

## **Consultation Response**

### **Towards a Future Vision for General Practice**

**Age Cymru**

**30 October 2018**

#### **Introduction**

Age Cymru is the leading national charity working to improve the lives of all older people in Wales. We believe older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.

We are pleased to respond to the consultation on a future vision for General Practice.

#### **What do you value most about the GP relationship?**

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GPs are usually the first point of contact in the NHS for older people and receive high satisfaction ratings from them. The National Survey for Wales (which surveys people aged 16+) reported that: 92% of those who had seen a GP in the previous 12 months were satisfied with the care they received at the last visit, and people aged 75 and over were more likely to be satisfied with the care they received from the GP (97%) than younger adults aged between 16 and 24 (87%).

#### **Is there anything you feel could enhance what a GP does for their patient?**

Older people tell us that the main issues for them in regards to GP surgeries include:

1. Appointments systems – the strength of feeling about being able to get an appointment within a reasonable time frame is a consistent and widespread concern for older people and generates great strength of feeling. There is huge variation and in some practices it is extremely difficult to make a timely appointment with a GP, including out of hours services. Telephone appointments are a source of frustration - by the time the GP phones, the person is unprepared for the conversation or has forgotten what they wanted to discuss. Length of appointment time is also an issue. Inability to access GPs can increase pressure on Emergency Departments and the Auditor General's last report on unscheduled care

concluded that there is potential for improved patient experience and reduced pressures on staff by strengthening local arrangements for same day access to primary care. GPs should look to simplify their appointments booking systems where possible.

2. Lack of referral to appropriate services – for example, depression is an important issue for many older people. GPs sometimes appear reluctant to refer older people for treatment, describing issues as an “inevitable part of old age and not worth specialist attention”. GPs should be more aware of available services and be able to signpost people to support.

3. Accessibility – cuts to public transport and the location of some new health centres can make it difficult for older people to access their local GP surgery. Our experience is that there remains significant variation in access to healthcare services for residents in care homes in Wales. Some care homes have a GP allocated to residents or weekly visits from psychiatric staff while others do not. Variable access to healthcare services gives rise to concerns about whether regular reviews of medication are being conducted consistently in care homes across Wales. A recent report by the Royal Pharmaceutical Society Wales recommended that care home residents receive a medicines review upon entering a care home and a minimum of an annual review thereafter.

It is vital that people who speak Welsh as their first language are accommodated and supported by health and social care services to communicate in Welsh. Communication is absolutely key to ensuring that service provision is effective, appropriate and, crucially, person-centred.

Health and social care providers must be trained and educated on equality and diversity issues, including awareness that certain faiths or ethnic minority groups may have specific needs. All service providers should consider how the practice of spiritual care can be developed and supported so that spiritual needs at the end of life can be built into all aspects of care.

It is estimated that more than 45,000 people in Wales are currently living with dementia and this number is expected to increase significantly over the next decade. Wales currently has one of the lowest dementia diagnosis rates of any part of the UK at approximately 43.4%, meaning many people living with dementia in Wales have no formal diagnosis. Without this diagnosis, they are denied access to information, support services and potential treatments that could assist them.

People can wait a long time before seeking help, but it can also take a long time to get a diagnosis even once concerns have been raised with health professionals. There are complex reasons behind the low levels and lateness of diagnosis, including low public awareness, lack of GP knowledge or awareness, attitudes of healthcare professionals, reluctance to seek help and capacity within diagnostic services such as memory clinics.

People with dementia and carers also reported making repeated visits to their GP, sometimes over a number of years, before receiving a diagnosis, with some being treated for stress or depression.

The available research presents a clear case for developing nationwide services to improve diagnosis rates and early interventions for people with dementia. It also shows that investment in services only needs to achieve a modest increase in the average quality of life for people with dementia, and a 10% rate of diversion of people with dementia away from residential care, to be deemed cost-effective.

Wales can learn from the experience of Belfast, where diagnosis rates are higher than elsewhere in the United Kingdom. There is a need to improve diagnosis rates, increase

investment in the capacity of memory clinics to diagnose and support those living with dementia and their family/carer(s), ensure quicker diagnosis and address the variation in services and support that exists across Wales.

Treating older people with dignity must be at the top of the NHS agenda – this includes continence care, tackling malnutrition and preventing poor care infringing upon people's human rights. Dignity encompasses principles of respect, sensitivity, compassion and human rights.

### **What do you think is a benefit of patient care being provided by a range of staff alongside a GP?**

Many older people with dementia have little or no access to consultant geriatricians and other specialists. Often, and particularly when older people are resident in care homes, their dementia will be diagnosed and managed by a GP, but approximately two-thirds of people with dementia live in the community. It is therefore vital that there is an understanding of the condition amongst general nursing staff, GPs and their staff, social workers and other professionals working in the health and care sector. All health and care staff should also be able to provide appropriate information on dementia and signpost to advice and support services.

In the Older People's Commissioner's 2016 report, concerns were raised by people living with dementia and their carers about the need to improve care for people with dementia, with specific issues being raised about the lack of knowledge of many healthcare professionals. Whilst Welsh Government has encouraged GP surgeries to take up Welsh Government funded dementia training, there is clearly a need for improved training and skills development for all staff caring for older people.

The principles of prudent healthcare – the right care by the right professional in the right place at the right time - to care for older people with dementia require maximising the use of multidisciplinary teams. If there are other staff that can provide support this will free up the capacity of GPs to see the people only they can deal with. GP practices could provide information for people about which professionals can give them the best help in different circumstances, to counter the perception that people are being offered a lesser alternative by not seeing a GP.

### **How can the way in which general practice works with other parts of the healthcare system be improved?**

The higher proportion of older people dying in care homes and the lack of development of palliative care in these settings is one reason why older people may be less likely to receive services. In order to provide good care for people at the end of their lives, care home staff need to receive external clinical support, particularly from GPs. Without this support, symptom relief may be poor and a resident may end up being transferred to hospital to die. Although this may be appropriate in some situations, there continue to be inappropriate transfers to hospitals from care homes. The factors which can influence this process include a lack of forward planning, a lack of knowledge of the older person's preferences, poor links with GPs and a shortage of resources in the care home.

The National Audit's Office report on end of life services suggests a need for greater input from social care into end of life care, specifically to address the following challenges:

- Place of care: There is a disparity between preferences expressed by the majority of people to die at home or in a hospice and the numbers actually dying in a hospital
- Unnecessary care changes: A significant proportion of people who die in hospital after being admitted from a care home could have died in their residential or nursing home with better support and advice for, and from, care home staff.
- Inadequate training and skills base: Only 7% of domiciliary care workers and 5% of care home assistants hold the NVQ Level 3 qualification that includes (optional) training in support for people at the end of their lives.
- Poor coordination between health and social care services in planning, delivery and monitoring of end of life care.

General practice is well placed to support social care to play a more active role in end of life care through training and skills development.

**What change, initiative, idea or process has changed general practice for the better for you?**

In 2015, the Welsh Government refreshed its position on primary care, envisaging a more 'social' model of health that promotes physical, mental and social wellbeing, not just the absence of ill health. The plan also called for a further shift in resources towards primary care over the next four years and away from the more traditional focus on hospital-based care. There remains a need to change from a reactive crisis management approach to a more proactive, coordinated and preventative approach to allow more people to be cared for closer to, or in, their own home. It is also essential that we get the basics right in delivering health care, and driving up standards and quality to ensure older people in Wales can be confident they will receive dignified care in all settings.