



May 2024

## **It's a struggle to be seen**

Results of Age UK's research into the experience of people aged 50 and over accessing health and social care services.

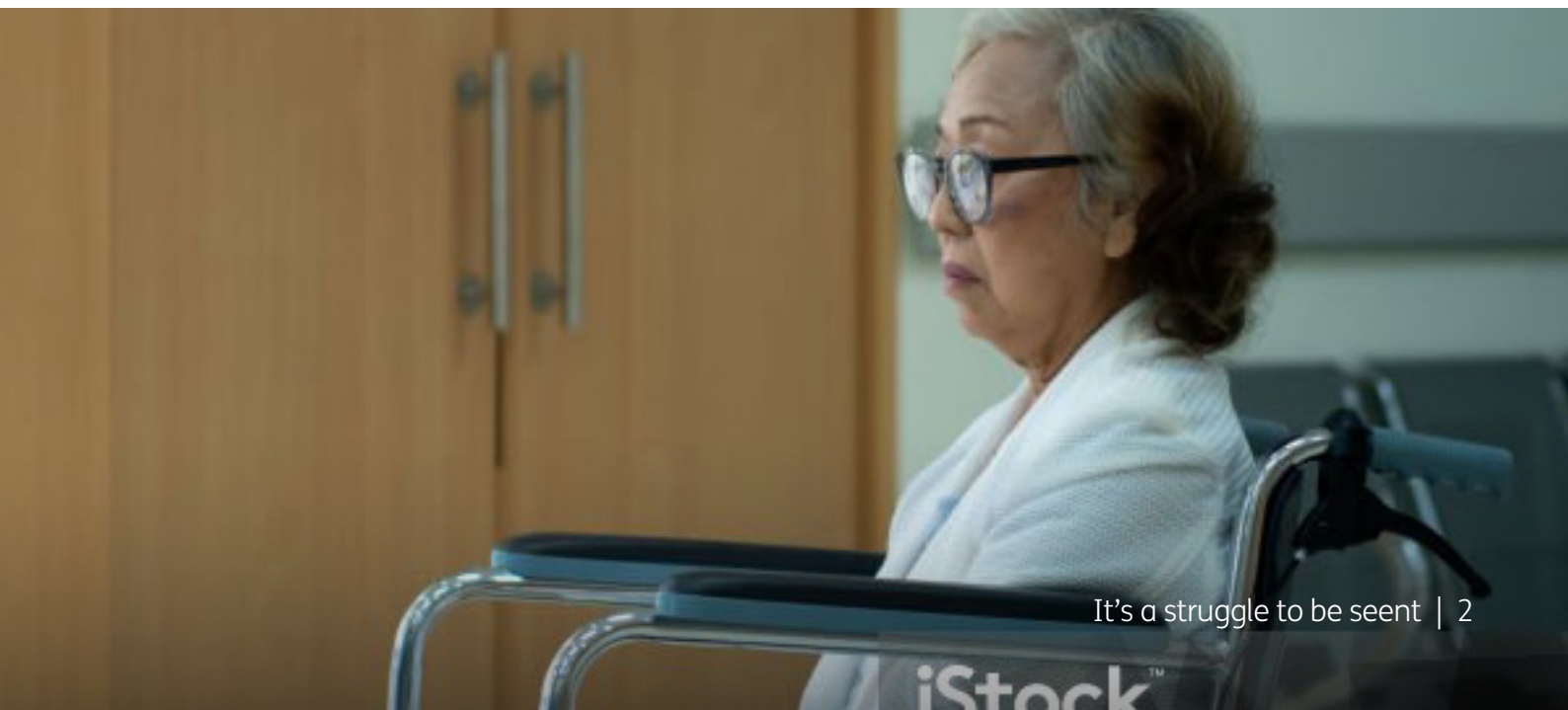
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**“I don’t know if you are treated differently because you are old, but it seems that way to me.”**

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# 1: Introduction

Over the past three years, Age UK has conducted six waves of research into older people’s health and care. Our main report on the results from September 2023, **‘We have to take it one day at a time’<sup>1</sup>**, was published in January 2024. It contains an overview of our findings on: caring for others; physical and mental health; access to NHS and social care services; community life and social contact; cost of living increases; and concern about winter.

In our report, **‘I just feel like no one cares’<sup>2</sup>**, we took a deeper dive into the findings related to mental health. We asked people about changes in their mental health, what the reasons for those were, and what could improve their mental health.

In this report, **‘It’s a struggle to be seen’**, we present more detailed findings related to people aged 50 and over accessing health and social care services. We asked people about their confidence and concern about accessing services; whether they were waiting for care or had appointments cancelled; their experiences of receiving health and care services; whether they were paying more to manage their health; and their worries about the NHS’s ability to cope. This report contains the results of our polling and survey work on the following topics:

- Confidence and concern.
- Initial access to health and care services.
- Waiting for treatment and care.
- Receiving treatment and care.
- Paying for health and care services.

For the first time in our research into older people’s health and care, we expanded this most recent data collection to include people aged 50 years and over. Previous waves of research had included people aged 60 years and over.

In expanding our polling to 50–59-year-olds, we reveal a significant proportion of people in this age group lacking confidence in NHS services and struggling to access care and support to keep them well and active. We can also see across the whole age range, from 50 to over 100, people facing challenging circumstances in managing their own health and care, or that of someone they are providing unpaid care for.

This report highlights those challenges and helps to shed a light on what needs to change to improve services and support for older people.

## References

1

Age UK (2024) We have to take it one day at a time. Available at: [age-uk\\_we-have-to-take-it-one-day-at-a-time.pdf \(ageuk.org.uk\)](#)

2

Age UK (2024) I just feel that no one cares. Available at: [i-just-feel-that-no-one-cares-march-2024.pdf \(ageuk.org.uk\)](#)

## 2: Methods

### Representative polling:

In September 2023, we commissioned Kantar to conduct representative polling of the UK population aged 50 years and over.<sup>1</sup> The sample included enough people from different subgroups of the population to mean that the numbers can be scaled up to represent the whole of the UK population.

- Everyone who participated was aged 50 or over.
- 13.5% of the sample were aged 75 and over.
- 53% were female.
- 43% were from more disadvantaged groups.
- 30% were living alone.
- 8% were from minoritised ethnic groups, as opposed to white groups.
- 36% reported living with at least one long-term condition.
- 36% said their long-term condition or illness reduced their ability to carry out day-to-day activities.
- 15% were providing care for someone else.

We have used the Office for National Statistics Mid-Year Population Estimates from 2021<sup>2</sup> to produce actual numbers of people.

### Age UK in-house survey:

Running alongside the Kantar polling in September 2023, we opened our own online survey of older people's health and care.<sup>3</sup> The survey was open to anyone aged 50 years and over. There was an option to complete the survey on behalf of someone else and 12% of responses were completed this way.

We received nearly 130,000 free text comments from over 17,000 survey participants. This is our largest response ever.

- Everyone who participated was aged 50 or over.
- 53% were aged 75 and over.
- 66% were female.
- 10% were from minoritised ethnic groups.
- 76% reported living with at least one long-term condition.
- 57% were living with two or more long-term conditions.
- 21% were providing care for someone else.

As the respondents to our in-house survey were not representative of the UK population, we have not included any statistics from this data source. All statistics included in this report come from the Kantar representative polling.

### Data sources

1	Age UK Polling: Kantar Research Express conducted an online self completion survey between 7th September and 21st September 2023 amongst 2,621 adults in the UK aged 50+.
2	Office for National Statistics, <b>Population estimates for the UK, England, Wales, Scotland and Northern Ireland - Office for National Statistics (ons.gov.uk)</b>
3	Age UK SurveyMonkey online survey conducted between 7th September 2023 and 26th September 2023.



### 3: Confidence and concern

Less than half (48% - 12.3 million) of people aged 50 and over were confident that any medical problem they had would be dealt with by NHS services. Significant differences between different groups are shown in Table 1.

Female	43%	Male	53%
Aged 50-64	43%	65+	52%
Living with long-term conditions	44%	No long-term conditions	50%

Confidence was lower for women, those aged 50-64, and for those living with long-term conditions, who would be more likely to need more of those services.

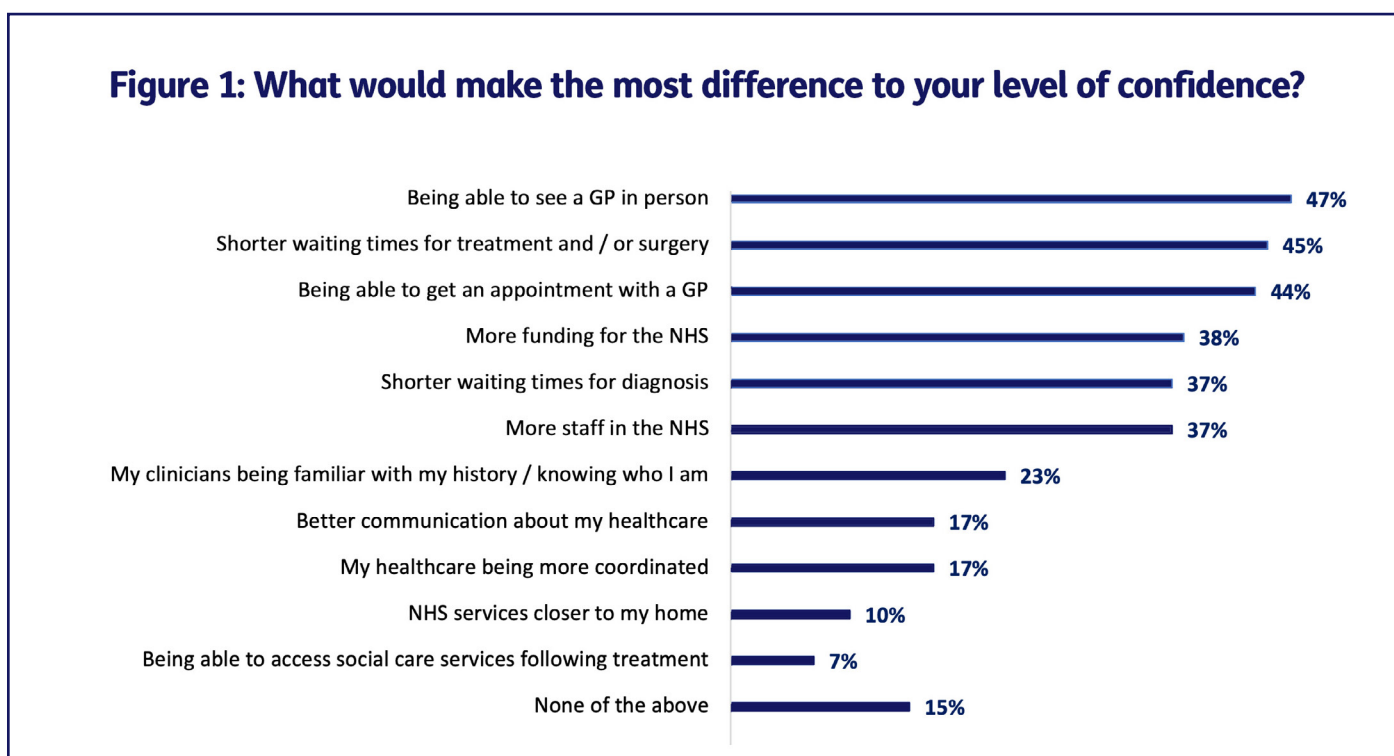
**“Unable to get through to my GP practice, not able to have an appointment face to face. Fobbed off the times I have got through to the receptionist! They’ve become like gatekeepers! A long wait for an MRI scan and on the day I was supposed to have it I received a call saying the scanner was broken.”**

**“All of this leaves me feeling that now that I am 76 years old it is time I popped off and stopped bothering an over stressed, overworked, underpaid NHS.”**

**“Feel very insecure as have had two heart attacks previously. Have a caring family so am lucky. Last time I was taken to hospital waited five hours outside the hospital and six hours before seeing a doctor.”**

**“I would like to think that I will have had my hip surgery but not overly confident having had no follow up appointment from the hip injection and so far, two hospital appointments cancelled and rescheduled.”**

We asked people what would make the most difference to change their level of confidence. The responses are shown in Figure 1.



Being able to see a GP and have quicker access to treatment would make the most difference to the confidence of almost half of the people taking part in our polling. As we will see in section four of this report, these are also the parts of the NHS service where people aged 50 and over have the highest levels of concern about access.

Just over two thirds (67% - 17.2 million) of people aged 50 and over were worried that the NHS would not be able to cope with the demands put upon it. Significant differences between different groups are shown in Table 2.

Group	Proportion	Group	Proportion
Female	73%	Male	61%
Aged 60-69	69%	All other age groups	66%
Living with long-term conditions	77%	No long-term conditions	62%
Carers	74%	Not providing care	66%

The highest proportions of people expressing worries are those living with long-term conditions and those caring for others. This is particularly concerning as these are the people likely to need NHS services the most.

**“I worry about the future of the NHS and how lack of investment and commitment affects all of us.”**

**“Feel that the NHS is broken, needs proper funding and all staff to be valued.”**

**“Everyone I know has exactly the same experiences and feeling of despair at the state of our dear old NHS now.”**

**“NHS is in a critical state, GPs and dentists and hospitals.”**

Four fifths (80% - 20.6 million) of people aged 50 and over thought that the Government should be doing more to support the NHS and social care services. Significant differences between different groups are shown in Table 3.

Group	Proportion	Group	Proportion
Female	84%	Male	76%
Aged 50-74	82%	75+	74%
More disadvantaged	84%	Less disadvantaged	78%
Living with long-term conditions	85%	No long-term conditions	77%
Carers	86%	Not providing care	79%

Again, the highest proportions are those living with long-term conditions and those caring for others. Those who are more disadvantaged also thought that the Government should be doing more, perhaps because they would not have the option to pay for treatment or care privately.

**“These are all areas that have been neglected and are very underfunded. They need to be a priority for whichever government is in power.”**

**“The government have backed off [reforming social care] despite several promises. It is now more crucial due to all finances we all have.”**

**“Social care has to be a priority for any new government. I feel that health and social care is of such a huge importance that there should be cross party involvement to ensure they are all on the same page.”**

## 4: Initial access to health and care services

We asked all respondents how concerned they were about their ability to access health and care services when they needed them.

### GP services

Almost half (49% - 12.6 million) of people aged 50 and over were concerned about their ability to access their GP. Table 4 shows the significant differences between the population groups.

Group	Proportion	Group	Proportion
Female	54%	Male	44%
Aged 50-59	53%	Aged 65+	48%
More deprived groups	54%	Less deprived groups	46%
Living with long-term conditions	56%	No long-term conditions	46%
Carers	58%	Not providing care	48%

More women, people aged 50-59, those from more deprived groups, those living with long-term conditions, and carers were more concerned about accessing their GP than their counterparts. A number of reasons for this were given in our survey. The issue of not being able to see a GP about mental health was covered in **'I just feel that no one cares'**, but we also heard about problems accessing care for physical health. Respondents told us about challenges getting through on the telephone, with online access, and with being able to speak to a clinician following triage. Along with not being able to see a GP in person, these challenges made up the most common responses.

**“My GP is still doing telephone triage and due to the high level of calls to the surgery during the short time available to try to get an appointment by the time I get through all the triage appointments have gone and I’m told to try again the following day. I usually give up in the end. I haven’t been able to see a doctor in person for three years.”**

**“I have a screenshot of my 445 attempts to contact my GP surgery appointment line during one morning. Finally got through to be told they no longer provide the service I was trying to make an appointment for. No alternative given.”**

**“Filling in online form to be triaged for GP appointment is stressful, difficult and it doesn’t feel private because you have to list symptoms on form.”**

**“Don’t bother to try doctor as only get phone consultation and my hearing is not good on phone. Did get audiologist appointment though.”**

**“I usually enjoy good health but now dread the thought of becoming ill as my GP surgery now uses an online system for appointments. I feel quite abandoned!”**

## Hospital appointments

Three in seven (42% - 10.8 million) people aged 50 and over were concerned about their ability to access a hospital appointment. Table 5 shows the significant differences between the population groups.

**Table 5: Proportion of 50+ concerned about their ability to access a hospital appointment**

Female	46%	Male	37%
Aged 50-59	48%	Aged 65+	37%
More deprived groups	45%	Less deprived groups	40%
Minoritised ethnic groups	51%	White groups	41%
Living with long-term conditions	48%	No long-term conditions	38%
Carers	51%	Not providing care	40%

Here, the same groups of people are more concerned than their counterparts, with the addition of people from minoritised ethnic groups. Respondents told us about long waits for referrals and for appointments.

**“It took two years from GP’s referral to get an operation for an oesophageal hiatus hernia. Delay mainly due to inefficient administration ie initial referral lost, scan result sent to wrong department etc.”**

**“I have a new referral to a neurologist at my local hospital, I’m worried I might not be seen this year. Meanwhile my condition deteriorates.”**

**“Still waiting for several hospital consultant appointments, since April 2020. Am also still waiting for two hospital investigative procedures, one since 2020. Also am still waiting for an urgent referral appointment to Respiratory Clinic, since x-ray in October 2022 found partially collapsed lung, no appointment sent, been waiting almost 12 months.”**





## Planned operations

Almost a third (30% - 17.7 million) of people aged 50 and over were concerned about their ability to access a planned operation. Table 6 shows the significant differences between the population groups.

**Table 6: Proportion of 50+ concerned about their ability to access a planned operation**

Aged 50-59	37%	Aged 60+	27%
Carers	39%	Not providing care	29%

The only differences here were for those aged 50-59 and for carers, who more were concerned than their counterparts. Similar levels of concern were found for all other population groups.

**“Operation for prolapse has been delayed, had pre-operation assessment which expired after 12 weeks, and they will not give me another assessment because of the doctors’ strikes.”**

**“I am waiting for an operation and have been told at least two years waiting time, if not longer.”**

**“I have waited almost five years for an operation on my shoulder. In February this year I have been told I am now on the waiting list!”**

**“Last Thursday he had his cataract surgery cancelled just as he was leaving home to go to the hospital. This was the fifth time the operation was postponed.”**

## Accident and Emergency

Three in seven (42% - 10.8 million) people aged 50 and over were concerned about their ability to access A&E. Table 7 shows the significant differences between the population groups.

**Table 7: Proportion of 50+ concerned about their ability to access A&E**

Female	45%	Male	38%
Aged 50-59	48%	Aged 60+	38%
More deprived groups	45%	Less deprived groups	39%
Minoritised ethnic groups	49%	White groups	41%
Living with long-term conditions	44%	No long-term conditions	40%
Carers	50%	Not providing care	40%

Here the significant differences can be seen between the same groups as for accessing GP and hospital appointments, with the largest differences being between those aged 50-59 and those aged 60+, and between those providing care for others and those who were not. The responsibilities that these groups have for the care of others is likely to increase their levels of concern about accessing emergency care when needed.

**“An ambulance responded to my 999 call and the crew were excellent but said I needed to go to hospital, so they took me to A&E at which point the nightmare really started - stuck on a TROLLEY in a CORRIDOR for 35 HOURS before a bed was found for me.”**

**“My friend rang 999 - phone was eventually answered but no ambulance was available. Took taxi to A&E where I was triaged but then told I’d have to wait up to 12 hours to see a doctor - so I left.”**

**“Fell ill and was ambulated to hospital unable to coordinate or stand. Spent 20 hours in A&E and then day ward in a chair. Hospital tried to discharge him, but family refused as he was too ill to return home especially as he was main caregiver to his wife with dementia. Finally, after making it clear that it was impossible for the family to even get him home let alone care for him and his wife, a bed was found on the frailty ward.”**

**“Mum had a fall, and was prescribed painkillers by her GP: she worsened and an ambulance was called, she waited 13+ hours for an ambulance and once admitted to A&E spent nearly three days on a trolley in the corridor before a place was found in a community hospital. She had badly bruised ribs and a fractured and displaced vertebrae in the middle of her back.”**

## Physiotherapy and occupational therapy

A third (33% - 8.5 million) of people aged 50 and over were concerned about their ability to access services to help them stay well or recover, e.g. a physiotherapist or occupational therapist. Table 8 shows the significant differences between different population groups.

**Table 8: Proportion of 50+ concerned about their ability to access services to help them stay well or recover**

Female	37%	Male	29%
Aged 50-64	38%	Aged 65+	28%
Minoritised ethnic groups	48%	White groups	32%
Living with long-term conditions	41%	No long-term conditions	28%
Carers	41%	Not providing care	32%

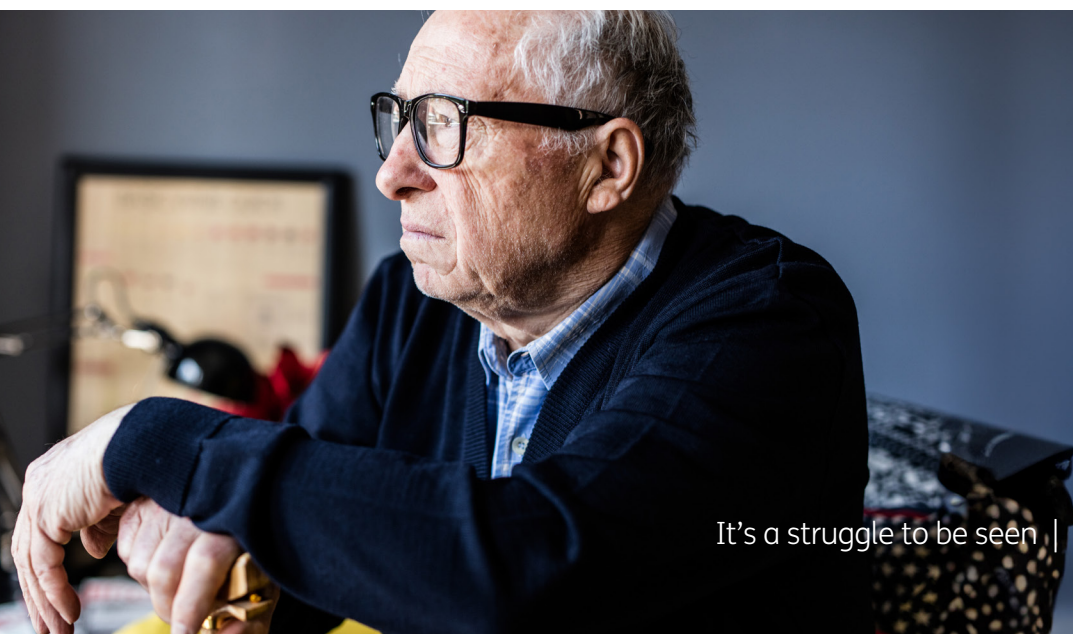
The largest differences here are seen between the ethnic groups, and between those living with long-term conditions and those without. The 16% difference related to ethnicity indicates additional challenges that need to be investigated and addressed. Survey respondents told us about their difficulties accessing physiotherapy on the NHS, as well as challenges accessing rehabilitation therapy.

**“Fell, taken to hospital, after one month sent to rehab but not given necessary equipment to progress recovery. Spent six weeks in bed 24/7 so had muscle wastage and got depressed.”**

**“No problem accessing GP and consultant. Could not get physiotherapy appointment.”**

**“Rehab/gym was postponed due to Covid lockdowns, never got to go and now can’t get on a list so still having mobility problems.”**

**“I have had to pay for physio treatment and a consultant re my osteoporosis because the waiting list for NHS services is very long.”**





## Home care or carers

Almost a fifth (19% - 4.9 million) of people aged 50 and over were concerned about their ability to access a home care worker or carer. Table 9 shows the significant differences between population groups.

**Table 9: Proportion of 50+ concerned about their ability to access a home care worker or carer**

Aged 50-59	24%	Aged 65	15%
Minoritised ethnic groups	30%	White groups	18%
Carers	31%	Not providing care	16%

It is perhaps not surprising that those aged 50-59 and carers had higher levels of concern that their counterparts, as these are the population groups most likely to need additional support to care for others. However, the 12% difference between ethnic groups is less easily explained suggesting that more work needs to be done to provide suitable care services. Survey respondents told us that social care was difficult to set up and that they had to instigate assessments and provision themselves. They also told us about long waits for care to be provided, and unsuitable care being offered.

**“Social care was difficult to set up. A two hour interview to assess if I needed social care. Then the next day another pointless two hour interview to assess what was needed. Just out of hospital, alone, took four days to get help, which was actually very good when it happened.”**

**“I sourced some help myself and some via social services. I had to instigate contact with social services myself. It is very frustrating trying to get help, there is no ‘one stop shop’ or even joined up thinking between NHS and social services.”**

**“Support from social services totally absent. Requests for help only resulted in forms asking for financial details. Person had died in the (approximately) nine months it took them to arrange an assessment. I now believe that social services are a fiction.”**

**“OT fitted a hoist in my bedroom. Told me I have to hoist myself. This is impossible, so I cannot use it. I cannot afford to pay for care, and I have no family. I have fallen twice lately trying to get from wheelchair to bed.”**



## Mental health support

More than a quarter (26% - 6.9 million) of people aged 50 and over were concerned about their ability to access mental health support, e.g. NHS Talking Therapies or counselling. Table 10 shows the significant differences between population groups.

**Table 10: Proportion of 50+ concerned about their ability to access mental health support**

Female	29%	Male	22%
Aged 50-59	37%	Aged 60+	20%
More deprived groups	28%	Less deprived groups	24%
Minoritised ethnic groups	34%	White groups	25%
Living with long-term conditions	31%	No long-term conditions	22%
Carers	38%	Not providing care	23%

Our previous report on the mental health of people aged 50 and over, **‘I just feel that no one cares’**, covered access to mental health support in detail. In summary, survey respondents who needed this support found that waits for support were too long and that NHS support was scarce.

**“I’m trying to get help with my disabilities and mental health. No one seems to care about my disabilities or my mental health. I’ve been discharged from NHS mental health team, without being seen. My doctor has fought for me, but I keep getting discharged.”**

**“Mental health referrals are now few and far between even for those most in need.”**

**“The only face-to-face mental health treatment available in the area is with a local charity, which has a huge waiting list.”**

## Dementia services

Almost a fifth (19% - 4.9 million) are concerned about their ability to access dementia services, such as a memory clinic. Table 11 shows the significant differences between population groups.

**Table 11: Proportion of 50+ concerned about their ability to access dementia services**

Aged 50-59	26%	Aged 60+	16%
More deprived groups	21%	Less deprived groups	18%
Minoritised ethnic groups	31%	White groups	18%
Carers	30%	Not providing care	17%

Again, we can see that those aged 50-59 and carers had higher levels of concern that their counterparts, along with those from more deprived groups and from minoritised ethnic groups. It seems that more work is to be done in making these services accessible to communities that are seldom heard. We reported on the difficulties accessing support with caring, and treatment for the person they were caring for in **‘We have to take it one day at a time’**, published in January 2024. Carers told us about the long waits for assessments, and the unsuitability of those when they did happen.

**“Dementia assessment was by telephone, unseen, presumably by someone who thought they knew what they were doing. Declared me as clear... how?”**

**“Many months waiting for memory clinic appointment.”**



## Local authority services

Almost a third (29% - 7.5 million) of people aged 50 and over were concerned about their ability to access local authority services. Table 12 shows the significant differences between population groups.

**Table 12: Proportion of 50+ concerned about their ability to access local authority services.**

Female	31%	Male	27%
Aged 50-59	35%	Aged 60+	26%
More deprived groups	31%	Less deprived groups	27%
Minoritised ethnic groups	39%	White groups	28%
Living with long-term conditions	33%	No long-term conditions	26%
Carers	39%	Not providing care	27%

We can see that the same groups of people aged 50 and over are struggling to access all kinds of different health and care services. In our survey, respondents told us about waiting for benefits assessments, care assessments, care packages or reviews, discharge support, and home adaptations.

**“I was on Universal Credit and Carers Allowance (looking after my daughter). When I reached my 66th birthday and became eligible for my pension, the Carers Allowance stopped. (May 2023) I was told to apply to my council for it, which I did, but have heard nothing back, and I have emailed again to jog someone’s memory, but still nothing. This is worth about £250 per month to me but I am not receiving it!”**

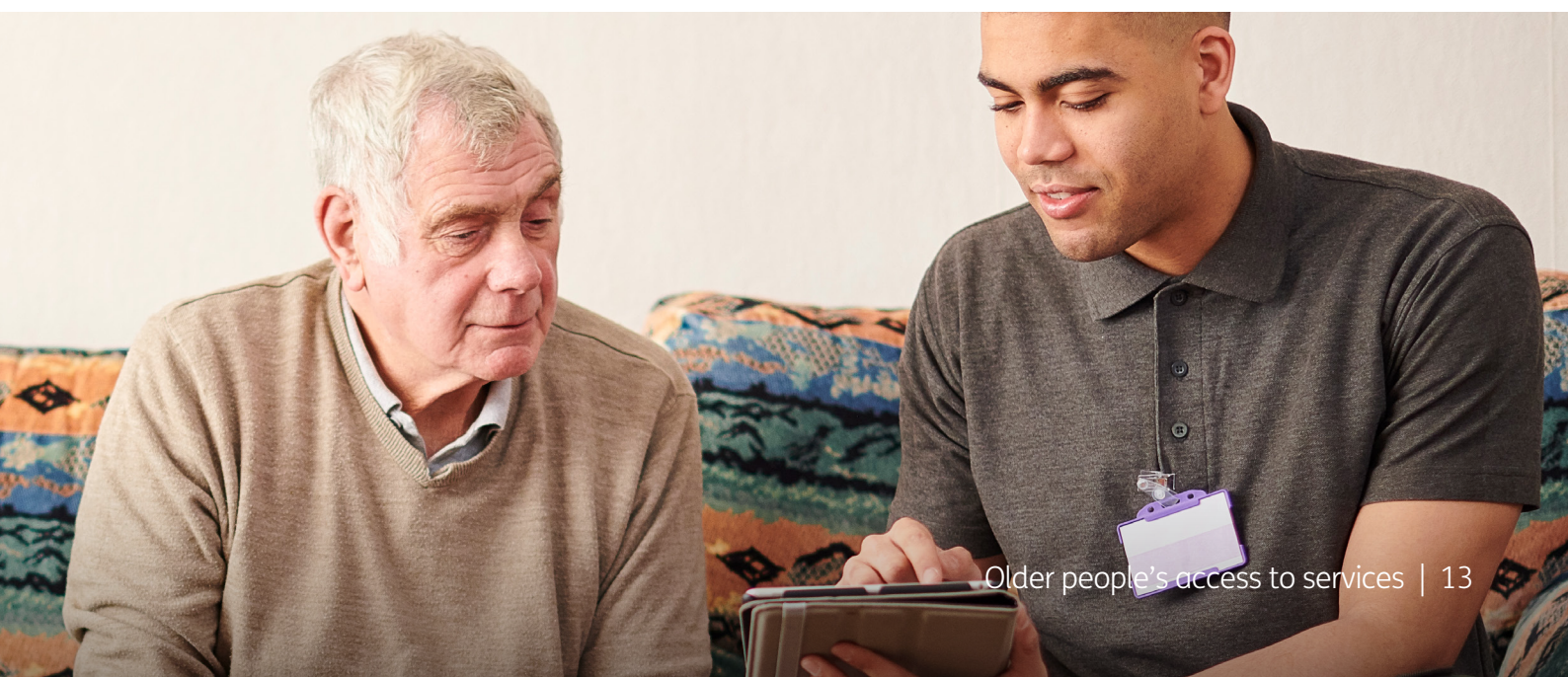
**“I have some care but not all I was previously assessed as needing. I am still awaiting an assessment for care based on the knowledge of how my condition affects me. This limits my ability to keep clean, to shower, to eat, to do what I want to do, to live the way I want to live and to participate fully in my community.”**

**“I have applied for Attendance Allowance on my wife’s behalf, but the claim has not yet been answered. I despair.”**

**“Assessment - but never came because died before social services made an appointment.”**

**“Have been waiting for an OT to visit from local authority to assess possible improvements to home and also now waiting four years for a ramp to be placed outside of the house so he can get in and out.”**

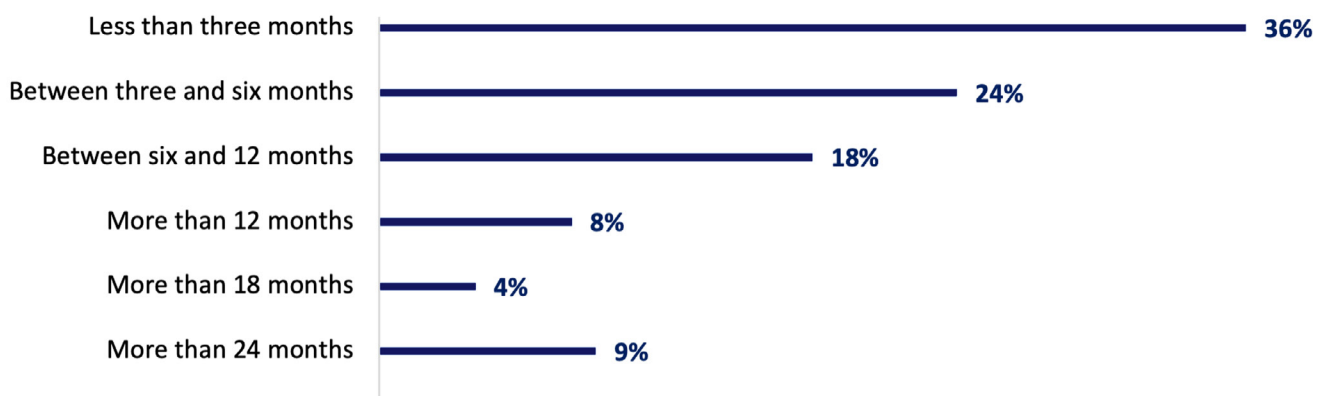
**“Just stuck in hospital waiting for a proper plan for care.”**



## 5: Waiting for treatment and care

A quarter (25% - 6.4 million) of respondents told us they were currently waiting for NHS referral, diagnosis, or treatment. A higher proportion of those who were caring for others (36%) were waiting than those who had no caring responsibilities (23%). More of those aged 70 and over (29%) were waiting than those aged under 70 (23%). A higher proportion of those who were more disadvantaged (27%) were waiting than those less disadvantaged (23%). Figure 2 shows how long people had been waiting for.

**Figure 2: How long have you been waiting for NHS referral, diagnosis, or treatment?**



Almost half (45% - 2.9 million) of people aged 50 and over who were waiting for NHS referral, diagnosis, or treatment said that they were not confident that they would be seen in the next six months.

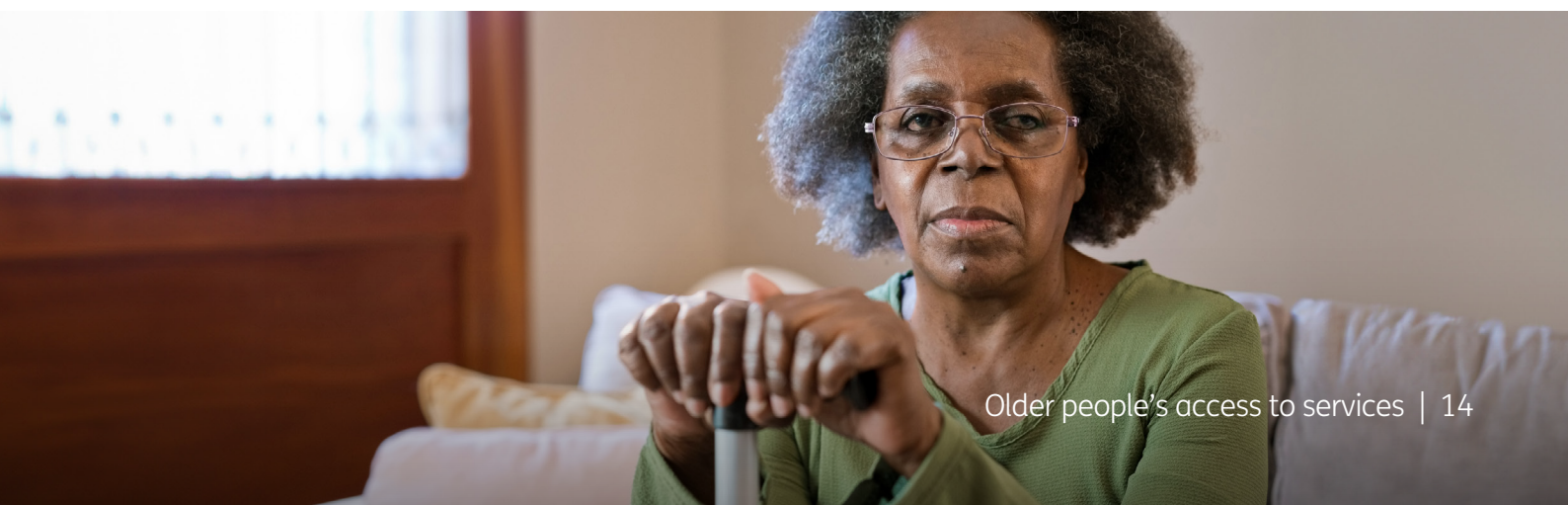
One in seven (14% - 3.6 million) people aged 50 and over told us that they had NHS appointments cancelled in the last 12 months.

**“An MRI scan diagnosed shrinking blood vessels in my brain, I then waited three months for my local surgery to receive letter for my medication and will have to wait until October to see neurologist again whilst my tremors are getting worse.”**

**“COPD and asthma- referred to specialist at hospital - appointment cancelled three times, 18 months later appointment confirmed for a telephone consultation.”**

**“I had a phone call from them to offer me a full back MRI scan which I subsequently had about three to four weeks ago. Since then, I have had no further contact. Just wonder if it’s my age at 82 that they take into account now.”**

**“Outpatient appointment cancelled twice two years ago and now unable to get another one despite numerous telephone calls.”**



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## 6: Receiving treatment and care

Almost a third (31% - 8 million) of respondents told us that their health had got worse over the previous 12 months. Those who were receiving health and social care services told us about their feelings of insecurity, of poor follow up after treatment, and suspicions of ageism.

**“I was due a follow up bone scan to see if there was any improvement after my osteoporosis diagnosis two years ago. As I hadn’t heard from the hospital after waiting six months, and also being chased up by my GP, I rang the hospital to see if they could advise what timescale my appointment would be. Without any explanation they said I was on the waiting list and offered an appointment for two months’ time, which of course I accepted. If I hadn’t rung them myself, would I just sit on the waiting list for years?”**

Respondents also told us of the increased costs of care, of being let down by care agencies, of having care packages reduced, and of there being a lack of continuity in their care.

**“We tried to support my mother to live at home with help from family and a care package in place. It simply didn’t work. Staff turned up at random times of day and sometimes not at all. My mother has minimal communication skills so could not explain any issues to us. My sister and I were constantly worried about her so moved her to a nursing home where she has been for seven years. She has now run out of funds. I am appalled by the lack of practical and financial support from the local authority. We have been told to move her to a cheaper home (which the care home manager says may kill her) or pay nearly £20000 p.a. She has spent all her savings - nearly £400k on her care over the last seven years. It feels wrong that her children - who are retired - are being told to find a very significant sum from our pensions.”**

**“The near four+ year contract failed when my mother came to need four x double call/ day. Carers were leaving the Agency en masse because they were burnt out and others would not travel five miles from the next town for a single 30/45 min call, understandably, because they got neither time nor pay for travel!”**

**“Hospital promised follow-up appointments but I have heard nothing, one over two years ago and one five months.”**

**“I don’t know if you are treated differently because you are old, but it seems that way to me.”**

**“I feel that I have been written off as I’m over 60 and cost the practice too much money.”**

**“My social care has been constantly reduced by one means or another from 20+ hours myself, 25+ hours my partner in before 2008 to the barest minimum now which hasn’t met our needs for years. We are scared now to even ask for more help and have learned to go without what makes normal humans normal. I feel like they only bother to feed us to make sure we don’t die on their watch.”**

**“Ok but not always on time or the same person... it is better when they have the same person or people as they get to know them, and the carer also knows whether there is something wrong if they know that person.”**

**“Just awful. No help at all. Tried but waste of time. Tried to get a care needs assessment and was refused. Told that it’s ok if they just eat biscuits as long as they are eating something... trying to get help for discharge from hospital is impossible. Having experienced this now, it really is no surprise why the hospitals currently have a bed shortage - because there is insufficient support from social services (most likely they are under-resourced).”**



## 7: Paying for health and care services

In our survey we asked respondents if they were having to pay more to manage their own health, or that of the person they cared for. Their responses are not representative of the UK population aged 50 and over, but 41% of those who answered the question said that they had paid more. The expenditure was related to the healthcare services and products in Figure 3.

Figure 3: Spending categories related to managing health



Some respondents told us that NHS waiting times were so long that they felt they had to resort to paying for private healthcare. This ranged from seeing a GP, through tests and diagnoses, to treatment and surgery.

**“I had to resort to seeing a private GP before I changed GP. My husband has had to pay privately for tests on his heart and breathing, and consultant’s examinations for those, as the NHS waiting list is 18 months.”**

**“I have paid privately £500 for scan and now going to other country to have neurosurgeon appointment. It’s not a normal situation.”**

The costs of social care, products and laundry were very high for some of those who were caring, with challenging knock-on effects on quality of life.

**“We pay for four days at a day care centre. We also pay an agency for three hourly sessions in a morning. We have a private carer for six hours a week which has just been funded from my recent care assessment. I was awarded this 15 months ago but never received it! I have to pay for extra incontinence pads as the ones from the bowel clinic don’t work for him. Bedding needs to be washed every day and getting it dry in winter is an issue.”**

**“Negatively I recently had to pay for a hip operation privately as I was waiting for two years and in agony - a sizeable chunk of my savings!”**

**“My wife developed heart issues and was referred to URGENT cardiac care. Was told it would be 14 weeks - ONCE she got on the waiting list! We paid to go privately.”**

**“Paid care has had to be cut in order to manage the costs. Other cutbacks including cheaper food, living in one room etc have already been implemented.”**

**“Respite care has increased, day care service cost has increased together with cost of getting him there. Podiatry and dental care has increased. He isn’t concerned because I take care of it all, so I am the one worried about it.”**



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Some respondents told us that they could not afford to pay for the health and care that they needed or being hit with unexpected bills for care.

**“I had carers (local council’s agency) in after I broke my arm. No one came to assess me. No one told me what I had to pay until I got an assessment four months latter telling me I owed nearly £2,000.”**

**“We could do with help by social services, but we would have to pay. Can’t afford to pay carer and high energy bills etc, there is no help, we are on our own every day.”**





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## 8: Conclusion

Our research into older people's experiences of health and care services has revealed the extent of the challenges they face in accessing and receiving them. These challenges are confronted at a time in their lives when people are likely to be most reliant on such services to keep them well, independent, connected and safe.

People from across the age spectrum, from 50 to over 100 years old, have told us about difficulties in accessing primary care services, including GPs and dentists. Health problems that could have been quickly and easily resolved have worsened through long waits for appointments and treatment. In some cases, older people have given up seeking treatment and care as they had lost hope of being able to see a clinician at all. For those of working age the problems in accessing appointments, referrals and treatment have had an impact on their ability to maintain good health, to remain in work and to care for others. Lack of access to support for carers has led to deteriorations in their physical and mental health as they struggle on, prioritising the person they care for, but at the expense of their own health.

For some questions we saw distinct and significant differences between the experiences of older people from diverse ethnic groups, with minoritised ethnic groups faring worse than white groups. The largest differences can be seen in accessing services that we tend to be referred onto following an appointment with a GP or specialist, such as physiotherapy, mental health services and memory services. This suggests that some services are not reaching those who are seldom heard in our communities. Commissioners should look at where and how their services are communicated and offered, with a view to ensuring that every older person in their local communities is able to access and receive them, regardless of their personal characteristics.

The results related to being able to access social care are not surprising to us at Age UK. They reflect what we have been hearing for years: that people have been waiting to receive assessments; waiting for care packages to be put in place; waiting for reviews; waiting for applications for benefits to be considered; waiting on a daily basis for carers to arrive and provide much needed support.

We have heard from older people who feel written off because of their age, who aren't bothering to even try get any kind of help because they believe it's too difficult. We must do better for the people in our society who most rely on care and support. Substantial and sustained government investment in the NHS and social care is required, along with a determination by our politicians to grip the issues and drive lasting change.





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