

Optional Template– Interim and Final report for Health Equity Fellowship

Report submitted by: Dr Jennifer Loke

Project Details

Project Name	Joint Consultations for Health Equity in accessing GP appointments among older persons
Mentor	Louise Wallace
Start Date	April 2024

Summary/Abstract – FINAL REPORT

The summary / abstract provides the reader with an overview of all covered in the project report. Even though a summary is placed at the beginning of a project report, you can only write it once your entire report is complete.

Introduction	<p>In today's rapidly advancing technological landscape, the focus on speed and cost-saving measures has at times, overshadowed the importance of maintaining quality and personalisation in certain areas. The increasing reliance on technology in healthcare systems—intended to enhance convenience and to reduce costs for general practice appointment booking, may have inadvertently disadvantaged some patients.¹ For older individuals who are either apprehensive about technology or lack digital literacy, the technology that is meant to provide convenience can, ironically, create disparities in healthcare access, limiting individuals' ability to obtain appropriate, affordable, and quality care² in a timely fashion. Therefore, while working to enhance healthcare access for the broader population, it is crucial not to overlook the imposition of technologies which potentially increased healthcare inaccessibility by older persons. This project aims to explore the use of joint consultations for annual health reviews for older individuals in general practice. It seeks to understand if these consultations could address the challenges related to unequal healthcare access to general practice in a technology-driven NHS.</p> <p>References</p> <ol style="list-style-type: none">1. Mistry, P and Jabbal, J. 2023. Moving from exclusion to inclusion in digital health and care. The King's Fund. Available online: The King's Fund https://www.kingsfund.org.uk/insight-and-analysis/long-reads/exclusion-inclusion-digital-health-care#:~:text=There%20are%20commonly%20held%20assumptions,assumed%20from%20demographic%20groups%20alone. (Accessed 23.02.2025).2. United Nation. 2018. Health Inequalities in old age. Available online: Department of Economic and Social Affairs programme on ageing. https://social.desa.un.org/sites/default/files/migrated/24/2018/04/Health-Inequalities-in-Old-Age.pdf (Accessed 23.02.2025).
Central aim of your project	<p>The digitalised NHS has by default, placed the younger generation—who generally have better technological know-how, in a better position to access general practice services. This project aimed to explore older person's perspective on the use of joint consultations for routine long-term health reviews. It is to gain insights into the potential of these consultations in mitigating problems arising from unequal health care access by the older persons to registered general practice, as imposed by the digitalised healthcare environment,</p>
Methodology, results, conclusion	<p>Methodology: Auditing of the general patient feedback from a general practice surgery in East Riding of Yorkshire. The audit was conducted on the surgery telephony system as well as patient</p>

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feedback provided by individuals aged 70 and older, who did not own/use mobile phones, or had no access to any technological devices such as computers, laptops, tablets, or otherwise did not know how to use any of these devices. The feedback was obtained from the patients and their carers/family (who accompanied them for their Long-Term Health Condition (LTHC) reviews). The audit was between 1 April 2024 and 31 December 2024. This patient feedback was routinely obtained as part of the in-house friends and family test and for the purpose of the audit, this section of the patient feedback sheet which asked: "Please kindly provide details of your experience today" was selected for auditing.

Results

There was a 23% reduction in patient-initiated appointments via telephone. A total of 1239 patient feedback was audited and 43% of which were from an older person specifically about their experience of a joint consultation. Patients who detailed about their experience were very positive. Many expressed they had a high level of satisfaction in terms of the information they received and most important, patients explained that they benefited from input by the different healthcare personnels where their needs were met in one visit. Most importantly, patients were very happy that they could access their registered general practitioners, without having to queue on the telephone, or fighting for appointments with any more tech-savvy patients.

Conclusion

Joint consultations appeared to be popular amongst the older patients who felt that they could see their GPs without having the need to wait on the telephone line for appointments, and without struggling with the online appointment booking system. Patients unanimously indicated that they were in favour of the joint consultations, because their specific health needs were met proactively by the healthcare team, without having the patients themselves seek medical attention. However, joint consultations which could guarantee individualised patient care, require commitment and dedication of health care professionals to appreciate inter-professional learning and working with colleagues as well as patients and their families. Such quality appointments based on joint consultations is likely to demand increased funding. Hence, in order to support such good practices for equal healthcare access by older persons, it would be pertinent for healthcare leaders to consider long term gain by facilitating joint consultations in general practice.

Introduction: Purpose and Overview of the Project Brief – INTERIM REPORT

Provide background, context, and an outline for your chosen project

Problem the idea is seeking to solve or address (if any) and population group

1. There are not enough GP appointments to meet increasing demands.
2. The digitalised NHS environment which supported the online triage system for booking GP appointment is compounding access problem already experienced by older persons, who were not technologically able.

Key assumptions and interdependencies

1. Inability to access GP services, such as a GP appointment, in a timely fashion was the result of the older person not being able to book GP appointments online
2. The online booking systems are mostly used by the younger generations who are better at technologies.

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	3. Health issues and illnesses of the older population were not addressed on time, that avoidable worsening of health conditions and increased unnecessary hospital admission could be on the rise.
What is the overall purpose of this project? Aims?	<ol style="list-style-type: none"> 1. To examine a model of care which potentially reduce incidents of older patients calling GP surgeries for GP appointments and facing disappointment. 2. To examine a model of care which offers the opportunity to older persons, that they could address their health issues during surgery-initiated appointments for long term health conditions review, without the need for them to initiate appointments due to acute health issues upon long-term health conditions.
Why it needs to be done? / Why it should be done now?	<ol style="list-style-type: none"> 1. Health equity can be achieved in the context where the number of GP appointments are not likely to increase. 2. Health equity can be achieved in the context where technologies are continuing to be used for managing appointment booking in general practice. 3. Older patients' health and well-being can be addressed in a timely fashion to prevent worsening of health conditions and to avoid unnecessary hospital admissions. 4. The tension faced by front line staff at a GP practice can be reduced.
Opportunities and Challenges?	<ol style="list-style-type: none"> 1. Opportunities <ol style="list-style-type: none"> 1.1. Convenient sampling is possible at the GP surgery with a large population of older persons (aged >75 years of age). 1.2. LTHC reviews are a normal routine based in a GP practice 1.3. Patient feedback asking them for their views on their experience is routinely conducted with all patients who attend GP surgeries for long term health reviews. 2. Challenges <ol style="list-style-type: none"> 2.1. Patients are used to the traditional approach of seeing one clinician in one appointment and may find it hard to accept group consultations. 2.2. This approach requires flexibility of the team which may require adjustment to the new approach to patient care. 2.2. This approach requires healthcare professionals to have respect and appreciation of interprofessional learning and working. 2.3. This approach requires integration of the booking system to reflect joint consultation. 2.4. A larger room is needed to accommodate the few individuals in one joint consultation.
Desired results of the project?	<ol style="list-style-type: none"> 1. Older patients will not need to initiate a GP appointment, but be seen by their GP based on a proactive approach by the healthcare professionals using joint consultations; 2. The health needs of older patients will not be compromised resulting from their lack of knowledge and skills of the technology, and the lack of appreciation of the NHS digital environment; 3. The older person's anxiety will not be raised having been reassured that they are not compelled to learn new technological skills, and excess spending on smart phones in order to gain equal opportunity for healthcare access, as compared with a younger person with good technological skills. 4. The joint consultations will mitigate the need for online booking of appointments.

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Brief description of methodology used?	Auditing the telephony system to track patterns of calls in for appointments. Auditing routine patients' qualitative feedback focusing on answers to the open question "Please provide details of your experience today".
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Theory of Change – OPTIONAL: INTERIM REPORT

A Theory of Change is a way of mapping and visualising the future goals you want for your project which is fundamental to its design. It helps to set out; A clear link between the activities you want to do to achieve your goals; What needs to be in place to ensure your activities link to your goals; how you will know whether you have achieved your goals. It helps to test how plausible and feasible are your goals and provides a framework from which you gather data, learning and insight on your journey to prove how you are achieving your goals

Outcomes	Reduced demand for GP appointments, particularly by older persons who lack the technological knowledge and skills to navigate the digitalised NHS environment for booking GP appointments. Health equity is achieved through tailoring access of GP services to the needs of older patients
Inputs	An interprofessional working team to establish the joint consultations as a model of care
Activities undertaken	To introduce and enhance acceptance by patients and clinicians regarding joint consultations. To educate front line staff regarding the proactive offering of joint consultations to older patients.
Impact	1. High level of satisfaction felt by older persons in terms of receiving healthcare attention as and when was needed, rather when health problems were experienced. 2. Through the use of a new model of care based on joint consultations, to increase job satisfaction and morale of staff at GP surgery (especially frontline staff)
Outputs	1. Reduced patient complaints regarding long wait for GP appointments. Patient complaints about the inability to secure a GP appointment as and when patient wanted, were no longer received. 2. Reduced number of face-to-face/online encounters and telephone encounters by staff. 3. Older individuals receive holistic care and advice on disease prevention and health promotion during these joint consultations, thereby reducing or eliminating the need for patient-initiated appointments

Body of the report INTERIM REPORT and FINAL REPORT

This section provides the detail of your work analysis, data, and graphics

Provide the evidence and theory behind your project	<p>The auditing included the telephony system which would help to demonstrate the change in telephone calls for appointments.</p> <p>The auditing of the narrative account taken from the patient feedback were subject to content analysis. Content analysis was adopted because the project was aimed at obtaining insight into patients' experience of the joint consultations, and the use of content analysis was to link the results (themes) to the context (the joint consultations) in which they were produced.³</p> <p>Reference</p> <p>3. Benttson, M. 2016. How to plan and perform a qualitative study using content analysis. Nursing Plus Open. 2: 8-14. Available online https://www.sciencedirect.com/science/article/pii/S2352900816000029</p>
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(Accessed on 23 February 2025).

Explain your key findings, results,

1. Patients accepted this new approach to their care as much as the team of staff who provided the care;
2. There was a reduction of telephone calls to the surgery between project start date and project end date;
3. We received no patient complaints (from any older persons) about not getting GP appointments as desired.
4. Patients provided positive feedback on their experiences of the joint consultations.

The above 4 observations implied that joint consultations had the potentials to:

1. Mitigate the effects of limited digital literacy in relation to securing GP appointments;
2. Prevent any lagging behind from technology inaccessibility which acts as barrier to online booking of GP appointments;
3. Improve and enhance healthcare professional-patient communication during joint consultations;
4. Mitigate problems stemming from aging and vulnerability in relation to online GP appointment booking.

Describe achievements, changes and difference made, impact

1. We experienced fewer frustrations expressed by older persons, simply by having a reduced need for a GP appointment.
2. We saw improvement in self-caring behaviours amongst older persons.
3. We saw many older patients demonstrated an overall improved health status.

Provide any recommendations

To introduce this new approach to care to all GP surgeries.

Conclusion – FINAL REPORT

This section brings the entire project report together, summarising your argument and why it is significant

Restate original ambition

To explore if joint consultations within a general practice surgery would ensure equal access to general practice services for older persons as compared to younger people, within a digitalised NHS.

Summarise the key themes

- Joint Consultations** have the potential to:
1. **Mitigate problems associated with limited digital literacy:** Older adults may have varying levels of comfort with or access to technology. This project used joint consultations to successfully bridge the gap in digital literacy between older and younger people, that the older people who were not comfortable with the technologies for online appointment booking would not lag behind in accessing health care.
 2. **Prevent lagging behind from technology inaccessibility:** Not all older individuals have the same access to smartphones, computers, or high-speed internet, which could create a disparity in accessing telemedicine or online consultations. The older people who are not equipped with the technologies for online appointment booking would not lag behind.
 3. **Mitigate problems associated with low health literacy:** Older adults who often have a lower level of health literacy, have benefited from the joint consultations because these face-to-face appointments support better comprehension of medical information, treatment options, and advice.
 4. ***Improve and enhance healthcare professional-patient communication:**

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	<p>4.1. Joint consultations can provide a sense of companionship and emotional support, potentially improving overall health outcomes.</p> <p>4.2. The presence of a second individual (e.g., a family member or caregiver) are possible during these joint consultations:</p> <p>4.2.1. To allow for more holistic and personalised care, as the perspectives of both the older adult and their family member can inform treatment decisions.</p> <p>4.2.2. To facilitate informed decision-making, and to advocate for the health needs of the older person, whilst respecting their autonomy in making healthcare decision.</p> <p>4.2.3. To allow shared decision-making for personalised care planning where the family member and the patient together with their family physician have an equal say in treatment plans</p> <p>5. *Mitigate problems stemming from aging and vulnerability: The specific challenges older people face in healthcare, such as age-related illnesses, sensory impairments, or cognitive decline (e.g., dementia), are mitigated through a collaborative consultation approach using joint consultations.</p> <p>*Serendipitous findings</p>
Summarise your thoughts	<p>There is an urgent need for:</p> <ol style="list-style-type: none"> 1. Healthcare professionals to appreciate interprofessional learning and working for an effective joint consultation 2. The need for healthcare professionals be trained in managing joint consultations, especially regarding the facilitating of inclusive communication with both the patient and their family members within the constrained 20 to 30-minute time slots. 3. The need for healthcare professionals to willingly accept the involvement of other colleague's input, family members' views, and the potential impact on consultation dynamics. <p>However, introduction of joint consultation is likely to face resistance by the existing healthcare settings within GP surgeries. This is because any joint consultations require intensive dedication and commitment from healthcare professionals. Such collaborative approach would also require intensive funding of the extra work as a result of implementing these joint consultations in general practice.</p>
Describe any future actions or work needed	<p>Exploring the role of healthcare policy in supporting joint consultations, especially in a technologically driven healthcare environment. This includes policies to facilitate reimbursement for joint consultations at individual general practice surgeries.</p>

Joint Consultations for Health Equity in accessing GP appointments among older persons



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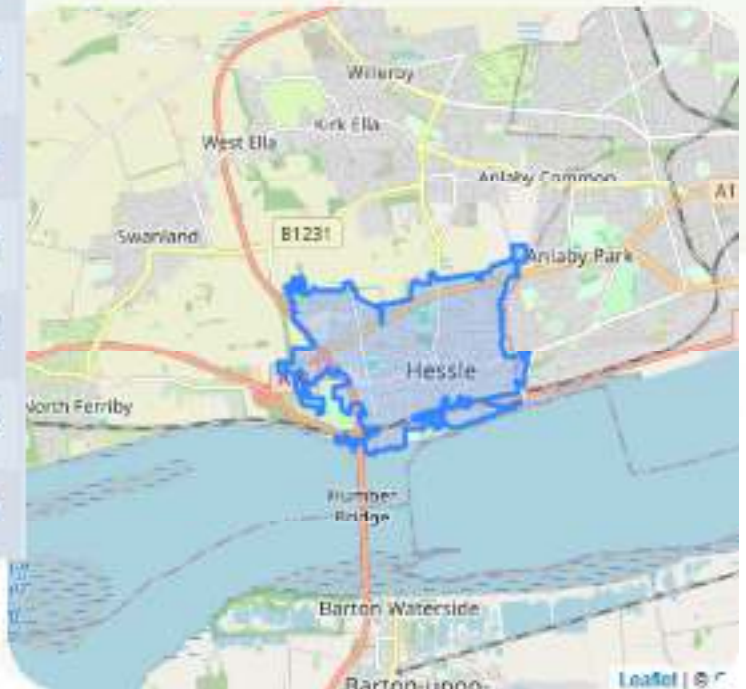
*PhD, MBA, MSc, PGD (Research), PGC (CDA),
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Nurse Consultant, Park View Surgery

Park View Surgery Hessle



Highest level of qualification: Total: All usual residents aged 16 years and over	13,736
No qualifications	2,216
Level 1 and entry level qualifications	1,293
Level 2 qualifications	1,947
Apprenticeship	947
Level 3 qualifications	2,686
Level 4 qualifications and above	4,278
Other qualifications	369



Data Census. 2025. Available online. <https://www.censusdata.uk/e63000887-hessle/ts067-highest-level-of-qualification> (accessed 26.2.2015)

Park View Surgery Hessle



2893




460



172 (37%)



 Patient Access

- 100% of patients have access to the Patient Access system
- 100% of patients have access to the Patient Access system
- 100% of patients have access to the Patient Access system
- 100% of patients have access to the Patient Access system
- 100% of patients have access to the Patient Access system

141 (31%)



54 (12%)



Background information

- Project on reducing front line pressure on front line staff



Lee, J. 2025

Background information

- Project on reducing front line pressure on front line staff



14/06/2025

Introduction

- Digitised NHS to enhance convenience
- Inadvertently created disparities
- healthcare inaccessibility by older persons



This project aims to explore the use of joint consultations for annual health reviews for older individuals in general practice. It seeks to understand if these consultations could address the challenges related to unequal healthcare access to general practice amongst the in a technology-driven NHS.



1. Mistry, P and Jabbal, J. 2023. Moving from exclusion to inclusion in digital health and care. The King's Fund. Available online: The King's Fund <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/exclusion-inclusion-digital-health-care#:~:text=There%20are%20commonly%20held%20assumptions,assumed%20from%20demographic%20groups%20alone>. (Accessed 23.02.2025).

2. United Nation. 2018. Health Inequalities in old age. Available online: Department of Economic and Social Affairs programme on ageing. <https://social.desa.un.org/sites/default/files/migrated/24/2018/04/Health-Inequalities-in-Old-Age.pdf> (Accessed 23.02.2025).

Joint Consultations

- Doctor or Nurse-initiated appointments;
- Multidisciplinary approach: Consultations involved a few healthcare professionals or personnels and/or carers and families as appropriate;
- Take up to 20 minutes to 30 minutes per patient visit.



Assumptions

- Health issues addressed holistically
- Diseases prevention and health promotion to keep the population healthy
- Reduce the need for patient-initiated appointments.



Methodology

- Audit of telephony system;
- Audit of in-house patient feedback as part of friends and family testing



Methodology

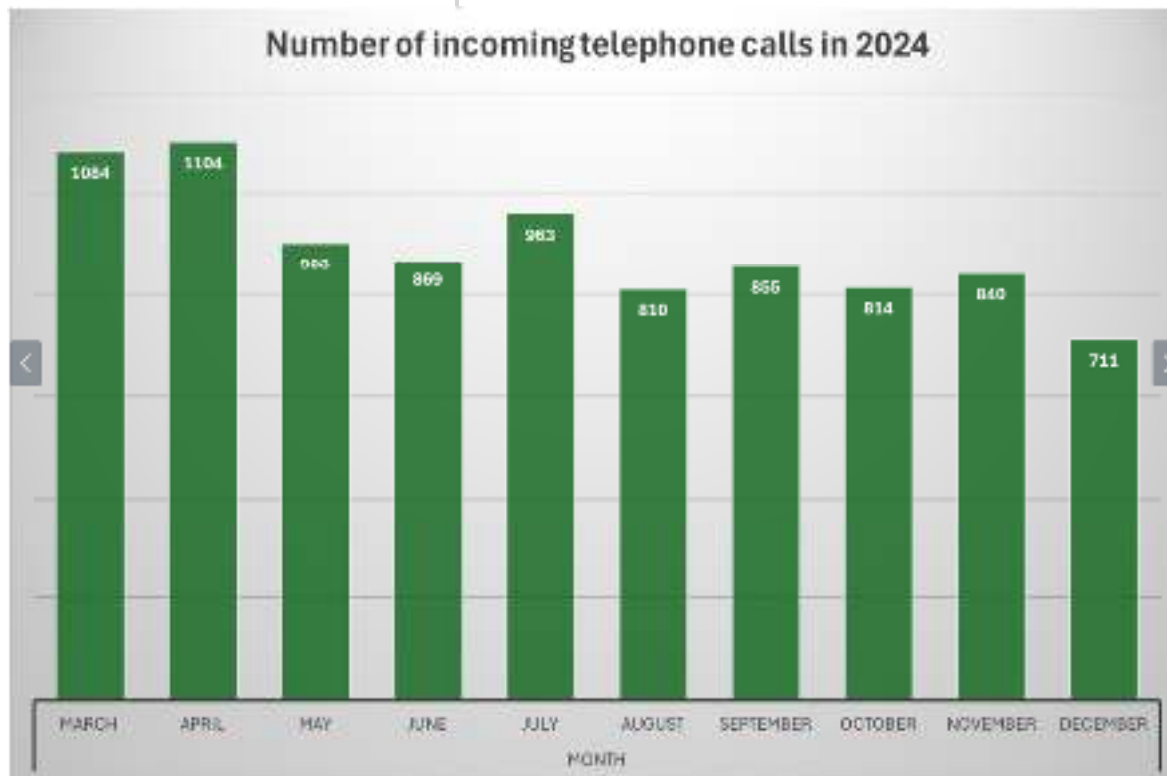
- 🏥 Audit of telephony system;
- 🏥 Audit of in-house patient feedback as part of friends and family testing



Results



Audit of telephony system



Results

🌱 Audit of in-house patient feedback as part of friends and family testing

- 🌱 “excellent service, that I got to see [my GP] today, and all my issues were looked at”
- 🌱 “What a pleasant surprise that I saw [the GP] whilst ...”
- 🌱 “I had all the attention I need, I’m more than satisfied.”
- 🌱 “Both my wife and I felt listen to by [the GP] and the nurse, and all our problems were all solved, very satisfied!”
- 🌱 “I am so happy that I got to see [the GP] when I was meant to test my bloods only”
- 🌱 “very efficient service, brilliant!”
- 🌱 “Thank you all for looking after me so very well”



Results

- 🏠 Audit of in-house patient feedback as part of friends and family testing




Joint Consultations have the potential to:

- 🏠 Mitigate problems associated with limited digital literacy.
- 🏠 Prevent lagging behind from technology inaccessibility.
- 🏠 Mitigate problems associated with low health literacy.
- 🏠 Improve and enhance healthcare professional-patient communication.
- 🏠 Mitigate problems stemming from aging and vulnerability.



Outcome

Impact of the project

-  Reduced number of face-to-face/online encounters and telephone encounters by staff.
-  Reduced patient complaints regarding long wait for GP appointments. Patient complaints about the inability to secure a GP appointment as and when patient wanted, were no longer received.
-  Older individuals receive holistic care and advice on disease prevention and health promotion during these joint consultations, thereby reducing or eliminating the need for patient-initiated appointments.



Recommendations

There is an urgent need for:

- Healthcare professionals to appreciate interprofessional learning and working for an effective joint consultation.
- The need for healthcare professionals be trained in managing joint consultations, especially regarding the facilitating of inclusive communication with both the patient and their family members within the constrained 20 to 30-minute time slots.
- The need for healthcare professionals to willingly accept the involvement of other colleague's input, family members' views, and the potential impact on consultation dynamics.



Conclusions

- Intensive funding of the extra work as a result of implementing these joint consultations in general practice.
- Policies be developed for facilitating reimbursement for joint consultations at individual general practice surgeries



Thank you.



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