwaladr University Health Board

"Pharmacy is under same roof which is excellent. They even deliver my medication to the house."

Engagement, Aneurin Bevan University Health Board

Options for using pharmacy within primary care clusters[65] and on the high street are being explored across Wales. For example, the 'Choose Pharmacy'[66] project is enabling pharmacists to access relevant information from patient records to treat a number of minor or common ailments instead of a GP. Furthermore, the 'Common Ailment Scheme', which has previously been piloted in two Health Boards, is being rolled out across all pharmacists in the Betsi Cadwaldr University Health Board[67].

Clusters within the Cwm Taf University Health Board area have focused on the concept of 'Cluster Hubs', which not only provide the interface between primary and secondary care, but have also been strengthening engagement and relationships between other professionals such as pharmacy and optometry[68].

Furthermore, it is not just pharmacy where positive innovation is taking place. For example, the Chartered Society of Physiotherapists highlighted a pilot in Betsi Cadwaladr University Health Board where two physiotherapists worked across four GP practices. Musculoskeletal (MSK) conditions make up 30% of a GP's caseload. This rises to 50% of a GP's caseload for patients over 75. However, 85% of those people do not need to see a GP[69]. In the first six months they had seen 1,525 patients who would normally have been seen by the GP. Only 23

of these needed any input from the GP and over the pilot time there was a 12% reduction in referrals to secondary care[70].

Within Hywel Dda University Health Board, Occupational Therapists have been utilised as part of the core GMS team within practice. Out of the initial 24 patients seen, the waiting time for an Occupational Therapist assessment dropped from 20 to two days, four hospital admissions were avoided and patients reported a 40% increase of their feeling of safety in their home[71].

Another example of using a range of health professionals is Healthy Prestatyn Iach, within Betsi Cadwaladr University Health Board, which brings together three GP practices that previously operated in the area. Healthy Prestatyn Iach draws upon the skills of many health professionals who can offer expert advice, such as nurse practitioners, pharmacists, physiotherapists, occupational therapists and community health workers. This means that patients will be seen directly by the most appropriate professional for their needs and frees up GPs to treat people with the most complex conditions[72].

The Cardiff North GP Cluster, within Cardiff & Vale University Health Board has introduced 'Primary Care Nurses for Older People' who perform an assessment of an individual's needs and co-ordinate both health and social care services to create an individualised plan for future care and reduce hospital admissions[73].

Additionally, individuals spoke positively about using visiting or regular clinics for conditions or services that traditionally require a trip to a GP or hospital, such as audiology.

"There is a drop in clinic every week (to obtain new tubes for hearing aids, etc) run by volunteers. This is very helpful because the Audiology Unit often has only one person to deal with everything."

Hard copy questionnaire, Betsi Cadwaladr University Health Board

Abertawe Bro Morgannwg University Health Board is piloting the introduction of a Primary Care Audiology Service. The appointments offered are longer, and only 9% of patients required a further GP opinion after seeing the audiologist[74].

Where individuals did not have access to a range of services or professionals within their GP services, there was an expressed appetite for their GP service to act as a base, or hub, for multiple professions, such as occupational therapists, physiotherapists or audiology. It was recognised that services like these, closer to where people live, could save a lot of time and facilitate improved access.

"Would like to see some further services at the surgery."

Engagement, Aneurin Bevan University Health Board

"As a retired Occupational Therapist, they should be based in GP surgeries."

Hard copy questionnaire, Aneurin Bevan University Health Board

"Physiotherapist on site would save lots of time and money to both NHS and patients."

Hard copy questionnaire, Betsi Cadwaladr University Health Board

"A purpose built surgery with pharmacy in situ, and perhaps certain specialists would be great."

Hard copy questionnaire, Abertawe Bro Morgannwg University Health Board

"It would be good to have a blood service in the GP."

Engagement, Hywel Dda University Health Board

Social care and community links

Although less commonly raised, a number of older people also spoke about how their health centre acts as a hub so that local information and advice could be provided. Individuals can be signposted to these services and, if appropriate, they can act as an alternative or complimentary action to a health intervention - a practise that is often known as social prescribing. If this did not currently take place, some older people suggested that it would be a positive introduction to their GP service.

For example, an individual's health and wellbeing may benefit from conversation, company and friendship that could be offered through a scheme such as the newly established 'Ffrind i Mi / Friend of Mine' service, designed to tackle loneliness and isolation across the Aneurin Bevan University Health Board[75].

In order to link a wealth of statutory and community services that are available alongside GP services, a number of 'community co-ordinator' or 'navigator' roles are being introduced across different communities in Wales. Furthermore,

the development of the DEWIS Cymru[76] database should provide a wealth of information on community activities, groups or resources, that staff or volunteers within a GP service could access and pass on to individuals.

"The Health Centre is a hub. They run advice surgeries that can link you in to local services."

Engagement, Betsi Cadwaladr University Health Board

"There are Care Coordinators to join up health and social care."

Engagement, Betsi Cadwaladr University Health Board

"Better joined-up work needed, GPs needed to be better at referring patients to third sector organisations who can help provide services."

Engagement, Betsi Cadwaladr University Health Board

"Make the community links, there may be solutions elsewhere so you don't have to go to the GP, e.g. phoning a 'One Stop Shop' which provides a single point of access for help and support. This information needs to be in the waiting rooms."

Engagement, Betsi Cadwaladr University Health Board

Interlink Rhondda Cynon Taff runs a project funded by the Intermediate Care Fund that places community co-ordinators in GP practices, health clinics and other locations. These community co-ordinators are able to provide up to date information, advice and signposting to local community groups, activities and services, as well as building relationships with staff within a GP service. In 2014, 90% of GPs surveyed never made a referral to the community co-ordinators, but by Summer 2016 almost 80% were actively engaged with co-ordinators[77].

Abertawe Bro Morgannwg University Health Board has introduced the role of Care Navigator into Community Network Teams to work within primary care. These Care Navigators support vulnerable people in the community to maintain their independence and put plans in place to minimise the risk of hospital admission. The scheme is initially being piloted in three of the 11 Cluster Networks across the Health Board[78].

In Newport, Aneurin Bevan University Health Board is piloting the 'Newport Older Person Pathway', which uses a risk stratification tool to identify patients who are at risk of hospital admission or needing social services support. A Care Co-Ordinator, employed by the third sector, and based within a GP service, then works to proactively put a multi-agency 'Stay Well' plan in place[79].

The presence of community co-ordinators or other appropriate roles, and the local knowledge that they hold could, enable health professionals, where appropriate, to confidently refer older people to a wider range of non-medical routes of action and even identify the root cause of a health professional contact.

There are also a number of service partnerships that provide services in a community setting or aim to deliver preventative measures, but do not use a GP service itself as a hub.

For example, the Lindsay Leg Cub in Llanidloes, Powys is based in a community, non-medical setting and is run by a partnership between Health Board staff and volunteers. This clubs offer drop in treatment and care for 'well legs', removing the need for treatment in a clinical environment for many individuals. However, there is also the opportunity to spend time in a social environment before and after an individual has received care, with the possibility of transport being arranged as well[80].

Similarly, the Managing Better service is delivered in partnership by Care & Repair Cymru, RNIB Cymru and Action on Hearing Loss Cymru. It uses Critical Prevention Caseworkers to identify vulnerable older people living in poor housing, and designs bespoke solutions to their housing problems. The service works with primary healthcare practitioners, GPs, social care, hospitals and the third sector to do this, and aims to prevent presentation at primary or secondary care services because of a fall, or a cold or unsafe home[81].

Access and awareness

However, despite 60% of questionnaire respondents being aware of alternative services, only 37% actually used them.

Unfortunately, for those older people who had not used a variety of primary care services, 48% of questionnaire respondents stated that this was because they were not aware of them.

In order for individuals to successfully access a range of health services as an appropriate alternative to visiting their GP, and identifying their desire for new models of provision, awareness of such services, the roles of professionals who

work within them and ease of access is key.

Material provided by the 'Choose Well' website, leaflets and posters is designed to enable individuals to make a decision about which health service may be most appropriate for them[82].

The Royal College of Nursing Wales emphasised the need for individuals to be made aware of the different health professional roles that exist within GP services and wider healthcare services, and what they are able to deliver for patients[83].

An example of this can be seen within Hywel Dda University Health Board, which has produced a leaflet that explains the different roles across the whole team at a GP service managed directly by the Health Board[84].

However, it was common for older people to state that they simply had never heard of, seen, or been given information about services or health professionals other than their traditional GP.

"I have not, for example, seen anything advertised in the waiting room of my GP's surgery about these services."

Online questionnaire, Abertawe Bro Morgannwg University Health Board

"Have these additional services been widely advertised, if so, why hasn't it reached me?"

Online questionnaire, Hywel Dda University Health Board

"I have used a pharmacist but wasn't aware I could use the other community services."

Online questionnaire, Cardiff & Vale University Health Board

"Would not know how to 'find' these services."

Hard copy questionnaire, Cardiff & Vale University Health Board

"Poor, sporadic, uncoordinated information of what/where/when are the services available."

Hard copy questionnaire, Cwm Taf University Health Board

"Greater engagement with service users to help develop services. Wider communication of services (alternatives) available - including eligibility."

Hard copy questionnaire, Abertawe Bro Morgannwg University Health Board

"You can't get blood tests done in every surgery. I was getting mine done in Morriston Hospital which is a pain to get to and you can't park. I found out by chance they do them locally. Why didn't anyone tell me?"

Engagement, Abertawe Bro Morgannwg University Health Board

"Not always good at sign posting to other services - eg- support groups"

Engagement, Cardiff & Vale University Health Board

Cwm Taf Community Health Council identified positive practice from one GP service within its region, which had proactively written out to all patients to inform and explain all primary healthcare options that were available to patients, such as the pharmacist and optician[85].

Furthermore, a Wales-wide sticker campaign has been launched to raise awareness of NHS services available on the high street – and will appear in the windows of optometrists, dentists and community pharmacists[86].

Unfortunately, even when some individuals were aware that it was not only a GP who could provide health services within their GP service or the wider community, there were a number of barriers that were identified to actually using them.

Some older people explained that they thought all health services needed to be accessed via a GP or social care referral and were not aware of any direct access to services such as physiotherapy that may exist in their area.

For example, the College of Occupational Therapists explained that in most cases, accessing an occupational therapist through social services would focus on aids or adaptations for the home, and a referral through primary care is still commonly needed for wider occupational therapy services[87].

Alternatively, individuals stated that they were aware of a range of services such as optometry or dentistry but could not find them in their local area, or that the opening hours, accessibility or transport were not supporting their access to such services.

"I was not aware that I could access community services. I thought you had to be referred by a doctor."

Online questionnaire, Aneurin Bevan University Health Board

"I thought you had to be referred by a G.P."

Hard copy questionnaire, Hywel Dda University Health Board

"I have always used the doctor as the point of entry into anything medical."

Hard copy questionnaire, Cardiff & Vale University Health Board

"You have to go through social care to get occupational therapy."

Engagement, Betsi Cadwaladr University Health Board

"Optometry and dental care are difficult to find in our area."

Online questionnaire, Hywel Dda University Health Board

"Access to podiatry closed -built new health centre but didn't supply staff and services."

Engagement, Betsi Cadwaladr University Health Board

Using GP services and other primary care services as a hub, or linking successfully into other services, could 'bridge the gaps' between health, social care, housing and community services, in turn supporting individuals' access. Not only could this support the achievement of the policy aspirations set out in the Welsh Government's Primary Care Plan, but there are also clear links to the prevention agenda and the achievement of individual outcomes and wellbeing outlined in both the Social Services and Well-being (Wales) Act 2014, and the Well-being of Future Generations (Wales) Act 2015.

However, it must be noted that although highly thought of when present, such innovation and new models may be at early stages, and were by no means the normal experience for the majority of older people.

Section 12 Guidance for Health Boards:

Expected outcomes for older people when accessing GP services, and suggested scrutiny questions

Section 12 Guidance

This Guidance is issued under Section 12 of the Commissioner for Older People (Wales) Act 2006. Bodies subject to this Guidance issued under this section must have regard to the Guidance in discharging their functions. http://www.legislation.gov.uk/ukpga/2006/30/contents

GP Services in Wales: The Perspective of Older People illustrates the reality, both good and bad, of accessing GP services for older people in Wales. For some, this report may raise questions, such as 'Is this happening in my Health Board or GP service?'

This Guidance has been developed to provide support in addressing the issues and concerns shared by older people. It is designed as a developmental tool to support Health Boards, service directors or practice managers in answering some of those questions and navigating through any changes in design and delivery that may happen in a challenging environment.

Health Boards must have regard to this Guidance when discharging their functions. Other public bodies or organisations may also wish to consider the expected outcomes and explore the suggested scrutiny questions in the ongoing review or development of their own work.

While not exhaustive or prescriptive, Health Boards may wish to consider the expected outcomes and explore the suggested scrutiny questions in the following situations:

- To inform the Health Boards understanding of older people's access to, and experience of, GP services on both a regional and local basis, and any actions (or scrutiny) that take place as a result.
- To inform primary care, GP cluster or individual GP service performance reports (including patient access and experience) that are prepared for Board meetings on both a regular and ad hoc basis, and any scrutiny that takes place of those reports.

- To inform the options that are considered, or decisions that are made, regarding the introduction of any new models of delivery or service changes on both a regional or local basis, and any scrutiny that takes place of those new models.
- To inform the development or revision of GP service 'practice development plans' and any scrutiny that takes places of those plans.

Expected outcomes for older people when accessing GP services, and suggested scrutiny questions: Access

Expected Outcomes	Suggested scrutiny questions and examples of good practice
Older people are not deterred from accessing health care within a GP service because of the difficulty or delay, either perceived or real, in making an appointment. Older people can make an appointment with an appropriate health professional through a method which suits their health and sensory needs. Older people do not experience additional barriers or inflexibility to making an appointment because of their sensory loss, cognitive impairment/ dementia, or identification as a carer.	How does the Health Board/GP service ensure that appointments offered by GP services are accessible and appropriate for their patient population? Examples of good practice: • Appointment systems designed with patients • A range of appointment methods, e.g. phone, text, face to face, online, open surgery • Recognition and appropriate response to an individual's specific sensory, communication, language or other needs (e.g. system flagging with consent) • Removal of patients queueing outside and short term measures such as providing adequate shelter and waiting areas How does the Health Board/GP service ensure that the number of missed appointments is as low as possible, and that older people are supported to attend? Examples of good practice: • Phone or text prompts • Large print / accessible format information

Expected Outcomes	Suggested scrutiny questions and examples of good practice
Older people have the confidence that if they cannot see the same health professional, patient notes and other relevant information will be communicated effectively to ensure continuity of care.	How does the Health Board/GP service ensure that information is being effectively recorded and shared across health professionals within primary care, and across wider health services, to ensure that patients are experiencing continuity of care? Examples of good practice: • A named, consistent, point of contact for individuals with long term conditions • Appropriate use of health records, including the continued development of electronic record sharing, to remove the need for the repetition of an individual's circumstances
Older people are able to use public and community transport in a way that appropriately supports and facilitates their access to GP services, and are not deterred because of transport challenges.	How does the Health Board/GP service establish the sufficiency of public and community transport to serve GP services, and act on any identified gaps? Examples of good practice: • Working with public and community transport providers at an early stage when planning new primary care developments • Establish the sufficiency of public and community transport to serve existing GP services through direct engagement with older people and service providers. • Engage with older people and service providers to establish ways to act on any identified gaps.

Expected Outcomes	Suggested scrutiny questions and examples of good practice
Older people, their carers and/or advocates have the information they need to confidently request a home visit, and feel supported to discuss their circumstances and options with staff. Older people have an awareness of, and access to, community, third sector and local authority support and services to facilitate their access to GP services when social care or transport may inhibit this.	How does the Health Board/GP service ensure that older people, their carers and/or advocates feel supported to discuss a home visit with staff in relation to their circumstances? How does the Health Board/GP service ensure that older people can access GP and other primary care services if social care or transport challenges prohibit travel to a surgery? Examples of good practice: • Clear and accessible information provided regarding home visits • Discussions encouraged between health professionals and individuals to determine individual needs and circumstances • Recognition and appropriate response to an individual's specific needs regarding home visits (e.g system flagging with consent) • Integrated working with the community, third sector and Local Authority services to facilitate access

Expected Outcomes	Suggested scrutiny questions and examples of good practice
Older people are supported and empowered to access health professionals by the communication skills of staff and the physical environment of a GP service. Older people's privacy and dignity is not at risk because of the layout or use of the environment.	How does the Health Board/GP service ensure that GP services are accessible, enabling and empowering environments for older people? Examples of good practice: • Compliance with current accessibility duties • Use of system flagging (with consent) to record specific communication or accessibility needs • Staff training and awareness in dementia, communication skills and accessibility needs • Range of seat heights and types • Functioning hearing loop system • Privacy measures at reception designed with patients

Expected Outcomes	Suggested scrutiny questions and examples of good practice
Older people are able to access the Out of Hours service appropriately and do not feel the need to access unscheduled care options due to a lack of accessible planned health care. Older people have confidence that health professionals at Out of Hours services will have the information needed to make informed decisions.	How does the Health Board/GP service ensure that older people do not feel they need to access Out of Hours services, or other unscheduled care options, because of a lack of accessible primary health care provision? Examples of good practice: • Provision of accessible information regarding the location, hours and services provided at Out of Hours services • Appropriate use, and sharing of, health records, including the continued development of electronic record sharing

Expected outcomes for older people when accessing GP services, and suggested scrutiny questions: Experience

Expected Outcomes	Suggested scrutiny questions and examples of good practice
Older people feel listened to, understood, believe they have sufficient time and a say in decision making with health professionals about their care and treatment. Older people feel welcomed and respected by all staff in a GP service. Older people do not experience additional barriers when interacting with all staff because of their sensory loss, cognitive impairment/dementia, or identification as a carer. Older people are supported to understand why information about the detail of an appointment may be requested. Older people are confident that their age is not an inappropriate consideration when a health professional is discussing care and treatment options. Older people are confident that, if necessary, they will be able to access an interpreter for their GP appointment.	How does the Health Board/GP service ensure that older people feel welcomed and respected by all staff? How does the Health Board/GP service ensure that older people feel listened to, understood and believe they have sufficient time and a say in decision making? Examples of good practice: • Staff training in communication skills and awareness of specific communication needs, e.g. sensory loss, dementia • Staff training and action underway to become a dementia supportive GP service • Staff training in ageism awareness • Implementation of Welsh Government/NHS Wales 'All Wales Standards for communication and information for people with sensory loss' • Provision of accessible information regarding double appointments • Removal of one issue per appointment • Provision of accessible information regarding why the detail of an appointment is requested • Use of system flagging (with consent) to identify individuals who are carers, living with dementia, or specific communication needs • Use of the Carers Champion role • Accessible information regarding accessing interpreters/interpretation services

Expected Outcomes	Suggested scrutiny questions and examples of good practice
Older people are able to access GP services through the Welsh language. Older people feel at ease and more confident because they have been able to access GP services through their language of choice.	How is the Health Board/GP service ensuring that older people can access their GP services through the Welsh language? Examples of good practice: • Implementation of the Welsh Language Standards Regulations (2016) and Welsh Government's 'More than just words' Follow-on Strategic Framework for Welsh Language Services • Progress against the Welsh Language Commissioner's Inquiry into the Welsh Language in Primary Care, 'My Language, My Health'
Older people feel confident that if they raise a concern or complaint it will be taken seriously, used to drive improvement and appropriate action will be taken.	How does the Health Board listen to and learn from patient experiences within GP services? Examples of good practice: • Accessible information regarding raising a concern or complaint, including using the NHS Wales Putting Things Right process. • Confirmation that raising a concern or complaint will not impact the provision of health care. • Provision of feedback to individuals who have raised a concern or complaint within a GP service. • Mechanisms are in place to gather feedback, concerns and complaints from older people, and use this to continually drive improvement.

Expected outcomes for older people when accessing GP services, and suggested scrutiny questions: Looking Forward

Expected Outcomes	Suggested scrutiny questions and examples of good practice
Older people have the information and support they need to confidently access a range of health professionals and services within their community.	How is the Health Board ensuring that older people are aware of all health care options close to home, and how are they supported to access them? Examples of good practice: • Consistent and accessible information regarding all services and roles within primary care e.g. leaflets, posters, communication campaigns, use of identifiable uniforms. • Consistent and accessible information regarding 'social prescribing' and the use of 'community co-ordinator roles'. • The effectiveness of these measures on a local, regional or national basis.

Appendix 1: Methodology

The voices and experiences of older people captured in this report were gathered across the whole of Wales through a combination of methods:

- Direct engagement at 41 older people's groups & public stands (648 older people)
- Data collated from 1017 questionnaire responses
- Engagement at 5 Older People's Commissioner for Wales' Impact and Reach report' launch events (326 people)
- Individual case studies and case support provided by the Older People's Commissioner

This information was supplemented by meetings with, and information gathered from, 47 stakeholders such as (but not limited to) Health Boards, Community Health Councils, professional bodies and third sector organisations.

April – August 2016

- Development of a questionnaire for older people regarding 'Access to and experiences of GP services' and distribution to older peoples groups, third sector organisations, advocacy organisations, 50+ forums.
- Receipt of over 1000 questionnaire responses and data gathering and analysis undertaken.
- Engagement with older people at groups and public spaces undertaken.
- Meetings with stakeholders to gather information undertaken.

September 2016

- Meetings with stakeholders to gather information complete.
- Data gathering from questionnaire responses complete.
- Review and analysis of information from older people and stakeholders undertaken to determine findings undertaken.

October – December 2016

- Review and analysis of information from older people and stakeholders to determine findings complete.
- Writing of report commences.
- Meetings with stakeholders to discuss early findings commence.

February 2017

- Publication of report.

Appendix 2: Engagement with Older people

Engagement groups - 648 older people

- 50+ Action Group in Flintshire, Connah's Quay
- Aberdare Library lobby stand, Aberdare
- Age Cymru Gwynedd & Anglesey Community Voice Group, Rhostrehwfa
- Alzheimer's UK, Brecon
- Asda Friendship Group, Llanelli
- Bargoed Talkers & Listeners, Bargoed
- Cardiff East Golden Oldies, Cardiff
- Cardiff West Golden Oldies, Cardiff
- CISWO Pontyates, Pontyates
- CISWO Seven Sisters, Onllwyn
- Clwb yr Efail, Conwy
- Cyfle I Bawb, Tumble
- Deafblind Cymru, Neath
- Diverse Cymru Combined Forum, Cardiff
- EngAGE Forum, Builth Wells
- Golden Years Project, Women Connect First, Cardiff
- Hear to Meet, Monmouth
- Hear to Meet, Penrhyn Bay
- Hear to Meet, Swansea
- Hear to Meet, Usk
- HUBBUB Forum, Langollen
- HUBBUB Forum, Prestatyn
- HUBBUB Forum, St Asaph
- Indian Gujarati Group, Cardiff
- Ladies Circle in the Parish of Roath, Cardiff
- Ladies Probus Club, Penarth
- Lindsay Foundation Leg Club, Llanidloes

- Llanidloes Day Hospital, Llanidloes
- Neath Port Talbot Older Person's Council, Port Talbot
- Newport Golden Oldies, Newport
- Newtown Library lobby stand, Newtown
- Parkinsons UK, Caerphilly
- Parkinsons UK, Cardiff
- Parkinsons UK, Chepstow, Monmouthshire
- Parkinsons UK, Wrexham
- Pembrokeshire 50+ Forum, Crundale
- Pontypool 50+ Forum, Pontypool
- Sight Life Group, Newport
- St Albans Ladies, Ton Yr Efail
- Swansea Maritime Quarter Residents Association, Swansea
- Tivyside Over 50s Friendship Club, Newcastle Emlyn

OPCW Impact & Reach Report Launch events - 326 people

- Arts Centre, Haverfordwest
- The HUB, RCT Homes, Pontypridd
- The Grand Pavillion, Porthcawl
- The Gallery @ Theatr, Brycheiniog
- Llandudno Town Hall, Llandudno

Appendix 3: Engagement with Stakeholder Organisations

- Abertawe Bro Morgannwg University Health Board
- Action on Hearing Loss
- Age Connects Morgannwg
- Age Cymru
- Alzheimer's Society
- Aneurin Bevan Community Health Council
- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- British Dental Association
- British Medical Association
- Cardiff & Vale Community Health Council
- Cardiff & Vale University Health Board
- Care & Repair Cymru
- Carers Trust
- Carers Wales
- Chartered Society of Physiotherapists
- College of Occupational Therapists
- Community Pharmacy Wales
- Cwm Taf Community Health Council
- Cwm Taf University Health Board
- Equalities and Human Rights Commission
- General Medical Council
- Hafal
- Healthcare Inspectorate Wales
- Hywel Dda University Health Board
- Institute of Welsh Affairs
- Interlink Rhondda Cynon Taf
- Macmillan

- NHS Centre for Equality and Human Rights
- NHS Wales – Directors for Primary Care and Mental Health
- NHS Wales Confederation
- NHS Welsh Ambulance Services Trust
- North Wales Community Health Council
- Powys Teaching Health Board
- Public Health Wales / 1000 Lives
- Public Services Ombudsmen for Wales
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Physicians
- Royal College of Speech and Language Therapists
- Royal National Institute for the Blind
- Royal Pharmaceutical Society
- Sense
- Social Services Improvement Agency
- Wales Audit Office
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- Welsh Language Commissioner

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