

# Annual assessments of patients aged 75 years and over: views and experiences of elderly people

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## SUMMARY

**Background.** The 1990 contract requires general practitioners to offer all their patients aged 75 years and over an annual health check. Increasing importance is being placed on consumers' views of service provision.

**Aim.** A study was undertaken in June 1992 to investigate elderly patients' views and experiences of the annual health check, and to compare these with the previously reported views of general practitioners and practice nurses who had also been surveyed as part of the study.

**Method.** Twenty family health services authorities wrote to a sample of 1500 elderly patients asking if the patient's name could be passed to researchers. Patients who agreed were then interviewed.

**Results.** A total of 664 elderly patients (44%) were interviewed. Only 64% of respondents were aware of their entitlement to a health check. Vulnerable patients, such as those in poor health or who lived alone, were less likely to know about the health checks than other patients. Only 31% of respondents thought they had had a health check. Of these, fewer than half recalled the doctor or nurse discussing the findings with them, although 80% of doctors reported that they always or mostly discussed results with patients. Elderly patients were more likely to recall the physical aspects of the health check rather than discussion about particular health aspects. However, doctors and nurses felt that routine checks were useful for giving advice rather than detecting medical problems. Of those who had had a health check, 82% reported no improvement in their health as a result, but 93% thought that they were a good idea. Only 7% of doctors thought they were of value, compared with the majority of nurses.

**Conclusion.** It appeared that the inverse care law was operating, with those more in need of the service being less likely to have known about it. Discrepancies were found between general practitioners' and practice nurses' reports of service provision and those of elderly patients. Evidence about the cost-effectiveness of regular health checks may help the conflict between professional scepticism and consumer enthusiasm for these assessments.

**Keywords:** geriatric assessment; patient attitude; patient personal experiences; doctors' attitude; nurses' attitude.

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## Introduction

THE 1990 contract requires general practitioners to offer all patients aged 75 years and over an annual assessment.<sup>1</sup> The contract specifies that the patients should receive a written invitation, and it also specifies the areas to be covered by the assessment: sensory function, mobility, mental condition, physical condition, social environment and medication.

The case for routine screening of elderly people has not been substantiated.<sup>2</sup> Evidence of the existence of high levels of unreported illness and disability among elderly people living in the community in the United Kingdom became available in the 1960s.<sup>3</sup> Later research suggested that screening elderly populations revealed unmet need, and that intervention led to a reduction in problems detected at future screening<sup>4</sup> and a reduction in hospitalization.<sup>5</sup> Other studies, however, failed to demonstrate an improvement in morbidity subsequent to screening, although there were reported improvements in quality of life.<sup>6,7</sup> More recent work has suggested that elderly people may benefit from a functional assessment, and that this could be carried out using an opportunistic, case-finding approach.<sup>8,9</sup>

Since the requirement to offer annual assessments to all patients aged 75 years and over was introduced, studies have shown that there is great variability between practices in its implementation.<sup>10-12</sup> It has been reported that general practitioners see no merit in the scheme,<sup>13</sup> while the majority of elderly patients feel such routine health checks to be worthwhile.<sup>14</sup> In an earlier paper it was reported that general practitioners and practice nurses who were doing the majority of the assessments did feel that previously unreported problems were detected at assessment, and that assessments were worthwhile in some respects.<sup>12</sup>

While there is research into the professional perspective in the introduction of annual assessments, little is known about the patient perspective. A study was therefore undertaken to compare the experiences and views of patients aged 75 years and over with those of general practitioners and practice nurses.

## Method

The study consisted of interviews with family health services authority managers,<sup>15</sup> a postal survey of general practitioners, interviews with general practitioners and practice nurses and interviews with patients aged 75 years or more, as described previously.<sup>12</sup>

The postal survey of a sample of 1000 general practitioners in England and Wales was carried out in spring 1992 and a response rate of 69.3% achieved. Responding practices were broadly representative of practices in England and Wales in terms of partnership size and average list size per principal.<sup>12</sup> The interviews with general practitioners and practice nurses in 110 out of 145 practices (75.9%) were completed by April 1992. Interview practices were similar to the postal respondents.

For the interview survey of elderly people, a sample of 1500 names was selected from the aggregate lists of patients registered with the 20 family health services authorities used for the general practitioner sample. Ideally the sample should have been drawn from the practices participating in the general practitioner and nurse interviews, but this proved impractical on two counts. First, it is likely that most general practitioners would have been unwilling to provide lists of patients without first contacting the patients themselves. Such an arrangement would have been impractical on a national scale. Secondly, it would have been dif-

difficult to convince elderly people of the confidentiality of their responses where these might involve criticisms of their own doctors, if doctors had been involved in contacting the sample of elderly people.

Ethics committee approval for the research was granted on condition that advance letters were sent to all selected participants by the family health services authority, providing them with the opportunity to refuse to allow their names to be passed on to the researchers. The details of those who had not opted out were then passed to the interviewers.

The interview survey, which was conducted with elderly people in their own homes, included details about knowledge and experience of health checks and views on their usefulness. The questionnaire was pilot-tested in March 1992 and the survey completed during June 1992.

In the analysis, the chi square test of association was used, and values of  $P < 0.05$  are reported as significant.

## Results

The response rate from the sample of 805 elderly people issued to interviewers was 82.5% (664 respondents). The overall response rate for the population of 1368 people whose names and addresses were supplied by the family health services authorities and who met the study criteria was 48.5%. Most of the refusals thus occurred at the first stage, when family health services authorities contacted elderly people identified in the sample. Thirty two interviews were conducted with a proxy respondent (usually a close relative of the elderly person); these were excluded and thus results are presented for the 632 people who responded directly. The elderly respondents were broadly representative of those aged 75 years and over in terms of marital status and household size, compared with data from the 1987 general household survey. There was, however, a lower level of reporting of longstanding illness among study respondents than among the general household survey respondents.

### *Elderly people's knowledge of assessments*

By the summer of 1992 all elderly people should have been offered a health check by their general practitioner. Overall, 63.6% of 632 respondents were aware of this. Knowledge of health checks was higher among men than women (73.6% of 227 men compared with 58.8% of 400 women), among those who were married than among those who had been widowed (75.0% of 236 compared with 57.0% of 342) and among those who lived with others than among those who lived alone (70.9% of 299 compared with 60.5% of 296). Respondents who felt they were in excellent or good health were more likely to be aware of the availability of health checks than those who felt they were in poor health (70.3% of 364 compared with 49.3% of 73). Similarly, 78.6% of the 103 respondents who reported no problems in activities of daily living were aware of health checks, compared with 45.4% of the 130 respondents with most problems. All of these differences were statistically significant ( $P < 0.05$ ).

### *Invitations for a health check*

Of the 632 elderly people interviewed 42.2% could recall having been offered a health check. The more disabled people (those 127 who required help with, or were unable to undertake, five or more activities of daily living) were significantly less likely to recall having been offered a health check. Of this group only 25.2% could remember an offer of a health check, compared with 38.6% of those 295 interviewees who required help or who were unable to undertake fewer than five activities of daily living and 40.8% of those 191 interviewees with no disabilities ( $\chi^2 = 9.36$ , 2 df,  $P < 0.01$ ).

Of 293 75–79 year olds 39.6% could recall having been offered an assessment in the past year compared with 23.9% of those 115 aged 85 years and over.

Those who recalled having been offered a health check were asked if they had been given any choice as to who would perform the assessment; 14.2% of 254 elderly people could recall such a choice. Being able to choose where the assessment would be carried out was reported by 37.0% of 254 respondents. The professional perspective differed: 83.0% of 687 general practitioners reported giving patients a choice of where the assessment would be carried out, and 33.2% said patients were given a choice as to who would carry out the assessment.

### *Elderly people's experiences of health checks*

Of 632 respondents 193 (30.5%) thought they had had a health check since April 1990. This contrasts with general practitioner reports,<sup>12</sup> 70.3% of 687 estimating to have assessed over 60% of their elderly patients in the year 1990–91. The majority of checks were carried out at the surgery, only 36.3% of 193 respondents recalling that the assessment had been done at home.

The 193 elderly people who had had a health check were asked which physical examinations had been undertaken and which of a range of subjects had been discussed (Table 1). While respondents tended to remember some of the physical aspects of health checks, only a minority could remember being asked about daily activities, domestic circumstances, diet, exercise and social activities.

Similarly, only a minority reported being asked about or given advice on health-related matters by the person carrying out the assessment: 15.0% of the 193 respondents reported having been given advice about exercise, 10.9% about diet/weight, 10.4% about smoking and 6.7% about alcohol. Of 654 general practitioners responding to the questionnaire survey, 40.8% considered the health checks useful for giving health education, as did 80.5% of 82 practice nurses interviewed.

Fewer than half of those elderly people who had had a health check (45.6% of 193) could recall the doctor or nurse discussing the results with them. This contrasts with the 687 general practitioner estimates, 82.7% saying they always or mostly discussed the results of assessments with their elderly patients.<sup>11</sup>

**Table 1.** Elderly people's recollection of the content of health checks.

|                             | % of respondents reporting event had occurred (n = 193) |
|-----------------------------|---|
| <i>Physical examination</i> |   |
| Blood pressure measured     | 96.9  |
| Pulse measured              | 81.9  |
| Urine sample taken          | 77.7  |
| Chest examined              | 49.7  |
| Weight measured             | 39.9  |
| Ears tested                 | 35.8  |
| Eyes examined               | 31.1  |
| <i>Discussion of:</i>       |   |
| Medication                  | 52.3  |
| Daily activities            | 36.3  |
| Exercise                    | 23.3  |
| Family                      | 22.8  |
| Diet                        | 22.3  |
| Domestic circumstances      | 20.2  |
| Social activities           | 17.1  |
| Money problems              | 3.6   |

n = number of respondents.

Among those who had had a health check 53.9% thought that overall it had been very useful: 82.9% said it had been useful as a means of providing reassurance, and 72.5% considered it useful for receiving advice. Of 654 general practitioners responding to the questionnaire survey, 64.1% considered health checks useful for giving reassurance and 67.3% for giving advice. Of the 82 practice nurses who were interviewed, 93.9% considered health checks useful for giving reassurance and 96.3% for giving advice.<sup>11</sup>

Of the elderly respondents who had had a health check 81.9% reported no improvement in their health as a result; 10 respondents (5.2%) reported a big improvement. This latter group reported that a new diagnosis had been made, or that they had been referred as a result of the health check. Only 7.4% of 671 general practitioners thought routine assessments were of great value in improving the overall health of elderly people,<sup>12</sup> 56.2% said they were of little or no value.<sup>11</sup> Practice nurses were more positive about the value of the assessments, 19.5% of 82 nurses saying that they were of great value and 56.1% saying they were some value.<sup>12</sup>

When asked whether they were more or less worried as a result of the health check, 75.6% of elderly respondents reported no difference, with 21.2% saying they were less worried and 3.1% more worried about their health. Most general practitioners and nurses felt providing advice and reassurance was a major use of routine assessment.

#### *Do elderly people welcome assessments?*

Fewer than half of the 678 general practitioners (44.7%) felt that the majority of elderly people welcomed assessments, giving reasons such as 'the assessments may be perceived as an invasion of privacy', 'elderly people perceive themselves to be healthy', and 'they may worry about the implications of such an assessment'. Of the 82 nurses 34.1% said that all elderly people welcomed the opportunity to have a health check, and another 30.5% of nurses felt that over 60% elderly welcomed assessments.

In fact, only 2.1% of elderly people interviewed (13/632) thought that regular health checks were not a good idea, 93.0% being in favour of them. Of those elderly people who had undergone a health check, 83.9% said they would be very likely to accept another; 1.4% said that they would not. Of the 427 elderly people who had not had a health check 62.8% thought they would be very likely to accept a health check, if offered, while 18.3% said they would not.

#### **Discussion**

These surveys, carried out two years after the introduction of the requirement for general practitioners to offer all patients aged 75 years and over registered with them an annual assessment, provide us with a picture of general practitioner assessment of elderly people from the perspective of general practitioners, nurses, and the elderly people themselves.

The overall response rate to the consumer survey was disappointing. Of the elderly people initially approached by the family health services authorities, almost half opted out of taking part. It seems unlikely that a higher response rate could have been achieved using this method of sampling. There is no evidence of substantial differences between the respondents and the general population in this age group, although there was some indication of bias in the proportion of infirm and disabled elderly people, who were under-represented in the sample. Those who were ill or infirm may have not wished to be contacted for this reason, and their relatives may have refused, or not responded on their behalf.

It might have been expected that most people aged 75 years and over would have been aware of the existence of, and their right to be offered, a health check, through having been offered a check up, through talking to friends, through publicity or health education material. However, 36% of elderly respondents were not aware that general practitioners should offer annual health checks to their elderly patients. It seemed that awareness of health checks was lower among the more vulnerable sections of the elderly population than among the younger, more active and less isolated people. This lends support to the inverse care law,<sup>16</sup> which suggests that knowledge of and access to health care is commonly inversely related to need.

That over half of all the elderly people interviewed, and three quarters of the most disabled, could not recall having been offered an assessment at any time since the introduction of the revised contract, and that only 31% of the respondents could recall actually having had a health check (and only 36% of these in their own home), is cause for concern. These figures contrast with the general practitioners' reports,<sup>12</sup> 70% of whom reported having assessed over 60% of their elderly patients. Obviously there may be a problem with recall with both the general practitioners and the elderly people themselves. In addition, some assessments may have been carried out opportunistically, without the elderly person being aware.

Elderly people who recalled having had a health check could remember aspects of the physical examination such as blood pressure measurement, but fewer recalled discussion of, for example, social activity, financial worries or diet. General practitioners and nurses, however, felt that where assessments were useful it was in the area of giving advice and reassurance rather than in the detection of physical problems.<sup>12</sup> It seems that the elderly people who had had an assessment could not remember those aspects of the check up which the health professionals felt were most useful; only 21% said they were less worried as a result of the health check.

The evidence supporting routine screening of all people aged 75 years and over is equivocal to date,<sup>6,8</sup> and less is known about whether this represents an efficient use of resources.<sup>4</sup> Nevertheless, it is evident that health checks are valued by elderly people themselves. Is this sufficient reason for providing them?

As far as professional views are concerned, the present study confirms the findings of Tremellen that practice nurses are more positive than general practitioners about the value of routine assessments for elderly people.<sup>13</sup> Both doctors and nurses were more sceptical about the value of routine assessments than were elderly respondents.

The contrast between professional and consumer valuations of health care presents providers, managers and policy makers with a dilemma. The National Health Service changes of recent years have fallen short of giving purchasing power to the consumers of health care, but the political rhetoric has made great play of the need to see consumer views reflected in purchasing decisions. Surveys, such as the one reported here, are a crude way of establishing what consumers want from their health service. However, in the absence of systematic evidence of the cost effectiveness of provision, there seems to be no way of resolving the conflict between professional scepticism and consumer enthusiasm for these assessments.

Studies of the cost effectiveness of the use of regular health checks in elderly people are under way at present. Only when the results of these studies are available will it be possible to make informed decisions about the value of assessments, how they might best be conducted and how frequently they should be carried out. In the meantime, consumer preferences should be seen as only one factor to be taken into consideration alongside professional views and existing research evidence.

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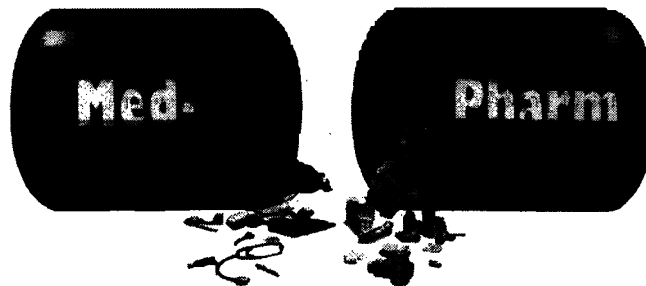
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