

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [dyfodol ymarfer cyffredinol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [the future of general practice in Wales](#)

GP42 : Ymateb gan: Age Cymru | Response from: Age Cymru





Inquiry into the future of general practice in Wales

Inquiry response,

March 2025

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 this inquiry as our engagement with older people across Wales highlights numerous issues with access to vital primary care as well as issues relating to not getting the help they need at the time they need it and the effects this has on them and their families and friends.

We are already seeing reductions in health and wellbeing through our engagement with older people across Wales. In our 2024 What Matters to You? survey¹ with over 1300 older people across Wales, we saw an increase in the proportion of older people that needed primary care appointments (91% in 2024 and 78% in 2023).

We also heard of increased challenges around physical and mental health. 51% of older people told us their physical health had been a challenge in the previous 12 months, which had increased over responses in 2023 (36%). 30% told us their mental health had been a challenge in the previous 12 months, which was a 9% increase over responses in 2023. In 2024 18% of older people told us their mental health had significantly worsened over the previous year.

Population projections for Wales² show increases in the number of people living with major conditions in Wales, and we are concerned that without improvements in access to GP services immediately that allow help early, we are concerned that the health population projection changes already predicted may understate health reductions by that time.

It is vital that older people's views are sought in any changes to GP service model changes that develop as a result of this inquiry. A change to GP service models may result in a substantive shift in how and where older people can get the primary care they need. Any proposed changes need to involve older people's voices to ensure that changes do not disproportionately impact them.

¹ www.agecymru.org.uk/annualsurvey

² <https://www.gov.wales/sites/default/files/publications/2024-07/estimated-burden-of-disease-in-2040.pdf>

The patient experience of general practice, including equitable access to care, effective management of patient demand, the quality of care, and public trust in the services provided

Our engagement shows Wales-wide issues with access to GP services and changes in service availability. We are deeply concerned that the current limits in access to general practice care that plays such a vital role in preventing conditions from worsening are already affecting older people's ability to get the care they need early enough to make a good recovery.

Through our annual surveys we have repeatedly heard of blockages in GP access through 'call at 8 am to book an appointment' systems where despite numerous attempts to get through, all appointments have gone leaving older people without access to care at the time they need it, as we heard in 2024.

"Surgery system of 8am ring for appts, online system does not allow booking appts for face to face appts at future date." What Matters to You survey respondent, 2024

"GP appointments are a nightmare. Tried to book appointment this week told 6 weeks, but if I call at 8.30 am I will probably get one. With a sleep issue following the brain op it's difficult being awake at such an early time." What Matters to You survey respondent, 2024

"Can take up to 1 month to get a Doctor's appointment. Can take several days to get through to the reception." What Matters to You survey respondent, 2024

The time needed to spend on the phone and the stress this causes can be off-putting until matters become urgent. For unpaid carers this can be particularly challenging with their limited time.

"We have a good GP Surgery but getting through by phone is a challenge in one week I spent a total 180 hours waiting for the phone to be answered only to be told each time there were no slots available and as it wasn't urgent, try again the next day." What Matters to You survey respondent, 2024

We are concerned that older people living alone without family or friends able to advocate for them are being left without the vital care they need whilst GP pressures continue. We hear from those who travel to the surgery to explain the urgency of their needs because they cannot get through by phone, and are then told they must make appointments by phone.

Lived experience example:

A caller to an Age Cymru local partner's Information and Advice service with painful health conditions needed to see their GP to review their medication as they could not cope. They were repeatedly told that this was not sufficient criteria for an urgent appointment. Their daughter visited them at home that day and was so concerned at their level of distress that they took them to the

surgery in the expectation that a health professional would see them. They were still told my receptionists that nothing was available. Luckily a nurse overheard this and offered them an appointment straight away.

As a result of access, this is putting people off from trying to make appointments until conditions become worse and so increases reliance on urgent and emergency care. Recent engagement with older people by our local partners shows in some areas with few or no GP practices, GP receptionists are now telling primary care patients to attend A&E for urgent needs as GP practices have no appointments available. This has resulted in older patients attending A&E services, only to be turned away as their needs are not seen as an emergency, leaving them nowhere to turn to with their concerns.

We are concerned the lack of access to primary care is creating a two tier system, whereby those who can afford to pay can access the care they need, and those that cannot afford to pay see their health suffers as a result, and so widening health inequalities. In our 2024 survey we heard from those that had been forced to seek private GP services as they simply cannot wait.

“GP appointments difficult so invested in private medical care when necessary.” What Matters to You survey respondent, 2024

Lived experience

A recent caller to Age Cymru Advice had tried to get an urgent GP appointment at their surgery. As one was not available for several weeks, they were forced to seek private treatment. They were offered an appointment the following day with a private GP in the same premises where they could not get an NHS appointment.

Issues with GP access from our feedback are evident in more rural and isolated areas of Wales where GP surgeries have closed or amalgamated to larger sites further to travel to. Older people are less likely to drive and with reductions in the availability of public transport routes, getting to a GP independently is increasingly problematic. We heard from one older couple who are looking to move house as without being able to drive, getting the care they need is really difficult:

“I am 76 years old and the sole carer for my husband. I don’t drive and this causes many problems. We are looking for a care environment where we can live independently but have access to care when needed. Most are too expensive for us.” What Matters to You survey respondent 2024.

For those that cannot easily get to their GP surgery it is vital that future GP models include consideration of all accessibility issues including distance to travel and the availability of public transport options. They also need to ensure that provision for home visits is in-built and ensure their internal systems do not disproportionately impact older patients. As an example, repeat prescription ordering services in many GP practices need someone to physically travel to the surgery and this can be financially draining and takes up a lot of time.

Lived experience – rural area where all local GP practices have closed

A caller to Age Cymru Advice has no surgeries now in any neighbouring villages. To get a repeat prescription they must take two buses to get there to fill in the paper request form and then make the journey home. As there is no pharmacy delivery service that will deliver to them, they must also do the same thing later in the week.

Such outdated modes of ordering need to be removed straight away and should not be involved in future GP service models.

Current pressures on GP services are reducing the quality and timeliness of care, and eroding confidence in services.

Lived experience example

A caller to Age Cymru Advice told us that they know that their surgery needs them to book 48-72 hours in advance, so they ordered their repeat prescription over a week early to be sure it would be ready before their current medication ran out. When they arrived at the surgery to collect it, they were told their request had not been received. When they explained that they had posted it in the dedicated box for repeats, the staff member checked the box and found multiple other paper requests from other patients that had not been picked up as needing a prescription.

With the increase of 'digital by default' services, it is vital that for older people's needs are considered when they are digitally excluded.

As well as pressures in getting an appointment, the increased complexities of health needs that are more likely with age mean that older people may need a longer time slot to discuss the range of their health care needs and this is eroding trust. As one respondent to our annual survey in 2024 said,

"It is pointless trying to contact the GP. Firstly, is the difficulty of getting through by phone to make an appointment. Secondly is the shortness of the appointment, impossible to discuss everything."

It is important that appointment booking systems are able to tailor appointment times according to need and not assume a single health related system is sufficient for all.

Opportunities to improve general practice to make it fit for the future and take a more preventative approach to care

The future model of primary care has to consider how it can better meet current needs as well as the changing and growing health needs of the people of Wales.

Importance of a stable, experienced GP workforce

We hear of a wide range of experiences of access to primary care through our engagement with older people across Wales and though many are negative, in general where we heard more positive responses from older people who have an established relationship with their GP service health professionals.

Current pressures, the increased reliance on locum and part time posts is eroding the continuity of care from trusted professionals who understand their medical history that older people rely on. As one older person told us in 2024 , the loss of that relationship with their trusted GP has left them without the support they need.

“Mental health support non existent. My GP retired, was told new GP would take over and that receptionist told to give me appointment when I asked for one. Continue to be refused even when husband explains he is my registered carer and I need to be seen. Reinforces that contrary to popular belief mental health is not taken seriously which in turn reinforces my belief that my life is not important so why bother to go through stress of being denied GP access yet again.” What Matters to You survey respondent, 2024.

Continuity of care is vital to spotting emerging and worsening of health conditions before they become acute and/or require an emergency response. The future model needs to consider how it can increase recruitment and retention of staff to improve continuity of care from trusted professionals for older people.

Good practice in GP innovation to meet population demands

Future models should consider how access to the wider health estate can be more easily provided though GP services closer to home. Through our engagement with older people, we have heard some good examples where gaps in GP service availability have been partially filled with innovative practices. In a rural area of North Wales where patients are struggling to get to appointments at their hospital, one GP practice has made arrangements for hospital consultants to attend their surgery.

Support for unpaid carers

We have detailed above additional issues for older carers in accessing care from GP surgeries. Unpaid carers are worth around £10.6 billion to the Welsh economy each year and Social Care Wales estimate that carers provide 96% of care and support at home.³ It is vital that future models of GP practices have routine systems in place to identify unpaid carers and ensure they have access to information and advice that can support them to continue their caring role. A good practice example of this is having a dedicated surgery for unpaid carers at regular times that is advertised to unpaid carers. This allows them to book appointments in advance and so allow them to make arrangements for care for the cared for whilst they are away. Having dedicated times allows easier inclusion of other agency support for additional information, advice and support. Such initiatives allow carers the help they need to stay well and continue to care as opposed to a lack of access that can result in emergency admissions.⁴

Digital solution considerations

³ 2018, Social Care Wales and Social Care Institute of Excellence, Preventative support for adult carers in Wales: rapid review available at <https://socialcare.wales/cms-assets/documents/Preventative-support-for-adult-carers-in-Wales.pdf>

⁴ Information on good practice for unpaid carers can be found on our carers resource pages here www.agecymru.wales/carers

We have detailed above instances where a digital solution would be beneficial to isolated older people. Solutions are being developed that can overcome some of these issues, but it is vital that digitally excluded older people's needs are considered in future model design. For more rural areas there can be 'not spots' with mobile signals and digital access in an expense some older people cannot afford for the limited use they would make of it. As such it is important that consideration is given to how non-digital solutions will continue for those that need them with any changes in GP service models.

Improvements in digital solutions that allow GP services to communicate better and faster with other NHS services need to be developed at pace in order to reduce the additional administration work by patients themselves and health workers in meeting health care needs.

Accessibility

We detailed above the issues that distance to travel to GP practices is negatively impacting older people across Wales and how this affects those with fewer transport options. It is vital that future GP models include consideration of all accessibility issues including distance to travel and the availability of public transport options. They also need to ensure that provision for home visits is in-built and ensure their internal systems do not disproportionately impact older patients who cannot get to a surgery.

Communication on GP model and service changes

In our engagement with older people across Wales where GP surgeries have closed, reduced their hours or amalgamated with other practices, a repeated concern relates to a lack of useful communication on those changes in a timely manner. Where changes happen, it is vital that patients are given information in accessible means (including non-digital solutions and telephone number) so that they understand the changes and can plan for this to access the care they need.

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