



Just getting on with it....

Accessing primary care in Surrey: Views and experiences of people aged over 65 years

Healthwatch Surrey: Who are we?

Under the Health and Social Care Act 2012 each county council or unitary authority was made responsible for the commissioning of a local Healthwatch organisation to act as the statutory community, patient and service user champion for their area. There are 152 local Healthwatch around the country.

Healthwatch Surrey came into effect in April 2013 as an independent organisation to give the people of Surrey a voice to improve and shape all publicly funded health and social care services for adults and children in the county.

- We enable people to share views and concerns about local health and social care services
- We provide evidence-based feedback to commissioners and providers to influence, inform and, if necessary, challenge decisions and plans
- We provide, or signpost to, information about local services and how to access them.

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Summary

This report looks at the experiences of older people in accessing GP services in Surrey. The percentage of the population in Surrey aged over 65 is already above the national average, and is projected to rise even further over the coming years. As older people can be proportionately heavy users of health and care services, ensuring these services are accessible is vital.

Our research finds that in general older people were happy overall and appreciative of the healthcare they received. They tended to be stoic in attitude - therefore it is perhaps all the more important when they do have criticisms, that these criticisms are taken seriously.

The flexibility offered by innovations such as online appointment booking and repeat prescription services were generally welcomed. However there is much room for improvement in areas such as telephone booking systems that don't have a queuing options, appointment slots that are too short for people with complex needs, transport concerns for non-drivers and feelings of vulnerability when the GP surgery is closed. These are not unreasonable grumbles, and merit serious consideration by service providers.

People in our focus groups questioned why best practice at some surgeries which have found a way to get it right, cannot be more widely spread across the county. We echo this sentiment, and will be seeking to ensure that the needs of older people are taken into account by those responsible for planning and delivering primary care in Surrey.

We would like to take this opportunity to thank Age UK Surrey and Godalming Older People's Welfare Association for their help and support with this research.

Kate Scribbins
*Chief Executive,
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Key Findings

Most people were happy overall with their GP care and appreciative of the service provided, but had some concerns about particular aspects of the system.

All the focus groups were of the opinion that as a generation they are more stoic than younger people and less likely to complain. They feel they are more likely to:

Get on with it. Female, Oxted

Try to dose it yourself. Female, Godalming

Get an appointment when you get desperate. Female, Oxted

For our age group I think we only generally go when it is really serious and not for an ingrowing toenail. Male, Ash

If our generation is unwell we make an assessment... we say there is kaolin and morphine in the cupboard or alternatively there is diarolyte, or if it's the other way, there's senna! And for pain there's paracetamol. Female, Godalming

As some said, they can remember the NHS being set up, so rather than being critical they are, in general, grateful and appreciative of all that it provides.

What is working well?

- **Urgent appointment** - most people found they could get an appointment, if they were prepared to see any GP, within a reasonable period of time, within 24 hours was the preferred time frame, a couple of days was deemed the limit of acceptability.
- **Non-urgent appointments** - in order to see their preferred or named GP, in non-urgent cases, most people were content to wait up to two weeks, maximum three weeks. Any longer was deemed unacceptable.
- **Online repeat prescription service** - was valued by people with computer access and long term medication needs.
- **Repeat prescription service** in general was valued by people who did not drive and could not readily visit a pharmacy.



- **Emergency services** - when used, local ambulance services were highly praised for efficiency, promptness, quality of advice and reassurance.
- **Online booking service** - was valued by many of those with computer access (just over half of participants) for flexibility, because it overcame the need to call early in the morning and phone repeatedly, and because it bypassed having to talk to a receptionist which many participants were uncomfortable with.

What can be improved?

- **Telephone booking systems.**
Stories of having to phone early in the morning, wait on the phone, or constantly hit redial, far outweighed reports of good telephone booking experiences. This was in accord with the findings in Healthwatch Surrey's previous report, '*Getting an Appointment with your GP: Experiences of the people of Surrey*' which documented experiences across all age ranges. (1)

Participants who had to keep redialling suggested surgeries utilised call waiting systems to reduce the stress of having to repeatedly redial

- **Length of appointment slot and being listened to** - many of the participants in the focus groups either had multiple health issues themselves or had cared/were caring for someone with chronic health and felt constrained by the limited time in appointments, that the allotted time slots were often not sufficient. Some said they were able to book a double appointment but many were uncertain whether this was an option at their surgery.

In cases where they were told they could only speak about one issue they found it difficult to prioritise and know what the most important symptoms were.

Some also felt that they were expected to just put up with things because of their age.



What can be improved? (cont.)

- **Transport access for non-drivers** - Non-drivers (over a third of focus group participants) had problems accessing surgeries that were not centrally located, or were without good transport links, particularly early in the morning or during school run times when taxis and buses were busy. Many relied on a local charity driving scheme, or family and friends when available, to overcome poor transport links and this effectively reduced their opportunities to get to the surgery.
- **Out of hours services** - Out of hours services for all participants was provided the NHS 111 service. Apart from one area (Godalming), the majority had not had a good experience when they used out of hours care, finding it slow, providing poor advice, and not reassuring. As a result, many said they felt vulnerable when they were ill at weekends, during the night or over holiday periods.

There was a general lack of knowledge of how the service works and why they had to repeat information to different parties and wait so long to speak to or see a health practitioner.
- **Pharmacy use** - Opinions were divided on both trust in pharmacists as a source of advice, and suitability of pharmacists to conduct medication reviews. For some, location of pharmacy services was important, with those sited on GP premises inspiring more confidence than those located in supermarkets. For non-car drivers, a pharmacist located away from the surgery was seen as an extra transport trip and thus was not viewed as a viable alternative for medical/health advice.
- **Availability of NHS dentists** - few participants had an NHS dentist. Either because they could not find an NHS dentist accepting patients, because they preferred to stay with the dentist they were familiar with when the dentist became private, or because they did not find the quality of service to be as good as private provision. Many would travel considerable distances to visit a dentist of choice, including out of county.



- **Referring to other healthcare practitioners** - there was a feeling that more use could be made of other healthcare practitioners, such as physiotherapists, to alleviate the strain on GPs. However in practice, as noted above, when it came to a pharmacist conducting annual reviews of medication, not all were in favour, seeing it as the remit of their GP. Some had seen a nurse practitioner and generally had good reports of services received, others had visited minor injuries units and were impressed with the service, although had misgivings about follow-up appointments in more distant locations.

- **Joining up services/record sharing between health and care professionals** - many participants were in favour of sharing records between the different health professionals involved in their care as they often had to visit different professionals and found it difficult to remember all the details themselves. There were however differences of opinion over sharing with social care professionals, some people who had used services spoke

highly of care received, whilst others, particularly if they hadn't had contact with social care had more reservations, and questioned their professional qualifications.

- **Learning from complaints and good practice** - there was a sense of frustration from some participants that complaints were not listened to and not seen as an opportunity to learn, and also that good practice and efficient booking systems in some surgeries were not shared and learnt from across the county. Participants questioned why, if all practices operate under the same funding formula, some surgeries are able to provide a good appointment service and others are not.



Why carry out this research?

Healthwatch Surrey provides advice, information and signposting via a dedicated helpline and through the 13 Citizens Advice Bureaux (CABx) in the county. The details of the emails, phone calls and enquiries that we receive via the CABx and helpline, as well as the feedback we receive at engagement events and via our website are logged, collated and analysed to give us a picture of the main health and care concerns of people within Surrey.

Access to primary care is consistently among the top three concerns. As a result, back in January 2014, Healthwatch Surrey carried out a survey investigating people's views on getting an appointment with their GP. This led to publication of a report in July 2014, *'Getting an Appointment with your GP: Experiences of the people of Surrey'*, based on over 1000 survey responses from across the county. (1)

This report was picked up by Healthwatch England (HWE) and collated with reports from across the national Healthwatch network, to inform a Healthwatch England report, published March 2015, *'Local Healthwatch Investigates: Access to Primary Care'*. (2) This was a summary of reports about primary care from 55 local Healthwatch across the country,

and represented the views of over 11,000 patients.

The main issues identified in the Healthwatch England report were around:

- access - physical accessibility, inflexible booking systems, translation services, registering with a GP or dentist
- choice - being able to choose the GP they see
- being listened to - short appointment slots, complaining about care
- receiving safe, dignified and quality care - receptionists' attitudes
- Provision of information and education - what to do out of hours, lack of clear information. (2)

As a result of their review, Healthwatch England decided to examine some of these findings in more detail in order to understand the underlying perceptions and feelings behind the issues raised. They proposed carrying out a series of focus groups to speak to specific patients *'where there was little data on their experiences, or who local Healthwatch had found were having particular trouble accessing services'*. (3)



The focus groups were to be carried out between February and July 2015 in locations across the country where local Healthwatch had identified access issues. They proposed running a total of seven focus groups, one of which was to be with older people over 65 years of age.

Older people were one of the groups identified by Healthwatch Surrey as having particular difficulty getting an appointment with their GP. (1) Coupled with this, the percentage of people aged over 65 in Surrey (18.1%) is currently slightly higher than the national average (17.4%) and is projected to rise considerably over the coming years to 20% of the population by 2022, and 25% by 2037. (4)

Healthwatch Surrey therefore offered to host and organise the focus group for over 65s as part of the Healthwatch England project. This focus group took place in Leatherhead, Surrey, in May 2015.

The focus group provided interesting discussion and insight into the views and experiences of this age group and, as a result, Healthwatch Surrey decided it would be useful to extend this work and carry out further focus groups in other locations across the county to get a more in depth picture.

Healthwatch Surrey approached Age UK Surrey with a proposal to help recruit and organise further focus groups. Age UK Surrey were extremely supportive and also put us in touch with Godalming Older People's Welfare Association who agreed to help coordinate another group. These focus groups were carried out in Oxted, Ash and Godalming between August and October 2015.





Who we spoke to: The Groups

The first group took place in Leatherhead as part of the Healthwatch England project. Most of the ten participants had found out about the focus group via social media, in particular Streetlife.

The focus groups in Oxted and Ash were organised in collaboration with Age UK Surrey and linked into their 'Tea and Chat' and 'Men in Sheds' projects.

The focus group in Godalming was organised in collaboration with the Godalming Older Peoples Welfare Association at the Denningberg Centre.

The findings from the groups are not intended to be representative, but rather to reveal some of the views and experiences in greater detail of sections of this population. 'Over 65' encompasses a huge range of people and the four groups were quite different in composition to each other, and served to highlight how diverse the needs and concerns within this age group are.

One group was very IT literate, had mobile phones, were quite active and still driving, whilst another group had no drivers, one mobile phone and computer user, were far more restricted in their activities and

dependent on public transport, family, friends and neighbourhood schemes to help them access services.

Whilst different groups encountered different difficulties, there were also common issues of concern as well as agreement on what was generally working well.

Further details about the focus group composition and methodology can be found in Appendix 1.



What are the key concerns of over 65s?

Access to services

Urgency of appointments

There were mixed experiences of getting GP appointments when needed, and the booking process effectively divided into two categories: Urgent and non-urgent appointments.

Most would prefer to see their own GP and were happy to wait for their GP if it wasn't urgent. However despite the fact they all had a "named" GP, many said in practice this wasn't working, as their named GP was often very busy. They spoke of doctors nearing retirement or with young families and consequently reducing their hours, and how this impacted on their availability. In general, most participants felt up to two weeks, or in some cases a maximum of three weeks, was a reasonable wait for a non-urgent appointment. Some had had to wait over three weeks and this was deemed unacceptable.

For urgent appointments they didn't want to wait and were quite happy to see any GP, but most felt it should be the same day. A couple of days was the limit of acceptability.

I went in there the other day for an appointment with this GP and the bloke next to me said "You'll be lucky it's three weeks" and I just said- do I look like I'm dying? If I wanted something urgent, I would get [it]... and I've done that before. Female, Leatherhead

You shouldn't have to wait two weeks though. Female, Leatherhead

I rang up last Monday week about 2 o'clock and I got an appointment for 3.15, it wasn't my doctor but it was a doctor. The 3 week wait is for your own doctor. Female, Oxted

The patients have to take some responsibility as well, and the people who go to GPs, dentists totally inappropriately, I think that is quite a big issue. And people who don't turn up for appointments. Female, Leatherhead

Booking method:

In the Oxted group only one person owned a computer, whilst in Godalming and Ash even though several members owned and used computers, there was not a lot of support for online appointment booking as it did not offer much choice in terms of either available GPs or urgent appointments.

I find that online is normally booked up for 2 to 3 weeks, usually about 3 weeks ahead. If you need one urgently you have to phone. Male, Ash

The preferred booking method was via phone, even if this meant constant redialling. Stories about problems getting through on the phone far outweighed the positive phone booking comments.

If it is engaged you just keep trying. I don't think you can do automatic redial, you can't hang on, you get cut off. You just dial again.... As the time is ticking by so are the appointments. Male, Ash

We got a note through from the surgery saying you have been assigned to the doctor, and the doctor who I'm assigned to is actually very very good, because she's the one who sorted out all my problems, but to try and make an appointment with her is a minimum of two weeks. She only works three days a week, she's got a family she has school holidays off, they're only young her family, under 10, but to try and get an appointment with her when she's been assigned to you, it's hard. Male, Leatherhead

When you actually ring up, you are on hold for such a long time... you are now number 5, but after 5/10 minutes you are still number 5. It's that long hold on the phone and you are conscious that you have to pay the bill and that puts you off holding too long. Female, Godalming

And the other thing, if you want a quick appointment phone up at 8 o'clock in the morning...you can't get through! Female, Leatherhead

And then when you get through at 10 past they're all gone. Female, Leatherhead

You could actually get over an asthma attack before you saw your doctor Male, Godalming

With appointments, we have got them before 8, if you miss that and you phone after 9, normally you can get one in the afternoon, they're excellent our surgery, I do think this calling before 9 for the elderly, I've got an elderly relative, no way could she get to the phone before 9 in the morning. Leatherhead

You have to phone up at half past seven and just let it ring, put the phone on speaker just let it go and go and go. Female, Leatherhead

Cranleigh are great... my wife had gout this week, she rang yesterday at 10 o'clock and they saw her at 10...., the doctor came down immediately... I've never ever had to wait more than 3 minutes on the phone, we always see our own doctor. Male, Godalming

Several mentioned resorting to going to the surgery in person.

If I can't get through I drive down there. Male, Ash

If you really want it on the day you have to go down there at 8, get in the queue and wait till the desk opens at 8.30. Which can be a bit of a pain. Male, Ash

Of the computer owners in these groups, the online tool was seen as more useful for ordering repeat prescriptions than as an appointment booking method

The Leatherhead 'Streetlife' group who were very IT literate had a different opinion. They were very much in favour of online booking, finding it easier and preferring not to have to speak to the receptionists, they didn't like calling for appointments. They suggested that if the IT literate people were using online booking it would be easier for people who telephone book to get through

So I say to them, well I could be dead by then, and they just look at you, you know? It's getting past the reception, and the best way I've found is to go online, to book an appointment online.
Male, Leatherhead

Online saves time and it saves receptionist's time for people who can't access it. And I love the online, you've got time to think and you can go back in and change your appointment if you realise you've got an appointment with the hair dressers, it's so much easier and you don't get one of the receptionists that scares you by ringing up. Female, Leatherhead

Extended Hours

7 day services

As nearly all members of the focus groups were retired, most comments about seven day access related to emergency appointments, and there weren't issues around getting a general appointment outside normal working hours. As one participant pointed out:

I should imagine for people that are working it's a good idea. For us that aren't working, all our days are weekends!
Male, Ash

The majority didn't feel that, in general, there was a need for seven day access to GP services, suggesting in some cases that this was just election spiel.

A sound bite. Male, Ash

But isn't this seven day one, it's not about on call, it's about whether you should get appointments, It's just cloud cuckoo land. It's just cheap party politics isn't it? We haven't got enough GPs now, So how on earth are you going to do it?
Female, Leatherhead

In one focus group they felt there aren't enough GPs to make this a reasonable option, and many had experienced their GP cutting down their hours rather than extending. Whilst some felt frustration that the GP was the access point for so many other services and therefore needed to be available, others felt there wasn't the call for it and they could go to A&E out of hours as their back up or call 111 or 999. As long as they had this option, they felt a 7 day service was not necessary

So far I would say not necessary. Male, Ash

We've got good hospitals to fall back on. If you've not got a good hospital to fall back on. As long as there's an A&E to fall back on. Male, Ash

It's the bottleneck, you cannot get to any services without going through the GP. I understand the need for that, but it means the GP really has to somehow be more available in my opinion. Male, Ash

I would need to be convinced of the quality of the GPs available with a system like that. I've seen too many locum services and out of hours, who fly in and fly out, there isn't induction processes. We've got a rule in our house. If you're sick in the middle of the night, in the car, A&E. I just wouldn't waste my time it because there's no quality control. Female, Leatherhead

...access to 111 so there is a system in place for 7 day access - I don't think it is well enough advertised, I don't think it is well enough explained and I think the fault lies with NHS England that they haven't explained it, I think they should do because if you know that there is that service then you are not going to be saying 'oh those doctors from that surgery or that surgery ought to be open 7 days a week. Female, Godalming

I think if there are minor emergencies - cuts, bruises, broken fingers, then I think the GP service over the weekend is invaluable... otherwise I'm going to A&E. Male, Godalming

Out of hours services:

On the subject of the current out of hours services, whilst some participants, mainly in Godalming, reported good service, many participants in the other groups had strong negative feelings:

Ring 111 which is absolutely useless. Female, Oxted

It was frightening, and I thought this is a ridiculous service. Female, Oxted

I don't like the out of hours service, I remember when it came in and it was just ridiculous. I would very much like to see my own practice doing the out of hours service, but I don't blame them for opting out when they had the choice. Male, Ash

It was about two hours before they phoned back and I thought, I'm glad I'm not bleeding to death. Female, Oxted

I found it great for me, they rang me back and it reassured me and they rang the next day as well to make sure I was alright. ... They went out of their way ... I couldn't fault them. Female, Godalming

I don't have any problems with my GP surgery it's really good [...]. When my mother was alive my biggest problem was out of hours emergency care, 111, NHS Direct, they all just said phone an ambulance. When she had pneumonia over Christmas and New Year I think we had 10 days when I could only get hold of a GP for two of them, I'm just thankful we had private medical insurance and I could phone their GP helpline, who were telling me how much I could increase her painkillers and her drugs, because I didn't know. Female, Leatherhead

It was very long winded, they got someone to phone us back and talk through the issue -he was going to come out, three hours later he turned up, looked at me and said I should advise you to phone 999 and get an ambulance.. Phone call and phone me back about ¾ hour, phone back and getting to me - another 3 hours. And then I had to call an ambulance for my husband anyway...I don't have very much faith in them, you are almost better phoning 999 and talking to the person there, I've found that they are so much more helpful and sensible. Female, Oxted

Many said they feel exposed and vulnerable if a family member falls sick over a bank holiday or weekend.

It's a long time, I would say over Easter, from Thursday night to Tuesday morning and if you're looking after somebody who is dying you're very vulnerable. Female, Leatherhead

Everything that goes wrong will always happen at the weekend or the dead of night. Male, Ash

For us the thing that I found really difficult in care for my mother for quite a few years and we dreaded her getting unwell on a Friday evening because if we called Thamesdoc you could wait 6 hours, 7 hours - absolutely hopeless, just dreaded it. Male. Ash

Everything that happens seems to happen on a Friday, at the weekend, in the night time. I'm sure it's just a coincidence but you are a bit desperate, where do I turn, can I wait for Monday? And the answer is no. Therefore you've got to phone NHS direct, Thamesdoc which probably could have been taken care of by the GP. Male, Ash

I think when you've got very small children as well, very vulnerable over that period. Female, Leatherhead

From where I live... bus once an hour, then they take some of the early morning buses off. The bus service is not as good as it used to be. Female, Godalming

Years ago I could walk to the doctor. Female, Godalming

In both Godalming and Oxted, timing of appointments was crucial in order to avoid having to travel at the same time as school children, either because buses were busy or taxis were all pre-booked.

Location of services and transport

This was an important issue for many of the participants who no longer drove, particularly in Oxted and Godalming and this affected both their ability to get to appointments and consequently their choice of appointments. In Oxted many used a local charity 'Link' driving scheme to get to and from appointments as the bus services were not regular.

None of us drive anymore and we are just sort of stuck. Female, Oxted

Transport was also a concern for Godalming residents where there was considerable concern that the only two surgeries are outside the town centre and thus not readily accessible to many of the older non-driving residents.

Not enough surgeries in the area now for the size of Godalming, used to be central, now out of town, have to get the bus which only runs every one and half hours from Aarons Hill Female, Godalming

I think, Godalming the size it is, and there's no actual doctors here in town, the people who live where I live up the other end have got to go all the way down there and if they haven't got a car the bus service is pretty awful...if you've got an early appointment and there's no bus, people can't get down there. Female, Godalming

...not being a driver I found the very morning I needed to get to Milford, and I rang a taxi, and you try and get Speedwells early in the morning because a lot of them are doing the school run and they are all booked up. And that is what my main moan is, because years ago there was lots of doctors in Godalming and now, the size of Godalming but there's not a doctors in the town - why? Female, Godalming

...get one [an appointment] that fits with the buses... weekdays buses are half hourly so try to fit with them. In the afternoon you have the school children taking the buses so it complicates matters. Female, Oxted



Dignity, respect and being listened to

Length of appointment and being listened to

The majority of focus group participants had experienced cancer, heart problems, had other complex and chronic health conditions or had nursed dying relatives, and often found they wanted to talk about more than one thing when they saw their GP. Although some booked double appointments, and one lady's GP was happy to sit and chat to her, others were uncertain whether this was an option at their surgery and felt frustration at being forced to book several appointments over a period of time, especially to discuss things that were related. Some were even told they were only allowed to discuss one issue. In general, participants worried that they were having to prioritise due to short appointment slots and didn't know whether they were providing the most relevant details.

The appointments are just 10 minutes long and there's a sign, only talk about one thing. Female, Leatherhead

Don't dare talk about... Don't dare mention the other thing that's worrying you. Female, Leatherhead

When you're older you get multiple things worrying you, you can only talk about one, and then you need to make another appointment. Female, Leatherhead

But you don't even know, they might be related anyway and if you ignore two or three of those symptoms you end up with a completely different diagnosis! Female, Leatherhead

There were also comments about not being taken seriously or being considered important enough because of their age.

I do wonder at times if they look at you and make their diagnosis think you're too old to bother with.... Male, Ash

...Feel that with the GP, and he's a very good GP. But it's a case of you've lived with it for 30 years, you can keep on living with it. Male, Ash

Receptionists

There was a feeling from many that they didn't want to have to justify to receptionists why they needed an appointment

They say, 'Why do you want an urgent one?' And I say, 'Because I want one', that's it full stop, I won't tell them anything more. Male, Ash

Not having to speak to receptionists was also given as a reason why those with computers preferred to book online.

Complaints and learning

One group felt strongly that complaints should not only be listened to, but be learnt from.

It's fair to say, not enough learning goes on from complaints, complaints put them into defensive mode and rather than saying what can we learn from this, if anything because sometimes it's an accident, but they don't see, I never get that "My goodness, let's have a meeting, what could we have done differently? Female, Leatherhead

It's the standard letter nowadays, and it doesn't really relate to your complaint anyway. Female, Leatherhead

I was listening to the radio and what was extraordinary was one person would call up to complain that they can't get an appointment and have to call before half past seven, and the next person would say their surgery was wonderful, they can get an appointment that day without any trouble, and the next caller would complain, and so on, why can't every practice be like these good ones? Why is it so different for them? They're individual businesses aren't they, within the health service, why can't they use best practice? Female, Leatherhead

Other health care services

There was a feeling by some participants that more use should be made of the services provided by other health care practitioners in order to reduce the burden on GP services.

Half of what GPs do could be done by others, like bring back some of the community clinics, like family planning, well woman, well man, youth advisory, the elderly clinics, a lot of the problems GPs get could be dealt with by them, there would be more satisfaction, there would be more experts from doing it all the time and the people who won't go to GPs will go to those clinics. Female, Leatherhead

Walk in clinic/minor injuries unit

There weren't walk-in clinics in the vicinity of the focus groups and only a couple of people in all the groups had used a walk-in clinic, located in Woking, but experiences were fairly positive, despite the waiting times.

Members of the Godalming focus group who had used the minor injuries unit in the area felt it worked well, was easy to get to and saved time, however one member did note that the problem arose with follow-up appointments at more distant locations.

If you've got a minor injury, you don't get sent to the Royal Surrey anymore..... Now I had a minor injury, a nail went through my foot and I was sent to Horsham, but the problem was on the follow up, I was sent to Redhill. Male, Godalming

Nurse Practitioners

Many did not know what a nurse practitioner was and whether there was one at their surgery. However those that had been referred were quite happy with the experience.



Pharmacists

There was considerable variation in opinion on whether or not to use pharmacists for advice. In Oxted where none of the participants drove any longer, and all were reliant on the bus or on using a local charitable car driving service, participants wouldn't consider going to the pharmacist for advice as it would involve having to organise transport, and potentially then having to organise further transport to the GP. It was considered simpler to go straight to the GP.

The Leatherhead group trusted pharmacists "absolutely" and felt they could save a lot of GP time, not all of them had had reviews of their medication with a pharmacist, but those who had were positive about it.

They're supposed to check that you still need those drugs and see there aren't any reactions. I want to say I'd go to a pharmacist any day for a review, because they know far more about it. Male, Leatherhead

It's another example of taking work away from GPs and giving it to a more appropriate person. Female, Leatherhead

I'd rate my pharmacist very very highly, and we've been having reviews for several years now actually. Absolutely wonderful and always the first port of call. Female, Leatherhead

However amongst the other three groups there was far less trust of pharmacists and there was some strong opposition to having their medication review with a pharmacist.

No, that is what my doctor is for!
Male, Ash

I think that's up to the doctor to do.
Female, Godalming

The primary arbiter here has got to be the doctor. Male, Godalming

Blooming cheek, I've got a doctor to do that. Female, Godalming

I haven't got a lot of faith in pharmacists...I've had a couple of misdiagnoses from pharmacists. Male, Ash

Not instead of, I'd rather go to a GP.
Female, Godalming

Waste of time!! You see your GP, [pharmacists] just a waste of time. I was not impressed with the pharmacist.
Male, Ash

Within this same group it was also felt that if they were to consult a pharmacist, they trusted the pharmacist sited in their health centre more than the one that was sited away from the surgery.

Don't have a lot of confidence in the pharmacist in the supermarket.
So the location of the pharmacist is important? Yes. Male, Ash



The repeat prescription service was valued by many members as it saved them travel which was a key consideration for many people especially the non-drivers, as well as simplifying often complex medication regimes.

With repeat prescriptions, it's fantastic, because of my heart I'm on so many different pills, the chemist that I go to, said, oh no I went to the doctor and the manager said you can get a batch, so I signed for it to get a batch, and whenever I run out I phone up the chemist, "Can I have another batch please", two months I think it is, two months' supply of pills. Brilliant, so I don't have to keep on putting a repeat prescription in. And it's there within 24 hours. Female, Leatherhead

The local pharmacist was favoured over a high street branch.

I don't let Boots manage my repeat prescriptions, I do them myself online because they have a commercial interest and I don't! ... If it keeps the pharmacist open, if she has a quota to meet and it keeps our shop open. Female, Godalming

Dentists

Nearly all felt it was difficult to find an NHS dentist, and easier to stay with someone they knew, and who was used to treating them. Most had stayed with their dentist when the dentist had changed from NHS to private. People would often travel further afield to see a good dentist.

Several years ago when our Dentist went private it was impossible to find one [NHS dentist]. Female, Leatherhead

Sometimes dentists advertise for NHS patients but by the time you get there, there are no spaces left. Female, Godalming

In the end I know the dentist and it's worth the 30 mile round trip. Male, Ash

In Leatherhead, where only 2 people still had an NHS dentist, it transpired that both of these NHS dentists were outside Surrey. One person who had

changed from private to NHS was thinking of going back to private as she felt the quality of the dental treatment she was getting was worse.

I had a private Dentist, but there wasn't continuity of care because they kept changing everytime, so I decided that... because everytime I had to go I had to take out a second mortgage so I changed to an NHS Dentist, but you still get charged, and I'm not confident I'm getting the same quality of treatment. In fact I'm thinking of going back into the private sector. Female, Leatherhead

Physiotherapy

In the Leatherhead group the subject of physiotherapy was raised. A large proportion of the group had had physiotherapy, waiting times were an issue and a few had had to go private. There was an example of successful physiotherapy that had meant an operation wasn't needed and a feeling this was another service which could take the pressure off GPs if it worked properly.

*I just want to raise the issue of physios, because I think we're going to lose physios if we're not careful, because they're not used properly. Low job satisfaction, you get no continuity of care. You get whoever takes your notes off the top of the pile and you get so many sessions. You can actually save a huge amount of money, as well as patient discomfort, when I was diagnosed with Breast Cancer, I was taken for surgery at *** for my back, and I couldn't stand or sit or walk for more than 20 minutes without changing from one to the other and then it was all put on hold because of the breast cancer, and I happened to have a very good physio at the hospital who had an interest in backs, and so I was going back to her, and I still do the exercises, I never had the surgery. When you think of the money saved to the NHS, it cost more at the beginning, but when you think long term, and the benefits to me were enormous. Female, Leatherhead*

Sharing health and care records

In the Leatherhead group, where most had come to the group via Streetlife, and were very IT literate, there were mixed feelings on the sharing of personal data- some felt the impact the data could have on health research was an important reason to be involved, others were against it, they felt the scope was too broad, and they didn't think the data would be accurate. However, after one participant shared her story, the group were moved to reconsider,

I think that's a shame. Because I watched the whole of the care dot data select committee you can go on television now and watch the whole thing, it was actually quite, it was very interesting, but I think it was a Public Health England or NHS England, they made a big cock-up of it which was a shame. My daughter died of something called Reye syndrome and they, if they hadn't collected data on that, because it's so rare they wouldn't have found the connection between that and Aspirin, because now you shouldn't give Aspirin to a child under 12, its virtually disappeared. If they hadn't collected that data, and that's the sort of thing that they really do If you don't get the data you can't show what works and what hasn't done. Female, Leatherhead

In general there was strong support for sharing records as many struggled to remember all their medications and repeat them when they saw different professionals, this in turn led to anxiety that they were forgetting to mention important details.

But imagine you're semi-conscious [to her husband], how wonderful that they can get your GP record, which will hopefully be accurate, it would be such a weight off my mind, I mean it terrifies me if you have to go in in the middle of the night and me having to remember everything you're on, I'd be feeling really upset. Female, Leatherhead

If integrated care is going to work it has to be integrated..... People dealing with home visits, with the district nurse... if those people cannot have the information which is shared between the doctor and the hospital... you cannot set up a platform which prevents you from having to go to an acute hospital unless it is really necessary. Because if they have your records they can say 'oh yes she has had three events of that sort, I think this time she ought to go to the acute'. Female, Godalming.

Well if it makes it better for the patient it makes sense doesn't it. Female, Oxted

...symptoms everything, but also if you're seeing someone new, you have to go right back to the beginning and explain how it interacts with other things that you might have. What you were talking about [at the beginning] about joining up hospitals so they can access peoples records throughout I think that is absolutely essential. Female, Leatherhead

One participant mentioned that she had a 'message in a bottle' in her fridge with all her necessary details, with a green sticker on the fridge door and another on the light switch nearest the front door for the paramedics to find when they entered the house. She had also taken a copy of this and kept it in her handbag to show to any health staff she sees, or for someone to find if she gets taken to hospital, as she finds it difficult to remember all the different medications. Before her husband passed away, he had to visit hospital frequently, often via the 999 service, and she kept a book with details of all his medications and his doctor and hospital visits, as it was too complex to remember and repeat every time. Several other participants were taken with this idea and said they would like to do the same as they find it difficult to remember all the necessary information every time. They also mentioned family members with dementia who were unable to recall all their personal health details. There was strong support for record sharing from this group to make it easier so that they didn't have to write things down and keep repeating themselves.

This was also borne out in the Leatherhead group:

One thing I would like to say about seeing your GP, and especially a consultant, particularly if you've never seen them, something I've started doing a couple of years ago was writing everything down, taking it with me as a printout and leaving it with them, it's much faster for them, you don't forget anything and it seems to work extremely well. Female, Leatherhead

Can I just say, when you say write everything down, that is what I do [produces sheet of medications] so if everyone says what drugs are you on I just produce that and say "there you are". Female, Leatherhead

Overall there was more agreement for sharing information between medical professionals than with social care professionals, and there were concerns over the professional status and qualifications held by social care professionals. Agreement to share with social care professionals and a positive view of social care seemed to be greater amongst those who had had experience of using social care services.

Can I say one word about the care system? Because I had carers for my husband when he was very very ill, I mean really there was this new thing coming out that carers should only go for quarter of an hour which is absolute rubbish because those poor girls when they'd finished caring for the patient, they used to sit on my settee and they would have all this paperwork to fill out every day and it would take them sometime ten minutes to fill up these forms, so how can they manage on quarter of an hour, they can't. And another thing I would say about carers is that they need more pay, because I've had them when they've come in the snow, everything, really good carers but they don't get the press they should have, they are good. Female, Godalming





Findings

It is vital to bear in mind that ‘over 65’ is an all-encompassing term which includes a wide range of people with multiple varied needs. To amalgamate too broadly risks missing some of the barriers and concerns some members of this population group face in accessing primary care services.

The findings don’t claim to be representative, however they do serve to highlight some key areas of concern of people over the age of 65, and warrant consideration and if necessary further investigation when planning primary care services :

- **Appointment booking options:**
Online: Access to computers varied widely amongst participants in the focus groups and whilst some members welcomed the opportunity online booking gave them to book and amend appointments and avoid having to speak to receptionists, others, despite owning a computer chose not to use online booking finding it not user-friendly and restricting, whilst a good third had no computer access at all.
Telephone: For those utilising telephone booking systems there is

frustration at having to phone early in the morning and constantly having to hit redial, suggestions for a call waiting system so that people do not have to keep redialling, know when they have got through and where they are in a queue received strong support.

- **Transport links and location of new surgeries:** Amongst the non-car drivers, who accounted for over a third of participants, public transport access and the location of surgeries were major concerns. Closure of a surgery in the town centre at one location had left the non-driving residents feeling vulnerable and anxious about accessing their surgery, whilst in another location many non-drivers were completely dependent on a local charity scheme. As well as limiting the times they could get appointments, this also made them prioritise their access destination, so that they would go straight to the GP rather than consult a pharmacist as this would involve an extra journey.



- **Out of hours services:** In general the over 65s taking part in the focus groups felt that they were quite stoic, just got on with things and did not trouble the GP unless it was urgent. So it is all the more telling that they also expressed concerns about feeling vulnerable at weekends, evenings and over holiday periods when surgeries are shut and they are unsure where to turn.

All their surgeries utilised the NHS111 service as the access route to out of hours care. The majority of focus group participants were not impressed with this 111 service or the previous Thamesdoc service, there was frustration at why it was so slow, involved so many different stages and took so long to speak to a practitioner or get an appointment. Many would prefer to call 999 than use the 111 number.

- **Length of appointments, constraints on time:** Participants often found themselves with a variety of issues they wished to talk about, particularly in cases where they had a number of chronic conditions. Although some

booked double appointments others were uncertain whether this was an option at their surgery and felt frustration at being forced to book several appointments over a period of time, especially to discuss things that were related. Some were even told they were only allowed to discuss one issue.

When facing time constraints on appointments or told they could only discuss one issue, people found it difficult to know which to prioritise and were anxious as to whether they were providing the most relevant details

- **Pharmacy services:** There are differences of opinion over consulting with pharmacists for advice, with feelings quite polarised. Some would consult with a pharmacist for advice, and some were happy for pharmacists to review their medications, whilst others were quite opposed to both and saw this as their GP's remit. For others the location of the pharmacist was important, a pharmacist located on the site of a GP surgery was considered by some to be more trustworthy.



Non-drivers would often not visit a pharmacist at all as it was viewed as an extra trip requiring transport coordination. Prescriptions were often collected by other people and repeat prescription services were very popular.



● **Availability of NHS dentists:** Few participants had an NHS dentist as they were either less impressed with the quality of work or, in many cases, preferred to stay with a dentist they trusted when that dentist turned to private practice, or they simply could not find a dentist that was taking NHS patients.

● **Complaints:** There was a sense of frustration that complaints are not listened to and seen as an opportunity to learn, and also that good practice and efficient booking systems in some surgeries are not shared and learnt from across the system. Participants questioned why, if all practices operate under the

same funding formula, some surgeries are able to provide a good service and other do not?

- **Other healthcare practitioners:** There was a feeling that better use of other healthcare practitioners such as physiotherapists, nurse practitioners, or better alternative provision such as minor injuries units, would alleviate the strain on GPs.
- **Joining up services/record sharing between health and care professionals** - many participants were in favour of sharing records between the different health and care professionals involved in their care as they often have to visit different professionals and find it difficult to remember all their personal health details. There were, however, differences of opinion over sharing with social care professionals, some people who had used services spoke highly of care received, whilst others, particularly if they hadn't had contact with social care professionals, had more reservations.



Recommendations

Healthwatch Surrey recommends further investigation and consideration of the following points when planning and delivering primary care services for older people in Surrey.

- Maintaining a variety of booking methods, both telephone, in person and online to meet the various needs of this population group.
- Providing a telephone call waiting system to ease the frustration and anxiety of repeated redialling.
- Not limiting people to the discussion of only one issue per appointment.
- If it is possible to book double appointments, increasing awareness of this option amongst this age group, or alternatively considering the option of offering longer appointments for older people.
- Given the self-perceived stoicism of this age group, it is especially important that when they do feel they need help, it is readily accessible. As such it is vital that out of hours services are provided which are accessible and inspire confidence in older people, that over 65s are not left feeling 'vulnerable' at weekends, evenings and over holiday periods, with a sense that their only option is to resort to A&E.
- Access to GP surgeries and services for those not able to drive is considered in the provision of all new GP surgeries or when GP surgeries close or relocate premises.
- Complaints are seen as opportunities to listen and learn, and as such complaints processes are clearly advertised, and easily accessed in all primary care facilities.
- There is improved integration of health and care services, with better coordination, and communication between different health and care professionals, so that people do not have to repeat their story more than once, are not anxious that they are unable to recall all the details of their care, and so that they receive a more seamless pathway of care between different services.



Next Steps

Healthwatch Surrey is committed to improving and facilitating access to primary care services for older people in Surrey, and have thus just funded two local projects with money from our Community Cash Fund, specifically aimed at improving knowledge and awareness of health and care services amongst older people.

The MASCOT project for over 50s, aims to use the opportunity provided during seated dance sessions, to identify issues of concern in relation to health and care, and then build discussion and support sessions around these concerns.

The ANANDMILAN project is aimed at socially isolated older people from minority ethnic groups who struggle to access mainstream health and care services due to cultural differences. Invited speakers and health professionals will talk to the groups at fortnightly yoga sessions to increase awareness and understanding of services available and how to access them. The sessions will also enable them to connect with people from similar backgrounds, with the ultimate aim of enhancing wellbeing and self-esteem of group members.

Whilst the findings from the focus groups cannot be described as representative, they do still offer valuable insight into the concerns of a population group with particular needs and whose views are not always separately identified. On behalf of older people, Healthwatch Surrey will seek assurances that these varying needs are addressed when planning primary care services.

Healthwatch Surrey will share the findings that came out of the focus groups to ensure that the experiences and views of these older people are not overlooked when planning and commissioning GP contracts, dental contracts and the development of primary care services across the county.

In England, GP services are commissioned by NHS England and, where delegated commissioning applies, Clinical Commissioning Groups (CCGs). NHS England works with partners to hold services and individual GPs to account.

Clinical Commissioning Groups have a statutory role to support the quality of GP services and are responsible for the strategic planning of services. CCGs are currently developing their local five-year Sustainability and Transformation Plans (STPS) for local



health services to cover the period October 2016 to March 2021, within which primary care is a key element. (5) (6)

The findings of this report will therefore be shared with the following organisations, commissioners and providers of primary care:

- North West Surrey Clinical Commissioning Group, which is the lead commissioner in the county for NHS 111 services and patient transport, and is shortly to become the first Clinical Commissioning Group in Surrey to

move to co-commissioning of primary care services.

- The other five Clinical Commissioning Groups in Surrey
- The Co-Chairs of the Joint Integrated Commissioning Groups
- NHS England
- Surrey Wellbeing and Health Scrutiny Committee
- Surrey Health and Wellbeing Board
- Surrey Transformation Board
- Patient Participation Groups in GP Surgeries in Surrey
- GP Practices
- South East Coast Ambulance Service NHS Foundation Trust (SECAmb)





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Appendix

Focus Groups:

Focus groups were carried out in four locations across Surrey, two of them with the support of Age UK Surrey, one with the support of the Godalming Older People's Welfare Association and one in collaboration with Vanessa Todman at Healthwatch England.

There were 38 participants in total of which 23 were female and 15 male. All were aged over 65.

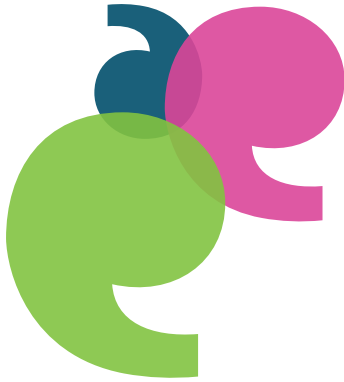
27/5/15	Leatherhead	10 participants (8 female, 2 male)
04/8/15	Oxted	9 participants (8 female, 1 male)
19/8/15	Ash	8 participants (all male)
8/10/15	Godalming	11 participants (7 female, 4 male)

Discussions were recorded and every participant was given and completed a consent form specifying their agreement to how their information could be used. Recordings of discussions were deleted once transcripts had been typed up.

Confidentiality was discussed at every group, and information in the report has been anonymised to ensure confidentiality as much as possible.

The discussions had a loose schedule of questions to keep the discussion flowing and try to ensure similar areas and issues were discussed in each group. However, as discussion was also fairly free, and was allowed to flow with the participants' views, some issues were discussed more in some groups than others.

All participants received a £10 voucher as a thank you for their time, and refreshments were also provided at each venue.



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