



Scottish Older People's Assembly

Health and Wellbeing Workstream

Access to Healthcare Survey

Summary Report

Background

The impact of the Covid-19 pandemic on the health and wellbeing of older people was identified as a concern by SOPA trustees, accordingly a group was established to assess and consider to what extent the changes were having on individuals.

Methodology

The group identified primary healthcare as a service undergoing significant change due to Covid-19 restrictions. SOPA members were reporting difficulties in accessing GP and dental services. It was concluded that in order to meaningfully identify the impact the changes were having on individuals, a questionnaire would be an appropriate approach to obtain the wider views of the public.

The design of the online, confidential questionnaire was influenced by issues reported in the media, submissions by the Scottish Older People's Assembly to two House of Lords COVID-19 committee inquiries, a submission to the Scottish Government and by anecdotal comments by individuals.

The questionnaire comprised a number of questions allowing individuals to allocate a score on a range of one to five to reflect the level of impact the changes were having on the delivery of primary healthcare services.

The decision to have a median was to ensure the value judgements of individuals were not limited to either a positive or negative response. However, in order to provide a balanced position, analysis of the responses excluded the median. In addition, provision was made within the questionnaire to allow responders to record comments and views on their personal experiences during the pandemic.

Findings

The questionnaire attracted over eight hundred responses from fourteen health board areas (graph 10). 84% of respondents were aged over 60 (graph 9).

The main issues of concern related to access to GP and dental practitioners with over half of responders stating that their ability to access these services had been negatively impacted (graphs 1 and 4). Individuals reported that home visits by

district nurses, health visitors and community psychiatric nurses had been less affected (graph 3). However, specific comments were received in relation to podiatry services where a telephone assessment is made prior to booking an appointment with a wait of 1-2 months. This situation is not appropriate for older people who rely on regular podiatry care linked to underlying health conditions such as diabetes.

Although not explicitly included in this survey it is noteworthy some individuals expressed concern at the reduced level of service by GPs and professional health care staff to residential and nursing homes. The result of the action had a significant impact on the physical and mental health care of older people and as a result this concern requires further studies.

In respect of the maintenance of medication, 78% of individuals reported no disruption to obtaining prescriptions for pre-existing health conditions (graph 2). However there was some concern that prescriptions were being issued without a clear diagnosis as a result of the reliance on digital technology and telephone consultations. In these consultations the onus was placed on the patient to verbally describe symptoms and if possible to support the description with a digital photograph which was beyond the ability of many individuals. Many comments were received warning about the over-reliance on digital consultations, with some older people being excluded, symptoms being missed and situations that could have been prevented resulting in crises.

Although a minority of people surveyed (17%), 124 people stated that they had accessed private health or dental care due to the inability to access NHS services during the pandemic (graph 5). This has been at a significant cost to many older people. One respondent told how they paid for an MRI scan which found a brain tumour. If they had waited for an NHS funded scan, this could have remained undetected for many months.

Around a quarter of respondents felt that the pandemic has had a significant impact on their physical health (24%) and mental health (26%) (graphs 6 and 7).

Strikingly, the questionnaire revealed that over half (57%) of those who took part in the survey were unable to access the support they needed (graph 8).

Summary

Many respondents gave praise to the hard work of healthcare staff during what they acknowledged has been a very difficult time. Others were reticent, expressing the need to “grin and bear it”.

The main concern expressed by responders to the survey was access to GPs and dental practitioners.

In respect of GPs the normal face to face consultations were quickly replaced by restricted access to practice staff and an imposed reliance on the use of digital

technology. It is evident this change was challenging and stressful as many older people have very limited skills in the use of technology or have no access to technology. Whilst people understood the need for restrictions, frustration was reported in the apparent inconsistencies i.e. GPs were not available for home visits for older people with significant health issues, but other health professionals such as district nurses were able to visit.

In respect of NHS dental services, the majority of services ceased to function leaving many people with no access to dental care. However, again the inconsistency of restrictions was striking as many people were able to obtain treatment privately, even with the same dental practitioner.

The inequality of people who are able to pay being able to access essential health care whilst those who are unable to pay are left to suffer, has been a terrible injustice of the pandemic.

The lessons that need to be learned from this pandemic are many, but it is evident that older people's reliance on primary healthcare services has been compromised due to the arbitrary restrictions imposed as a result of the pandemic. Respondents expressed feelings of abandonment, fear and anxiety in not being able to access essential healthcare and many people have been unable to access the support they need.

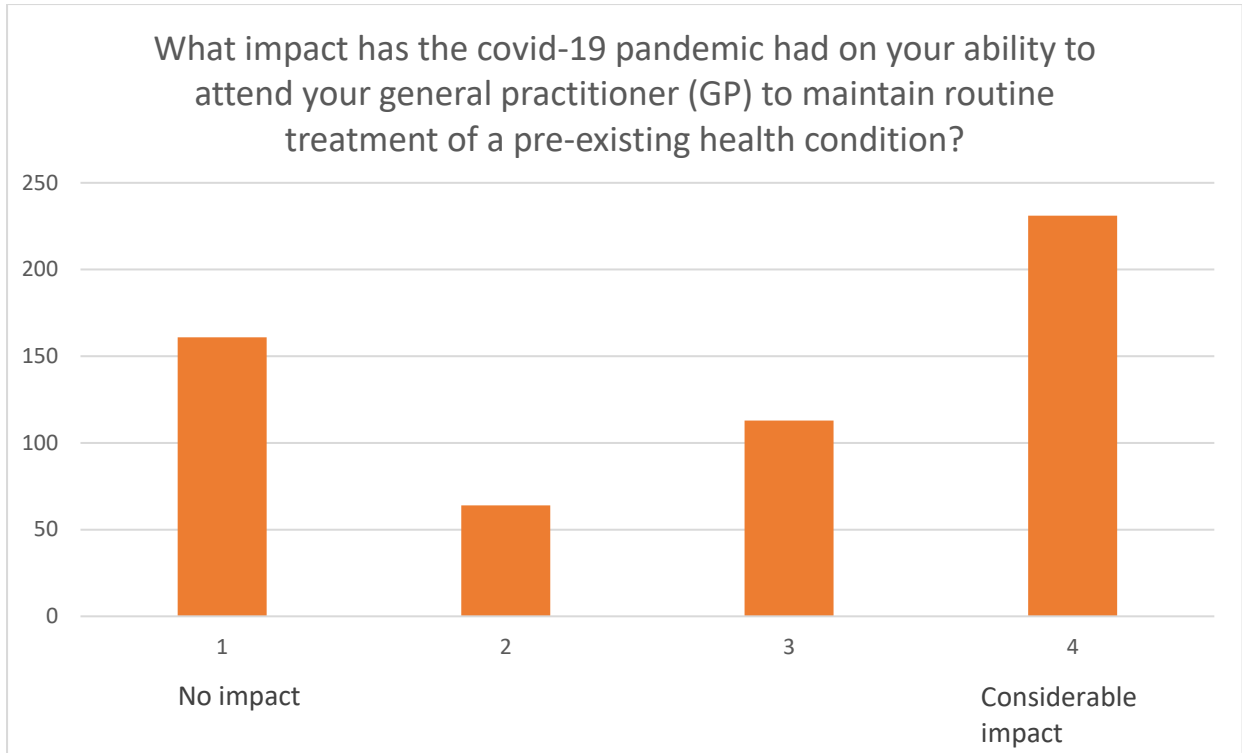
SOPA calls on the Scottish Government for a clear plan to address the issues raised in this report, ensuring that the basic health needs of older people are met and that the inequalities described in the report are prevented from occurring in the future.

David Paterson

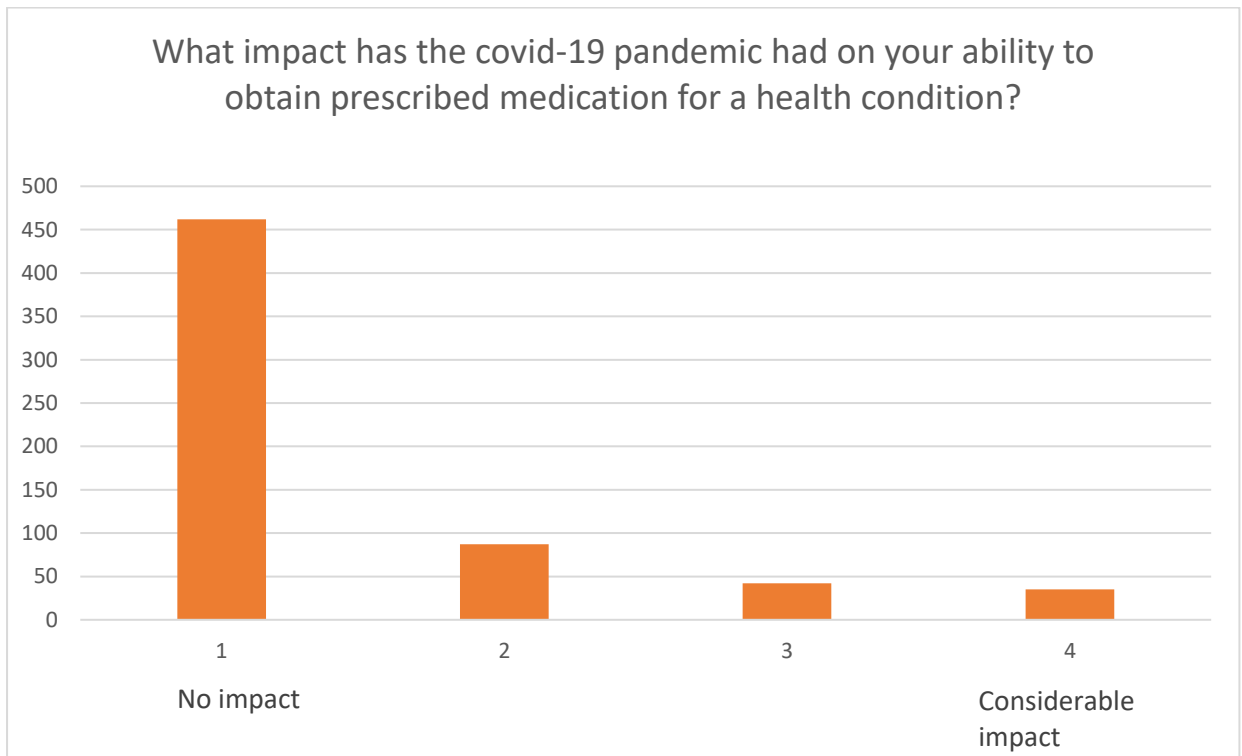
Chair, SOPA Health and Wellbeing workstream

Appendix 1

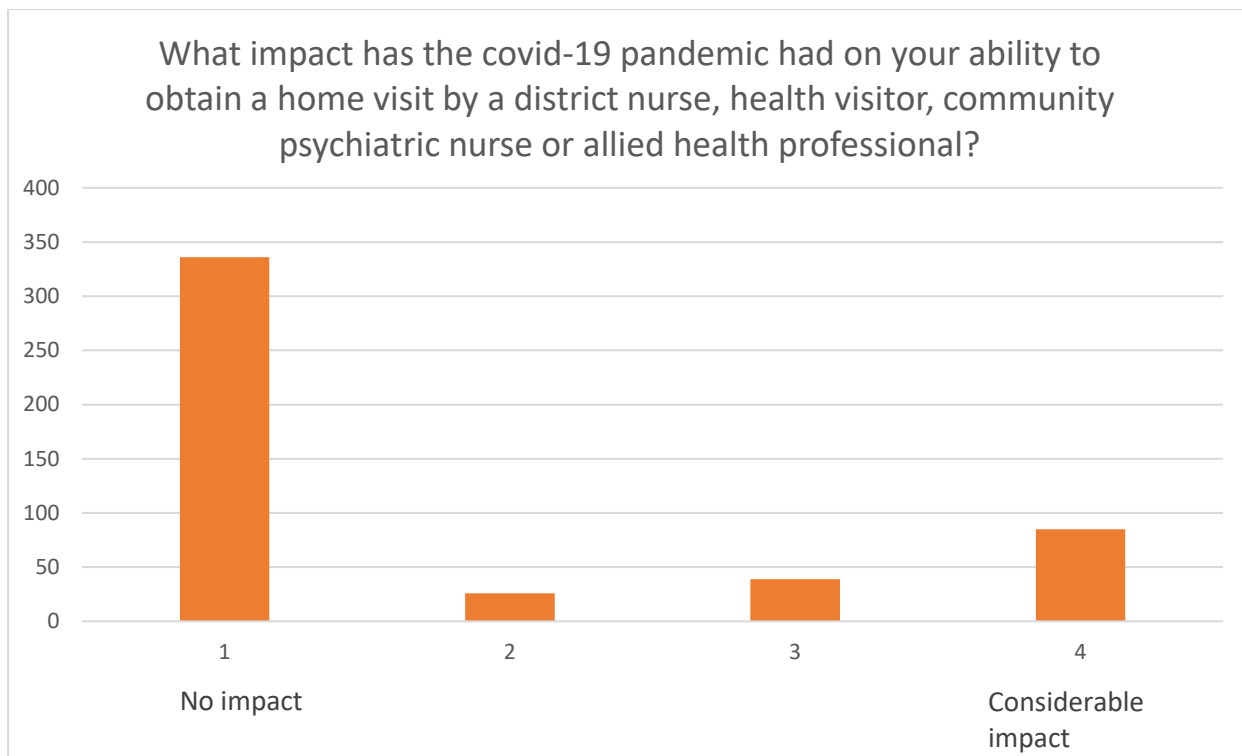
Graph 1



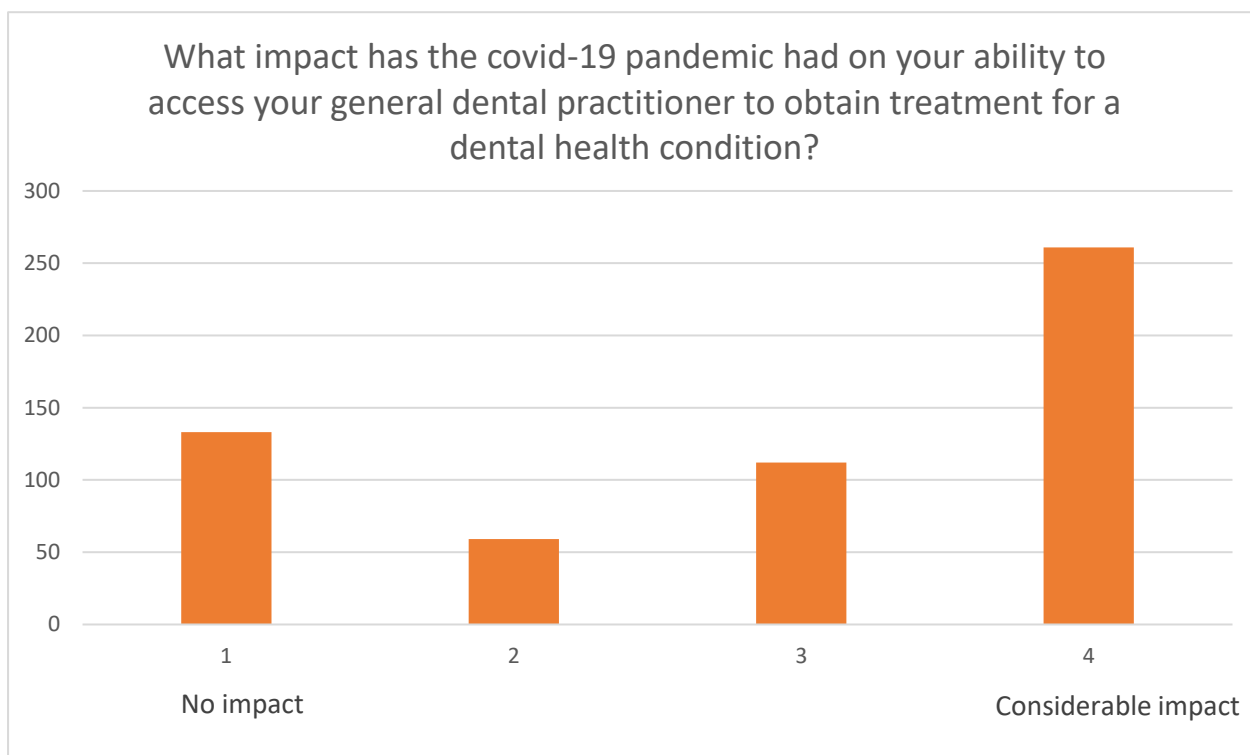
Graph 2



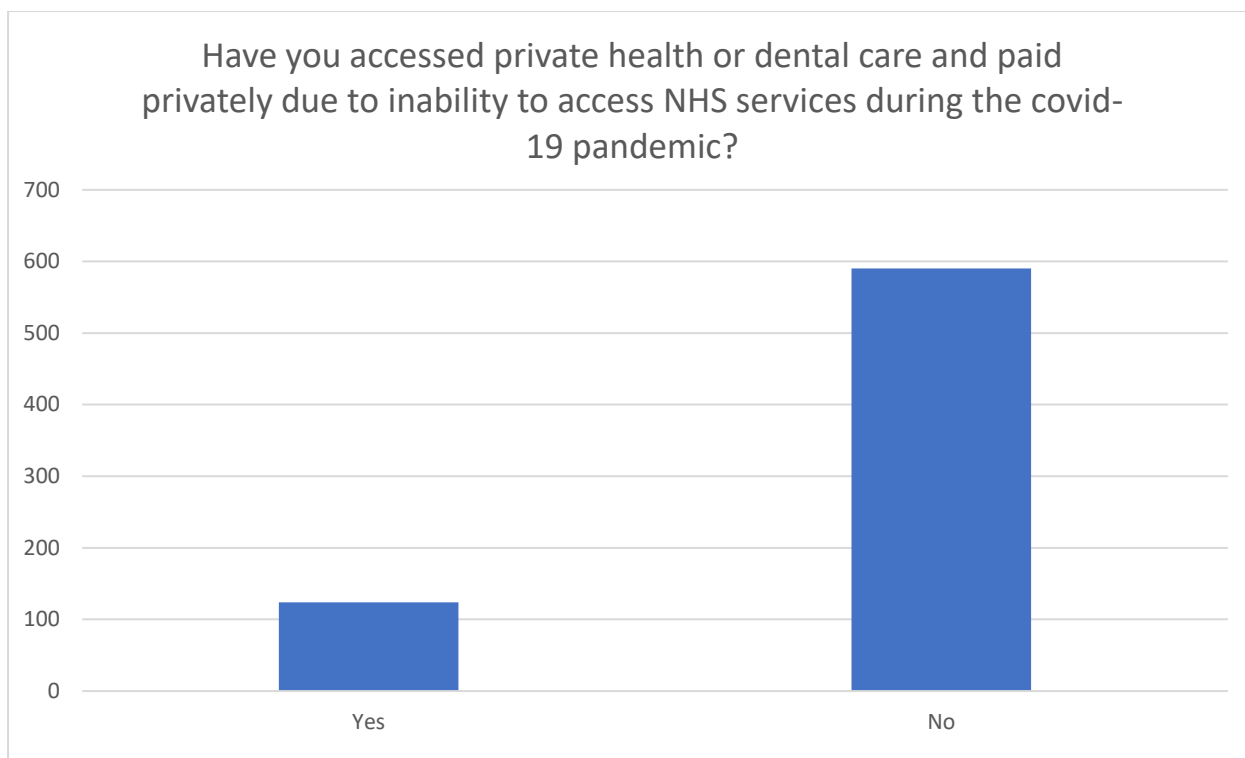
Graph 3



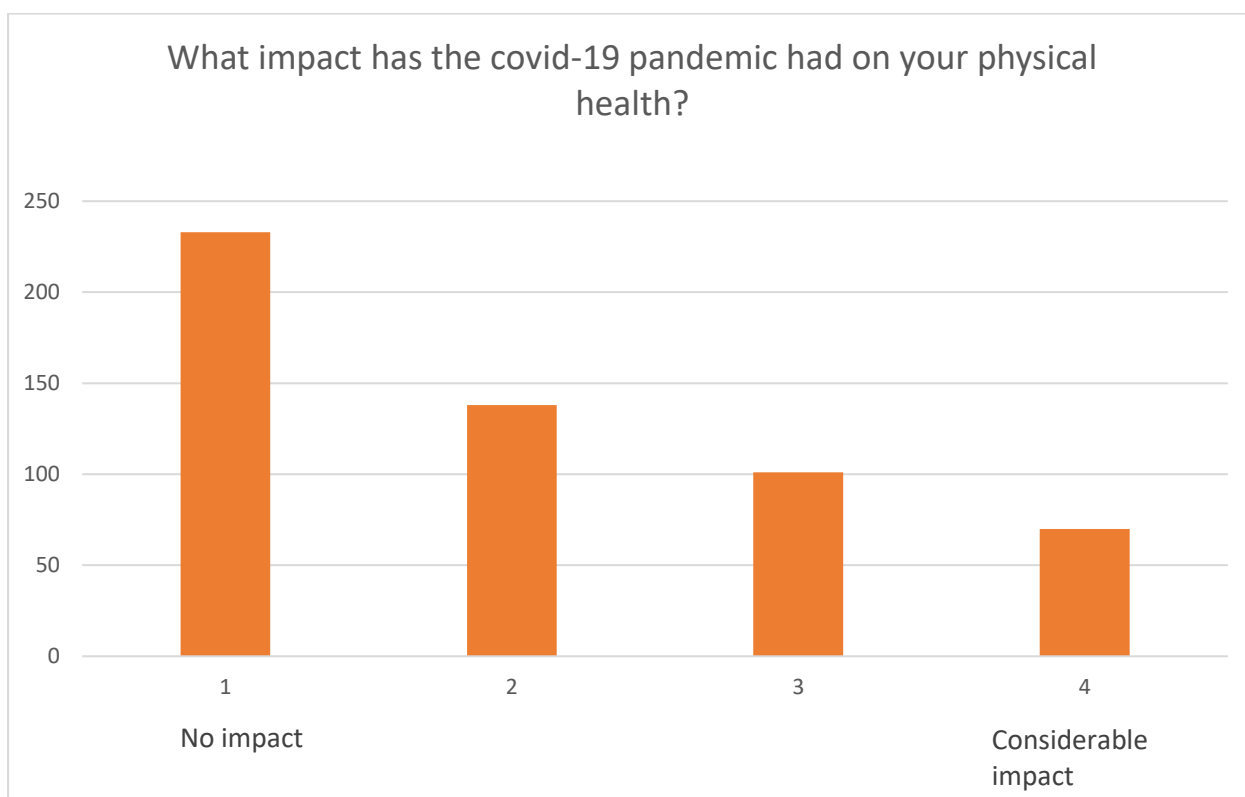
Graph 4



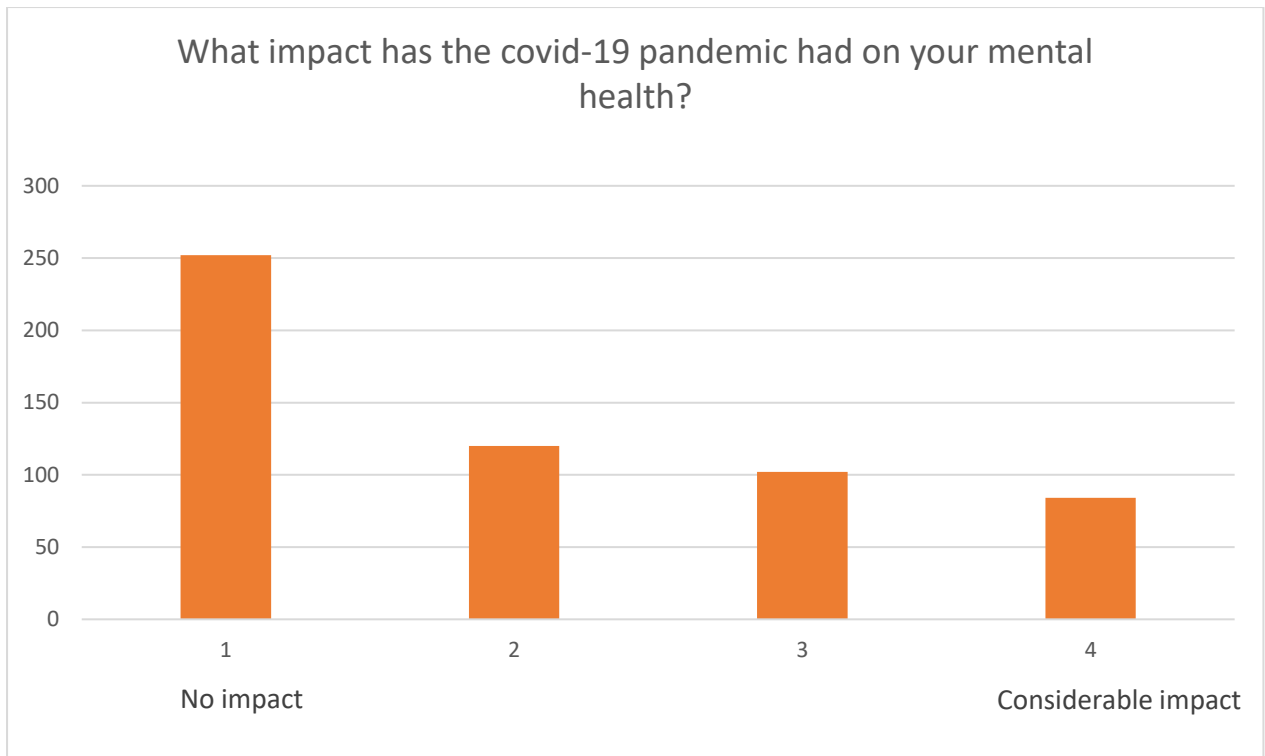
Graph 5



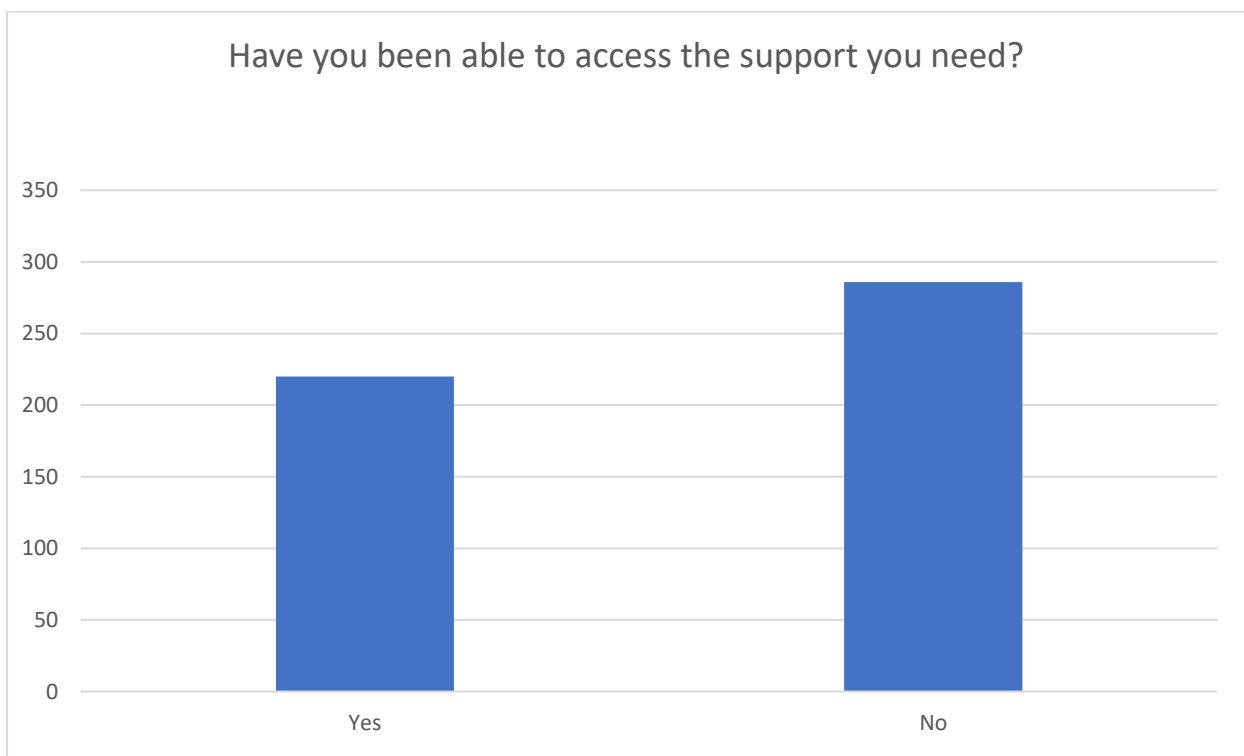
Graph 6



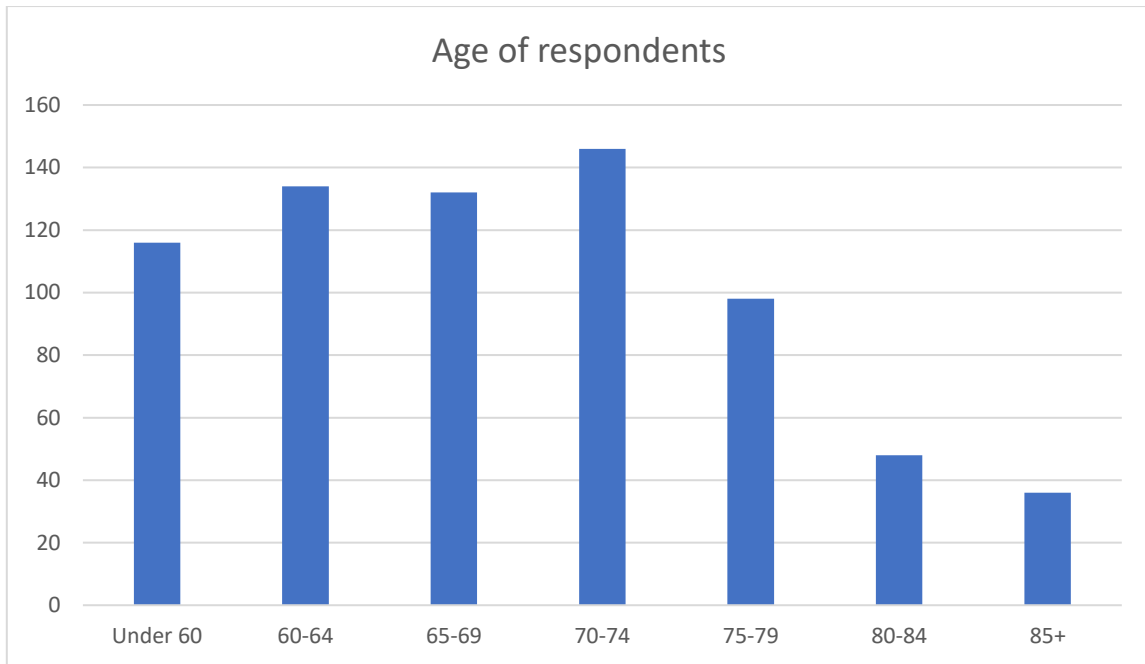
Graph 7



Graph 8



Graph 9



Graph 10

